MANDATORY SEASONAL INFLUENZA VACCINATION

KEY WORDS: Influenza, Influenza Vaccine, Medical Exemption, Religious Exemption

PURPOSE

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The most effective way to prevent infection from an influenza virus is through annual influenza vaccination. Annual influenza vaccination protects our patients and our staff, and the integrity of the Johns Hopkins Bayview Medical Center (JHBMC) workforce. This policy is intended to maximize vaccination against influenza among the personnel of JHBMC and other clinical entities, including the Johns Hopkins University School of Medicine, School of Nursing, and Bloomberg School of Public Health, especially those whose work requires their presence in clinical settings at Johns Hopkins Health System acute and chronic care hospitals, clinics and other patient care or related clinical areas, including patient homes. The goal is to protect patients, employees, employees’ family members and the community from influenza infection through annual immunization.

DEFINITIONS

A. Health Care Personnel (HCP): All individuals, employees, faculty, staff, residents and fellows, temporary workers, trainees, volunteers, students, vendors, and voluntary medical staff, regardless of employer, who provide services to or work in JHBMC patient care or clinical care areas (see Appendix 1 and Definition, section B), including acute and chronic care hospitals, outpatient facilities and clinics. This policy is in effect for all Health Care Personnel, and medical staff who have privileges at a JHHS entity, including the Johns Hopkins University School of Medicine, School of Nursing, and Bloomberg School of Public Health.

Privileges at a JHHS entity refer to those specific patient care activities, treatments, services or group of closely related patient care activities, treatments, or services that may be granted to a member of the Medical or Affiliate Staff by the Board of Trustees in accordance with the entity’s bylaws and policies.

JHHS entities include but are not limited to:
- Howard County General Hospital
- Johns Hopkins Bayview Medical Center
- Johns Hopkins Community Physicians
- Johns Hopkins Healthcare
- Johns Hopkins Health System
- Johns Hopkins Home Care Group
- The Johns Hopkins Hospital
- Potomac Home Health Care
- Potomac Home Support
- Sibley Hospital
- Suburban Hospital
MANDATORY SEASONAL INFLUENZA VACCINATION

Not included in the definition are visitors or other individuals who are transiently utilizing the cafeteria, gift shop, walkways to parking garages and other public areas who do not provide services to or work in patient care and clinical care areas (see Definitions, section B and Appendix 2).

B. Patient care or clinical care area: The physical or recognized borders of acute and chronic care hospitals; these include but are not limited to: inpatient and outpatient areas where patients may be seen, evaluated, treated, or wait to be seen; and areas where patients are transported or visiting. This may include patient homes.

POLICY

This policy defines the procedures for the mandatory seasonal influenza vaccination program for: (i) The Johns Hopkins Health System Corporation (JHHSC); (ii) The Johns Hopkins Hospital (JHH); and (iii) each of the organizations affiliated with JHHSC that has evidenced its adoption of this policy by the signature of its President or Dean, as the case may be, on page 6 of this Policy. JHHSC, JHH and any other organization affiliated with JHHSC that adopts this policy after the date of this policy, are collectively referred to as the “Adopting Organizations”.

A. As a condition of employment, and continued employment, and in accordance with patient safety standards, JHBMC requires Health Care Personnel (HCP AND ALL OTHER INDIVIDUALS COVERED BY THIS POLICY, see Definitions, section A) including all non-clinical personnel employed by Johns Hopkins Bayview Medical Center to have annual influenza vaccination or to complete a statement of declination for qualified exceptions (see Appendices 3-6). Medical staff applying for privileges at any of the Adopting Organizations must sign a statement of attestation that s/he will comply with the mandatory influenza vaccination policy.

B. Influenza vaccination shall be provided free of charge through JHBMC Occupational Health Services (OHS) to anyone with a Johns Hopkins or relevant entity badge. Once an employee has been vaccinated, the employee will receive a colored tag which must be visibly attached to the badge and not cover the employee’s name.

