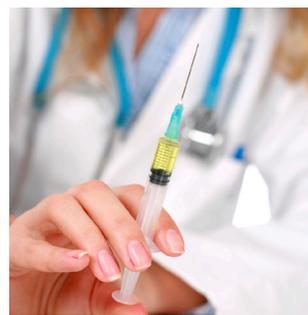


Influenza Immunization for Healthcare Workers

Ready to Report Toolkit



Colorado Department
of Public Health
and Environment

CUSTOMER SERVICE

303.692.2836

CDPHE.FLUVACREPORT@STATE.CO.US

AUGUST 2012

TABLE OF CONTENTS FOR READY TO REPORT TOOLKIT:

[CLICK ON ANY TITLE TO NAVIGATE TO THAT PAGE]

1. Summary of CDPHE Rule

2. Ready to Report Tools

- a. Flowchart for Colorado Health Facilities Division (HFD) Web Portal*
- b. Flowchart for National Healthcare Safety Network (NHSN)*
- c. Guidance on Classifying Employees into Reporting Categories*

3. CDPHE Rule FAQs

4. Timelines of Important Deadlines

5. Policy Development Tools

- a. Colorado Hospital Association (CHA) Toolkit*
- b. Colorado Health Care Association (CHCA) Sample Policy*
- c. Sample Policies*
- d. Additional Resources*

6. Reporting Tools

- a. HFD Portal Information*
- b. NHSN Information*

7. Appendix

- a. Official CDPHE Rule*
- b. Sample Policies*

SUMMARY OF CDPHE RULE ON INFLUENZA IMMUNIZATION OF HEALTHCARE WORKERS

Who the Rule Applies to:

- >> The rule applies to ALL healthcare entities that are licensed by Colorado Department of Public Health and Environment (CDPHE).
- >> The rule does NOT apply to healthcare entities that are NOT licensed by CDPHE such as outpatient physician clinics, doctor's offices, dental offices, and chiropractor's offices.

Intent of the Rule:

The intent of the rule is to promote patient safety by protecting vulnerable patients from influenza, which is a highly contagious and serious respiratory illness. CDPHE recognizes that many facilities have already taken steps to protect vulnerable patients from influenza in their facilities. The rule is designed to encourage healthcare entities that are already appropriately implementing strategies to prevent influenza to continue to do so; to assist those entities that can improve; and to prompt entities to adopt more effective policies to prevent influenza.

Requirements of the Rule:

>> Reporting requirement

- o All healthcare entities licensed by CDPHE must keep track of the number of its employees¹ that are vaccinated against seasonal influenza and annually report that number to CDPHE by March 31st of each year.
- o There is no exemption from the reporting requirement of the rule.

>> Policy implementation requirements

- o There are different policy requirements for different types of healthcare entities. A synopsis of those specific requirements is described below.
- o The rule allows for an exemption from the policy requirements if certain vaccination targets are met.

Policy Implementation Requirements for Hospitals, Hospital Units, Ambulatory Surgical Centers, and Long-Term Nursing Care Facilities (sections 10.7 through 10.9 of the rule)

- >> If a general hospital, hospital unit, ambulatory surgical center, or long-term nursing care facility does NOT meet the criteria for an exemption from these sections (see explanation at the end of this document) they are required to implement an influenza vaccination policy for its healthcare workers to make sure that each of those workers has either been vaccinated or has a medical exemption.
- >> A medical exemption must be signed by a Colorado licensed physician, physician's assistant, advanced practice nurse or nurse midwife and indicate that the vaccination is medically contraindicated based upon the product labeling.
- >> If a healthcare worker has a medical exemption, the facility must make sure that the worker wears a surgical or procedure mask during influenza season (November – March) when in direct contact with patients and in common areas as specified by the facility's policy.

¹ "Employees" as defined in the rule means a person who provides a services for wages for the licensed healthcare entity and includes students, trainees, individual contractors, fully credentialed physicians and fully credentialed allied health professionals with full privileges. Please see the FAQs in this toolkit for further guidance on this topic.

Policy Implementation Requirements for All Other Types of Licensed Healthcare Entities (sections 10.10 through 10.12 of the rule)

- >> If an assisted living residence, community clinic, community mental health center, facility for persons with developmental disabilities, hospice, dialysis treatment clinic, home care agency, psychiatric hospital, rehabilitation hospital, convalescent centers, acute treatment unit or birth center does NOT meet the criteria for an exemption from these sections (see explanation at the end of this document) it must perform an assessment of its workforce and residents/patients and develop an influenza vaccination policy regarding the vaccination or masking of its employees based upon that assessment.
- >> The facility or agency is not required to vaccinate all their employees, but may implement any type of infection control approach that fits with its assessment. It may accept any type of employee exception or declination to vaccination, as long as it is consistent with the written policy.
- >> The facility or agency must, however, make sure its employees are offered an opportunity to receive annual influenza immunization if the employee desires it. The facility or agency is not required to provide the vaccination, but must offer the employee options for obtaining the vaccination such as allowing the employee time to be vaccinated elsewhere or providing directions to a location where the vaccination is being offered.
- >> The facility or agency must provide its employees with information regarding influenza immunization, availability of influenza immunization, and the importance of adhering to standard precautions.

Exemption from Policy Implementation Requirements if Vaccination Targets are Met

- >> Each licensed healthcare entity has an option to be exempted from the more stringent policy implications of the rule if they can meet certain vaccination targets detailed in section 10.6 of the rule.
- >> If a healthcare entity is already taking measures to ensure patient safety by promoting or mandating influenza vaccinations, and can document that it is achieving the targeted vaccination rates of its employees, then the entity is not required to make any additional policy changes and will be exempt from the more specific requirements of sections 10.7 through 10.12 as long as the entity continues to meet the targets.
- >> Facilities or agencies can implement a policy that best suits their organization to achieve the target vaccination rate; including any type of employee exception or declination to vaccination, as long as the target vaccination rate is reached.
- >> The targets required for this exemption are as follows:
 - >> 75 percent of all employees vaccinated by December 31, 2013.
 - >> 90 percent of all employees vaccinated by December 31, 2014 and every year thereafter.
- >> Any healthcare entity that meets the exemption criteria must still report its employee vaccination rate to CDPHE by March 31st of each year.
- >> These facilities must develop a procedure for record keeping that keeps track of the influenza vaccination, declination or exemption of its employees. Vaccination rates must be submitted yearly to CDPHE by March 31st. CDPHE will specify the required method of reporting influenza vaccination rates.

Contained Within the Rule

- >> The rule also has a section that defines various terms, including healthcare worker and employee. This section is included to clearly define various terms used throughout the rule.

READY TO REPORT TOOLS

[CLICK ON ANY TITLE TO NAVIGATE TO THAT PAGE]

- a. Flowchart – Colorado Health Facilities (HFD) Portal*
- b. Flowchart – National Healthcare Safety Network (NHSN)*
- c. Guidance on Classifying Employees into Reporting Categories*

Influenza Immunization of Healthcare Workers

First Year Reporting Requirement: 2012-2013

July to August
2012

- **STEP 1:** Classify workers into reporting categories:
 - You will need to include people who work at least 30 days at your facility between October 1 and December 31, 2012
 - See Guidance on Classifying Employees on page 2-c
- **STEP 2:** Develop process to track workers' immunizations

August to
December 2012

- **STEP 3:** Track worker immunization status from the time seasonal vaccine becomes available through December 31, 2012
 - Workers that received an immunization on-site
 - Workers that provided a written immunization record
 - Workers that had a medical contraindication
 - Workers that declined to receive an immunization
 - Workers with unknown immunization status

January to
March 2013

- **STEP 4:** By reporting categories, compile the total count of workers and the counts by worker immunization status
- **STEP 5:** All facilities can report their counts through the Colorado Health Facilities Web Portal (HFD Portal)
 - Submit your counts using the HFD Portal by March 31, 2013

Influenza Immunization of Healthcare Workers

First Year Reporting Requirement: 2012-2013

July to August
2012

- **STEP 1:** Classify workers into reporting categories:
 - You will need to include people who work at least 30 days at your facility between October 1, 2012 and March 31, 2013
 - Who gets classified into reporting categories is different between the Colorado Rule and the National Healthcare Safety Network (NHSN)
 - See Guidance on Classifying Employees on page 2-c
- **STEP 2:** Develop process to track workers' immunizations

August to
December 2012

- **STEP 3:** Track worker immunization status from the time seasonal vaccine becomes available through March 31, 2013
 - Workers that received an immunization on-site
 - Workers that provided a written immunization record
 - Workers that had a medical contraindication
 - Workers who declined to receive an immunization
 - Workers with unknown immunization status

January to
March 2013

- **STEP 4:** By reporting categories, compile the total count of workers and the counts by worker immunization status
- **STEP 5:** Facilities enrolled in the NHSN can report their counts through NHSN
 - Submit your counts by March 31, 2013

GUIDANCE ON CLASSIFYING EMPLOYEES INTO REPORTING CATEGORIES

Description	Reporting Categories HFD PORTAL			Reporting Categories NHSN			NOTES
	Employees	Licensed independent practioners: MD/DO/NP/PA	Adult students & trainees	Employees	Licensed independent practioners: MD/DO/NP/PA	Adult students, trainees & volunteers	Include when Reporting
EMPLOYEES							
Employees on facility payroll	✓			✓			Yes
Employees who work at the Facility but are not paid by the facility -Corporate employees -Shared services employees							No - Not "employees" but considered HCW and should be included in Infection Control Policies and offered vaccinated
Facility nursing pool or floaters	✓			✓			Yes
Corporate or regional nursing pool or floaters							No - Not "employees" but considered HCW and should be included in Infection Control Policies and offered vaccinated
Corporate staff that only come to the facility for meetings							No - Not "employees" but considered HCW and should be included in Infection Control Policies and offered vaccinated
CONTRACTORS							
Individuals who have a personal contract directly with the healthcare entity	✓			✓			Yes
Individuals that work for a service agency that contracts with the healthcare entity							No - Not "employees" but considered HCW and should be included in Infection Control Policies and offered vaccinated
AFFILIATED MEDICAL STAFF							
Physician and allied health professionals with privileges that practice in the facility and write orders		✓			✓		Yes
Medical staff who have priveleges but do not go to facility							No
OTHERS							
Adult students (≥ 18 years old)			✓			✓	Yes
Trainees			✓			✓	Yes
Volunteers - unpaid people who work at the facility						✓	HFD Portal= No NHSN = Yes, to meet CMS requirement, not state requirement

Questions about Who is Required to Receive a Flu Vaccination

- Q.** If an individual comes to the facility once a year to act as Santa Claus or impersonate Elvis, are they considered an employee for purposes of immunization and reporting?
- A.** It depends. If the individual will be working at the facility for at least 30 days during the reporting period and the facility pays that individual directly, then the individual is considered an employee and must be included in the requirements for employee immunization and reporting. If the individual will be working at the facility for less than 30 days during the reporting period, they do not need to be included. If the individual is a volunteer, as defined in the rule, then they are exempt from the requirements of the rule and do not need to be included for reporting purposes.
- Q.** How should a healthcare entity handle contractual personnel?
- A.** All personnel with whom the healthcare entity contracts are considered “healthcare workers” as defined by the rule. However, not all contractual personnel are considered employees for reporting purposes. If a healthcare entity has a personal contract with an individual who will be working at the facility for at least 30 days during the reporting period, then that individual is considered an employee and should be included as such in the annual immunization report. If the healthcare entity has a contract with a service agency such as a janitorial service, those janitorial personnel are considered employees of the service agency and should not be included as employees in the annual immunization report.

Note: Because all personnel contracted through a service agency are considered “healthcare workers” the healthcare entity needs to make sure that the service agency is aware of and complies with the entity’s policy and requirements concerning influenza immunization.

- Q.** Under CDPHE’s definition of employee, who is considered a physician with staff privileges and an allied health professional with privileges?
- A.** CDPHE interprets a physician with staff privileges and allied health professionals with privileges as fully privileged individuals that practice in the facility including seeing patients, writing orders, or otherwise engaging in patient care in the facility. This definition is not intended to include all affiliates, credentialed physicians and allied health professionals of that facility.
- Q.** How does CDPHE view corporate or shared services employees that are employed by the corporate office, but not by the individual facility?
- A.** According to CDPHE, corporate/shared services employees aren’t considered employees of the facility and therefore reporting of these individuals isn’t required. However, these employees are considered “healthcare workers” and should be included in a facility’s influenza prevention policy.

- Q.** Can a healthcare entity require volunteers to be immunized against influenza even though they are exempted under the rule?
- A.** Yes. The rule establishes the minimum requirements for healthcare worker immunizations, but does not prevent an entity from adopting more stringent requirements. Any healthcare entity is free to make the business decision to require immunization of volunteers.

Questions about Reporting Annual HCW Vaccination

- Q.** What is the difference between the term HCW (healthcare worker) which is used in the Board of Health rule and the term HCP (healthcare personnel) which is used in the HFD Portal and NHSN reporting tools?
- A.** The terms HCW and HCP are interchangeable.
- Q.** Why are there different deadlines for completing the annual employee vaccinations depending on whether a facility chooses to report their vaccination percentage via the CDPHE Health Facilities' (HFD) Portal and those reporting this data through NHSN? How will CDPHE address these inconsistencies?
- A.** The annual December 31 deadline for completing the seasonal influenza vaccination of existing employees was chosen because having staff vaccinated before the end of the year provides maximum protection to patients.
- CDPHE will allow facilities to report annual vaccination through the HFD Portal or NHSN. Below you will find specific details for the two reporting tools:
- *To be compliant with dates specified in the rule, all facilities choosing to report via the HFD Portal, will report vaccinations given from October 1, 2012 – December 31, 2012. Vaccinations must be reported to the HFD Portal by March 31, 2013.*
 - *To be compliant with the CMS requirement and to prevent duplicate reporting, the CDPHE will allow facilities reporting via NHSN, to report vaccinations given from October 1, 2012 – March 31, 2013. Vaccinations must be reported to NHSN by March 31, 2013.*
- Q.** If I want to meet the annual vaccination target percentages that will allow me to qualify for an exemption from the more stringent parts of the rule, can I include in that percentage those employees who were not vaccinated because of a valid medical exemption?
- A.** No. The annual vaccination target percentage is that percentage of employees who actually received the seasonal influenza immunization and excludes any employees who were not vaccinated, even if they had a valid medical exemption.

Questions about CDPHE enforcement and assistance

- Q.** Will CDPHE surveyors be vaccinated against influenza as well?
- A.** Yes. The Division is working on an influenza policy for its survey personnel that will mirror the immunization requirements of the rule.
- Q.** Where can I get information about low-cost influenza vaccine?
- A.** Contact your local public health agency first. You may also contact CDPHE's Immunization Program at 303-692-2650 to obtain information about co-operative programs for purchasing influenza vaccine. Lastly, the Colorado Adult Immunization Coalition (CAIC) sometimes has information regarding how to obtain lower cost vaccines. You may contact CAIC at 303-692-2789.
- Q.** Does the state have any other vaccination requirements for healthcare workers?
- A.** Not specifically. All licensed healthcare facilities are required to have infection control policies and procedures that may involve vaccination, depending on the circumstances, but there are no other specific vaccination requirements in 6 CCR 1011-1, Standards for Hospitals and Health Facilities.
- Q.** Is there a simple way to track fully credentialed physicians working at multiple healthcare entities?
- A.** CDPHE encourages healthcare entities to use the Colorado Immunization information System (CIIS) operated by CDPHE's Immunization Section. CIIS is a confidential computerized system that enables any immunization provider in Colorado to electronically track the immunizations that an individual has received, thereby maintaining an ongoing and complete record. To find out if your facility already participates in CIIS or to learn more about CIIS, please send an email to CDPHE-CIIS@dphe.state.co.us or call 303-692-2437 or 1-888-611-9918 (toll free).
- Q.** Will CDPHE develop a medical contraindication form for facilities to use that is compliant with the rule?
- A.** CDPHE does not plan on developing a statewide medical contraindication form. Facilities seeking information on what to include in a declination form can access ACIP's (CDC) guidance at the following link <http://www.cdc.gov/flu/professionals/acip/shouldnot.htm>. The information found at this link is consistent with FDA labeling as required in the rule, and easier to access and understand than the FDA package inserts.

