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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 Community Physicians workforce. This policy is intended to maximize vaccination against influenza among the personnel of Johns Hopkins Community Physicians 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 Johns Hopkins Community Physicians 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

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)].


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- 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 in accordance with patient safety standards, Johns Hopkins Community Physicians requires Health Care Personnel (HCP, see Definitions, section A) 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 he/she will comply with the mandatory influenza vaccination policy.
- B. Influenza vaccination shall be provided free of charge through Occupational Health Services (OHS) OR any JHCP site to anyone with a Johns Hopkins or relevant entity badge.
- 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), Johns Hopkins Community Physicians 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. Procedure for declining due to a qualified exception
 6. Consequences of refusing vaccination
- D. Annually, HCP must do one of the following:
1. Receive the influenza vaccine(s) by December 1, which will be provided free of charge through Adopting Organizations’ Occupational Health Services (OHS) OR JHCP site.
 2. Provide OHS or direct supervisor with proof of immunization if a HCP is vaccinated through services other than OHS or JHCP (i.e. private physician office, public clinics) by December 1. Proof of immunization must include a copy of documentation indicating the vaccine was received.
 3. Comply with the designated procedure for obtaining a permissible exception by December 1, as

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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/mmwr/preview/mmwrhtml/mm60e0818a1.htm?s_cid=mm60e0818a1_e&source=govdelivery, 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 Occupational Health Services (OHS) or direct supervisor at least twenty business days prior to the December 1 deadline to be vaccinated.
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 for a temporary condition, the HCP must resubmit a request for exception each year. If exception is granted for a permanent condition (i.e. significant vaccine allergy or history of Guillain-Barré after a previous influenza vaccine), the exception does not need to be requested each year unless vaccine technology changes to eliminate the issue regarding allergies.

B. Religious

If a candidate declines immunization because it conflicts with sincerely held religious beliefs, they must complete and submit to their manager a declination form and a request for religious accommodation form (Appendix 3, 6). 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 at least twenty business days prior to the December 1 deadline to be vaccinated 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 personnel will sign either electronically or by written documentation attesting that he/she 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

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consultation with the JHHS Medical Microbiology Laboratories.

COMPLIANCE

- A. Beginning with the 2011-2012 influenza season, any HCP who is 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. Beginning with the 2012-2013 influenza season:
1. Any HCP who fails 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, they will be considered to have voluntarily resigned.
 2. 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).
 3. 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.
- C. Any HCP granted a medical exception or religious accommodation but who fails 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.

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,

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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

Each Adopting Organization's OHS will evaluate organizational HCP vaccination rates, frequency and reasons for vaccine declinations monthly between September and January. This information will be reported to organizational management and JHHS HEIC. Each Adopting Organization's management and JHHS HEIC will receive lists of non-compliant personnel by December 1 from the Adopting Organization's OHS.

Each Adopting Organization's 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 the Adopting Organization's 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 based on risk to patient population cared for, job function, and risk of exposure to influenza. 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)

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SPONSOR

Gene E. Green, MD
 Vice President, Medical Affairs
 JHCP


REVIEW CYCLE

1 year

APPROVAL

Steve Kravet, MD
 President
 JHCP

Date


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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. Hospitality 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

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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

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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 _____ <small>(Note: Direct patient care is anyone who works within 6 feet of a patient.)</small>
<p>PLEASE CHECK THE CORRECT AFFILIATION: [ADAPT THIS SECTION TO REFLECT RELEVANT AFFILIATIONS WITHIN YOUR INSTITUTION. EXAMPLES ARE INCLUDED BELOW. Delete this note once you have adapted the form]</p>	
[HOSPITAL NAME] _____	[MEDICAL STAFF] _____ [STUDENT] _____ [HOME CARE] _____
<p>DECLINATION of Annual Influenza Vaccination:</p> <ul style="list-style-type: none"> • 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. 	
<p>Reason for declining:</p> <ul style="list-style-type: none"> <input type="radio"/> I received the vaccine from another facility. DOCUMENTATION MUST BE PROVIDED TO OCCUPATIONAL HEALTH. <input type="radio"/> I request a medical exception. THE MEDICAL EXCEPTION FORM MUST BE COMPLETED AND RETURNED TO OCCUPATIONAL HEALTH. <input type="radio"/> I request a religious accommodation. THE RELIGIOUS ACCOMMODATION FORM MUST BE COMPLETED AND RETURNED TO HUMAN RESOURCES. 	
Employee Signature _____	Date _____
<p>DESIGNATED OFFICE USE ONLY:</p>	
<p>Declination Statement Received On: ____/____/____ Approving Staff Signature: _____</p>	
<p><small>[ENTITY NAME] [DEPARTMENT NAME] / [STREET ADDRESS] [CITY, STATE ZIP] / [PHONE NUMBER]</small></p> <p>*** Please retain a copy of this form. There will be a charge for duplicate copies. ***</p>	

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APPENDIX 4: CRITERIA FOR MEDICAL EXCEPTION

Medical exceptions include:


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

OHS will evaluate the allergy history and determine a course of action based on the severity.

