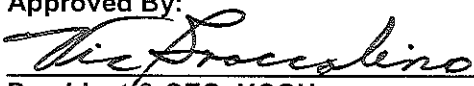


STANDARD PROCEDURE
HOWARD COUNTY GENERAL HOSPITAL, INC.

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| Procedure Number: OH-19 | New Procedure? No |
| Subject: Annual Seasonal Influenza Vaccination | Replacement? Yes |
| Sponsoring Department: Occupational Health | Date(s) of Revision: 9/09, 09/11, 05/12, 09/13 |
| Effective Date: 09/09/13 | Related Policies: HR B-5 |
| Issue Date: 09/09/13 | References: See Section V.F. |
| Approved By:  _____ President & CEO, HCGH | Denote changes with an asterisk * |

I. 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 Howard County General Hospital workforce. This policy is intended to maximize vaccination against influenza among the personnel of HCGH and other clinical entities, 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

II. SCOPE

Applicable to all employees of Howard County General Hospital as well as Allied Health Professionals, contract personnel, physicians, students/externs, and volunteers.

III. POLICY

This policy defines the procedures for the mandatory seasonal influenza vaccination program for HCGH. As a condition for employment and volunteering opportunities, and in accordance with patient safety standards, HCGH requires all employees to have annual influenza vaccination or to complete a statement of declination for qualified exceptions (See Appendices 1-4). Professional Staff and Allied Health Professionals applying for privileges at HCGH must sign a statement of attestation that he/she will comply with the mandatory influenza vaccination policy.

IV. PROCEDURE

- A. Influenza vaccination shall be provided free of charge through HCGH Occupational Health Services to anyone with a HCGH or relevant entity badge.

- B. 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), HCGH will inform personnel about the following:
1. Requirements(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 JHHS
 5. Procedure for declining due to a qualified exception
 6. Consequences of refusing vaccination
- C. Annually, employees must do one of the following:
1. Receive the influenza vaccine(s) provided free of charge through JHHS entities' Occupational Health Services (OHS).
 2. Provide OHS with proof of immunization if the employee is vaccinated through services other than OHS (i.e. private physician office, public clinics). Proof of immunization may include a physician's note or a copy of documentation indicating the vaccine was received.
 3. Comply with the designated procedure for obtaining a permissible exception, as described in this policy.
- D. All candidates for employment are notified by the recruitment team that HCGH is a mandatory flu vaccine hospital and the policy will be reviewed with the candidates. Signature of understanding is obtained at that time. (See Appendix 5.)
- E. * Exceptions
1. Medical
 - a. Exceptions to required immunization may be granted for certain medical contraindications. (see Appendix 2). Standard criteria will be established and include:
 - 1.) 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>
 - 2.) Guillain-Barre within six weeks of a prior influenza vaccine.
 - b. Personnel requesting exception must submit a declination form (Appendix 1) and provide documentation of medical contraindications (Appendix 3) to Occupational Health Services (OHS) by the first Tuesday in November.
 - c. A request for medical exception will be evaluated individually by OHS within twenty (20) business days after the request is presented to OHS. If the exception is for allergy to eggs, the most current CDC's ACIP recommendations will be followed by OHS.

2. Religious

If a candidate declines immunization because it conflicts with sincerely held religious beliefs, they must complete and submit a declination form and a request for religious exception form (Appendix 4) to Human Resources. This request must be received at least thirty (30) business days prior to the first Tuesday in December to be valid. All Religious exception requests will be reviewed by the Department of Human Resources, with consultation as necessary, as a request for religious accommodation.

3. Requirements Upon Receiving Exception

If the exception is granted, the staff member will sign documentation attesting that he/she will wear a mask at all times while on the Hospital Campus during the influenza season as identified by the JHHS Healthcare Epidemiology and Infection Control (HEIC) in consultation with the JHHS Medical Microbiology Laboratories.

The Hospital Campus is defined as 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.

V. Compliance

A. Beginning with the 2012-2013 influenza season:

1. Any staff member who fails to comply with the vaccination requirement will be placed on a one (1) week unpaid administrative leave. 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 with privileges must comply with the 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. Contract personnel, students, externs, and volunteers who fail to comply with the requirement of this policy will become ineligible to continue in their respective training programs. When applicable, these personnel are also included under the provisions of Compliance section 2 and Compliance section 2-b.
4. Anyone granted medical exception or religious accommodation who fails to wear a surgical mask during the influenza season will be subject to disciplinary action, up to and including termination.

B. Responsibilities

1. Hospital Staff Members - Responsibility to receive influenza vaccination by the stated deadline or to complete the designated process for a permissible exception.
2. JHHS HEIC – Establish annual vaccination requirements, define the influenza season.
3. Human Resources – Answer questions related to this policy. Accept and evaluate requests for religious exceptions. Notify employee candidates and obtain signature or understanding/compliance.
4. Occupational Health – Administer and track vaccinations, accept and evaluate requests for medical exceptions.
5. Supervisors and Managers – Ensure that all staff members are vaccinated against influenza each year unless exception has been granted as described in this policy.

C. Evaluation

Occupational Health Services and the Infection Control Department will evaluate vaccination rates, frequency and reasons for vaccine declinations monthly between September and January. This information will be reported to management and to JHHS, HEIC. Hospital management and JHHS HEIC will receive lists of non-compliant personnel by December 5th from OHS.

D. 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 job function, risk of exposure to influenza and risk to patient population cared for. 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 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.

