

**HAMILTON HEALTH CARE SYSTEM, INC.  
ORGANIZATIONAL POLICY**

**TITLE: Mandatory Influenza Vaccination      POLICY #: HR 6.8**

**EFFECTIVE DATE: August, 2013      PAGE: 1 of 5**

**REFERENCES: CDC Guidelines of Infection  
Control of Hospital Personnel  
Federal Register**

**ATTACHMENTS: Informed Consent/Waiver      SUPERCEDES:  
Influenza Vaccine  
September 2012**

**AUTHORED BY: Associate Health  
Infection Prevention**

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Purpose:

To prevent and control the spread of influenza while providing a safe environment for our patients, healthcare workers and visitors. To implement procedures regarding administration of annual and pandemic influenza vaccinations knowing that any person who is not immune can contract and transmit the virus.

Policy:

It is the policy of Hamilton Health Care System (HHCS), as a condition of employment, that all HHCS associates shall be immune to influenza. This policy includes Associates (full-time, part-time, contract and Whitfield Staffing Services), Volunteers, Students, and Credentialed Providers. Credentialed Provider refers to all Medical Staff (Licensed Independent Practitioners), advance practice providers, Hamilton employed physicians and all personnel who have received official authorization to practice at HHCS.

Method of Implementation:

- A. Influenza vaccine administration will be announced each year in accordance with CDC Guidelines and type of vaccine acquisitioned by Pharmacy. In general, the influenza season typically extends from November to March, but can start earlier or extend longer in certain years. Vaccine is typically available in September and will be administered as soon as possible after receipt. The date to begin vaccine administration will be determined by Associate Health and the Infection Prevention Committee using CDC Guidelines. This group will determine the implementation plan for each season and will make adjustments to the start and completion date as necessary.

- B. Influenza Vaccination will be provided at no cost to Hamilton Associates, Volunteers, and Credentialed Providers that are required to receive the influenza vaccination.
- C. Associates, Volunteers and Credentialed Providers who DO NOT receive the vaccine will be identified by an alternate identification badge through Public Safety with the designation "NFV" which will communicate that said Associates have not received the flu vaccine due to an approved exemption.
- D. In a typical season, the vaccination deadline will be October 31<sup>st</sup>.
- E. Individuals covered in this policy who are vaccinated outside of HHCS will bring proof of vaccination to Associate Health and must do so by October 31st. If they do not do so they will be subject to corrective action up to and including termination.
- F. Associates hired or individuals authorized to work during the influenza vaccination season, typically October through March, will receive the vaccination through Associate Health or show proof of receiving the vaccination to Associate Health prior to beginning employment with HHCS.
- G. Associates hired or authorized to work after the annual influenza season ends, will only be required to be vaccinated during the upcoming flu season beginning September of that current year.
- H. Associates on an approved leave of absence must report to Associate Health to receive their influenza vaccine prior to beginning work on the first scheduled return to work day or provide documented proof.
- I. Associate Health will maintain all elements of compliance and exemption documentation for Associates, Volunteers, and Contract Associates.
- J. Medical Staff Services will maintain all elements of compliance and exemption documentation and document immunization status of credentialed providers in the credentials file. Noncompliant providers will be reported to the Medical Executive Committee for appropriate disciplinary action/intervention.
- K. Affiliated learning institutions (students) participating in clinical rotations at Hamilton will be notified of this requirement and will be subject to the same guidelines as associates. Students can receive the vaccine from their physician, local Health Department and or private vendors such as pharmacies who provide vaccines.
- L. Vendor representatives that have not received the flu vaccine should wear a mask when entering any clinical area. Vendors should receive the vaccine using their own resources.
- M. Compliance with the annual mandatory influenza vaccination will be required no later than the designated deadline of each year, unless an alternative date based

on influenza community epidemiology is authorized by Associate Health and the Infection Prevention Committee and Committee Chairperson.