Other Questions About the Rule

- Q.** Section 10.8(B) requires that hospitals, hospital units, ambulatory surgical centers and longterm care nursing facilities ensure that non-vaccinated healthcare workers wear a mask during influenza season when in direct contact with patients and in common areas as specified by the licensee’s policy. Is it permissible for a facility to state in their policy that the dining room is not a common area and therefore masks are not required?
- A.** It depends. If there is no direct patient contact in the dining room, then masks would not be required and the facility policy may so state. However, if there is any direct patient contact between unvaccinated individuals and patients in the dining room, then the rule language requires that masks be utilized. The intent of the rule regarding common areas was to allow individual facilities to designate other areas of their facility where healthcare workers might not have direct patient contact but still pose a threat of influenza transmission so that masking was deemed necessary to protect vulnerable patients from influenza transmission.
- Q.** How does a facility or agency determine “direct contact?”
- A.** CDPHE did not specifically define direct contact in order to allow providers some leeway in determining this issue for themselves. There are, however, certain situations that CDPHE would interpret as clearly involving direct contact. These include activities such as bathing, dressing, feeding or administering medications to a patient or resident.
- Q.** If a healthcare entity meets the vaccination targets for a given year, what else must it do?
- A.** If a healthcare entity vaccinates at least 60% of its employees by December 31, 2012, it must also maintain for 3 years the records to verify that figure; report that figure to CDPHE no later than March 31st of 2013; and have defined procedures to prevent the spread of influenza from its unvaccinated healthcare workers.
- If a healthcare entity vaccinates at least 75% of its employees by December 31, 2013, it must also maintain for 3 years the records to verify that figure; report that figure to CDPHE no later than March 31st of 2014; and have defined procedures to prevent the spread of influenza from its unvaccinated healthcare workers.
- If a healthcare entity vaccinates at least 90% of its employees by December 31, 2014 (and every year thereafter), it must also maintain for 3 years the records to verify that figure; report that figure to CDPHE no later than March 31st of 2015 (and every year thereafter); and have defined procedures to prevent the spread of influenza from its unvaccinated healthcare workers.
- Q.** If an employee has a medical contraindication to all varieties of influenza immunization and the reason for that medical contraindication is permanent rather than temporary, must the employee obtain a written statement to this effect every year?
- A.** No. If the reason for the medical contraindication is not likely to change, an initial written statement to this effect from a Colorado licensed physician, physician’s assistant, advanced practice nurse or nurse midwife will be sufficient.

TIMELINES OF IMPORTANT DEADLINES

VACCINATION DEADLINES

NO LATER THAN:	COMPLETE THE FOLLOWING:
12/31/2012	ANNUAL VACCINATION OF ELIGIBLE HEALTHCARE WORKERS VACCINATE 60% OF EMPLOYEES TO QUALIFY FOR EXEMPTION
12/31/2013	ANNUAL VACCINATION OF ELIGIBLE HEALTHCARE WORKERS VACCINATE 75% OF EMPLOYEES TO QUALIFY FOR EXEMPTION
12/31/2014	ANNUAL VACCINATION OF ELIGIBLE HEALTHCARE WORKERS VACCINATE 90% OF EMPLOYEES TO QUALIFY FOR EXEMPTION
12/31/2015 AND EVERY YEAR THEREAFTER	ANNUAL VACCINATION OF ELIGIBLE HEALTHCARE WORKERS VACCINATE 90% OF EMPLOYEES TO QUALIFY FOR EXEMPTION

ELECTRONIC REPORTING DEADLINES

NO LATER THAN:	COMPLETE THE FOLLOWING:
3/31/2013	REPORT 2012 PERCENTAGE OF EMPLOYEES VACCINATED
3/31/2014	REPORT 2013 PERCENTAGE OF EMPLOYEES VACCINATED
3/31/2015 AND EVERY YEAR THEREAFTER	REPORT 2014 PERCENTAGE OF EMPLOYEES VACCINATED

RELATED TASKS

HAVE PROCEDURES TO PREVENT THE SPREAD OF INFLUENZA FROM UNVACCINATED HEALTHCARE WORKERS
HAVE DOCUMENTATION OF VACCINATION, DECLINATION OR MEDICAL EXEMPTION, IF REQUIRED.
HAVE A WRITTEN POLICY REGARDING INFLUENZA IMMUNIZATION IF EXEMPTION TARGETS NOT MET.

POLICY DEVELOPMENT TOOLS

[CLICK ON ANY TITLE TO NAVIGATE TO THAT PAGE]

a. CHA Toolkit

b. Sample Long-Term Care Policy

c. List of Sample Policies

d. Additional Resources

Guidance for Developing a Mandatory Influenza Vaccination Program¹

This document is intended to provide guidance and information for developing a mandatory influenza vaccination program within individual hospitals. This document does not provide an exhaustive list of all elements that should be considered when adopting a mandatory influenza vaccination program however it does provide a framework for major areas that should be considered.

Contents

Background	2
<i>Colorado Hospital Association (CHA) Resolution</i>	3
<i>American Hospital Association (AHA) Recommendation</i>	5
Getting Started	7
Drafting a Policy	7
<i>Sample Policy</i>	8
<i>Sample Declination Form</i>	15
<i>Religious Exemptions</i>	17
Employee Education	17
<i>Influenza Vaccination Fact Sheet for Health Care Professionals</i>	18
<i>Understanding the Differences Between Influenza Vaccine</i>	19
<i>CDC Informational Poster (Who Needs a Flu Vaccine?)</i>	20
<i>CDC Informational Poster (No More Excuses)</i>	21
Vaccination of Healthcare Workers	22
<i>Employee Self-Assessment of Contraindications for Influenza Vaccine</i>	22
Tracking Compliance	26
Additional Resources	26
Questions	26
Acknowledgments	26

¹ Adapted from Roberta Smith, RN, MSPH, CIC, Infection Preventionist, Department of Epidemiology, Children’s Hospital Colorado (2011)

Background

The Centers for Disease Control and Prevention (CDC) recommends that healthcare personnel and person in training for healthcare professions should be vaccinated annually against influenza. Despite this recommendation, vaccination rates amongst healthcare personnel remain inconsistent. Data collected from Colorado hospitals in March 2011 indicates that vaccination rates range from 60-90%.

In recent years, there has been a significant effort to increase vaccination amongst healthcare personnel. Various national accrediting and professional organizations, including the Infectious Disease Society of America (IDSA) and Association for Professionals in Infection Control and Epidemiology (APIC), support mandatory vaccination policies. In addition, conversations about legislative and/or regulatory mandates have increased in incidence, especially in Colorado.

Colorado Hospital Association recognizes that Colorado hospitals and health systems are committed to patient safety. Vaccination of healthcare workers against influenza not only protects patients and their families, but also protects our valuable workforce against illness. Similarly, CHA believes that a proactive, voluntary response to conversations related to legislative and regulatory requirements is a more optimal solution and one that may lessen or eliminate the need for prescriptive mandates.

Therefore, CHA put before its Board of Trustees a resolution in support of requiring annual influenza vaccinations for all healthcare personnel.

“All CHA member hospital and health systems should adopt a mandatory influenza policy and provide influenza vaccination to all healthcare personnel such that all healthcare personnel are required to provide: 1) annual documentation of influenza immunization; OR 2) documentation from a licensed physician indicating evidence-based *medical* contraindication against influenza vaccination AND be required to wear a surgical mask at all times while on the premises of the health care facility.

Documentation is required to be part of the healthcare personnel record and evaluated annually for applicability. In the event that healthcare personnel do not receive an influenza vaccination annually due to evidence-based medical contraindication, the healthcare personnel should be required to wear a surgical mask.”

This resolution was unanimously approved by CHA Board of Trustees on May 20, 2011. Similarly, American Hospital Association recently endorsed their support of mandatory vaccination of healthcare workers and encouraged hospitals to consider implementing this important policy within their institutions.

Colorado Hospital Association Resolution in Support of Requiring Annual Influenza Vaccinations for all Healthcare Personnel

WHEREAS, Influenza is a contagious respiratory illness caused by influenza viruses that can cause mild to severe illness and at times can lead to death;

WHEREAS, Healthy persons infected with the influenza can transmit it to people at higher risk for complications;

WHEREAS, Complications of the influenza include bacterial pneumonia, ear infections, sinus infections, dehydration and worsening of chronic medical conditions, such as congestive heart failure, asthma or diabetes;

WHEREAS, Healthcare providers with medical conditions who are not vaccinated against the influenza put patients and other healthcare workers at a higher risk of severe complications from influenza;

WHEREAS, Healthcare personnel are defined as all persons whose occupation involves contact with patients or contaminated material in a healthcare, home healthcare, or clinical laboratory setting. Healthcare personnel are engaged in a range of occupations, many of which include patient contact even though they do not involve direct provision of patient care, such as dietary and housekeeping services. The term healthcare personnel includes not only employees of the organization or agency, but also contractors, clinicians, volunteers, students, trainees, clergy, and others who may be in contact with patients.

WHEREAS, The Centers for Disease Control and Prevention (CDC) recommends that healthcare personnel and persons in training for healthcare professions should be vaccinated annually against influenza. These include physicians, nurses and other workers in both hospital and outpatient-care settings, including medical emergency-response workers (paramedics and emergency medical technicians) employees of nursing homes and long-term care facilities who have contact with patients or residents;

WHEREAS, Efforts to increase vaccination coverage among healthcare providers using mandatory vaccination policies are supported by various national accrediting and professional organizations, including the Infectious Diseases Society of America;

WHEREAS, the Colorado Hospital Association is committed to patient safety and quality healthcare for all Coloradans:

Be it therefore resolved that the Colorado Hospital Association recommends the following:

All CHA member hospitals and health systems should adopt a mandatory influenza policy and provide influenza vaccination to all healthcare personnel such that all healthcare personnel are required to provide: 1) annual documentation of influenza immunization; OR 2) documentation from a licensed physician indicating evidence-based *medical* contraindication against influenza vaccination AND be required to wear a surgical mask at all times while on the premises of the health care premises.

Documentation is required to be part of the healthcare personnel record and evaluated annually for applicability. In the event that healthcare personnel do not receive an influenza vaccination annually due to evidence-based medical contraindication, the healthcare personnel should be required to wear a surgical mask from the point of entry into the hospital and throughout the duration of their shift without exception.

Approved by the CHA Board of Trustees on May 20, 2011

July 22, 2011

AHA Endorses Patient Safety Policies Requiring Influenza Vaccination of Health Care Workers

BACKGROUND

Influenza is a highly contagious disease that can be spread before symptoms appear and results in about 150,000 hospital admissions and 24,000 deaths annually. Hospitalized patients are particularly vulnerable to the dangers of influenza because their immune systems are often compromised by the illness that caused their admission or the treatments they are undergoing. Vaccination of health care workers (HCWs) has been shown to prevent illness and death in patients, and reduce influenza infections and absenteeism among HCWs. While the Centers for Disease Control and Prevention (CDC) has recommended annual vaccination of HCWs since 1981, only about half of HCWs in the United States are immunized annually.

In recent years, more and more hospitals and health care organizations are putting into place policies making seasonal influenza vaccinations mandatory for employees, affiliated medical staff, students, volunteers and contract workers as part of their commitment to patient safety. These policies often have resulted in vaccination rates above 90 percent.

Several key national professional organizations have endorsed mandatory policies for influenza vaccination as a condition of employment within health care facilities, including the Association of Professionals in Infection Control, American Academy of Pediatrics, Infectious Disease Society of America, National Patient Safety Foundation and Society for Healthcare Epidemiology of America. The American Medical Association supports “universal” influenza vaccination of HCWs, but leaves it to each facility to decide whether or not a mandate is needed to achieve 100 percent vaccination coverage.

While the resources needed to implement a mandatory policy are significant, especially in terms of financial and personnel resources, the benefits of protecting vulnerable patients and reducing employee illness and absenteeism far outweigh the costs. Further, employee resistance can be overcome through careful education and open communication between hospital leadership and staff, as well as policies that permit certain reasonable exclusions and allow employees who cannot receive influenza

vaccination to wear masks when they are in the presence of patients during the influenza season.

AT ISSUE

AHA members and staff spent time earlier this year discussing these issues in the context of the spring round of AHA Regional Policy Board meetings and with AHA's Committee on Health Professions. In April, taking into consideration the findings of these discussions, the AHA's Board of Trustees approved the following new AHA policy:

America's hospitals are committed to protecting the health and well-being of patients and staff. Evidence has emerged over the past few years clearly indicating that health care workers can unintentionally expose patients to seasonal influenza if they (the workers) have not been vaccinated, and such exposure can be dangerous to vulnerable patients.

To protect the lives and welfare of patients and employees, AHA supports mandatory patient safety policies that require either influenza vaccination or wearing a mask in the presence of patients across health care settings during flu season. The aim is to achieve the highest possible level of protection.

NEXT STEPS

The AHA will hold three conference calls featuring speakers from hospitals that have implemented mandatory vaccination policies, with a focus on best practices for putting such policies into practice.

If your hospital has not implemented such a patient safety policy regarding influenza vaccination of health care workers, or if you are in the midst of trying to develop or implement such a policy, we encourage you to participate in one of these calls to learn more about the strategies and best practices used by hospitals that have put mandatory worker seasonal influenza vaccination policies into place.

These calls will be held at the following dates and times:

Friday, July 29 at 1:00 p.m. EDT

Tuesday, August 23 at 1:00 p.m. EDT

Thursday, September 8 at 1:00 p.m. EDT

For more information and to register to participate, visit <http://www.surveymonkey.com/s/HSDCC2K>.

Getting Started

Several hospitals nationwide have implemented mandatory vaccination programs. Unfortunately, the breath of considerations when implementing a mandatory influenza vaccination policy can be considerable. However, the purpose of this tool kit is to provide some examples and resources if your organization does consider implementing a mandatory vaccination program.

One of the important keys to successful implementation is having executive leadership on board with a mandatory vaccination program. Leadership involvement will be essential and is key to ensuring that any policy that is put in place is supported and enforced at an organizational level. In addition, it is important to engage key stakeholders within the organization when initiating the policy development process. The composition of these stakeholders will widely vary depending on your unique facility, however some examples of individuals to consider may include:

- Chief Executive Officer
- Chief Medical Officer
- Chief Nursing Officer / Director of Nursing
- Chief Quality Officer / Quality Director
- Infection Prevention Department (Chief Infectious Disease Physician, Infection Preventionist)
- Human Resources / Employee Health
- Compliance
- Legal Council

Drafting a Policy

It is incredibly important to have a policy in place regarding the requirement of mandatory influenza vaccination for all health care workers. A policy requiring mandatory influenza vaccination for all health care workers should be drafted following your organizational format. There are several things that should be considered for inclusion in the policy including:

Justification of the policy: Background on why the policy is important to your organization and why the policy is being implemented.

Definitions: The policy should clearly and definitively outline what mandatory vaccination means and who this is applicable to within the organization.

Procedures of the policy: This explains how mandatory vaccination will be implemented within the hospital. Details might include vaccination timeframes, procedures for getting vaccination and/or the process for providing influenza documentation.

Exemptions: The policy should clearly outline the types of declinations that the facility will allow and process for applying for declinations.

Communication / Education: Resources available for staff to learn more about influenza vaccines and the organizational policy specific to mandatory influenza vaccination.

Enforcement and consequences: This section outlines the consequences for health care worker non-compliance. Interim and/or absolute deadlines should be established and clearly outlined.

Contingency plans: This section explains how the policy will be affected by vaccination shortages or delays. This should also include the identification of the professional staff that has the authority to amend the policy when necessary.

Sample Policy

A sample policy is available to provide guidance on how to develop your organization's policy related to mandatory influenza vaccination of healthcare personnel. See below to view a copy of the sample policy. To download a copy of the sample policy that can be amended, [please click here](#).

