

DEPARTMENT: Infection Prevention and Control
NAME: Influenza Vaccinations: Healthcare Workers
POLICY NUMBER: IV-28
OWNER: Infection Prevention and Control
ORIGINATION DATE: 07/13

SCOPE

This policy applies to all staff (employees, all medical staff including physicians and APPs, students, volunteers, contracted staff, vendors, and all other persons who participate in providing patient care or support services at MMC).

PURPOSE

To protect the patients in our care and preserve the health of our staff by ensuring all Meritus Health employees, volunteers, medical staff, students, contracted staff and vendors receive the annual seasonal influenza vaccine or possess an approved medical or religious exemption.

POLICY

- A. Meritus Health recognizes its responsibility to provide employees with a workplace free of recognized hazards.
 - B. Annual influenza vaccination protects patients, staff, and the integrity of the Meritus workforce. This policy is intended to maximize the vaccination rates against influenza among the personnel of Meritus Health. The goal is to protect patients, employees, employees' family members, and others affiliated with Meritus Health and the broader community from influenza infection through annual immunization.
 - C. Once sufficient vaccine supplies are available, all employees, volunteers, and medical staff will be offered the seasonal influenza vaccine free of charge. Students, contractors, and vendors will be required to show proof of immunization to their institutional liaison as described in their contracts. This proof of immunization must be filed in their personnel files.
 - D. It is expected that all staff will comply with this safety measure when the vaccine is available. An internal multi-disciplinary group will evaluate and act upon requests for medical and religious exemptions. Requests will be blinded as to the identity of the individual requesting an exemption.
-

PROCEDURE

- A. Prior to the annual onset of the influenza season and when the most current vaccination recommendations are published by the Center for Disease Control and Prevention (CDC), Meritus Medical Center will inform personnel about the following:
 1. Requirement for vaccination

2. Dates when influenza vaccine(s) are available
 3. Procedure for receiving vaccination
 4. Procedure for submitting written documentation of vaccine obtained outside of Meritus
 5. Procedure for declining vaccination due to a qualified exemption
 6. Consequences of refusing vaccination
- B. Annually, all employees, volunteers, medical staff, students, contracted staff, and vendors must do one of the following:
1. Receive the influenza vaccine by the date designated by the Infection Control Committee. Employees will be notified of the final date for influenza vaccination by Meritus Hub or other email notification and/or written posted notices.
 2. Provide Employee Health (for employees), Medical Staff Office (for medical staff members), Volunteer office (for volunteers), and Education (for students) with proof of immunization if vaccinated through services other than Employee Health (e.g., private physician office, public clinics). Proof of immunization must include a copy of documentation including the vaccine that was received.
 3. Contract and vendor proof of immunization must be submitted to the institutional liaison for the contractor/vendor and maintained by Department Manager.
 4. Team members with an approved exemption must update Employee Health if there has been a change for the individual which could impact exemption status.
- C. Influenza vaccination shall be provided free of charge to employees, volunteers, and medical staff.

EXEMPTIONS

- A. Exemption Request Process: Exemption from the annual influenza vaccine may be requested for the following reasons: Medical or Religious.
1. Individuals who wish to apply for an exemption to the annual influenza vaccine must complete an Exemption Request Form found as an appendix to this policy.
 2. Students, contractors (excludes Medical Staff Office), and vendors are not eligible for exemption.
 3. Newly hired team members, volunteers, and medical staff must apply for an exemption prior to the start date and follow all exemption request procedures.
 4. To request an exemption, the employee must complete and submit the Exemption Request Form (Appendix A or B depending upon reason for the exemption) along with all required medical or religious documentation to Employee Health by October 1st.
 - a. Requests for a **medical exemption** require an Exemption Request Form and a completed Medical Provider Certification Form, signed by the primary healthcare provider, describing the nature, duration, and severity of the medical condition, and an explanation as to why the condition prevents receipt of the flu vaccine. Supporting medical documentation must include information that supports the rationale for granting the exemption (i.e., results of an allergy test, etc.). Medical exemption requests will be granted based on the contraindications provided by CDC's Advisory Committee on Immunization Practices (ACIP). [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023–24 Influenza Season | MMWR \(cdc.gov\)](#) Table 2

- b. Requests for a ***religious exemption*** must be supported by sufficient documentation to demonstrate the specific religious objections to the vaccination in addition to the exemption request form.
5. All exemptions will last as long as the medical condition for which the exception was granted or as otherwise communicated to the team member.
6. All exemption requests will be reviewed confidentially by a multi-disciplinary team.

