



**POLICY TITLE:** Mandatory Influenza Vaccination

**Responsible Department:** *Employee Health Services* 

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#### **SUMMARY & PURPOSE:**

Baptist Health South Florida recognizes its responsibility to protect and provide employees with a safe workplace. This policy is intended to maximize vaccination rates against influenza among the Baptist Health workforce and extended community.

#### **POLICY:**

- 1. Effective Influenza Season 2015, as a condition of employment, appointment to the medical, residency, or allied health staff, or access to all BHSF facilities, workforce and extended community, as defined in the scope, all Baptist Health employees, medical staff, faculty, residents, fellows, temporary workers, trainees, volunteers, students, and vendors, regardless of employer, must receive an annual influenza vaccination or possess an approved exemption (see Exemptions below).
  - a. This applies to any facility owned, leased, managed and/or operated by BHSF.
- 2. To be compliant with this requirement, members of the workforce and extended community must do one of the following by the first Tuesday in December:
  - a. **Receive the influenza vaccine**, which will be provided free of charge through Employee Health Services (EHS) to employees, medical staff, faculty, residents, fellows, BHSF employed temporary workers and volunteers.
  - b. **Provide EHS with proof of immunization**, if vaccinated some place other than EHS. Proof of immunization must include location of injection, date of vaccination, manufacturer, lot number and expiration date of vaccine.
  - c. **Comply with the designated procedure for obtaining an approved exemption** by the first Tuesday in November, as described in this policy.

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3. Prior to the annual onset of influenza season and when the most current vaccination recommendations are published by the Centers of Disease Control and Prevention (CDC), Baptist Health Employee Health Services and Infection Control will communicate:

- a. Dates when influenza vaccines are available
- b. Procedure for receiving vaccination
- c. Procedure for submitting written documentation of vaccine obtained outside of Baptist Health
- d. Procedure to apply for a qualified exemption
- e. Pertinent information related to the vaccination

#### SCOPE/APPLICABILITY:

This policy applies to the workforce and extended community defined as:

- 1. All Baptist Health employees, medical staff, faculty, residents, fellows, temporary workers, trainees, volunteers, students and vendors, regardless of employer.
- 2. Non-employee personnel who provide services in Baptist Health Patient Care Areas such as, but not limited to medical staff, faculty, residents, fellows, temporary workers, trainees, volunteers, students, and vendors.

#### **EXEMPTIONS:**

Request forms (see attached) for exemptions from Baptist Health employees must be completed and submitted to the EHS by the first Tuesday in November and will be reviewed and acted upon by the Baptist Health Influenza Exemption Committee. Exemption categories are:

Medical - Exemptions to required immunization may be granted for certain medical contraindications:

- Severe allergy to the vaccine or components as defined by the most current recommendations of the CDC's Advisory Committee on Immunization Practices (ACIP). <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html</a>.
- 2. A prior diagnosis of Guillain-Barré.

**Religious or Sincerely Held Belief** – Exemptions to required immunization may be granted if receiving vaccination is contrary to the doctrines of an individual's religious or sincerely held belief.

**Requirements Upon Receiving Exemption** -- If an exemption is granted, the individual will sign a document attesting that he/she will wear a mask at all times when within twelve (12) feet of any patient during the influenza season (usually October 1<sup>st</sup> through March 31<sup>st</sup>).

#### PROCEDURES TO ENSURE COMPLIANCE:

- All individuals receiving the vaccination from Baptist Health EHS will receive a copy of their consent form, noting date of vaccination and are advised to retain this document for the duration of the influenza season as proof of compliance. This information will be documented in the EHS electronic medical record.
- Individuals receiving the vaccination from a source other than Baptist Health EHS will need to provide proof of immunization, to include location of injection, date of vaccination, manufacturer, lot number and expiration date of vaccine.
- 3. EHS will accept all requests for exemptions, will coordinate their timely review and communicate the decisions made by The Baptist Health Influenza Exemption Committee. The committee will be comprised of members from Employee Health, Infection Control, Human Resource, Pastoral Care, Legal and other pertinent departments.

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4. Individuals that are granted an exemption must wear a surgical mask at all times when within twelve (12) feet of a patient during the influenza season (usually October 1<sup>st</sup> through March 31<sup>st</sup>). Masks will be readily available in all clinical areas.