MANUAL/DEPARTMENT	
ORIGINATION DATE	
LAST DATE OF REVIEW / REVISION	
APPROVED BY	

PURPOSE

To help protect staff, non-employees, patients and families of **INSERT FACILITY NAME HERE** from acquiring seasonal influenza disease and to help prevent the unnecessary spread of the influenza virus between employees, non-employees, patients and families. This is accomplished through the requirement that all healthcare personnel receive annual influenza vaccination.

DEFINITION

Healthcare personnel are defined as all persons whose occupation involve contact with patients or contaminated material in a healthcare, home healthcare, or clinical laboratory setting. Healthcare personnel are engaged in a range of occupations, many of which include patient contact even though they do not involve direct provision of patient care, such as dietary and housekeeping services.

Healthcare personnel include but are not limited to: clinical and non-clinical employees, licensed independent practitioners, temporary workers, students, researchers, volunteers, clergy, physicians and contactors.

GENERAL INFORMATION

On February 24, 2010, the Centers for Disease Control and Prevention (CDC) expanded the recommendations for influenza vaccination to everyone aged six months and older. The expanded recommendation went into effect in the 2010 - 2011 influenza season. The new recommendation seeks to remove barriers to influenza immunization and signals the importance of preventing influenza across the entire population. Within this priority population is the recommendation that all healthcare personnel are vaccinated annually with influenza vaccination.

Historically, national rates for healthcare worker influenza vaccination have been low, 42% according to the CDC, despite recommendations for this population to be vaccinated. By having our healthcare personnel vaccinated against influenza, we continue to promote a culture of patient safety by helping to prevent hospital

acquired influenza transmission to patients and families, as well as protecting staff against workplace transmission. Vaccination of **INSERT FACILITY NAME** staff will also reduce workplace absenteeism due to influenza illness, further reducing operational costs of providing care.

INSERT FACILITY NAME requires vaccination for healthcare personnel to provide immunity to certain communicable diseases prior to employment at **INSERT FACILITY NAME**. This policy will expand that protection to influenza virus and will be aligned with similar hospital-wide employment and credentialing policies.

POLICY

As a condition of employment/medical staff privileges/ Graduate Medical Education (GME) participation, **INSERT FACILITY NAME** requires annual influenza vaccination of all **INSERT FACILITY NAME** staff that has job duties or physical presence inside any **INSERT FACILITY NAME** owned and operated facility or clinic in the course of conducting their work.

PROCEDURES

- I. WHERE and WHEN TO GET THE VACCINE:
 - A. Staff must receive influenza vaccine provided by **INSERT FACILITY NAME** Employee Health Services (EHS) or provide written proof of receipt of required influenza vaccine(s) from another source. Vaccine received from a source other than **INSERT FACILITY NAME** may, or may not, be reimbursed to the staff member and payment will be at the discretion of administration. Immunization or proof of immunization must be completed annually.
 - B. New hires will be required to present proof of influenza immunization, or will be given the influenza vaccine at their health screening if hire date is between **INSERT DATES HERE**. New hires hired outside of the months when influenza vaccine is available will be notified of the policy and will be expected to comply with vaccination the next influenza season.
 - C. **INSERT FACILITY NAME** will set the relevant dates of the anticipated influenza season each year which will correspond to the dates for masking. In general, influenza season typically extends from December to March, but can start earlier or extend longer in certain years.

- D. Compliance with annual mandatory influenza vaccination will be required no later than **INSERT DATE HERE**.

II. PRIORITIZATION:

- A. Influenza vaccine provided by **INSERT FACILITY NAME** will be prioritized to staff employed by **INSERT FACILITY NAME**, physicians/providers working at **INSERT FACILITY NAME**, volunteers, and environmental services workers.
- B. Contractors and vendors will not be prioritized to receive **INSERT FACILITY NAME** -purchased influenza vaccines but must provide proof of annual influenza vaccination.
- C. Upon vaccination or verification of influenza vaccination received elsewhere, staff will receive a sticker to be worn on their badge to indicate they are in compliance with the influenza vaccination policy.

III. COMMUNICATION/EDUCATION:

- A. Prior to the annual onset of influenza season, the organization will inform staff of the requirement for vaccination, the dates when influenza vaccine(s) are available, and the fact that vaccines will be provided at no cost to them. Communication will be through normal information distribution. Education on influenza virus and the vaccine will be completed throughout the organization on an ongoing basis. Staff will also be informed of the procedures and approved reasons for declining vaccine and the consequences of refusing vaccination.
- B. The organization will continue to use strategies to provide for convenient vaccine access, including vaccination clinics, mobile carts, vaccination access during all work shifts through the use of “Vaccination Captains”, and modeling and support by institutional leaders.

IV. EXEMPTIONS:

- A. Only healthcare personnel meeting the medical contraindications listed below will be exempt from annual influenza vaccination. Contraindications are limited to specific medical circumstances.
- B. Healthcare personnel who meet the requirements of contraindication for influenza vaccination must complete a written medical declination form.

- C. Staff who do not receive influenza vaccination due to a medical contraindication must wear a mask at all times during the duration of the scheduled shift for the duration of the influenza season, when providing services at all **INSERT FACILITY NAME** facilities and clinics. (See Consequences and Non-Compliance below).

V. APPROVED CONTRAINDICATIONS TO INFLUENZA VACCINATION:

Any person declining vaccine must have one of the valid contraindications, as listed below.

- A. Persons with severe (life-threatening) allergies to eggs or to other components of the influenza vaccine. Documentation from a licensed healthcare provider is required (see Verification of Contraindications).
- B. A history of Guillain-Barré Syndrome within six weeks following a previous dose of influenza vaccine is considered to be a precaution for use of influenza vaccines by the CDC. Documentation is required from a licensed healthcare provider.
- C. Additional contraindications may exist if the live attenuated influenza vaccination (LAIV) is offered. Medical contraindications against LAIV include:
 - Adults 50 years of age or older
 - Pregnant woman
 - Persons with asthma
 - Adults who have immunosuppression (including immunosuppression caused by HIV or medications)
 - Adults and children who have chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic or metabolic disorders
- D. If a person has a contraindication, but still desires to get the influenza vaccine, they should discuss it with their primary healthcare provider. If the primary healthcare provider administers the influenza vaccination, the staff member must provide documentation of vaccination to **INSERT FACILITY NAME**.

VI. VERIFICATION OF CONTRAINDICATIONS and MASK USE:

- A. For declination based on medical contraindication, the Declination of Influenza Vaccination for Medical Contraindications form must be completed and signed by a licensed healthcare provider. This document will then be

reviewed and verified by **INSERT DEPARTMENT HERE**, or assigned designee, with follow up as needed to the licensed healthcare provider.

- B. Upon verification of contraindications, all persons with approved contraindications to vaccination will be required to provide signed written documentation which states that he/she will wear a mask at all times during the scheduled shift. Healthcare personnel are not required to wear the mask during scheduled breaks.
- C. Names of persons required to wear masks will be provided to the worker's supervisors and managers, including department leadership.
- D. Persons with valid and verified contraindications to influenza vaccination will be given a sticker that will be worn on their identification badge.

VII. CONSEQUENCES FOR NON-COMPLIANCE:

- A. Healthcare personnel without documentation of vaccination or valid declination by **INSERT DATE HERE** will be considered noncompliant with annual influenza vaccination requirements.
- B. If vaccination has not occurred by **INSERT DATE HERE**, healthcare personnel will receive a written warning from their supervisor that they are not in compliance with the **INSERT FACILITY NAME** influenza vaccination policy.
- C. Healthcare personnel will then have 15 days to be in compliance (either through vaccination or proof of valid medical contraindication).
- D. If healthcare personnel is not in compliance within 15 days of the written warning issuance, the worker will be suspended for 3 days without pay. After the three day suspension, if the worker is still not in compliance, the healthcare personnel will be terminated. If the healthcare personnel is a physician, medical staff privileges will be revoked from **INSERT FACILITY NAME**.
- E. If persons who have a documented medical declination are not in compliance with wearing a mask at all times during the schedule shift with the exception of during scheduled breaks, the worker will receive written warning from their supervisor that they are not in compliance with the **INSERT FACILITY NAME** influenza vaccination policy.
- F. On a second offense, the disciplinary process through the healthcare personnel's supervisor will be initiated, and may include termination.

VIII. CONTINGENCY PLAN:

- A. If there is a shortage of influenza vaccine supply that affects the supply of influenza vaccine for **INSERT FACILITY NAME** staff use, Administration will develop a contingency plan. This plan will include vaccine prioritization and distribution based on the influenza vaccine supply shortage faced and recommendations from the CDC and the Colorado Department of Public Health and Environment.
- B. Communication about mask use and compliance with the influenza vaccination plan will be sent to healthcare personnel in the event of an influenza vaccine shortage or delay.

RELATED DOCUMENTS / REFERENCES

- A. ACIP Provisional Recommendations for the Use of Influenza Vaccine: Date of ACIP vote: February 24, 2010 Date of posting of provisional recommendations: March 2, 2010 Accessed at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0729a1.htm?s_cid=rr59e0729a1_w
- B. Centers for Disease Control and Prevention (CDC). Prevention and Control of Seasonal influenza with Vaccines. Recommendations of the Advisory Committee on Immunization Practices (ACIP) 2010. August 6, 2010; 59 (rr08); 1-62. <http://www.cdc.gov/media/pressrel/2010/r100224.htm>
- C. APIC, [Association of Professionals in Infection Control \(APIC\) Position Paper: Influenza Immunization of Healthcare Personnel.](#)
- D. Declination of Influenza Vaccination for Medical Contraindications form

REVIEWED BY***INSERT DEPARTMENT NAMES HERE***

Sample Declination Form

A sample declination form is available to provide guidance for developing your own form. See below to view a copy of this sample declination form. To download a copy of the declination form that can be amended, [please click here](#).

Declination of Seasonal Influenza Vaccination For Medical Contraindication

Seasonal influenza vaccination is a condition of employment for all health care workers. Depending on type of vaccination offered, specific medical contraindications may exist for certain individuals. Only evidence-based medical contraindication against seasonal influenza vaccination confirmed by a licensed health care provider will be accepted as an exception to the mandatory influenza policy. Medical contraindication must be re-assessed each year and an updated declination form should be placed in the employee's file yearly.

This Medical Declination form must be completed by the employee's primary healthcare provider and returned to Employee Health Services.

My employer, **INSERT FACILITY NAME HERE**, has recommended that I receive seasonal influenza vaccination in order to protect myself and the patients I serve.

I understand that because I work in a health care environment I may place patients and co-workers at risk if I work while infected with the influenza virus.

I understand that since I have an evidence-based medical contraindication to influenza vaccination that I will be required to wear a mask at all times during a schedule shift through the duration of the influenza season (**INSERT DATES HERE**).

Employee Name (print)

Employee ID Number

Employee Signature

Date

THIS SECTION SHOULD BE COMPLETED BY THE EMPLOYEE'S HEALTH CARE PROVIDER

I have evaluated _____ and can verify that this employee has a medical contraindication to influenza vaccination.

This employee has one or more of the following contraindications:

- Documented severe allergy to eggs or egg products
- Personal history of Guillan-Barré Syndrome within 6 weeks of receiving influenza vaccine
- Severe allergic reaction to previous influenza vaccine
- Other: (please explain – only evidence-based medical contraindications): _____

Healthcare Provider Name (print)

Date

Healthcare Provider Signature

Phone Number

Religious Exemptions

CHA's resolution did not include a religious exemption. Per the resolution outlined on page 3, only evidence-based medical contraindications are valid exemptions. Research by CHA as well as member infection control physicians and nurses has not produced any valid and documented religious exemptions from specific religious faiths. However, anecdotal reports have indicated that some religious faiths such as Christian Scientists or Native Americans that have specific ties to certain tribes and their shaman may be religiously opposed to vaccines.

It is CHA's recommendation to evaluate the internal needs of your organization when considering a religious exemption. If your organization does decide to allow a religious exemption, it is recommended that your organizational policy is clear on the documentation that needs to be provided as well as the specific steps that should be taken to discuss religious declination. The following things should be considered for inclusion in your organization policy should religious exemptions be included:

- Valid documentation from an individual's religious faith outlining the specific faith-based concerns against influenza vaccination
- Counsel between the individual and your organization's chaplain or other faith-based support services to discuss these concerns

Employee Education

Education of facility staff is an important component to any mandatory influenza vaccination policy. Unfortunately, there is a tremendous amount of misinformation about the influenza vaccine and misperceptions about both the vaccine's side effects and medical contraindications are common in both the healthcare community as well as in the general public.

There are a multitude of various resources available to help educate your healthcare personnel. Most are available at no charge and are readily available on the internet. Some tools that you may find useful include:

- [Influenza Vaccination Fact Sheet for Health Care Professionals](#)
- [Understanding the Differences Between Influenza Vaccine](#)
- [Centers for Disease Control and Prevention Informational Posters](#)

Examples of the resources listed above can be viewed below. In addition, you can click on the various resources above to download the forms.

Influenza Vaccination Fact Sheet for Health Care Professionals¹

Did You Know?

- CDC and ACIP recommend that all health care workers get an annual flu vaccine.
- Nationally, fewer than half of health care workers report getting an annual flu vaccine.
 - **Influenza outbreaks in hospitals and long-term care facilities have been attributed to low vaccination rates among health care professionals.**
- As a health care worker, by getting vaccinated, you can help protect your family at home as well as your patients at work from getting sick.
- Getting a yearly flu vaccine can help ensure your time off is spent doing what you want to do, not staying at home sick.

Influenza (Flu) Facts

- The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to hospitalizations and death.
- The main way that influenza viruses are thought to spread is from person to person in respiratory droplets of coughs and sneezes. Influenza viruses may also be spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their hands.
- Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5-7 days **after** becoming sick. Children may pass the virus for longer than seven days.
- Some people, such as older adults, pregnant women, and very young children as well as people with certain long-term medical conditions are at high risk of serious complications from the flu. These medical conditions include chronic lung diseases, such as asthma and chronic obstructive pulmonary disease (COPD), diabetes, heart disease, neurologic conditions and pregnancy.

Health Care Workers and Influenza Vaccination

- Health care workers have a special role in the fight against influenza.
 - By getting vaccinated themselves, health care workers can protect their health, their families' health and the health of their patients.
 - Encouraging vaccination of vulnerable patients can protect them from the flu.
 - High rates of vaccination among nurses and health care workers have been linked to improved patient outcomes and reduced absenteeism and influenza infection among staff.
- Annual vaccination is important because **influenza is unpredictable and flu viruses are constantly changing**. Even if you've been vaccinated before, the flu vaccine from a previous season may not protect against current flu viruses.

Flu Vaccine Facts

- **Flu vaccines CANNOT cause the flu. The viruses in flu vaccines are either killed (the flu shot) or weakened (the nasal-spray vaccine). The flu vaccines work by priming your body's defenses in case you are exposed to an actual flu virus.**
- Flu vaccines are safe. Serious problems from the flu vaccine are very rare. The most common side effect that a person is likely to experience is soreness where the injection was given. This is generally mild and usually goes away after a day or two.

Protect yourself, your family, and your patients by getting a flu vaccine.