C. 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), JHBMC will inform personnel about the following:

1. Requirement(s) 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 Johns Hopkins
5.
Mandatory Seasonal Influenza Vaccination

7. Procedure for declining due to a qualified exception

8. Consequences of refusing vaccination

Annually, HCP AND ALL OTHER INDIVIDUALS COVERED BY THIS POLICY as well as non-clinical personnel employed by Bayview, must do one of the following:

1. Receive the influenza vaccine(s) by the first Tuesday in December, which will be provided free of charge through OHS.

2. Provide OHS with proof of immunization if a HCP AND ALL OTHER INDIVIDUALS COVERED BY THIS POLICY are vaccinated through services other than OHS, e.g. private physician office, public clinics, etc. by the first Tuesday in December. Proof of immunization must include a copy of documentation indicating the vaccine was received.

3. Apply by the first Tuesday in November for an exception and be granted an exception by the first Tuesday in December, as described in this policy.

Exceptions

A. Medical

1. Exceptions to required immunization may be granted for certain medical contraindications. Standard criteria will be established and include:
   a. Documentation of severe allergy to the vaccine or components as defined by the most current recommendations of the CDC's Advisory Committee on Immunization Practices (ACIP) http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#tab, Appendix 4.
   b. Guillain-Barré within six weeks of a prior influenza vaccine.

2. Personnel requesting exception must submit a declination form (Appendix 3) and provide documentation of medical contraindications (Appendix 5) to OHS by the first Tuesday in November.

3. A request for medical exception will be evaluated individually by OHS within twenty business days after presenting a request for exception to OHS. If the exception is for allergy to eggs, the most current CDC ACIP recommendations will be followed.

4. If exceptions are granted, the HCP AND ALL OTHER INDIVIDUALS COVERED BY THIS POLICY must resubmit a request for exception each year.
MANDATORY SEASONAL INFLUENZA VACCINATION

B. Religious

If an employee declines immunization because it conflicts with sincerely held religious beliefs, s/he must complete and submit to their manager a declination form and a request for religious accommodation form (Appendix 3, 6) each year. Upon receipt of the employee’s request, the employee’s manager will forward the request for religious accommodation form to the Department of Human Resources and the declination form to OHS. These requests must be received by the first Tuesday in November and will be reviewed by the Department of Human Resources as a request for religious accommodation.

C. Requirements Upon Receiving Exception

If the exception is granted, the employee will sign either electronically or by written documentation attesting that s/he will wear a mask at all times while in any Johns Hopkins Health System (JHHS) patient care or clinical care areas (see Definitions, Appendix 2) or within six feet of a patient (see Definitions) during the influenza season as identified by the JHHS Healthcare Epidemiology and Infection Control (HEIC) in consultation with the JHHS Medical Microbiology Laboratories.

COMPLIANCE

A. Any HCP AND ALL OTHER INDIVIDUALS COVERED BY THIS POLICY who are not vaccinated via a granted exception must wear a surgical mask within six feet of any patient and when entering a patient room during the influenza season. The effective dates will be identified by Johns Hopkins Health System (JHHS) Healthcare Epidemiology and Infection Control (HEIC).

B. Any HCP AND ALL OTHER employed INDIVIDUALS COVERED BY THIS POLICY who fail to comply with the vaccination requirement will be placed on an unpaid administrative leave of one week or less. If, at the end of the administrative leave, the employee has not met the vaccination requirement, that individual will be considered to have voluntarily resigned.

C. Physicians and Providers working for the School of Medicine and voluntary medical staff at all entities must comply with each hospital’s bylaws and will be placed on administrative suspension for the duration of the influenza season if they fail to comply with the requirements of this policy. Such actions will not be reportable to the Maryland Board of Physicians or the National Physician Data Base (NPDB).

D. Trainees, students, residents or fellows, campus research personnel, volunteers, vendors, voluntary staff or temporary workers who fail to comply with the requirement of this policy will not be permitted to enter patient care or clinical care areas (see Definitions, section B) during the influenza season as identified by the JHHS Healthcare Epidemiology and Infection Control (HEIC) in consultation with the JHHS Medical Microbiology Laboratories.
MANDATORY SEASONAL INFLUENZA VACCINATION

E. Any HCP AND ALL OTHER EMPLOYED INDIVIDUALS COVERED BY THIS POLICY granted a medical exception or religious accommodation but who fail to wear a surgical mask within six feet of a patient during the influenza season will be subject to disciplinary action, up to and including termination or removal.