- Those patients who are able to eat eggs, cake or foods with egg protein without reaction may receive the vaccine.
- Individuals who have experienced less severe reactions to egg (e.g., hives only) may receive influenza vaccine with the following additional measures:
 1. Killed influenza vaccine formulation (TIV) should be used; preferably vaccines with less than 0.12 mcg of egg protein should be administered.
 2. Patients should be observed for 20-30 minutes for signs of a reaction following administration of each vaccine dose.


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. (Other measures, such as dividing and administering the vaccine by a two-step approach and skin testing with vaccine are not necessary.) This should include persons who report having had serious reactions to egg involving such symptoms as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or, who required epinephrine or other emergency medical intervention, particularly those that occurred immediately or within a short time following egg exposure (minutes to hours). Such individuals are more likely to have a serious systemic or anaphylactic reaction upon re-exposure to egg proteins. Prior to receipt of vaccine, such individuals will be referred to an allergy specialist for further risk assessment. Preferably vaccines with less than 0.12 mcg of egg protein should be administered.

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.

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APPENDIX 5: VACCINE MEDICAL EXCEPTION FORM TEMPLATE

Request for Medical Exception from Influenza Vaccination	
Please print information below:	
Employee Name: _____	Date of Birth: ____/____/____
Employee E-mail: _____	Employee Phone #: _____
Department: _____	Manager: _____
Physician Name: _____	Physician Phone #: _____
Dear Physician:	
<p>[INSERT ENTITY NAME] 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 inpatient 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 employee is requesting an exception from this vaccination requirement. A medical exception from influenza vaccination is allowed for certain recognized contraindications (CDC MMWR Early Release 2011; Vol. 60. Available online: http://www.cdc.gov/mmwr/pdf/wk/mm60e0813.pdf). Please complete the form below. Should you have any questions, please contact Occupational Health Services at [INSERT ENTITY'S OHS PHONE #]. Thank you.</p>	
The above employee should not be immunized for influenza for the following reason:	
<input type="checkbox"/> 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 (includes egg allergies).	
<input type="checkbox"/> History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine. Please provide a detailed narrative that describes the event.	
<input type="checkbox"/> 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).	
Clarification from the requesting employee and physician may be requested.	
I certify that _____ has the above contraindication and request a medical exception from influenza vaccination.	
Physician Signature _____	Date: _____
<small>(Note: Signature Stamp Not Acceptable)</small>	
Physician Medical License Number: _____	
DESIGNATED OFFICE USE ONLY: Medical Exception Approved On: ____/____/____ Approving Staff Signature: _____	

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APPENDIX 6: SAMPLE RELIGIOUS ACCOMMODATION FORM



Request for Religious Workplace Accommodation

Johns Hopkins Community Physicians is committed to diversity and inclusiveness of all our employees. A reasonable religious workplace accommodation is a change in the work environment or in the way tasks or responsibilities are customarily done that enables an employee to participate in his/her religious practice or belief without undue hardship on the conduct of Johns Hopkins Community Physicians' business or operation. To consider your request for a religious workplace accommodation, please provide the following information:

Part 1 – To Be Completed by Employee (additional sheets may be used, if necessary)

Name: _____ Date of Request: _____

Department: _____ Immediate Supervisor: _____


Reason for Request (i.e., time to pray, leave for religious observance, religious attire, etc.): _____

Suggested reasonable accommodation to meet your requirements or limitations: _____

Is this a temporary or permanent accommodation (i.e., annual religious event, daily religious requirement)?

Length of Time: _____

Days: _____ Shifts: _____

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If you have requested this religious accommodation before, please state approximately when the prior request was made, the name of the individual who responded and the outcome of the request: _____

Religion Tenet(s) Documentation

In some cases, JHHSC/JHH will need to obtain documentation or other authority regarding 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 accommodation.

If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice or belief?

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.


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

Signature: _____ Date: _____

Print Name: _____

Summary of Next Steps

1. This request will be reviewed with you and acknowledged by your supervisor.
2. Your supervisor will then submit your request to the appropriate Human Resources representative for consideration.
3. You will be notified of the decision and/or the proposed accommodation.
4. If you disagree with the decision or proposed accommodation, please contact the Department of Human Resources, for assistance at 410-338-3500.

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Part 2 – To be completed by immediate supervisor (and additional managers, if applicable)


Interactive Discussion Date: _____

Employee’s Suggested Accommodation: _____

Results of Interactive Discussion: _____

Evaluation of Impact (if any): _____

Accepted: _____ **Not Accepted:** _____

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If Not Accepted, Why?: _____

Alternative Accommodations (list in order of preference):

1. _____
2. _____
3. _____

Effective Date of Accommodation: _____

Duration Period of Accommodation: _____


Document reason denying request for a reasonable accommodation: _____

Immediate Supervisor's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

HR, EEO Officer or Designee: _____ Date: _____

CC: Employee

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APPENDIX 7: SAMPLE NEW EMPLOYEE ORIENTATION ACKNOWLEDGEMENT

[Entity Letterhead]

Influenza Vaccination Requirement

Johns Hopkins Community Physicians 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