¹Adapted from "Influenza Vaccination Information for Health Care Workers", www.flu.gov

UNDERSTANDING THE DIFFERENCES BETWEEN INFLUENZA VACCINE

Trivalent Inactivated Influenza Vaccine (TIV)	Live Attenuated Influenza Vaccine (LAIV)
DEFINITION	
<ul style="list-style-type: none"> • TIV contains inactivated viruses. • TIV cannot cause influenza 	<ul style="list-style-type: none"> • LAIV contains live attenuated influenza virus. • LAIV has the potential to cause mild signs and symptoms similar to influenza symptoms such as nasal congestion, fever
ADMINISTRATION	
<ul style="list-style-type: none"> • Intramuscularly by injection 	<ul style="list-style-type: none"> • Intranasally by sprayer
EFFICACY	
<ul style="list-style-type: none"> • Both TIV and LAIV demonstrate efficacy in both adults and children • Data directly comparing the efficacy of these types of vaccines is limited and insufficient to identify whether one type of vaccine is more advantageous in certain populations than another 	
MEDICAL CONTRAINDICATIONS	
<ul style="list-style-type: none"> • Hypersensitivity or allergy to eggs • Guillan-Barre Syndrome (GBS) within 6 weeks of previous influenza vaccination (precaution for use of additional influenza vaccination) • Persons with moderate/severe acute illness both with and without fever (precaution for use of influenza vaccination - vaccination should be withheld until symptoms resolve) 	<ul style="list-style-type: none"> • Children less than 2 years of age • Children/adolescents (6 months - 18 years) receiving aspirin or other salicylates • Adults 50 years of age or older • Pregnant woman • Hypersensitivity or allergy to eggs • Persons with asthma • Adults and children who have immunosuppression (including immunosuppression caused by HIV or medications) • Adults and children who have chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic or metabolic disorders • Persons with moderate/severe acute illness both with and without fever (precaution for use of influenza vaccination - vaccination should be withheld until symptoms resolve)
PREGNANT WOMEN	
<ul style="list-style-type: none"> • Available data does not indicate that vaccination causes fetal harm • Pregnant woman are <u>not</u> medically contraindicated to receive TIV • Breastfeeding mothers can receive 	<ul style="list-style-type: none"> • LAIV is not licensed for use in pregnant woman • Breastfeeding mothers can receive LAIV

Who needs a flu vaccine?



Even healthy people can get the flu, and it can be serious.

Everyone 6 months and older should get a flu vaccine. **This means you.**

This season, protect yourself—and those around you—by getting a flu vaccine.



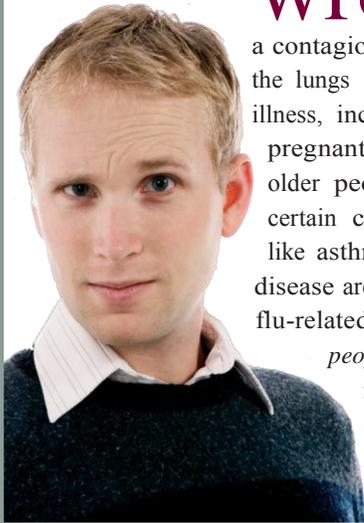
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

THE FLU ENDS WITH 

For more information, visit: www.flu.gov

No More Excuses You Need a Flu Vaccine

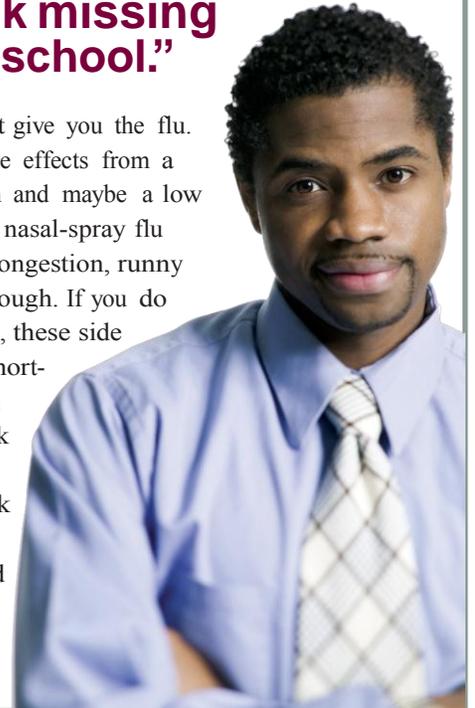
“Oh, the flu isn’t
so bad...right?”



Wrong The flu (influenza) is a contagious disease which affects the lungs and can lead to serious illness, including pneumonia. While pregnant women, young children, older people, and people with certain chronic medical conditions like asthma, diabetes and heart disease are at increased risk of serious flu-related complications, *even healthy people* can get sick enough to miss work or school for a significant amount of time or even be hospitalized.

“**But** what if **the flu vaccine makes me sick?**”

I can’t risk missing work or school.”

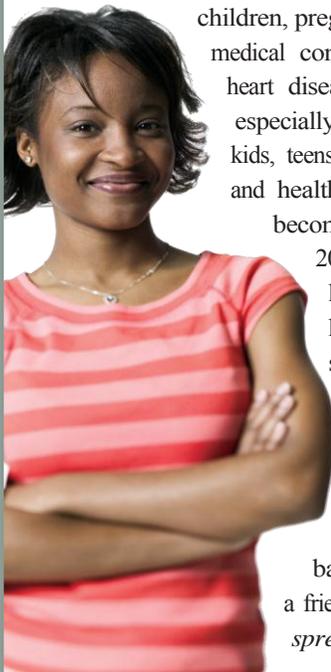


The flu vaccine cannot give you the flu. The most common side effects from a flu shot are a sore arm and maybe a low fever or achiness. The nasal-spray flu vaccine might cause congestion, runny nose, sore throat, or cough. If you do experience them at all, these side effects are mild and short-lived. And that’s much better than getting sick and missing several days of school or work or possibly getting a very severe illness and needing to be in the hospital.

“**I’m Healthy**
I don’t need a flu vaccine.”

Anyone can become sick with the flu and experience serious complications. Older people, young children, pregnant women and people with medical conditions like asthma, diabetes, heart disease, or kidney disease are at especially high risk from the flu, but kids, teens and adults who are active and healthy also can get the flu and become very ill from it. During the 2009 H1N1 pandemic, many healthy people—including healthy young adults—became seriously ill from this virus.

Flu viruses are unpredictable, and every season puts you at risk. Besides, you might be around someone who’s at high risk from the flu...a baby...your grandparents, or even a friend. *You don’t want to be the one spreading flu, do you?*



“**Wait a minute**
I got a flu vaccine
once and still got sick.”

Even if you got a flu vaccine, there are still reasons why you might have felt flu-like symptoms:

- You may have been exposed to a *non-flu virus* before or after you got vaccinated. The flu vaccine can only prevent illnesses caused by flu viruses. It cannot protect against non-flu viruses.
- Or you might have been exposed to flu after you got vaccinated but *before the vaccine took effect*. It takes about two weeks after you receive the vaccine for your body to build protection against the flu.
- Or you may have been exposed to an influenza virus that was very different from the viruses included in that year’s vaccine. The flu vaccine protects against the three influenza viruses that research indicates will cause the most disease during the upcoming season, but there can be other flu viruses circulating.



National Center for Immunization and Respiratory Diseases



Vaccination of Healthcare Workers

Organizational policy that requires influenza vaccination of all healthcare workers must ensure that that vaccine is wide availability and assessable in order to enable compliance. One of the first steps is to ensure that there is adequate vaccine in stock within your individual facility to ensure that all required healthcare workers can be vaccinated. Stocking requests for vaccine typically occur in December through a variety of distributors. Prior to embarking on a mandatory influenza vaccination policy for the coming 2011-2012 year, facilities need to ensure that enough vaccine has been ordered and that both types of vaccine are available. If you require vaccine, a helpful resource to determine availability is the *Influenza Vaccine Availability Tracking System (IVATS)*. The link below directs to a spreadsheet of distributors with contact information as well as a listing of available and/or backordered vaccine. It is unclear how often this spreadsheet is updated and does not appear to be an exhaustive list, but nonetheless is a helpful place to start. http://www.preventinfluenza.org/ivats/ivats_healthcare.asp.

Assuming that adequate vaccination supply is available, individual facilities need to ensure that ability to access vaccine is widely known and available in multiple areas. Your facility (depending on size) might want to set up designated areas for influenza vaccination stations throughout the facility that are staffed consistently for certain times of the day. Vaccination stations are very successful tools for achieving high compliance and depending on how they are staffed and the number of available stations, vaccination should be quick and easy. It is important to remember to have certain stations available during:

- Evening or night shifts
- Weekends

Another useful mechanism to facilitate in the wide-spread vaccination of healthcare workers is to train and designate “vaccination captains” that are assigned to various parts of the facility. The vaccination captains can help administer vaccine and can be useful personnel that have the ability to offer vaccine in less central areas of the facility and/or outside of normal business hours.

Employee Self-Assessment of Contraindications for Influenza Vaccine

Vaccination of a large workforce can be a giant task. There are certain things that facilities can do to help streamline the process. One measure that can be implemented is an employee self-assessment of potential contraindications for influenza vaccination. There are certain medical contraindications for the two different types of influenza vaccine – trivalent inactivated influenza vaccine (TIV) which is administered intramuscularly by injection and live attenuated influenza vaccine (LAIV) which is administered intranasally by sprayer. Assessment of these

various medical contraindications needs to happen for every healthcare worker that is vaccinated. However, an employee can answer these questions utilizing a self-assessment tool and come prepared to the vaccination queue already aware of which vaccination they are eligible to receive, if at all.

CHA has created two different formats which are available for employee self-assessment: a hard copy and an online survey. Both formats ask the same questions and help the employee assess their potential medical contraindications.

A sample of the hard copy is available below. In addition, it can be downloaded by clicking [here](#).

The online survey that was created can be accessed by using the following link: <http://www.surveymonkey.com/s/SHT6LGF>

Individual Self-Assessment of Contraindications for Influenza Vaccine

This document is intended to help health care personnel assess their own potential contraindications for influenza vaccine. At the end of the assessment, health care personnel should be able to determine if they can receive the live attenuated influenza vaccine (LAIV), the trivalent inactivated vaccine (TIV) or if an individual is medically contraindicated for influenza vaccine

Are you pregnant?

Yes

No or NA

Trivalent Inactivated Influenza Vaccine (TIV) Track	Live Attenuated Influenza Vaccine (LAIV) Track
	<p>Are you 50 years of age or older?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No </p> <p>Do you have a condition such as cancer or HIV that causes immunosuppression?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No </p> <p>Do you have asthma?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No </p> <p>Do you have a <u>chronic</u> lung, heart (except isolated high blood pressure), kidney, liver, neurologic/neuromuscular, blood or metabolic disorder?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No </p>

At this point, you are in the **TIV** track. There are just a few more questions.

(See back side of form)

At this point, you are in the **LAIV** track. There are just a few more questions.

(See back side of form)

Trivalent Inactivated Influenza Vaccine (TIV) Track	Live Attenuated Influenza Vaccine (LAIV) Track
<p>Are you currently sick with moderate or severe symptoms, both with or without a fever?</p> <p><input type="checkbox"/> Yes - Vaccine should be withheld until symptoms resolve</p> <p><input type="checkbox"/> No</p> <p>Do you have a hypersensitivity or allergy to eggs?</p> <p><input type="checkbox"/> Yes – Vaccine should not be administered</p> <p><input type="checkbox"/> No</p> <p>Do you have a history of Guillan-Barre Syndrome (GBS) within 6 weeks of receiving previous influenza vaccine?</p> <p><input type="checkbox"/> Yes - Precaution for use of additional vaccine. Further consultation with a healthcare professional is necessary</p> <p><input type="checkbox"/> No</p>	<p>Are you currently sick with moderate or severe symptoms, both with or without a fever?</p> <p><input type="checkbox"/> Yes - Vaccine should be withheld until symptoms resolve</p> <p><input type="checkbox"/> No</p> <p>Do you have a hypersensitivity or allergy to eggs?</p> <p><input type="checkbox"/> Yes - Vaccine should not be administered</p> <p><input type="checkbox"/> No</p> <p>Do you have a history of Guillan-Barre Syndrome (GBS) within 6 weeks of receiving previous influenza vaccine?</p> <p><input type="checkbox"/> Yes - Precaution for use of additional vaccine. Further consultation with a healthcare professional is necessary</p> <p><input type="checkbox"/> No</p>
<p>If you answered NO to all three of the questions listed above, you are eligible to receive the Trivalent Inactivated Influenza Vaccine (TIV).</p>	<p>If you answered NO to all three of the questions listed above, you are eligible to receive the Live Attenuated Influenza Vaccine (LAIV).</p>

Please take this completed form with you when you go to the designated vaccination station in your hospital.

I, _____, have completed the individual self assessment.
 Based on my answers, I should receive the following influenza vaccine: TIV LAIV

OR

I am medically contraindicated for vaccine and should not receive vaccination.
 (The medical declination form needs to be completed and verified by a licensed health care provider. This form and the declination form should be returned to human resources).

 Employee Name (please print)

 Employee ID Number

 Employee Signature

 Date

Tracking Compliance

Organizations that have a mandatory influenza vaccination policy in place must also have a good system for tracking compliance within your facility. This is especially important as the Colorado Department of Public Health & Environment (CDPHE) is currently assessing (August 2011) the feasibility of creating a Board of Health rule that will require healthcare facilities to have a written policy in place regarding the universal vaccination of healthcare workers and that this policy would need to address the accurate tracking of healthcare worker vaccination.

Depending on the sophistication of some internal facility systems, human resource tracking systems or employee health might be a good mechanism to track annual influenza vaccination. However, it is important to have a record of annual influenza vaccination or medical declination in each employee's file.

Additional Resources

Centers for Disease Control and Prevention (CDC) Information for Health Professionals: <http://www.cdc.gov/flu/professionals/>

www.flu.gov

www.immunize.org

Questions

If you have any questions regarding CHA's resolution or clarification regarding this tool kit, please contact Crystal Berumen, Vice President of Patient Safety & Health System Integration at 720.489.1630 or by email at crystal.berumen@cha.com.

Acknowledgments

CHA would like to recognize Children's Hospital Colorado for sharing their resources and helping to mentor other Colorado facilities as they evaluate the applicability of mandatory influenza vaccination within their organizations.

Influenza Immunization of Healthcare Workers

Facility Name

Date of Execution

Ownership

Purpose: 10.4

The purpose of this policy is to ensure healthcare workers have a shared responsibility to prevent the spread of infection and avoid causing harm to their patients or residents by taking reasonable precautions to prevent the transmission of vaccine-preventable diseases. Vaccine programs are, therefore, an essential part of infection prevention and control for slowing or stopping the transmission of seasonal influenza viruses from adversely affecting those individuals who are most susceptible.

Policy:

Facility Name shall provide or make available an annual influenza vaccine for each of its healthcare workers when the influenza vaccine is readily available. The facility (10.8 A, B) shall ensure that each of its healthcare workers has either proof of immunization or a medical exemption signed by a physician, PA, or advanced practice nurse licensed in the State of Colorado stating that the influenza vaccination for that individual is medically contraindicated as described in the product labeling approved by the United States Food and Drug Administration. The facility ensures that each healthcare worker who does not have proof of immunization wears a surgical or procedure mask during influenza season when in direct contact with patients and in common areas as specified by facility policy. Such masks shall be in addition to other standard personal protective equipment.

Procedure:

Facility Name shall maintain proof of annual immunization or medical exemption for each employee and inform other healthcare workers who provide services at the facility that:

- a) The facility has a policy regarding the annual influenza immunization of its healthcare workers
- b) The facility requires each healthcare worker who has not been immunized to wear a mask during the influenza season when in direct contact with patients or in common areas specified by the facility
- c) The facility has masks available for those healthcare workers who have not been immunized

Facility Name shall track and report the annual influenza vaccination rate for its employees through December 31st of each year. The report shall be submitted to the Department of Public Health and Environment on the required form(s) no later than March 31st of the following year.

Exemption for Meeting Vaccination Targets

When **Facility Name** demonstrates that it has vaccinated a targeted percentage of its employees in a given year, using its own methodology, it shall be exempt from the requirements of sections 10.7 through 10.12 (of 6CCR 1011-1 Chap. 2, Part 10) for the following year as long as it continues to use the same or more stringent methodology.