RESPONSIBILITIES

Health Care Personnel (see Definitions, section A)  Responsibility to receive influenza vaccination by the stated deadline or to complete the designated process for a permissible exception

JHHS HEIC  Establish annual vaccination requirements, define the influenza season

Human Resources  Answer questions related to this policy. Accept and evaluate requests for religious accommodations.

Occupational Health Services  Administer and track vaccinations, accept, evaluate, and refer to Human Resources if necessary declination forms and requests for medical exceptions.

Supervisors and Managers  Ensure that all JHHS Health Care Personnel are vaccinated against influenza each year unless exception has been granted as described in this policy.

EVALUATION

OHS will evaluate organizational HCP AND ALL OTHER INDIVIDUALS COVERED BY THIS POLICY vaccination rates, frequency and reasons for vaccine declinations monthly between September and January. This information will be reported to organizational management and JHHS HEIC. JHBMC and JHHS HEIC will receive lists of non-compliant personnel by the first Tuesday in December from the JHBMC OHS.

JHBMC Department of Human Resources will evaluate the frequency of religious accommodations monthly between September and January. This information will be reported to organizational management, JHHS HEIC and OHS.

VACCINE SHORTAGE CONTINGENCY

In the event of an influenza vaccine shortage, JHHS HEIC and the Office of Critical Event Preparedness and Response (CEPAR) will determine an appropriate distribution plan for the resources available. OHS, HEIC, Human Resources, Pharmacy and Administration will conduct the evaluation with other departments across all entities included as needed when vaccine shortages occur. Influenza vaccine will be offered to personnel
Priority will be given to those who provide hands-on patient care with prolonged face-to-face contact with patients and/or have highest risk of exposure to patients with influenza. Those who are prioritized to receive vaccine will be held to the mandatory standard. 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 JHHS HEIC in conjunction with the institutional Infection Control entities.

**DISSEMINATION**

This policy will be disseminated by:

1. Emergency management sessions and training sessions
2. In-services and grand rounds
3. Johns Hopkins Medicine intranet site and publications
4. Committees
5. New employee orientation (Appendix 7)
MANDATORY SEASONAL INFLUENZA VACCINATION

REFERENCES

- http://www.cdc.gov/flu/about/disease/index.htm
- http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e0818a1.htm?s_cid=mm60e0818a1_e&source=govdelivery

SPONSOR

Vice-President, Human Resources

REVIEW CYCLE

1 year

APPROVAL

Richard G. Bennett, M.D.                                Date
APPENDICES

APPENDIX 1: NON-CLINICAL PERSONNEL

Examples of non-clinical personnel who provide services in patient care or clinical care areas (see Definitions, section B) include but are not limited to:

1. Patient Relations & Interpreter Services
2. Facilities Management
3. Food and Nutrition Services personnel who enter patient care or clinical care areas
4. Sterile Processing and Material Services technicians who deliver equipment to patient care or clinical care areas
5. Patient transporters
6. Campus research personnel and students who enter patient care or clinical care areas
7. Environmental Services
8. Vendors who enter clinical care areas
9. Admission personnel and clerical staff working in patient care or clinical care areas
APPENDIX 2: EXAMPLES OF PATIENT CARE OR CLINICAL CARE AREAS

Per Definitions, section B included in this policy, examples of patient care or clinical care areas include but are not limited to:

1. Admissions and Registration
2. Patient rooms/cubicles
3. Patient exam rooms/areas
4. Hallways of units where patient rooms are located
5. Nursing stations of units where patient rooms are located
6. Procedural areas
7. Waiting areas
8. Hallways connecting waiting areas and exam areas or those connecting clinical care areas
9. Visitor lounges (if patients also use for visiting)
10. Patient homes
MANDATORY SEASONAL INFLUENZA VACCINATION

APPENDIX 3: VACCINE DECLINATION FORM TEMPLATE

INFLUENZA VACCINE DECLINATION STATEMENT

Please print information below:

Employee Name: __________________________ Date of Birth: / __ / __________

Employee E-mail: __________________________ Employee Phone/Pager #: ____________

Department: _______________________________ Unit/Service Where You Work: __________

Identification #: ___________________________ Do you have any direct patient contact? YES __ NO __

Note: Direct patient contact is anyone who works within 6 feet of a patient

(Bayview Employee) ______ (JHU Employee) ______ (Other) ______

DECLINATION of Annual Influenza Vaccination:

- I understand that due to my occupational exposure, I may be at risk of acquiring influenza infection. In addition, I may spread influenza to my patients, other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for influenza complications.