N. Exemptions are limited to specific circumstances. The following constitutes the process and the exemptions that would allow Associates (full-time, part-time, contract and Whitfield Staffing Services), Volunteers, Students, and Credentialed Providers. Credentialed Provider refers to all Medical Staff (Licensed Independent Practitioners), advance practice providers, Hamilton employed physicians and all personnel who have received official authorization to practice at HHCS to be exempt from the annual influenza vaccination requirement.

1. Approved exemptions will be valid only for the year in which they were requested. Exemptions for any and all future years will require completion and submission of a new request for exemption each year.
2. Exemption will be documented on the attached form and maintained by Associate Health and / or Medical Staff Services.
3. In order for appropriate alternate badge processing all Exemption Forms must be turned in by October 15<sup>th</sup> to Associate Health and / or Medical Staff Services as follows:

Associates, Contract Associates and Volunteers– Associate Health

Credentialed Providers – Medical Staff Services

a. Medical and Health Exemptions:

1. Serious egg allergy with documented IgE mediated egg allergy as determine by their personal physician or an allergist.
2. Serious reaction to Influenza Vaccine which includes developing hives, difficulty breathing, swelling of the lips or tongue. This DOES not include local swelling at the injection site, fever, general discomfort or muscle aches.
3. Personal history of Guillain-Barre Syndrome(GBS).
4. Other reasonable accommodations for disabilities recognized by the Americans with Disabilities Act or otherwise required by law.

Associates, Contract Associates, Volunteers and Credentialed Providers requesting exemption will be requested to produce a physician's note related to medical contradictions. HHCS reserves the right to request that the associate sign a HIPAA waiver to coordinate with his/her health care provider to confirm the need for the medical exemption.

b. Religious Exemption:

Any individual covered under this policy that has a sincerely held religious belief, practice, or observance may be exempt from the annual influenza vaccination requirement barring an undue hardship on HHCS. To seek the exemption, the said individual must submit the signed exemption form attached to this policy.

## O. Surgical Mask Protocol:

This protocol applies to individuals covered under this policy that have an approved exemption from receiving the annual influenza vaccination and provides these unvaccinated individuals with an alternative barrier of protection or Personal Protective Equipment (PPE) against exposure and transmission of influenza during influenza season.

All unvaccinated individuals with an approved exemption (see attachment) to waive the annual influenza vaccination will be required to wear a standard surgical mask (while on duty or time period providing services) beginning on the day following the annual deadline. In a typical year, this period will be from 1 November through 31 March. Date alterations will be determined by Associate Health and Infection Prevention Committee and Infection Prevention Committee Chairperson.

- a. Individuals covered under this policy with an approved exemption will receive a statement noting their exemption and a copy of this protocol describing the expectations for alternative influenza protection using a surgical mask as personal protective equipment (PPE).
- b. Individuals covered under this policy with an approved exemption will attest that they understand and will abide by the policy to wear the surgical mask as described in the protocol and documented in the exemption form (see attachment).
- c. Individuals covered under this policy with an approved exemption will wear a surgical mask for their entire time period at work or time or while onsite providing services, securely covering their nose and mouth.
- d. Individuals covered under this policy with an approved exemption may remove the surgical mask to eat and/or drink.
- e. The surgical mask will be worn in all locations of all HHCS Campuses, including, but not limited to:
  - Clinics
  - Offices
  - Point of entry locations
  - Corridors
  - Waiting rooms and lobbies
  - Rest rooms
  - Meetings
- f. Surgical masks are not required when outside of the facility or entering or exiting a HHCS facility.
- g. The surgical mask will be removed and replaced when it becomes moist, soiled, torn, or worn thin from the original form. Each Department will be responsible for keeping an adequate stock of masks.
- h. Failure for Associates, Contract Associates and Volunteers to comply with this policy by following the mask requirements while on duty will result in disciplinary action up to and including suspension or termination. Noncompliance by credentialed providers that are not paid Associates will be reported to the MEC for appropriate disciplinary action/intervention.