- a) The minimum targets required for this exemption are:
 - ✓ 60 % of employees vaccinated by December 31, 2012
 - ✓ 75 % of employees vaccinated by December 31, 2013
 - ✓ 90 % of employees vaccinated By December 31, 2014 and by December 31 of each year thereafter.
- b) To take advantage of this annual exemption, the facility shall:
 - ✓ Have defined procedures to prevent the spread of influenza from its unvaccinated healthcare workers
 - ✓ Maintain supporting documentation for a period of three years that may be examined by DPHE in a random audit process
 - ✓ Report to the DPHE that the qualifying percentage of its employees was appropriately vaccinated against seasonal influenza by December 31st of the year specified. This report shall be submitted to DPHE in the form and manner specified, no later than March 31st of the following year.

SAMPLE POLICIES

[CLICK ON ANY TITLE TO NAVIGATE TO THAT PAGE]

Disclaimer

A Comparison of the CHA Policy and the BOH Rule Requirements

Hospitals:

CHA, Colorado Hospital Association

Boulder Community Hospital

Exempla

Poudre Valley Health System

St. Mary's Hospital

University Hospital

Long-Term Care:

CHCA, Colorado Health Care Association

Colorado Office of State and Veterans Nursing Homes

Pinon Management

Out-of-State:

Georgetown University Hospital

ADDITIONAL RESOURCES

Below is a table listing a variety of resources including toolkits, sample policies, campaign materials and other information to help facilities increase influenza vaccination rates for healthcare workers.

Organization Name	Web address	Useful Materials
American Medical Directors Association	http://amda.networkats.com/members_online/members/viewitem.asp?item=LTCIMM3&catalog=LTCI&pn=1&af=AMDA	Immunizations in the LTC Setting Toolkit (non member price - \$75)
	http://amda.networkats.com/members_online/members/viewitem.asp?item=IMMDVD&catalog=LTCI&pn=1&af=AMDA	Influenza and Health Care Worker DVD (non member price - \$40)
Centers for Disease Control & Prevention	http://www.cdc.gov/flu/healthcareworkers.htm	Flu facts, data, and other general information
Colorado Hospital Association	http://www.cha.com/CHA/Focus_Areas/Quality_Patient_Safety/Quality_Systems_Improvements/Influenza_Vaccination_Toolkit/CHA/_Focus_Areas/_Quality/Influenza_Vaccination_Tool_Kit.aspx?hkey=a55eb5cd-45d5-40ba-b4b3-9e2e8d75195a	Toolkit, sample policy statement, & campaign materials
Immunization Action Coalition	http://www.immunize.org/honor-roll/	Toolkits, journal and editorial articles, organization position statements
Joint Commission	http://www.jcrinc.com/fluchallenge/	Flu vaccination challenge & campaign materials
Minnesota Department of Health	http://www.health.state.mn.us/divs/idepc/diseases/flu/hcp/vaccine/vaxhcw/index.html	Tools to increase and track vaccination rates, strategies, & national toolkits
National Influenza Vaccine Summit	http://www.preventinfluenza.org/profs_workers.asp	Best practices for increasing influenza vaccination rates among HCWs

REPORTING TOOLS

[CLICK ON ANY TITLE TO NAVIGATE TO THAT PAGE]

- *Colorado Health Facilities (HFD) Web Portal Information*
- *HFD Web Portal Opening Page Screenshot*
- *HFD Web Portal Tool Screenshot*
- *National Healthcare Safety Network (NHSN) Information*
- *NHSN Table of Resources*
- *NHSN Tool Screenshot*

COLORADO HEALTH FACILITIES (HFD) WEB PORTAL INFORMATION:

Healthcare worker vaccination data is submitted to CDPHE via the Colorado Health Facilities Web Portal (state portal). The state portal is a web application available to all licensed health facilities in Colorado, and is the location for official CDPHE communication regarding licensing. A hyperlink on the main page will link directly to a form for reporting vaccination data. This report will be available to all individuals with a user account to the state portal. To access the state portal, go to this website: cohfportal-egov.com.

Colorado Health Facilities Web Portal - Technical Support - Windows Internet Explorer

http://localhost:3096/HFportalweb_copy/support.aspx

Colorado Health Facilities Web Portal - Technical Support



Colorado Health Facilities Web Portal - Technical Support
TRAINING FACILITY 101
TEST FACILITY - NURSING HOME
Tuesday, May 29, 2012 10:45 AM

"Warning do not use the browser's back button. Use the links below on the left or the buttons below on this screen to avoid losing your work."

Message Center	Message Center Technical Support	
My Account Setup	Facility Contact Information Technical Support	
User Account Setup	Occurrence Reporting Content/Technical Support	
Documentation	Electronic Plan of Correction Technical Support	
Electronic Letter of Intent	Permitting Application Content/Technical Support	
Electronic Plan of Correction	Census Technical Support	
Facility Contact Information	Medication Administration Content/Technical Support	
Influenza Vaccination Reporting	Request for Information (LOI) Technical Support	
Licensing	Influenza Vaccination Reporting Content/Technical Support	Email: CDPHE.FluVacReport@state.co.us
Nursing Home Quarterly Census		
Occurrence Reporting		
Technical Support		
Sign Out		

Close and Return to the Message Center

http://localhost:50088/FluVacMain.aspx - Windows Internet Explorer

http://localhost:50088/FluVacMain.aspx

Colorado Personnel Influx Vaccinations for:
TRAINING FACILITY 101
 TEST FACILITY - NURSING HOME
 Wednesday, May 16, 2012 3:13 PM

"Warning do not use the browser's back button. Use the buttons below on this screen to avoid losing your work."

	Employees	Licensed Independent practitioners: MD/DO,NP,PA	Adult students & trainees	Row Totals
1. Number of HCP who worked at this healthcare facility for at least 30 days between October 1 and December 31.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Number of HCP who have a medical contraindication to the influenza vaccine.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Number of HCP who declined to receive the influenza vaccine.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rows 2-6 Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments	<input type="text"/>			<input type="text"/>

Save

Question 1 (Denominator) Notes:
 Include all HCP who have worked at the facility for at least 30 working days during the reporting period, regardless of clinical responsibility or patient contact. This includes HCP who joined after October 1 or left before December 31, or who were on extended leave during part of the reporting period. Working for any number of hours a day counts as one working day. Include both full-time and part-time persons. If an HCW works in two or more facilities, each facility should include the HCW in their denominator. Count HCP as individuals rather than full-time equivalents. Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees. The HCP categories are mutually exclusive. Each HCP should be counted only once in the denominator (question 1).

Questions 2-6 (Numerator) Notes:
 Questions 2-6 are mutually exclusive. The sum of the HCP in questions 2-6 should equal the number of HCP in question 1 for each HCP category. Questions 2-6 are to be reported separately for each of the three HCP categories. Only the following HCP should be counted in question 4: HCP with (1) a severe allergic reaction to eggs or other vaccine component(s) or (2) a history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination. The following should be counted in question 5 (declined to receive influenza vaccine):
 HCP who declined vaccination because of conditions other than those included in question 4.
 HCP who declined vaccination and did not provide any other information.
 HCP who did not receive vaccination because of religious exemptions.
 HCP who deferred vaccination for the entire influenza season (i.e. from October 1 to December 31).

NATIONAL HEALTHCARE SAFETY NETWORK (NHSN) INFORMATION

Healthcare worker vaccination data can be submitted to CDPHE via the Colorado Health Facilities Web Portal (state portal) or the National Health Care Safety Network (NHSN). Facilities may choose either system for reporting, though data should be submitted to CDPHE through only one of these methods. Reporting using NHSN is suggested only for facilities which already maintain an account for other required reporting. These facilities will need to join a new Colorado group, details below. For these facilities, the Infection Preventionist is a good resource for using NHSN.

NHSN is a voluntary internet-based application created and managed by the Centers for Disease Control (CDC) for patient and healthcare personnel safety surveillance. The system is available to all types of health facilities offering a secure connection for confidential reporting to CDC. The NHSN provides case definition manuals and training to allow standardized reporting. Infection rates are adjusted by patient risk factors to allow inter-facility comparison. Facilities that utilize this system can compare their infection rates to benchmark rates compiled from national data collection. The enrollment process has multiple steps, some with time limits, so care should be taken to follow instructions to expedite the process. The enrollment process may take a few weeks to complete.

To create an account with NHSN, a facility and a designated administrator registers with NHSN. The administrator will apply for a digital certificate, which provides secure access to CDC for data transmission. The certificate is installed on the computer the administrator will use to access NHSN for reporting. To maintain the NHSN account, a facility survey must be completed for CDC annually, as well as reapplication and reinstallation of the digital certificate. The survey includes information about the ownership, size, and microbiological testing methods the facility uses.

To comply with the influenza vaccination reporting rule, facilities need to submit data through the state portal, or join the Colorado Influenza Vaccination Reporting group in NHSN conferring rights for CDPHE to view the data. Facilities already reporting data to CDPHE through the group mechanism need to join the influenza vaccination specific group. Facilities should not join this group if data are submitted to CDPHE through the state portal. It is important to note that facilities participating in Centers for Medicare and Medicaid Services (CMS) Inpatient Quality Reporting Program are required to report healthcare worker influenza immunization data, through NHSN, to starting January 2013. Data reported through the state portal will not be delivered to CMS to fulfill this requirement. Reporting through NHSN can fulfill both reporting requirements simply by joining the Colorado group, and not report data through the state portal.

The NHSN manual for healthcare worker immunization reporting is expected July 2012, and the application available September 2012. There are differences with the NHSN reporting definitions and what is reported to CDPHE. The NHSN category for students and trainees includes volunteers, who are not included in CDPHE reporting. The timeframe for reporting in NHSN is October through March, and is October through December for CDPHE. If NHSN is used to report to both entities, review data that includes volunteers to ensure vaccination rate thresholds set by CDPHE are met, otherwise consider reporting state data through the portal and not joining the Colorado reporting group. These caveats do not apply to data submitted through the state portal, as it is solely a state reporting mechanism created to directly reflect the board of health rule.

NHSN Table of Resources:

General NHSN information	http://cdc.gov/nhsn
Facility enrollment instructions	http://www.cdc.gov/nhsn/wcEnrollment.html
Digital certificate instructions	http://www.cdc.gov/nhsn/FAQ_digitalCert.html
Facility annual survey forms	http://www.cdc.gov/nhsn/forms/Patient-Safetyforms.html
NHSN help desk for email questions	nhsn@cdc.gov
CDPHE Health Facilities general reporting questions	CDPHE.FluVacReport@state.co.us
Colorado Immunization Reporting Group	Name: Colorado Influenza Vaccination Reporting Number: 27648 Password: 27648

Healthcare Personnel Influenza Vaccination Summary

* required for saving

Record the number of healthcare personnel (HCP) for each category below for the influenza season being tracked.			
*Facility ID# :			
*Vaccination type: Influenza	*Influenza subtype: <input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal	*Year:	
	Employee HCP	Non-employee HCP	
	Employees (staff on facility payroll)	Licensed independent practitioners: physicians, advanced practice nurses, & physician assistants	Adult students/ trainees & volunteers
*1. Number of HCP who worked at this healthcare facility for at least 30 days between October 1 & March 31			
*2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season			
*3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season			
*4. Number of HCP who have a medical contraindication to the influenza vaccine			
*5. Number of HCP who declined to receive the influenza vaccine			
*6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)			
Comments			

Question 1 (Denominator) Notes:

- Include all HCP who have worked at the facility for at least 30 working days during the reporting period, regardless of clinical responsibility or patient contact. This includes HCP who joined after October 1 or left before March 31, or who were on extended leave during part of the reporting period. Working for any number of hours a day counts as one working day.
- Include both full-time and part-time persons. If an HCW works in two or more facilities, each facility should include the HCW in their denominator. Count HCP as individuals rather than full-time equivalents.
- Licensed practitioners who receive a direct paycheck from the reporting facility, or who are owners of the reporting facility, should be counted as employees.
- The HCP categories are mutually exclusive. Each HCP should be counted only once in the denominator (question 1).

Questions 2-6 (Numerator) Notes:

- Questions 2-6 are mutually exclusive. The sum of the HCP in questions 2-6 should equal the number of HCP in question 1 for each HCP category. Questions 2-6 are to be reported separately for each of the three HCP categories.
- Only the following HCP should be counted in question 4: HCP with (1) a severe allergic reaction to eggs or other vaccine component(s) or (2) a history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination.
- The following should be counted in question 5 (declined to receive influenza vaccine):
 - HCP who declined vaccination because of conditions **other than** those included in question 4.
 - HCP who declined vaccination and did not provide any other information.
 - HCP who did not receive vaccination because of religious exemptions.
 - HCP who deferred vaccination for the entire influenza season (i.e. from October 1 to March 31).

APPENDIX

[CLICK ON ANY TITLE TO NAVIGATE TO THAT PAGE]

a. Final BOH Rule

b. Sample Policies

Disclaimer

A Comparison of the CHA Policy and the BOH Rule Requirements

Hospitals:

CHA, Colorado Hospital Association

Boulder Community Hospital

Exempla

Poudre Valley Health System

St. Mary's Hospital

University Hospital

Long-Term Care:

CHCA, Colorado Health Care Association

Colorado Office of State and Veterans Nursing Homes

Pinon Management

Out-of-State:

Georgetown University Hospital

The HCW Influenza rule is contained in **CHAPTER II: General Licensure Standards**

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Health Facilities and Emergency Medical Services Division
6 CCR 1011-1
STANDARDS FOR HOSPITALS AND HEALTH FACILITIES
(PROMULGATED BY THE STATE BOARD OF HEALTH)**

The entire chapter is available at the link:

http://www.cdphe.state.co.us/regulations/healthfacilities/6CCR1011-1ChIIGeneralLicensureEFF_03302012.pdf

An excerpt with the 5 pages covering the HCW Influenza rule is provided starting below.

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
STANDARDS FOR HOSPITALS AND HEALTH FACILITIES
CHAPTER II - GENERAL LICENSURE STANDARDS
6 CCR 1011-1 Chap 02
Part 10 - INFLUENZA IMMUNIZATION OF HEALTHCARE WORKERS**

Statutory Authority and Applicability

- 10.1 The statutory authority for the promulgation of these rules is set forth in sections 25-1.5-102, 25-1.5-103 and 25-3-103,C.R.S.
- 10.2 Each Healthcare entity that is licensed by the Department shall comply with this Part 10.
- 10.3 The requirements of this Part 10 shall be overseen and enforced by the Department in a manner consistent with sections 2.11 and 2.12 of Part 2 of this Chapter.

General Provisions

- 10.4 Healthcare entities and healthcare workers have a shared responsibility to prevent the spread of infection and avoid causing harm to their patients or residents by taking reasonable precautions to prevent the transmission of vaccine-preventable diseases. Vaccine programs are, therefore, an essential part of infection prevention and control for slowing or stopping the transmission of seasonal influenza viruses from adversely affecting those individuals who are most susceptible.

Definitions

10.5 For purposes of this Part 10, the following definitions shall apply:

- (A) Ambulatory Surgical Center means a facility that is licensed and regulated pursuant to 6 CCR 1011-1, Chapter XX, Ambulatory Surgical Center.
- (B) “Department” means the Colorado Department of Public Health and Environment.
- (C) “Employee” means any person who performs a service for wages or other remuneration for a licensed healthcare entity. For purposes of this Part 10, the definition of employee includes students, trainees, persons who have individual contracts with the healthcare entity, physicians with staff privileges and allied health professionals with privileges. The definition of employee does not include volunteers or persons who provide services through a contractual arrangement between the licensee and a separate organization, association or other healthcare entity.
- (D) “Healthcare Entity” means a health care facility or agency that is required to obtain a license from the Department pursuant to section 25-3-101, C.R.S. Unless otherwise indicated, the term “healthcare entity” is synonymous with the terms “facility” or “agency” as used elsewhere in 6 CCR 1011-1, Standards for Hospitals and Health Facilities.
- (E) “Healthcare Worker” means any person, working in a healthcare entity who has the potential for exposure to patients, residents, or consumers of the healthcare entity and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.