- I have received education about the effectiveness of influenza vaccination as well as the adverse events. I have also been given the opportunity to be vaccinated with influenza vaccine, at no charge to myself. However, I decline influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring influenza, potentially resulting in transmission to my patients. If in the future I want to be vaccinated with influenza vaccine, I can receive the vaccine at no charge to me.

- I attest that I will wear a mask anytime I am within six feet of a patient for the duration of the influenza season if I do not receive the influenza vaccination.

Reason for declining:

- I request a medical exception. MUST APPLY FOR A MEDICAL EXCEPTION AT OCCUPATIONAL HEALTH BY THE FIRST TUESDAY IN NOVEMBER AND BE GRANTED A MEDICAL EXCEPTION BY THE FIRST TUESDAY IN DECEMBER.

- I request a religious accommodation. THE RELIGIOUS ACCOMMODATION FORM MUST BE COMPLETED AND RETURNED TO HUMAN RESOURCES BY THE FIRST TUESDAY IN NOVEMBER AND A RELIGIOUS EXCEPTION MUST BE GRANTED BY THE FIRST TUESDAY IN DECEMBER.

Employee Signature __________________________ Date __________

DESIGNATED OFFICE USE ONLY:

Declination Statement Received On / __ / __________ Receiving Staff Signature: __________

Johns Hopkins Bayview Medical Center
Occupational Health Services / 1100 Althea Commons Drive, Alpha Commons Building, RM 105
Baltimore, MD 21287 (410) 745-1241

*** Please retain a copy of this form. There will be a negative for duplicate copies. ***
MANDATORY SEASONAL INFLUENZA VACCINATION

APPENDIX 4: CRITERIA FOR MEDICAL EXCEPTION

Medical exceptions include:

1. Severe allergy to vaccine components;
2. Guillain-Barré within six weeks of receiving an influenza vaccine.

Personnel requesting exception must submit a declination form (Appendix 3) and provide documentation of medical contraindications (Appendix 5) by the first Tuesday in November.

OHS will evaluate the allergy history and determine a course of action based on severity. If OHS determines that there is a history of a severe allergic reaction to the vaccine or its components, an allergy consultation can be offered. For personnel with a history of severe allergic reactions, (i.e., those involving symptoms such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or, who required epinephrine or other emergency medical intervention), referral to an allergist for further risk assessment will be made prior to receipt of vaccine. If the exception is for allergy to eggs, the most current CDC ACIP recommendations will be followed by OHS, http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#tab

If the patient reports a history of Guillain-Barré from any cause in the past six weeks, the individual may be referred to a neurologist with expertise in this area.
MANDATORY SEASONAL INFLUENZA VACCINATION

APPENDIX 5: VACCINE MEDICAL EXCEPTION FORM TEMPLATE

Dear Physician:

Johns Hopkins Bayview Medical Center (JHMC) requires influenza vaccination similar to other required vaccinations such as MMR and varicella.

For decades influenza vaccinations have been recommended for healthcare workers because they have been shown to be effective in reducing the incidence of influenza in patient populations. Influenza vaccination has also been recommended in pregnancy by the Centers for Disease Control to protect pregnant women (who are at increased risk of severe disease) and to protect the baby after it is born. The above named person is requesting an exception from this vaccination requirement. A medical exception from influenza vaccination is allowed for certain recognized contraindications (COC-INTERNET Early Release 2011; Vol. 60. Available online: http://www.cdc.gov/ mmwr/pdf/wk/mm6004.pdf).

Please complete the form below. Should you have any questions, please contact Johns Hopkins Bayview Medical Center Occupational Health Services at 410-550-0473. Thank you.