EMPLOYEE/PATIENT SAFETY AFTER REFUSAL OF VACCINE

- A. Individuals who produce an approved medical or religious exemption from the required seasonal influenza vaccine will be required to take additional precautions.
 1. These precautions will include the wearing of a medical mask during influenza season (traditionally from October through April but dependent on public health recommendations). Notification of required masking dates for the influenza season will be communicated via e-bulletin.
 2. Once required, a mask will be worn upon entering the workplace and may only be removed for meals, hydration, if in a room alone, or upon exiting the workplace.
 3. Managers will be made aware of individuals who need to wear masks and will be responsible for compliance.
 4. No masks will be worn around the neck or under the chin; this is non-compliant use of the mask. Masks quickly become contaminated with a person's own mouth flora. Because of this, hand hygiene must be done after each touch of the mask.
- B. The decision to require other precautions as well as masks will be made by the Infection Control Committee, based on the disease prevalence in the community as well as in our employee and patient populations.
- C. It is also possible that an unvaccinated staff member may be put on unpaid administrative leave if the prevalence of the disease is such that the individual or the community is at risk by their presence.
- D. Employees found to be non-compliant with required masking and/or precautions may be subject to disciplinary action up to and including termination of employment.

COMPLIANCE

- A. Any Meritus Health employee, who fails to submit proof of vaccination by the stated deadline and has not obtained an exemption by the date set by the Infection Control Committee and Employee Health, will begin the progressive disciplinary process as outlined below:
 1. 1st offense – written warning – Class II – failure to comply with safety regulation Class II – Step 1. With coaching and re-education of current compliance requirements.
 2. 3 calendar days after step 1 occurs, the 2nd offense will be a 3-day unpaid suspension.
 3. 3rd step - termination

- B. Students, vendors, and contracted personnel who are unable or unwilling to take the vaccine will not be allowed to provide service at Meritus Health businesses during the influenza season.
 - C. Per MEC, Medical Staff that fail to comply with this policy by the date set forth by the Infection Control Committee and Employee Health will be subject to automatic relinquishment of privileges as provided by the Medical Staff Bylaws.
-

RESPONSIBILITIES

- A. Healthcare Workers:
 - 1. Responsibility to receive influenza vaccination by the stated deadline or to complete the designated process for a permissible exemption.
- B. Infection Control Committee:
 - 1. Establish annual vaccination requirements.
 - 2. Define the influenza season annually.
- C. Multi-disciplinary Exemption Review Team:
 - 1. Accept, evaluate, and approve or deny medical or religious requests.
- D. Employee Health:
 - 1. Administer and track vaccinations.
 - 2. Evaluate organizational vaccination rates and frequency and reasons for vaccine declinations monthly between September and January. This information will be reported to the Infection Control Committee and to the National Healthcare Safety Network (NHSN).
 - 3. Provide Human Resources with lists of personnel not compliant with this policy by the date set by the Infection Control Committee and Employee Health of each year.
 - 4. Track masking compliance for approved exemptions through a monthly random audit performed by the manager or designated personnel.
- E. Medical Staff Office
 - 1. Track medical staff compliance with this policy
 - 2. Initiate procedures for medical staff who do not comply with this policy
 - 3. Answer questions related to this policy
- F. Supervisors and Managers
 - 1. Ensure that all employees, volunteers, students, contracted staff, and vendors are vaccinated against influenza each year unless an exemption has been granted as described in this policy.
 - 2. Enforce the mask-wearing provision of this policy as a patient safety standard.