- 5. Individuals with an approved exemption will be provided with a replacement identification badge with a unique background which will discretely alert others that the wearer must don a mask when within twelve (12) feet of a patient during influenza season.
- 6. EHS administers and tracks vaccinations, while monitoring vaccination rates and approved exemptions, reporting these findings regularly to department leadership.
- 7. If an employee is on Leave of Absence before the start of the Influenza season, and returns to work, during the influenza season, the employee will be required to be vaccinated upon their return to work. If the returning employee requests an exemption, they will be provided 14 days to complete and submit the exemption form to EHS.
- 8. Failure to obtain influenza vaccination before the first Tuesday in December will result in:
  - a. **EMPLOYEES** being placed on one week's unpaid, personal leave of absence. At the end of this period, the employee must have received the vaccination or they will be terminated from employment as a voluntary resignation.
  - b. MEDICAL STAFF see Addendum for Medical Staff.
  - c. **VOLUNTEERS** will have their assignments suspended for the duration of influenza season.
  - d. **VENDORS, TEMPORARY WORKERS, STUDENTS, RESEARCHERS, FACULTY, RESIDENTS, FELLOWS –** will not be permitted access to any Baptist Health work site for the duration of influenza season.
- 9. Department leadership ensures that all covered individuals are vaccinated against influenza each year unless an exemption has been granted. They will enforce the mask-wearing provision of this policy for those with approved exemptions. Immediate Manager or Leader initiates disciplinary procedures for covered Baptist Health staff who do not comply with this policy.
- 10. Lists of non-employee personnel not compliant by the prescribed deadline each year will be reported to their governing body, i.e., the medical staff office, the university or associated school, the volunteer services office, their contracting or employing company, etc. Such persons may be subject to disciplinary procedures as it relates to condition of employment, appointment to medical staff or access.
- 11. In the event of an influenza vaccine shortage, Baptist Health EHS, Infection Control and the Office of Emergency Preparedness will determine an appropriate distribution plan for the resources available.
  - a. Emergency Preparedness will involve EHS, Human Resources, Pharmacy, Infection Control, Administration, and other departments across all entities, as needed, in determining the allocation plan across BHSF entities and locations.
  - b. Influenza vaccine will be offered to individuals based on risk of exposure to influenza, job function and risk to patient population cared for.
  - c. Priority will be given to those who provide hands-on patient care, with prolonged face-to-face contact with patients, and/or, those who have the highest risk of exposure to patients with influenza.
  - d. Those who are prioritized to receive vaccine will be held to the mandatory standard.
  - e. Those who are not prioritized to receive vaccine will not be held to the mandatory standard for the duration of the vaccine shortage period and recommendations will be provided to those who do not receive vaccine by the institutional Infection Control practitioner.

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#### SUPPORTING/REFERENCE DOCUMENTATION:

- http://www.cdc.gov/flu/about/disease/index.htm
- http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e0818a1.htm?s\_cid=mm60e0818a1\_e&source=govdelivery\_Talbot TR, Bradley SE, Cosgrove SE, Ruef C, Siegel JD, Weber DJ. Influenza vaccination of healthcare workers and vaccine allocation for healthcare workers during vaccine shortages. Infect Control Hosp Epidemiol 2005;26(11):882-890. Talbot TR. Improving rates of influenza vaccination among healthcare workers: educate; motivate or mandate? Infect Control Hosp Epidemiology 2008; 29(2):107-110. Centers for Disease Control and Prevention (CDC); Advisory Committee on Immunization Practices (ACIP). Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2011. MMWR Recomm Rep. 2011;
- <a href="http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf">http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf</a>. Babcock HM, Gemeinhart N, Jones M, Dunagan WC, Woeltje KF. Mandatory influenza vaccination of health care workers: translating policy to practice. Clin Infect Dis. 2010;50(4):459-464.
- Rakita RM, Hagar BA, Crome P, Lammert JK. Mandatory influenza vaccination of healthcare workers: a 5-year study. Infect Control Hosp Epidemiol. 2010;31(9):881-888.

#### **RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:**

- Exemption Request Form(s)
- Addendum for Medical Staff members
- Practitioner Health Policy

#### **ENFORCEMENT & SANCTIONS:**

"Violations of this policy may be referred to the appropriate HR management level. See HR policies 5250 and 5300 for applicable sanctions. Those violations determined by the Chief Information Security Officer (CISO) to infringe on privacy policies will be referred to the Chief Privacy Officer (CPO) for further investigation as appropriate."

#### **Addendum for Medical Staff Members**

Effective Influenza Season 2015, as reflected in Medical Staff policy, Practitioner Health, members of all Baptist Health medical staffs are required to obtain an annual influenza vaccination as a condition of appointment.