Healthcare worker includes, but is not limited to, physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual personnel, home care personnel, and persons not directly involved in patient care (e.g., clerical, dietary, house-keeping, laundry, security, maintenance, billing and chaplains) but potentially exposed to infectious agents that can be transmitted to and from the healthcare worker and patients, residents or consumers of the healthcare entity. The definition of healthcare worker does not include volunteers.
- (F) “Hospital” means a facility that is licensed and regulated pursuant to 6 CCR 1011-1, Chapter IV, General Hospitals.
- (G) “Hospital Unit” means a facility that is licensed and regulated pursuant to 6 CCR 1011-1, Chapter XIX, Hospital Units.
- (H) “Influenza Season” means November 1 through March 31 of the following year, or as otherwise defined by the Department epidemiology and flu surveillance team.

- (I) “Influenza Vaccine” means a currently licensed FDA approved vaccine product.
- (J) “Long Term Care Facility” means a facility that is licensed and regulated pursuant to 6 CCR 1011-1, Chapter V, Long Term Care Facilities.
- (K) “Proof of Immunization” means a written statement from a licensed healthcare provider who has administered an influenza vaccine to a healthcare worker, specifying the vaccine administered and the date it was administered or electronic entry in the Colorado Immunization Information System (CIIS).
- (L) “Volunteer” means a person who provides services without wages or other remuneration.

Exemption For Healthcare Entities Meeting Vaccination Targets

10.6 If a licensed healthcare entity demonstrates that it has vaccinated a targeted percentage of its employees in a given year, using its own methodology, it shall be exempt from the requirements of sections 10.7 through 10.12 of this Part for the following year as long as it continues to use the same or more stringent methodology.

(A) The minimum targets required for this exemption are:

- (1) 60 percent of employees vaccinated by December 31, 2012;
- (2) 75 percent of employees vaccinated by December 31, 2013; and
- (3) 90 percent of employees vaccinated by December 31, 2014; and by December 31 of each year thereafter.

(B) To take advantage of this annual exemption, the licensee shall:

- (1) Have defined procedures to prevent the spread of influenza from its unvaccinated healthcare workers;
- (2) Maintain supporting documentation for a period of three (3) years that may be examined by the Department in a random audit process; and
- (3) Report to the Department that the qualifying percentage of its employees was appropriately vaccinated (according to the annual recommendations of the Advisory Committee on Immunization Practices) against seasonal influenza by December 31st of the year specified. This report shall be submitted to the Department, in the form and manner specified, no later than March 31st of the following year.

Requirements For Hospitals, Hospital Units, Ambulatory Surgical Centers and Long-Term Care Facilities

10.7 Each licensed hospital, hospital unit, ambulatory surgical center and long-term care facility shall provide or make available an annual influenza vaccine for each of its healthcare workers when the influenza vaccine is readily available.

10.8 Each licensed hospital, hospital unit, ambulatory surgical center and long-term care facility shall have a written policy regarding the annual influenza immunization of its healthcare workers that, at a minimum, addresses the following criteria:

(A) Ensuring that each of its healthcare workers has either:

(1) proof of immunization, or

(2) a medical exemption signed by a physician, physician's assistant, advanced practice nurse or nurse midwife licensed in the State of Colorado stating that the influenza vaccination for that individual is medically contraindicated as described in the product labeling approved by the United States Food and Drug Administration.

(B) Ensuring that each healthcare worker who does not have proof of immunization wears a surgical or procedure mask during influenza season when in direct contact with patients and in common areas as specified by the licensee's policy. Such masks shall be in addition to other standard personal protective equipment.

(C) Ensuring it has established a procedure to:

(1) Maintain proof of annual immunization or medical exemption for each employee; and

(2) Inform other healthcare workers who provide services on the licensee's premises that:

(a) The licensee has a policy regarding the annual influenza immunization of its healthcare workers;

(b) The licensee requires each healthcare worker who has not been immunized to wear a mask during influenza season when in direct contact with patients or in common areas specified by the facility; and

(c) The licensee has masks available for those healthcare workers who have not been immunized.

10.9 Each licensed hospital, hospital unit, ambulatory surgical center and long-term care facility shall track and report the annual influenza vaccination rate for its employees through December 31st of each year. This report shall be submitted to the Department, in the form and manner specified, no later than March 31st of the following year.

Requirements For All Other Licensed Healthcare entities

10.10 Each licensed healthcare entity, other than those identified in sections 10.7 through 10.9, shall perform an initial assessment of their facility or agency to assist in the development of a written policy regarding influenza transmission from its healthcare workers to its patients, residents or consumers. The assessment shall, at a minimum, consider the following criteria:

- (A) The number of healthcare workers at the healthcare entity;
- (B) The number of patients, residents or consumers served by the healthcare entity;
- (C) Whether the healthcare entity has an ongoing employee wellness program that offers annual influenza vaccinations;
- (D) Whether influenza transmission from healthcare workers is addressed in the healthcare entity's infection control policy;
- (E) What precautions are taken to prevent the transmission of influenza from unvaccinated healthcare workers; and
- (F) What type of educational material is utilized by the healthcare entity to promote influenza immunization for its healthcare workers.

10.11 Each licensed healthcare entity, other than those identified in sections 10.7 through 10.9, shall have a written policy regarding the annual influenza immunization of its healthcare workers that is based on that licensee's attributes and resources. The policy shall, at a minimum, address the following criteria:

- (A) Ensuring that each employee is offered the opportunity to receive an annual influenza immunization;
- (B) Maintaining records of each employee's annual immunization, declination or exemption from immunization; and
- (C) Ensuring that all of the licensee's employees are provided information regarding:
 - (1) The benefits and risks of influenza immunization;
 - (2) The availability of influenza immunization; and
 - (3) The importance of adhering to standard precautions.

10.12 Each licensed health care entity, other than those identified in sections 10.7 through 10.9, shall track and report the annual influenza vaccination rate for its employees through December 31st of each year. This report shall be submitted to the Department, in the form and manner specified, no later than March 31st of the following year.

Editor's Notes

6 CCR 1011-1 has been divided into separate chapters for ease of use. Versions prior to 05/01/2009 and rule history are located in the main section, 6 CCR 1011-1. Prior versions can be accessed from the History link that appears above the text in 6 CCR 1011-1. To view versions effective on or after 05/01/2009, select the desired chapter, for example 6 CCR 1011-1 Chap IV or 6 CCR 1011-1 Chap XVIII.

SAMPLE POLICIES

[CLICK ON ANY TITLE TO NAVIGATE TO THAT PAGE]

Disclaimer

A Comparison of the CHA Policy and the BOH Rule Requirements

Hospitals:

CHA, Colorado Hospital Association

Boulder Community Hospital

Exempla

Poudre Valley Health System

St. Mary's Hospital

University Hospital

Long-Term Care:

CHCA, Colorado Health Care Association

Colorado Office of State and Veterans Nursing Homes

Pinon Management

Out-of-State:

Georgetown University Hospital

DISCLAIMER

Any reference to specific materials or products on this website is for general information purposes only and does not constitute an endorsement or recommendation by the Department.

A COMPARISON OF THE CHA SAMPLE POLICY AND THE CDPHE RULE REQUIREMENTS

The Colorado Hospital Association (CHA) created an influenza vaccination for healthcare personnel sample policy to help you develop a policy for your organization. We encourage you to use this policy as a template, but wanted to point out the below differences in CHA's sample policy and the official BOH rule:

- >> The BOH rule doesn't include volunteer in its definition of healthcare worker or employee and the CHA sample policy does include volunteer in its definition of healthcare worker.
- >> The BOH rule defines Influenza Season as November 1-March 31 and the CHA sample policy states that the facility "will set the relevant dates of the anticipated influenza season each year which will correspond to the dates for masking."
- >> Both the BOH rule and CHA's sample policy only allow for exemptions for healthcare workers who have a medical contraindication to flu vaccine. The BOH rule only allows for contraindications that are defined in the product labeling approved by the United States Food and Drug Administration. For this product labeling information please visit: <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm094045.htm>

The below bullets only apply to facilities that don't meet the pre-established thresholds of the rule.

- >> Both the BOH rule and CHA's sample policy only allow licensed healthcare providers to sign a medical exemption. The BOH rule defines "licensed healthcare provider" as a physician, physician's assistant, advanced practice nurse, or nurse midwife licensed in the state of Colorado. The CHA sample policy does not define "licensed healthcare provider."
- >> The BOH rule requires each healthcare worker who does not have proof of immunization to "wear a surgical or procedure mask during influenza season when in direct contact with patients and in common areas as specified by the licensee's policy." CHA's policy requires that all persons with approved contraindications will "wear a mask at all times during the scheduled shift, except during scheduled breaks."

Colorado Hospital Association

created this sample policy.

MANUAL/DEPARTMENT	
ORIGINATION DATE	
LAST DATE OF REVIEW / REVISION	
APPROVED BY	

TITLE: INFLUENZA VACCINATION POLICY FOR HEALTHCARE PERSONNEL **PAGE 1 OF 6**

PURPOSE

To help protect staff, non-employees, patients and families of **INSERT FACILITY NAME HERE** from acquiring seasonal influenza disease and to help prevent the unnecessary spread of the influenza virus between employees, non-employees, patients and families. This is accomplished through the requirement that all healthcare personnel receive annual influenza vaccination.

DEFINITION

Healthcare personnel are defined as all persons whose occupation involve contact with patients or contaminated material in a healthcare, home healthcare, or clinical laboratory setting. Healthcare personnel are engaged in a range of occupations, many of which include patient contact even though they do not involve direct provision of patient care, such as dietary and housekeeping services.

Healthcare personnel include but are not limited to: clinical and non-clinical employees, licensed independent practitioners, temporary workers, students, researchers, volunteers, clergy, physicians and contactors.

GENERAL INFORMATION

On February 24, 2010, the Centers for Disease Control and Prevention (CDC) expanded the recommendations for influenza vaccination to everyone aged six months and older. The expanded recommendation went into effect in the 2010 - 2011 influenza season. The new recommendation seeks to remove barriers to influenza immunization and signals the importance of preventing influenza across the entire population. Within this priority population is the recommendation that all healthcare personnel are vaccinated annually with influenza vaccination.

Historically, national rates for healthcare worker influenza vaccination have been low, 42% according to the CDC, despite recommendations for this population to be vaccinated. By having our healthcare personnel vaccinated against influenza, we continue to promote a culture of patient safety by helping to prevent hospital

acquired influenza transmission to patients and families, as well as protecting staff against workplace transmission. Vaccination of **INSERT FACILITY NAME** staff will also reduce workplace absenteeism due to influenza illness, further reducing operational costs of providing care.

INSERT FACILITY NAME requires vaccination for healthcare personnel to provide immunity to certain communicable diseases prior to employment at **INSERT FACILITY NAME**. This policy will expand that protection to influenza virus and will be aligned with similar hospital-wide employment and credentialing policies.

POLICY

As a condition of employment/medical staff privileges/ Graduate Medical Education (GME) participation, **INSERT FACILITY NAME** requires annual influenza vaccination of all **INSERT FACILITY NAME** staff that has job duties or physical presence inside any **INSERT FACILITY NAME** owned and operated facility or clinic in the course of conducting their work.

PROCEDURES

- I. WHERE and WHEN TO GET THE VACCINE:
 - A. Staff must receive influenza vaccine provided by **INSERT FACILITY NAME** Employee Health Services (EHS) or provide written proof of receipt of required influenza vaccine(s) from another source. Vaccine received from a source other than **INSERT FACILITY NAME** may, or may not, be reimbursed to the staff member and payment will be at the discretion of administration. Immunization or proof of immunization must be completed annually.
 - B. New hires will be required to present proof of influenza immunization, or will be given the influenza vaccine at their health screening if hire date is between **INSERT DATES HERE**. New hires hired outside of the months when influenza vaccine is available will be notified of the policy and will be expected to comply with vaccination the next influenza season.
 - C. **INSERT FACILITY NAME** will set the relevant dates of the anticipated influenza season each year which will correspond to the dates for masking. In general, influenza season typically extends from December to March, but can start earlier or extend longer in certain years.

- D. Compliance with annual mandatory influenza vaccination will be required no later than **INSERT DATE HERE**.

II. PRIORITIZATION:

- A. Influenza vaccine provided by **INSERT FACILITY NAME** will be prioritized to staff employed by **INSERT FACILITY NAME**, physicians/providers working at **INSERT FACILITY NAME**, volunteers, and environmental services workers.
- B. Contractors and vendors will not be prioritized to receive **INSERT FACILITY NAME** -purchased influenza vaccines but must provide proof of annual influenza vaccination.
- C. Upon vaccination or verification of influenza vaccination received elsewhere, staff will receive a sticker to be worn on their badge to indicate they are in compliance with the influenza vaccination policy.

III. COMMUNICATION/EDUCATION:

- A. Prior to the annual onset of influenza season, the organization will inform staff of the requirement for vaccination, the dates when influenza vaccine(s) are available, and the fact that vaccines will be provided at no cost to them. Communication will be through normal information distribution. Education on influenza virus and the vaccine will be completed throughout the organization on an ongoing basis. Staff will also be informed of the procedures and approved reasons for declining vaccine and the consequences of refusing vaccination.
- B. The organization will continue to use strategies to provide for convenient vaccine access, including vaccination clinics, mobile carts, vaccination access during all work shifts through the use of “Vaccination Captains”, and modeling and support by institutional leaders.

IV. EXEMPTIONS:

- A. Only healthcare personnel meeting the medical contraindications listed below will be exempt from annual influenza vaccination. Contraindications are limited to specific medical circumstances.
- B. Healthcare personnel who meet the requirements of contraindication for influenza vaccination must complete a written medical declination form.

- C. Staff who do not receive influenza vaccination due to a medical contraindication must wear a mask at all times during the duration of the scheduled shift for the duration of the influenza season, when providing services at all **INSERT FACILITY NAME** facilities and clinics. (See Consequences and Non-Compliance below).

V. APPROVED CONTRAINDICATIONS TO INFLUENZA VACCINATION:

Any person declining vaccine must have one of the valid contraindications, as listed below.

- A. Persons with severe (life-threatening) allergies to eggs or to other components of the influenza vaccine. Documentation from a licensed healthcare provider is required (see Verification of Contraindications).
- B. A history of Guillain-Barré Syndrome within six weeks following a previous dose of influenza vaccine is considered to be a precaution for use of influenza vaccines by the CDC. Documentation is required from a licensed healthcare provider.
- C. Additional contraindications may exist if the live attenuated influenza vaccination (LAIV) is offered. Medical contraindications against LAIV include:
- Adults 50 years of age or older
 - Pregnant woman
 - Persons with asthma
 - Adults who have immunosuppression (including immunosuppression caused by HIV or medications)
 - Adults and children who have chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic or metabolic disorders
- D. If a person has a contraindication, but still desires to get the influenza vaccine, they should discuss it with their primary healthcare provider. If the primary healthcare provider administers the influenza vaccination, the staff member must provide documentation of vaccination to **INSERT FACILITY NAME**.

VI. VERIFICATION OF CONTRAINDICATIONS and MASK USE:

- A. For declination based on medical contraindication, the Declination of Influenza Vaccination for Medical Contraindications form must be completed and signed by a licensed healthcare provider. This document will then be

reviewed and verified by **INSERT DEPARTMENT HERE**, or assigned designee, with follow up as needed to the licensed healthcare provider.

- B. Upon verification of contraindications, all persons with approved contraindications to vaccination will be required to provide signed written documentation which states that he/she will wear a mask at all times during the scheduled shift. Healthcare personnel are not required to wear the mask during scheduled breaks.
- C. Names of persons required to wear masks will be provided to the worker's supervisors and managers, including department leadership.
- D. Persons with valid and verified contraindications to influenza vaccination will be given a sticker that will be worn on their identification badge.