E. Dissemination

This policy will be disseminated by:

1. Emergency management sessions and training sessions
2. In-services and department meetings
3. HCGH Employee Portal
4. Committees
5. New employee orientation
6. Employee Newsletters

F. * REFERENCES

- <http://www.cdc.gov/flu/about/disease/index.htm>
- http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e0818a1.htm?cid=mm60e0818a1_e&source=govdelivery
- Talbot TR, Bradlely SE, Cosgrove SE, Ruef C, Siegel JC, 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; mandate? *Infect Control Hosp Epidemiol* 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; <http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf>.
- 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 health care workers: a 5-year study. *Infect Control Hosp Epidemiol*. 2010;31(9):881-888.



***APPENDIX 1: VACCINE DECLINATION FORM**

INFLUENZA VACCINE DECLINATION STATEMENT

Please information below
Employee Name: _____ Date of Birth: ___/___/___ Title/Position _____
Department: _____ Supervisor: _____ Personal Phone# _____

PLEASE CIRCLE ONE: EMPLOYEE JHLB MD/PA/ALLIED HEALTH VOLUNTEER AGENCY
CONTRACTUAL-BROADWAY CONTRACTUAL-DIETARY OTHER: _____

Declination of Annual Influenza Vaccination:

- I understand that due to my occupational exposure, I may be at risk of acquiring 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 the 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 of 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 on campus as defined in the policy for the duration of the influenza season if I do not receive the influenza vaccination.

Reason for Declining: (Please check all that apply)

- I previously applied for and was granted a medical exception by HCGH and my medical condition has not changed.
- I request a medical exception (The Medical Exception Form must be completed and returned to Occupational Health.)
- I request a religious accommodation (The Religious Accommodation Form must be completed and returned to Human Resources)

Please send this form to Howard County General Hospital

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| <p><u>Employees and Volunteers:</u></p> <p>Howard County General Hospital Occupational Health 5755 Cedar Lane Columbia, MD 21044 Office: 410-740-7838 Fax: 410-740-7685 Occupationalhealth@hcgh.org</p> | <p><u>Professional Staff and Allied Health:</u></p> <p>Howard Count General Hospital Medical Staff Services 5755 Cedar Lane Columbia, MD 21044 Office: 410-740-7544 Fax: 410-740-7561</p> |
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Employee Signature: _____ Date: _____

DESIGNATED OFFICE USE ONLY
Declination Statement Received One: ___/___/___ Approving Staff Signature _____



*APPENDIX 2: VACCINE DECLINATION FORM

Medical exceptions include:

1. Severe allergy to eggs or vaccine components;
2. Guillain-Barré within six (6) weeks of receiving an influenza vaccine.

Personnel requesting exception must submit a declination form (Appendix 3) and provide documentation of medical contraindications to Occupational Health Service (OHS). OHS will evaluate the allergy history and determine a course of action based on the severity. If OHS determines that there is a history of an allergic reaction to the vaccine or its components, an allergy consultation may be offered. For personnel with a history of *severe* allergic reactions, (i.e., those involving symptoms such as angioedema or respiratory distress; or who required epinephrine or other emergency medical intervention), referral to an allergist for further risk assessment will be made prior to receipt of the 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



HOWARD COUNTY
GENERAL HOSPITAL

JOHNS HOPKINS MEDICINE

*APPENDIX 3: VACCINE MEDICAL EXCEPTION FORM

Request for Medical Exception form Influenza Vaccination

Please print information below:

Employee Name: _____ Date of Birth: ____/____/____

Employee E-mail: _____ Personal Phone#: _____

Department: _____ Manager: _____

Physician Name: _____ Physician Phone#: _____

Dear Physician:

Howard County General Hospital 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 for 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 (<http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#tab.>) Please complete the form below. Should you have any questions, please contact Occupational Health Services at 410-740-7838. Thank you.

The above employee should not be immunized for influenza for the following reason:

- 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 (including egg allergies).
- History of Guillain-Barré Syndrome within six weeks for receiving a previous vaccine. Please provide a detailed narrative that describes the event.
- Other—Please provide this information in a separate narrative that describes the exception in detail (these request will be reviewed on a case-by-case basis).

I certify that _____ has the above contraindication and request a medical exception from the influenza vaccination

Physician Signature: _____ Date: _____

Physician Medical License Number: _____

DESIGNATED OFFICE USER ONLY:

Medical Exception Approved On: ____/____/____ Approving Staff Signature _____



HOWARD COUNTY
GENERAL HOSPITAL
JOHNS HOPKINS MEDICINE

*APPENDIX 4: RELIGIOUS EXEMPTION FORM

INFLUENZA VACCINATION RELIGIOUS EXEMPTION REQUEST FORM

Howard County General Hospital 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 Howard County General Hospital 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:

Year 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, Howard County General Hospital will need to obtain additional information and/or documentation about your religious practice or belief. If requested, can you provide documentation to support your beliefs and need for an accommodation?

YES _____ NO _____

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: _____

EMPLOYER'S USE ONLY

Date Received: _____ Initials of Recipient: _____ Documentation Attached? _____

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:



**HOWARD COUNTY
GENERAL HOSPITAL**

JOHNS HOPKINS MEDICINE

APPENDIX 5: EMPLOYEE CANDIDATE ACKNOWLEDGEMENT

Influenza Vaccination Requirement

Howard County General Hospital requires influenza vaccination similar to other required vaccinations such as MMR and varicella as a condition of employment of all employees, volunteers, professional staff, and contract staff.

Acknowledgement

I have received and read a copy of OH-19 requiring influenza vaccination for all healthcare workers.

Candidate Name (Print)

Candidate Signature

Date