VACCINE SHORTAGE CONTINGENCY

- A. In the event of an influenza vaccine shortage, the Infection Control Committee will determine an appropriate distribution plan for the resources available.
- B. Employee Health, Human Resources, Pharmacy, and Administration will conduct an evaluation with other departments across the healthcare system as needed when vaccine shortages occur.

- C. Influenza vaccine will be offered to personnel based on risk to the patient population cared for, job function, and risk of exposure to influenza.
- D. Priority will be given to those who provide hands-on patient care with prolonged face-to-face contact with patients and/or have the highest risk of exposure to patients with influenza.
- E. Those who are prioritized to receive the vaccine will be held to the mandatory standard.
- F. Those who are not prioritized to receive the 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 the vaccine by the Infection Control Committee and Employee Health.

REFERENCES

- A. Centers for Disease Control and Prevention. Seasonal Influenza Vaccination Resources for Health Care Professionals. <https://www.cdc.gov/flu/professionals/vaccination/index.htm> Accessed 9/7/23
- B. Centers for Disease Control and Prevention, (2023). Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices, United States, 2023-24 Influenza Season. MMWR Recommendations and Reports. August 25, 2023. 72(2); 1-26. <https://www.cdc.gov/mmwr/volumes/72/rr/pdfs/rr7202a1-H.pdf> Accessed 9/7/23
- C. Centers for Disease Control and Prevention. General Best Practice Guidelines for Immunization: Best Practices Guidance. <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html> Accessed 9/7/23
- D. US Food and Drug Administration (FDA). Vaccines Licensed for Use in the United States. <https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states> Accessed 9/7/23

Appendix A: Mandatory Influenza Vaccination Religious Exemption Form

EMPLOYEE NAME: _____ DOB: _____

I understand that due to my job working in a health care environment, I have been advised to receive an influenza vaccination for my protection, as well as the protection of the patients and the community I serve. I have been given this vaccine opportunity at no charge to myself. However, I decline the influenza vaccination at this time and, by completing this form, I am requesting a religious exemption. I understand that a religious exemption is not the same as a philosophical, moral or conscientious exemption. Rather, **I am requesting a religious exemption because receipt of the vaccination and immunization would conflict with my sincerely held religious beliefs.**

Religious Exemption (complete all items below)

1) What is the name of your religion/faith?: _____

2) Attach a letter from your religious/faith leader, or a letter written by the employee/applicant, supporting the basis of your faith/beliefs which are contrary to the practice of immunization or use of vaccines.

3) Attach responses to the following questions (please respond fully on a separate sheet of paper and number your responses):

I. How long ago and how did you come to follow or subscribe to your religion/faith?

II. How does your religion/faith manifest itself in your choices and the way you lead your daily life? **Give a specific example not having to do with immunization.**

III. How does your religion/faith address your social obligations to your broader community? What if by declining immunization you contributed to harming others? Would you, for example, voluntarily quarantine yourself in the event of an outbreak?

4) Affidavit:

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT MY RESPONSES, IN THIS FORM AND IN ANY SUPPORTING DOCUMENTATION, ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Signature: _____ Department: _____

Date: _____

Employee Health Use Only:

Exemption Request Form Received on: _____

Reviewed by Committee/Employee Health on: _____ Approved/Denied

Manager Notified: _____

Chair of Exemption Committee: _____ Date: _____

Appendix B: Mandatory Influenza Vaccination Medical Provider Certification Form

Patient Name: _____ DOB: _____

I understand that due to my job working in a health care environment, I have been advised to receive an influenza vaccination for my protection, as well as the protection of the patients and community I serve. I have been given this vaccine opportunity at no charge to myself. However, I decline the influenza vaccination at this time.