VII. CONSEQUENCES FOR NON-COMPLIANCE:

- A. Healthcare personnel without documentation of vaccination or valid declination by **INSERT DATE HERE** will be considered noncompliant with annual influenza vaccination requirements.
- B. If vaccination has not occurred by **INSERT DATE HERE**, healthcare personnel will receive a written warning from their supervisor that they are not in compliance with the **INSERT FACILITY NAME** influenza vaccination policy.
- C. Healthcare personnel will then have 15 days to be in compliance (either through vaccination or proof of valid medical contraindication).
- D. If healthcare personnel is not in compliance within 15 days of the written warning issuance, the worker will be suspended for 3 days without pay. After the three day suspension, if the worker is still not in compliance, the healthcare personnel will be terminated. If the healthcare personnel is a physician, medical staff privileges will be revoked from **INSERT FACILITY NAME**.
- E. If persons who have a documented medical declination are not in compliance with wearing a mask at all times during the schedule shift with the exception of during scheduled breaks, the worker will receive written warning from their supervisor that they are not in compliance with the **INSERT FACILITY NAME** influenza vaccination policy.
- F. On a second offense, the disciplinary process through the healthcare personnel's supervisor will be initiated, and may include termination.

VIII. CONTINGENCY PLAN:

- A. If there is a shortage of influenza vaccine supply that affects the supply of influenza vaccine for **INSERT FACILITY NAME** staff use, Administration will develop a contingency plan. This plan will include vaccine prioritization and distribution based on the influenza vaccine supply shortage faced and recommendations from the CDC and the Colorado Department of Public Health and Environment.
- B. Communication about mask use and compliance with the influenza vaccination plan will be sent to healthcare personnel in the event of an influenza vaccine shortage or delay.

RELATED DOCUMENTS / REFERENCES

- A. ACIP Provisional Recommendations for the Use of Influenza Vaccine: Date of ACIP vote: February 24, 2010 Date of posting of provisional recommendations: March 2, 2010 Accessed at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0729a1.htm?s_cid=rr59e0729a1_w
- B. Centers for Disease Control and Prevention (CDC). Prevention and Control of Seasonal influenza with Vaccines. Recommendations of the Advisory Committee on Immunization Practices (ACIP) 2010. August 6, 2010; 59 (rr08); 1-62. <http://www.cdc.gov/media/pressrel/2010/r100224.htm>
- C. [Association of Professionals in Infection Control \(APIC\) Position Paper: Influenza Immunization of Healthcare Personnel.](#)
- D. Declination of Influenza Vaccination for Medical Contraindications form

REVIEWED BY

INSERT DEPARTMENT NAMES HERE

Boulder Community Hospital

Employee Health Policy #820 Influenza Vaccination

POLICY

Boulder Community Hospital requires an annual seasonal influenza vaccination or the mandatory donning of an isolation/surgical mask during all work hours within all areas of the hospital or clinics for the duration of influenza season. Influenza season lasts six months and is defined by the hospital epidemiologists and Infection Prevention Department each year. All personnel working or volunteering at any BCH hospital facility or outpatient clinic must comply with this policy.

PURPOSE

The purpose of this policy is to protect patients, employees, family members and the community from influenza by vaccinating as many personnel as possible each year.

SCOPE

The term "personnel" includes all hospital employees, agency staff, and independent contractors who perform duties at any hospital/facility or outpatient clinic; members of the Medical Staff and the Allied Health Professional staff; and students and trainees in any clinical setting within the hospital or outpatient clinic. Volunteers as well as sales and other healthcare representatives not employed by BCH but working or visiting BCH or BCH clinics are also personnel for purposes of this policy.

PROCEDURES

A. Annual Influenza Immunization

1. All personnel, as defined under this policy, will be offered an influenza vaccination each and every year. BCH, through employee health, will provide injectable vaccines free of charge for all employees, providers, and volunteers, subject to availability of the vaccine. The dates of the yearly vaccination are variable and will be determined by the availability and delivery of adequate vaccine supply as well as the timing of influenza incidence in the community as determined by Infection Prevention and the hospital epidemiologist.
2. Immunization of employees, volunteers and providers other than through employee health will be recognized if proof of immunization in the form of a copy of the immunization documentation is provided to Employee Health.

3. All employees who receive the annual influenza vaccine will have a unique identifying sticker applied to the front of their badge indicating that they have received the influenza vaccine for that year. The sticker will be different each year and will only be distributed by the Employee Health and Infection Prevention Departments when documentation of vaccination has been received. This sticker communicates that the employee does not need to wear an isolation mask while at work.

B. Infection Control

1. All personnel who are not vaccinated and do not have a sticker on their badge will be required to wear a surgical mask while at work during the influenza season. Those employees will be required to complete a declination form and will receive a temporary modified duty contract documenting that they must wear a mask during Influenza season. The director, employee, and Employee Health nurse must sign the contract.
 - a. This applies to all employees in all departments whether or not they work in a clinical area.
2. Influenza season is typically from November through March. Exact date ranges of each annual influenza season is decided by the hospital epidemiologists and the Infection Prevention department.

C. Records

1. Employee and volunteer records of immunization, declination, and temporary modified duty contracts will be maintained by Employee Health. Each department director will be responsible for compliance with this policy.
2. Medical Staff compliance (including physicians, Allied Health Professional and students/trainees) will be monitored by Employee Health, enforced by the Medical Executive Committee and overseen by Medical Staff.
3. Volunteer compliance will be monitored by Employee Health and enforced by Volunteer Services.
4. Reports listing employees who have been vaccinated will be made available to directors in a timely manner following the initiation of annual influenza vaccination administration.
5. Declination Forms and Temporary Modified Duty Contracts that have been signed by the employee will be sent to directors for each individual

who refuse vaccination. The director will then know who is required to wear an isolation/surgical mask for the duration of the influenza season.

4. The verification of the influenza vaccination of sales representatives will be monitored through the vendor credentialing software system in Purchasing. Those individuals who have not received their seasonal influenza vaccine will be provided with a surgical mask to wear for the duration of their visit.

D. Compliance

1. All persons covered under this policy shall be aware that compliance is a condition of employment or access to BCH medical facilities. All personnel must be vaccinated or wear a surgical mask at the end of the six week annual BCH vaccination program.
2. Failure to comply with policy will result in the following:
 - a. BCH Employees: Failure to be in compliance six weeks after the start of the BCH influenza vaccination program will result in disciplinary action up to and including termination.
 - i. Failure to get the vaccine or provide proof of having received the vaccine elsewhere, or failure to complete the declination and modified duty form will result in a written reprimand and unpaid suspension from work until the vaccine is received or the appropriate forms are completed. If, after 30 days suspension, the employee is still not compliant, he/she will be terminated.
 - ii. Failure to wear the mask as defined above (after the declination and modified duty form have been completed) will result in a written reprimand for the first offense; a letter of final warning for the second offense; and termination for the third offense.
 - b. BCH medical staff and allied health professionals: Failure to be in compliance six week after the start of the BCH influenza vaccination program will result in disciplinary action up to and including the temporary revocation of privileges and the inability to practice medicine or schedule surgeries at BCH facilities.
 - c. BCH volunteers: Failure to be in compliance six weeks after the start of the BCH influenza vaccination program will result in immediate suspension from volunteer duties for the duration of the Influenza Season.

E. Vaccine Supply

1. Seasonal vaccine supply can fluctuate on an annual basis. In the event of a shortage, that BCH supply may be prioritized to those employees and providers with direct patient care, or to personnel with high risk of complications from influenza.

F. Exemptions

1. Individuals will document medical contraindications and religious beliefs in the declination survey and will also be required to sign the Temporary Modified Duty Contract and wear a surgical masks during Influenza Season.

Key Words: Influenza, Flu, Masks,

Approved: 8/10

Sample

Exempla Saint Joseph Hospital's Sample Policy

Administration of Influenza Vaccine to Associates and Licensed Independent Practitioners

PURPOSE

1.0 a. To minimize transmission of the influenza virus in the workplace by providing occupational protection to associates, volunteers, and licensed independent practitioners (LIPs), including physicians and allied health personnel, thus preventing transmission to members of the community which we serve.

b. Annual influenza vaccination has been found to be both safe and effective in reducing the risk of influenza and healthcare-associated transmission. The Center for Disease Control and Prevention (CDC) and OSHA recommend vaccination for all workers in health care settings.

POLICY

2.0 Associates, volunteers, and LIPs shall be provided the influenza vaccine during the annual influenza vaccination campaign. Associates and volunteers will be mandated to obtain vaccination or submit a signed declination form by the end of each independent facilities campaign season. (See 3.0, f) LIP's will be strongly encouraged to participate under the same accords. Vaccine will be offered free of charge at various times and at convenient multiple onsite locations. Records will be maintained documenting vaccinations and declinations. If vaccine shortages occur or if CDC recommendations are altered, each individual SCHLS facilities Director of Human Resource, Infection Preventionist and/or Infection Control Committee Chairman may suspend or revoke all or part of this policy.

DEFINITIONS

3.0 a. **Associate-** all people who provide care, treatment, or services in the organization, including those receiving pay (for example, permanent, temporary, part-time personnel, as well as contract employees), volunteers, and health profession students.

b. **Licensed Independent Practitioner-** Any individual permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the individual's license.

d. **Influenza (flu) -** A mild to severe contagious illness caused by viruses that infect the respiratory tract.

e. **Influenza vaccine-** A preparation of influenza antigens (live or inactivated virus) which stimulate the production of specific antibodies when introduced into the body. These antibodies provide protection against influenza virus infection.

f. **Annual influenza vaccination campaign-** Each year during the months when maximum benefit is provided by influenza vaccination, SCHLS medical facilities will conduct major vaccination campaigns. The campaign will include mass vaccination clinics at multiple outreach locations throughout the hospital. The campaign will start no earlier than Sept 1st and end no later than April 1st dependent on individual facility determined logistics.

PROCEDURE

4.0 a. GENERAL REQUIREMENTS

i. Associates, volunteers and LIPs will be strongly encouraged to obtain the influenza vaccine or sign the declination on the *Influenza Vaccine Declination Form* (see attachment) each year.

ii. Associates will have to obtain the flu shot or sign a declination form as part of their annual Associate Health requirements. Failure to obtain the flu shot or sign the declination form will result in the associate being suspended without pay until Associate Health receives documented proof that the flu shot has been received or that a declination form has been signed.

IMPLEMENTATION

- i. Occupational Health will provide the influenza vaccination annually at no cost to all associates and LIPs.
- ii. The Influenza Virus Vaccine will be administered to associates, volunteers and LIPs based on vaccine availability and published CDC guidelines.
- iii. If vaccine shortage occurs, associate health will prioritize the influenza vaccination to the following:
 - Staff involve in direct patient care in the Emergency Department, Neonatal Intensive Care Unit, Intensive Care Unit, Oncology Unit, and Respiratory Therapists
 - For other department/units, remaining doses will be given to staff per CDC recommendations and/ or consultation from the hospitals ICC

b. RESPONSIBILITIES

- i. Associates, volunteers, and LIPs shall be responsible for completing and signing of the *Influenza Vaccination form*, whether consenting to or declining vaccination by the established deadline, annually.
- ii. Directors/Managers shall be responsible for allowing associates time to attend a vaccination clinic and assuring that associates comply with this policy and procedure.
- iii. Directors/Managers will be responsible for monitoring their associates compliance with the Influenza Vaccination Program.
- iv. Infection Preventionist shall be responsible for providing new associates with information about the annual influenza vaccine policy including where to obtain the vaccine.
- v. Infection Preventionists will be responsible for conducting an annual review of the effectiveness of the program and communication to key members of leadership.
- vi. Occupational Health shall be responsible for:
 - Offering and providing associates, volunteers, and LIPs influenza vaccination at various locations and times.
 - Assisting with the promotion of the Flu vaccination program
 - Providing each associate annually with a reminder of this policy.
 - Receiving a signed *Influenza Vaccination Declination Form* from associates, volunteers and LIPs.
 - Maintaining electronic records of associates, volunteers and LIPs who have received or declined influenza vaccination.
 - Reviewing annual associate, volunteers, and LIPs influenza vaccination rates.
 - Developing and recommending strategies including revisions of this policy to enhance and improve influenza vaccination rates in the department.

References:	<ul style="list-style-type: none">○ Occupational Safety and Health Administration (OSHA)○ Centers for Disease Control and Prevention (CDC)○ The Joint Commission Standard IC.02.04.01
-------------	---

Sample

Poudre Valley Health System POLICY DESCRIPTION: Influenza Vaccination Program

PAGE: 1 REPLACES POLICY DATED: 08/10, 10/10,12/10

APPROVED: 08/11 RETIRED:

EFFECTIVE DATE: 08/11 REFERENCE NUMBER: IC-41

POLICY OWNER(S): P. Poduska/Huynh

SCOPE: All Poudre Valley Health System (PVHS) facilities.

PURPOSE: To protect PVHS patients, employees, visitors, and our community from influenza infection through annual influenza vaccination for covered individuals.

DEFINITIONS: Covered Individual, an individual employee, volunteer, Medical Staff member, Allied Health Professional, student, vendor, or contractor who works or furnishes health care services at PVHS.

POLICY: PVHS has an influenza vaccination program coordinated by Employee Health Services (EHS) and Infection Prevention & Control (IPC). Each year, EHS and IPC update the influenza vaccination program and communicate the influenza vaccination plan for the upcoming influenza season. The vaccination program and plan, including the type(s) of vaccine and the vaccination compliance period, may vary depending on recommendations from the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO), availability of vaccine, and the current local influenza season.

The vaccination plan identifies the compliance period during which all PVHS employees must receive the designated influenza vaccination or receive approval for an exemption. The compliance period may be adjusted by the Chief Medical Officer in consultation with Senior Management, EHS, IPC, Pharmacy and Human Resources (HR) to accommodate changing circumstances, such as a shortage of vaccine or a pandemic outbreak of influenza in the community.

All PVHS employees are required to be vaccinated against influenza annually during the compliance period. An employee may be granted an exemption from vaccination based on her/his medical status or religious beliefs. Failure to be vaccinated or receive an approved exemption during the compliance period will result in disciplinary action under Policy HR-54 Mandatory Requirements.

In addition to employee vaccination requirements, the vaccination plan also identifies vaccination requirements for other covered individuals, including volunteers, students, medical and allied health staff, vendors and contractors. Vaccination requirements and compliance for these other covered individuals will be coordinated by the respective service line area (e.g. Volunteer Services, Medical Staff Services, Purchasing, etc.) in collaboration with EHS, IPC and HR. PVHS reserves the right to determine who are a covered individual and the vaccination requirements applicable to any covered individual under this policy.

Poudre Valley Health System POLICY DESCRIPTION: Influenza Vaccination Program

PAGE: 2 REPLACES POLICY DATED: 08/10, 10/10, 12/10

APPROVED: 08/11 RETIRED:

EFFECTIVE DATE: 08/11 REFERENCE NUMBER: IC-41

POLICY OWNER(S): P. Poduska/Huynh

PROCEDURE:

A. Employee Vaccination Procedure

- a. The influenza vaccination plan will identify the type(s) of vaccine and the vaccination compliance period for the upcoming influenza season. The vaccination plan will be communicated to employees in advance of the influenza season. If the vaccination plan is revised during the influenza season to address changing circumstances, such as a shortage of vaccine or a pandemic outbreak, employees will be notified of any material changes.
- b. PVHS will provide available influenza vaccine to all PVHS employees at no cost. Individuals who receive vaccine from another source must provide acceptable proof of vaccination from the medical providers office that administered the vaccine. Employees will not be reimbursed for vaccinations received outside of PVHS.
- c. All PVHS employees must receive their vaccination or receive approval for an exemption due to medical status or religious beliefs during the designated vaccination compliance period. Early vaccinations received between September 1 and the compliance period start date for the current influenza season will be accepted if proof of vaccination is provided to Employee Health Services. Vaccinations received prior to September 1 of the current influenza season will not be accepted.
- d. If an employee fails to be vaccinated or submit an approved exemption by the last day of the compliance period, the employee will be subject to disciplinary action per the Mandatory Requirements policy. Designated make-up deadlines for disciplinary action will be identified in the current years employee influenza vaccination plan.
- e. New employees will have seven (7) days from date of hire to be vaccinated, provide proof of vaccination or submit an exemption request.
- f. An employee on a leave of absence will automatically receive a temporary exemption and, upon returning from the leave, will have seven (7) days to be vaccinated, provide proof of vaccination or submit an exemption request.