## P. Accountability

- a. Supervisors are accountable to provide a written warning corrective action on November 1st and a final written warning corrective action on November 7<sup>th</sup> for all Associates who deliberately refuse vaccination. Human Resources will begin termination action on November 14.
- b. Supervisors are accountable to ensure all associates with approved exemptions and waivers, are in compliance with the mask protocol. Noncompliance with this policy will result in corrective action up to and including termination and will be formally documented in the associate's employment record.
- c. Associates with an approved exemption will be required to sign an attestation statement agreeing to the protocol described in this policy (see attachment).

## Q. Post-Exposure Protocol

- a. CDC guide lines will be followed unless contraindicated. Because of the danger of antiviral resistance, the CDC recommendation for post-exposure prophylaxis for influenza is only to be provided in very select circumstances.
- b. Each unprotected exposure will be managed individually after consultation with an infectious disease physician.
- c. An unprotected exposure is defined as:
  1. An unprotected exposure (without a mask) in an isolation room of a patient with diagnosed or suspected influenza or influenza like illness.
  2. An unprotected exposure (without a mask and eye protections) during an aerosol generating procedure on a patient with diagnosed or suspected influenza or influenza like illness.
- d. Associates with exposures occurring greater than 48 hours will not receive prophylaxis.

## R. Managing Sick Associates

- a. Associates calling in with flu like-symptoms will be instructed at the time of the call-in, not return to work until they are fever and acute respiratory symptom free for 24 hours. Flu-like symptoms are defined as:
  - ◆ Fever  $>100.4^{\circ}\text{F}$  and cough, sore throat or diagnosed flu.
- b. All associates calling in with the above signs and symptoms will call their supervisor or department director prior to returning to work to receive verbal clearance to return to work.

Approved by:

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Senior Vice President / Chief Financial Officer

**Hamilton Health Care System**  
**Vaccine Exemption Request Form**  
**Seasonal Influenza**

***This form and medical evidence supporting the medical reason MUST be completed and returned to Associate Health for Associates, Contract Associates and Volunteers or<sup>h</sup> returned to Medical Staff Services for Credential Providers by October 15th.***

Name: \_\_\_\_\_

An individual covered under the HHCS Mandatory Influenza Vaccination HR Policy may be entitled to an exemption from a mandatory vaccination requirement for religion or medical purposes that prevents him/her from taking the influenza vaccine.

Unless an individual qualifies and applies for and is granted an authorized exemption, HHCS requires all of its associates and individuals performing duties at HHCS to receive an annual seasonal influenza vaccine to protect themselves, our patients, our work force and our community.

I acknowledge that I am aware of the following facts:

Due to my occupation, work location or duties, I may transmit influenza to my patients and other health care workers, as well as to my family and friends, even though I have no symptoms.

If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild, particularly to those in this health care facility who are at high risk for influenza complications.

I have been given the opportunity to be immunized with the seasonal influenza vaccine at no charge to myself. However, I am requesting an exemption from taking the seasonal influenza vaccine at this time.  
\_\_\_\_\_ (Initial)

MY REASON FOR REQUESTING EXEMPTION FROM THE SEASONAL INFLUENZA VACCINE MANDATE IS:

Exemption:

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I have read and fully understand the information on this form, including the October 31st deadline for submission of this fully completed document and medical evidence. I hereby request an exemption from taking the seasonal influenza vaccine. I attest that my exemption rationale is true and correct. I understand that I will be required to wear a surgical mask at all times and locations while in HHCS facilities unless I am eating or drinking, I hereby release HHCS and all of its affiliates from all claims arising from my request not to receive the influenza vaccine. I understand that if my request is approved, it is approved for this year only. Exemption for the seasonal flu vaccine for any future years will require the completion and submission of a new form in that applicable year.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**(Check one)**     **Request accepted**                       **Request declined**

**Comments:** \_\_\_\_\_  
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