Signature: _____ Date: _____ Department: _____

↓ Provider to Complete Below ↓	
Component of flu vaccine individual is allergic to: _____ o Unknown o NA	
Is the individual able to safely receive any of the following vaccines? (please indicate yes or no below in each of the four columns)	
Fluzone – <ul style="list-style-type: none"> Inactivated Virus Egg Based Preservative Free Latex Free Thimerosal Free Antibiotic Free May Contain Formaldehyde <p style="text-align: center;">Safe to Receive o Yes o No</p>	Flublok – <ul style="list-style-type: none"> Inactivated Virus Egg Free Preservative Free Latex Free Thimerosal Free Antibiotic Free Formaldehyde Free <p style="text-align: center;">Safe to Receive o Yes o No</p>
Was medical treatment received following previous vaccination? o Yes o No ^aIf medical treatment was provided for previous reaction to the flu vaccine, please provide supportive medical documentation along with this form.	
Additional notes to explain the medical need for flu exemption (<i>please be sure to indicate clearly how receiving the flu shot is medically contraindicated for this individual</i>): 	

Physician Signature _____ Medical License #: _____ Date: _____

Employee Health Use Only:

Exemption Request Form Received on: _____

Reviewed by Committee/Employee Health on: _____ Approved/Denied

Manager Notified: _____

Chair of Exemption Committee: _____ Date: _____

APPENDIX C**Prevention and Control of Seasonal Influenza with Vaccines**

Recommendations of the Advisory Committee on Immunization Practices — United States, 2023–24 Influenza Season

CDC Contraindications/conditions and precautions for vaccine use*:

Vaccine	Contraindications and conditions for which use is not recommended	Precautions
(IIV4) Fluzone	History of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine [†] or to a previous dose of any influenza vaccine (i.e., any egg-based IIV, ccIIV, RIV, or LAIV) [§]	<ul style="list-style-type: none"> • Moderate or severe acute illness with or without fever • History of Guillain-Barre syndrome within 6 weeks after receipt of influenza vaccine
(RIV4) Flublok	History of severe allergic reaction (e.g., anaphylaxis) to a previous dose of any RIV or any component of RIV4 [§]	<ul style="list-style-type: none"> • Moderate or severe acute illness with or without fever • History of Guillain-Barre syndrome within 6 weeks after receipt of influenza vaccine • History of severe allergic reaction to a previous dose of any other influenza vaccine (i.e., any egg-based IIV, ccIIV, or LAIV)[¶]

Abbreviations: ACIP = Advisory Committee on Immunization Practices; ccIIV = cell culture–based inactivated influenza vaccine (any valency); ccIIV4 = cell culture–based inactivated influenza vaccine, quadrivalent; IIV = inactivated influenza vaccine (any valency); IIV4 = inactivated influenza vaccine, quadrivalent; LAIV = live attenuated influenza vaccine (any valency); LAIV4 = live attenuated influenza vaccine, quadrivalent; RIV = recombinant influenza vaccine (any valency); RIV4 = recombinant influenza vaccine, quadrivalent.

* Manufacturer package inserts and updated CDC and ACIP guidance should be consulted for additional information concerning, but not limited to, indications, contraindications, warnings, and precautions. When a contraindication is present, a vaccine should not be administered. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction (see the General Best Practice Guidelines for Immunization, available at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html>). Package inserts for U.S.-licensed vaccines are available at <https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states>.

[†] **EGG ALLERGY** - Although a history of severe allergic reaction (e.g., anaphylaxis) to egg is a

labeled contraindication to the use of egg-based IIV4s and LAIV4, **ACIP recommends that all persons aged ≥ 6 months with egg allergy should receive influenza vaccine, and that any influenza vaccine (egg based or nonegg based) that is otherwise appropriate for the patient's age and health status can be used.** It is no longer recommended that persons who have had an allergic reaction to egg involving symptoms other than urticaria should be vaccinated in an inpatient or outpatient medical setting supervised by a health care provider who is able to recognize and manage severe allergic reactions if an egg-based vaccine is used. Egg allergy alone necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

[§] Labeled contraindication noted in package insert.

[¶] If administered, vaccination should occur in a medical setting and should be supervised by a health care provider who can recognize and manage severe allergic reactions. Providers can consider consultation with an allergist in such cases, to assist in identification of the component responsible for the allergic reaction.