To be compliant with this requirement, medical staff members must do one of the following by the first Tuesday in December:

- 1) Receive the influenza vaccine, free of charge, through Employee Health Services (EHS). A discreet sticker, indicating that you have received the influenza vaccination will be adhered to your identification badge.
- 2) Provide the medical staff office or EHS with proof of immunization, if vaccinated some place other than EHS. Proof of immunization must include location of injection, date of vaccination, manufacturer, lot number and expiration date of vaccine. A discreet sticker, indicating that you have received the influenza vaccination will be adhered to your identification badge.
- 3) In lieu of vaccination, accept the professional obligation to don a surgical mask when within twelve (12) feet of a patient during influenza season (usually October 1<sup>st</sup> through March 31<sup>st</sup>). Masks will be readily available in all clinical areas and in medical staff lounges. Members of the medical staff who accept this option will NOT be issued a sticker for their identification badge, thus alerting staff and colleagues that this individual must don a mask when in close proximity to patients.

#### **Failure to Comply**

Members of the medical staff who accept the professional obligation to don the surgical mask when within twelve (12) feet of a patient during influenza season (usually October 1<sup>st</sup> through March 31<sup>st</sup>) and fail to do so, may be reported to their respective medical staff for further action. Three reports of non-compliance will result in action according to the respective medical staff bylaws.



# MEDICAL EXEMPTION REQUEST FORM INFLUENZA VACCINATION

## **EMPLOYEE - PLEASE PRINT THE FOLLOWING INFORMATION:**

| Name:              |   | I                   | Date of Birth:                 |              |              |              |
|--------------------|---|---------------------|--------------------------------|--------------|--------------|--------------|
| Employee No.:      |   |                     | Phone No:                      |              |              |              |
| Email Address: _   |   |                     | Location:                      |              |              |              |
| Department:        | <u> </u>  |                     | Manager:                       |              |              |              |
| Healthcare Provid  | der Name:   | H                   | Healthcare Provider Phone No.: |              |              |              |
| Dear Healthcare I  | Provider,   |                     |                                |              |              |              |
| Baptist Health re  | equires all employees to o                            | btain an annual Ir  | nfluenza Vaccinatio            | n. The in    | fluenza va   | ccination is |
| •                  | or healthcare workers beca                            |                     |                                |              |              |              |
|                    | enters for Disease Control                            |                     |                                |              |              |              |
| to protect themse  | elves and the baby after it                           | is born.            | · -                            |              |              |              |
|                    |   | <b>6</b>            |                                |              |              |              |
|                    | d person is requesting an                             |                     |                                | ıirement.    | A medical    | exemption    |
| trom influenza va  | ccination is allowed for ce                           | rtain recognized co | ontraindicators.               |              |              |              |
| Check all that app | oly:  | 10                  |                                |              |              |              |
| ☐ History of       | previous allergic reaction                            | and documented a    | llergy testing to inc          | dicate an i  | mmediate     |              |
|                    | sitivity reaction to the influ                        |                     |                                |              |              |              |
| <u>supportin</u>   | g DOCUMENTATION or M                                  | EDICAL RECORDS.     |                                |              |              |              |
|                    |   | •                   |                                |              |              |              |
|                    | Guillain-Barre Syndrome vertailed narrative that desc |                     | receiving a previou            | is vaccine.  | . Please pro | ovide and    |
| Other – Pl         | lease provide this informat<br>I detail.              | ion in a separate n | arrative that descr            | ibes the re  | eason for e  | exemption    |
|                    | above named person has the fluenza vaccination.       | ne contraindication | n noted and I suppo            | ort this rec | quest for a  | medical      |
| exemption nom      | illiueliza vacciliation.                              |                     |                                | •            |              |              |
| Physician Signatu  | re:   |                     | Date:                          |              |              |              |
|                    | (Note: Signature Stam                                 | o Not Acceptable)   |                                |              |              |              |
| Physician Medica   | l License No.:  |                     |                                |              |              |              |

Should you have any questions, please contact Baptist Health Employee Health Services at 786-596-6642.



# RELIGIOUS OR SINCERELY HELD BELIEF EXEMPTION FORM INFLUENZA VACCINATION

### **EMPLOYEE - PLEASE PRINT THE FOLLOWING INFORMATION:**

| Name:   | Date of Birth: / /  |
|---|---|
| Employee No.:   | Phone No:   |
| Email Address:  | Location:   |
|   | Manager:  |
| conflict with Baptist Health's influent<br>requirement, please provide details re | Opportunity employer. If you have a religious or sincerely held belief which za vaccination requirement and wish to request an exemption from this egarding your request for exemption in the space provided below. You may ocumentation about your religious or sincerely held belief. |
|   |   |
|   |   |
|   |   |
| Are you attaching any supporting docu   | mentation to this request?  |
|   | complete and accurate to the best of my knowledge. I also understand that mandatory influenza vaccine policy may not be granted if it creates an undue da.  |
| Employee Signature:   | Date:   |
| Print Name:   |   |

Revised: 05-04-15 MR