The above employee should not be immunized for influenza for the following reasons (please check all that apply):

- History of previous severe allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine. Please attach supporting DOCUMENTATION or MEDICAL RECORDS.

- History of Guillain-Barré Syndrome within 6 weeks of receiving a previous vaccine. Please provide and attach a detailed narrative that describes the event.

- Other - Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on a case by case basis).

I certify that _____________________________ has the above contraindication and requests a medical exception from influenza vaccination.

Physician Signature: ___________________________ Date: ________

(Note: Signature Stamp Not Acceptable)

Physician Medical License Number: __________________________

FROM FAX (EMAIL OR MULTITOLED):
Johns Hopkins Bayview Medical Center
Occupational Health Services
5300 Alpha Commons Drive, Alpha Commons Building, Room 195
Baltimore, MD 21224
Phone: 410-550-0477
Fax: 410-550-0313
hsecares@jhmi.edu

DESIGNATED OFFICE USE ONLY:
Medical Exception Approved On: _____/____/____
Appropriating Staff Signature: ___________________________
MANDATORY SEASONAL INFLUENZA VACCINATION

APPENDIX 6: SAMPLE RELIGIOUS ACCOMMODATION FORM

Johns Hopkins Bayview Medical Center
4940 Eastern Ave.
Baltimore, MD 21224
(410) 550-0433

INFLUENZA VACCINATION RELIGIOUS EXEMPTION REQUEST FORM

Johns Hopkins Bayview Medical Center (Bayview) promotes workforce diversity and an inclusive workplace for all employees as part of its equal employment opportunity commitments. If your religious beliefs and practices conflict with the flu vaccination requirement, please provide the following information.

Exemption Granted Previously
Did Bayview grant you religious exemption from the flu in a previous flu season?
YES ______ NO ______

If yes, please answer the following and fill out the "Basic Information" section below:

Your Exemption Granted:

Whether Exemption Renewed in Subsequent Year: YES ______ NO ______

Basis of Exemption (Use space below & use additional sheet if necessary):

---

Basic Information

Name: ___________________ Date of Request: ___________________

Department: ______________ Immediate Supervisor: ______________

Do you have direct patient care? YES ______ NO ______

Please explain why you are seeking an exemption (Use space below & use additional sheet if necessary):

---

In some cases, Bayview will need to obtain additional information and documentation about your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exemption. If requested, can you provide documentation to support your beliefs and need for an accommodation?

YES ______ NO ______

JHHS_v_0712132013
MANDATORY SEASONAL INFLUENZA VACCINATION

If no, please explain why (Use space below & use additional sheet if necessary):

Are you attaching any supporting documentation to this request?

YES  NO

Verification and Accuracy

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, including employment termination.

I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

Signature: _____________________ Date: ________________

Print Name: ___________________________

TO BE COMPLETED BY OCCUPATIONAL HEALTH SERVICES, IF NEEDED:

Received Flu Vaccine Previously? YES _____ NO _____
If yes, identify when: ____________________________________________________________

Received Other Vaccinations or Injections Previously? YES _____ NO _____
If yes, please identify type and date: ____________________________________________

TO BE COMPLETED BY HUMAN RESOURCES:

Exemption Granted? YES _____ NO _____
If no, explain why:
MANDATORY SEASONAL INFLUENZA VACCINATION

Summary of Next Steps

This request will be reviewed with you and acknowledged by Human Resources.

1. You will be notified of the decision regarding your requested exemption.

2. If you are granted a religious exemption, you may be required to wear a surgical mask during the influenza season when working directly with patients, working in patient areas, or coming within 6 feet of patients.

3. If you disagree with the decision regarding your request, please contact the Human Resources Department at (410) 550-0433.
APPENDIX 7: SAMPLE NEW EMPLOYEE ORIENTATION ACKNOWLEDGEMENT

[Entity Letterhead]

Influenza Vaccination Requirement

Johns Hopkins Bayview Medical Center requires influenza vaccination similar to other required vaccinations such as MMR and varicella as a condition of employment for all healthcare workers.

Acknowledgement

I have received and read a copy of [Entity’s Policy #] requiring influenza vaccination for all healthcare workers.

________________________________________
Employee Name (Print)

________________________________________
Employee Signature

________________________________________
Date