B. Employee Exemption Procedure

- a. An exemption from vaccination may be granted based on documented medical contraindications or religious beliefs.
- b. Medical contraindications may include:
 - i. Prior adverse reaction to influenza vaccine;
 - ii. Allergy to a vaccine component;
 - iii. Medical conditions deemed by a licensed medical provider as contraindications to receive influenza vaccine or for postponing influenza vaccination;

Poudre Valley Health System POLICY DESCRIPTION: Influenza Vaccination Program

PAGE: 3 REPLACES POLICY DATED: 08/10, 10/10, 12/10

APPROVED: 08/11 RETIRED:

EFFECTIVE DATE: 08/11 REFERENCE NUMBER: IC-41

POLICY OWNER(S): P. Poduska/Huynh

- iv. Other approved medical reasons.
- c. An employee requesting an exemption based on medical reasons must provide proof of the medical contraindication(s) using the Request for Exemption from Influenza Vaccination for Medical Contraindications form (the Medical Exemption form) available from Employee Health Services. The Medical Exemption form must be completed by an approved licensed medical provider. The completed form is submitted to Employee Health Services for review. If a medical exemption is granted for a temporary condition, the employee must resubmit a request for exemption each year. If exemption is granted for a permanent condition (e.g. allergy or history of Guillain-Barre syndrome after a previous influenza vaccine) the exemption medical documentation does not need to be requested each year unless changes in vaccine technology eliminate issues regarding allergies.
- d. An employee requesting an exemption based on religious beliefs must use the Influenza Vaccination Religious Exemption Request form (the Religious Exemption form) to provide documentation confirming that this exemption is consistent with her/his sincerely-held religious beliefs or practices. Documentation may include a letter from clergy, a personal statement of the employees moral/ethical belief system, or other evidence that this request is based on sincerely-held religious beliefs and is not merely a personal preference. The exemption request must be consistent with the employees prior vaccination history. The completed Religious Exemption Request form is submitted to Human Resources for review. Religious exemptions are not permanent and request forms must be submitted annually.
- e. Upon receiving an exemption request and supporting documentation, Employee Health or Human Resources will review the request and notify the employee via e-mail as to whether the request has been approved.

Poudre Valley Health System POLICY DESCRIPTION: Influenza Vaccination Program

PAGE: 4 REPLACES POLICY DATED: 08/10, 10/10, 12/10

APPROVED: 08/11 RETIRED:

EFFECTIVE DATE: 08/11 REFERENCE NUMBER: IC-41

POLICY OWNER(S): P. Poduska/Huynh

REFERENCES: Mandatory Requirements Policy

PVHS Employee Influenza Vaccination Program and Plan.

Centers for Disease Control and Prevention (CDC). Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Vaccination Practices (ACIP), 2009.

Babcock et al. Mandatory influenza vaccination of health care workers: translating policy to practice. Clinical Infectious Diseases, 2010: 50, 459-464.

Sample

St. Mary's Hospital Sample Policy

The Infection Prevention and Control Program works closely with the Employee Health Department on issues such as development and implementation of the annual employee influenza vaccinations, exposure follow up, sharps injury reduction efforts and health care worker restrictions. Screening for exposure and/or immunity to infectious disease is made available to LIP and associates who may come in contact with infections in the workplace. LIP or associates that are suspected of having an infectious disease that puts others at risk are referred for assessment, testing, immunization, prophylaxis/treatment or counseling. LIP or associates who have been occupationally exposed to an infectious disease are referred for assessment, testing, immunization, prophylaxis/treatment, or counseling.

In the event a patient is exposed to an infectious/communicable disease the hospital will provide them with or refer them for assessment, testing, immunization, prophylaxis/treatment, or counseling.

An annual influenza vaccination program has been established in which Annual Influenza vaccination is offered free of charge to all associates, physicians and volunteers. A multidisciplinary team has been established to develop and implement an influenza vaccination action plan. The team consists of Employee Health (EH), Infection Prevention and Control, Nursing Education, Risk Management and Pharmacy.

Influenza vaccine is provided at sites accessible to associates. Flu vaccine is offered on site via flu clinics held in the Employee Health Department. Rounds are conducted to the patient care units to provide flu vaccine for associates working day and night shifts. Flu vaccination clinics are also held at the Pavilion, Life Center and Family Practice. Flu vaccine can also be checked out from the EH Department by Departmental Leadership to provide vaccinations to their associates. Vaccine is provided to Nursing Support Services for Nursing Supervisors to provide vaccinations if census/work load can accommodate. The vaccine is available during routine EH office hours on a walk-in basis.

Education is provided to all hospital associates about the influenza vaccine including, non-vaccine control and prevention measures, the diagnosis, transmission, and impact of influenza. This is accomplished via NEO, News & Views articles, the Influenza Acceptance/Declination forms and distributions of a letter from Dr. Beeson and Dr. Lockwood that is distributed to all associates.

An Eligible Vaccination Rate will be calculated annually using the following formula: $\frac{\# \text{ of SMH associates vaccinated (includes associates vaccinated elsewhere)}}{\text{total number of associates minus those with egg allergies}} \times 100$. A Compliance Rate will also be calculated annually using the following rate: $\frac{\# \text{ of acceptance/declinations forms completed and returned}}{\text{number distributed}} \times 100$. Vaccination rates and the reasons given for declining the influenza vaccination are evaluated annually and reported to the Infection Prevention and Control Committee, Patient Safety Committee and Nursing Practice Committee.

University of Colorado Hospital Policy and Procedure Mandatory Annual Influenza Vaccination

Related Policies and Procedures:

Corrective Discipline and Appeal Process
Employee Work Restrictions for Infectious Disease
Hospital Infection Control
Hand Hygiene – Outside the Surgical Setting
Influenza, Influenza Like Illness (ILI) and Contagious Respiratory Diseases Annex
Isolation/Transmission Based Precautions
Standard Precautions

Approved by: Human Resources
Infection Prevention and Control Committee
Effective: 9/11

Description: To protect staff, patients, visitors and families of The University of Colorado Hospital (UCH) from acquiring and spreading seasonal influenza disease all staff will be required to receive an annual influenza vaccination. Waivers to this requirement will be discussed herein.

Accountability: For purposes of this policy, staff members includes all UCH employees, physicians, students, contract employees, house staff, consultants, volunteers and contracted employees entering UCH facilities to provide patient care, assist in patient care or have direct interface with our patient population. UCH requires an annual influenza vaccination as a condition of employment for individuals defined as staff above, individuals seeking medical staff privileges and individuals requesting graduate medical education participation. While required for the aforementioned individuals, all individuals that work at the University of Colorado Hospital are encouraged to get an annual influenza vaccination.

General Information: On February 24, 2010, the Centers for Disease Control and Prevention (CDC) expanded the recommendations for influenza vaccination to everyone aged six months and older. Within this recommendation, the CDC recommended that all healthcare personnel be vaccinated annually for influenza starting in the 2010 – 2011 influenza season.

By having our healthcare workers vaccinated against influenza we are creating a culture of patient safety by limiting hospital acquired influenza to patients and families, as well as protecting staff against workplace transmission.

Policies and Procedures: As a condition of employment/medical staff privileges/Graduate Medical Education participation, UCH requires an annual influenza vaccination of all staff members.

I. REQUIREMENTS:

- A. All staff members must receive a UCH Employee Health Services (EHS) provided influenza vaccine, present to the UCH EHS personnel receipt of an influenza vaccine(s) from another source or receive an EHS approved waiver from compliance with this policy. Immunization, proof of immunization from another source or an approved waiver must be completed annually.
- B. Compliance with this annual requirement must be satisfied no later than 1 December of each year, unless an alternative date is authorized by the UCH Department of Infection Prevention and Control (IPC).
- C. New hires with a hire date between October and December will be required to present proof of a current influenza immunization or they will receive the influenza vaccine at their new hire health screening.
- D. Upon vaccination, verification of receiving the vaccination from another source or receipt of an approved waiver, staff will be provided a sticker to be worn on their badge to indicate compliance with this policy.

II. COMMUNICATION:

- A. Prior to influenza season, UCH EHS personnel will inform the staff of the requirement to comply with this policy; the dates, times and locations when influenza vaccine will be available; and the fact that vaccines will be provided at no cost to the staff. This communication should be distributed through normal channels.
- B. This communication should also include the procedures an employee must follow to receive a waiver from the influenza vaccine requirement and the consequences of refusing to comply with this policy absent receiving an approved waiver from EHS.
- C. If there is a shortage of the influenza vaccine supply that affects the supply of influenza vaccine for UCH staff use, the Influenza Task Force along with representatives from the UHC Administration, the UHC Human Resource Department, and the UHC IPC will develop a contingency and/or prioritization plan. This plan should be distributed to staff members through normal channels.

III. WAIVERS:

- A. Only staff members providing proper written documentation supporting the contraindications or supporting other qualifying exceptions listed below will receive a waiver from this policy. If granted a waiver from this policy, the individual will be required to wear a surgical mask prior to contact with patients.
- B. Approved contraindications or other exceptions include:
 - persons with severe (life-threatening) allergies to eggs or to other components of the influenza vaccine;
 - persons with a history of Guillain-Barré Syndrome within six weeks following a previous dose of influenza vaccine;
 - persons with a qualifying religious exception; and
 - persons with another qualifying exception.

If a staff member with a contraindication still desires to receive the influenza vaccine, the staff member should discuss the situation with their primary healthcare provider. If the primary healthcare provider administers the influenza vaccine, the staff member must provide vaccine receipt documentation to the UHC EHS.

- C. Waiver requests must be submitted to the UHC EHS and accompanied by the proper written documentation.
1. Staff members requesting a contradictions waiver must complete the “Medical Declination and Release Form”, sign the form and also have their primary healthcare provider sign the form. This document will then be reviewed and verified by the IPS Medical Director or assigned designee with follow-up as needed with the staff member’s primary healthcare provider.
 2. Staff requesting a religious waiver must complete the “Religious Declination and Release Form” sign the form and also have their primary religious advisor sign the form. This document will then be reviewed and verified by the Director of Pastoral Care or assigned designee with follow-up as needed with the staff member’s religious advisor.
- D. Approvals of waiver requests will be communicated to the requester by UHC EHS. This communication should also include information regarding influenza signs, symptoms and precautions including the use of personnel protective equipment in patient rooms and treatment areas.
- E. Denials of waivers requests will be communicated to the requester by UCH EHS. This communication should also include information that noncompliance with this policy could lead to discipline up to and including termination.

IV. NONCOMPLIANCE:

Noncompliance with this policy will subject staff members to discipline up to and including termination.

REFERENCES:

- ACIP Provisional Recommendations for the Use of Influenza Vaccine: Date of ACIP vote: February 24, 2010 Date of posting of provisional recommendations: March 2, 2010 Accessed at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0729a1.htm?s_cid=rr59e0729a1_w
- Centers for Disease Control and Prevention (CDC). Prevention and Control of Seasonal influenza with Vaccines. Recommendations of the Advisory Committee on Immunization Practices (ACIP) 2010. August 6, 2010; 59 (rr08); 1-62. <http://www.cdc.gov/media/pressrel/2010/r100224.htm>
- Association of Professionals in Infection Control (APIC) Position Paper: Influenza Immunization of Healthcare Personnel.
- Declination of Influenza Vaccination for Medical Contraindications form
- Declination of Influenza Vaccination for Religious Reasons form

h073911

POLICY AND PROCEDURE

COLORADO DEPARTMENT OF HUMAN SERVICES
DIVISION OF STATE AND VETERANS NURSING HOMES

Policy #: 6

Date Initiated: February 15, 2012

Date Revised:

Responsible party(s): Directors of Nursing, Nursing Home Administrators, Infection Control nurses, Staff Development Coordinators

Division Director's signature:

TITLE: Influenza Immunization of Healthcare Workers

PURPOSE: The purpose of this policy is to prevent the spread of infection and avoid causing harm to the residents by taking reasonable precautions to prevent the transmission of vaccine-preventable diseases. Vaccine programs are an essential part of infection prevention and control for slowing or stopping the transmission of seasonal influenza viruses from adversely affecting those individuals who are most susceptible.

POLICY: It is the policy of the Division of State and Veterans Nursing Homes that each long term facility shall provide or make available an annual influenza vaccine for each of its healthcare workers when the influenza vaccine is available. The home shall ensure that each of its healthcare workers has either proof of immunization or a medical exemption signed by a physician, Physician's Assistant, Advanced Practice Nurse or Nurse Midwife licensed in the State of Colorado stating that the influenza vaccine for the individual is medically contraindicated as described in the product labeling approved by the United States Food and Drug Administration. The home shall ensure that each healthcare worker who does not have proof of immunization wears a surgical or procedure mask during influenza season (November 1 through March 31) when in direct contact with residents and in common areas as specified by the home's policy. Such masks shall be in addition to other standard personal protective equipment.

PROCEDURE:

I. Each nursing home shall:

A. Ensure that it has established a procedure to maintain proof of annual immunization or medical exemption for each employee;

B. Inform other health care workers who provide services on the premises that:

1. The home has a policy regarding the annual influenza immunization of its healthcare workers, and

2. Requires each healthcare worker who has not been immunized to wear a mask during influenza season when in direct contact with resident or in common areas as specified by the facility,

C. Have masks available for those healthcare workers who have not been immunized.

II. The homes shall track and report the annual influenza vaccination rate for its employees through December 31st of each year. This report shall be submitted to the Division of State and Veterans Nursing Homes and the Department of Public Health and Environment no later than March 31st of the following year.

POLICY AND PROCEDURE

COLORADO DEPARTMENT OF HUMAN SERVICES
DIVISION OF STATE AND VETERANS NURSING HOMES

Policy #: 6

Date Initiated: February 15, 2012

Date Revised:

Responsible party(s): Directors of Nursing, Nursing Home Administrators, Infection Control nurses, Staff Development Coordinators

Division Director's signature:

III. If a home demonstrates that it has vaccinated a targeted percentage of its employees in a given year, using its own methodology, it shall be exempt from the requirements above for the following year as long as it continues to use the same or more stringent methodology.

A. The minimum targets required for this exemption are:

1. 60 percent of employees vaccinated by December 31, 2012
2. 75 percent of employees vaccinated by December 31, 2013
3. 90 percent of employees vaccinated by December 31, 2014 and by December 31 of each year thereafter

B. To take advantage of this exemption the home shall:

1. Have defined procedures to prevent the spread of influenza from its unvaccinated healthcare workers
2. Maintain documentation for a period of at least three (3) years that may be examined by the Department of Public Health and Environment in a random audit
3. Report to the Department of Public Health and Environment that the qualifying percentage of its employees was vaccinated against seasonal influenza by December 31st of the year specified in the form and manner specified no later than March 31st of the following year.

Definitions:

Employee means any person who performs a service for wages or other remuneration for the home including students, trainees, persons who have individual contracts with the healthcare entity and physicians with staff privileges. The definition of employee does not include volunteers or persons who provide services through a contractual arrangement between the home and a separate organization, association or other licensed healthcare entity.

Healthcare worker means any person, paid or unpaid, working in a healthcare entity who has the potential for exposure to residents or consumers of the healthcare entity and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.

Healthcare worker includes, but is not limited to, physicians, nurses, nursing assistants, therapists, technicians, Emergency Medical Service personnel, students and trainees, contractual personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, home care personnel, and persons not directly involved in patient care (e.g. clerical, dietary, housekeeping, laundry, security, maintenance, billing and chaplains) but who is potentially exposed to infectious agents that can be transmitted to and from the healthcare worker, residents, and consumers. **The definition of healthcare worker does not include volunteers who provide services without wages or other remuneration.**

**STANDARD OPERATING
POLICY & PROCEDURE**



SUBJECT: INFLUENZA PROGRAM

80 of 9780

POLICY #: NURS.301.2

Date Developed:	10/27/04	Reviewed by:	Pinon P & P Committee
Revision Date:	9/4/09 11/17/2010		
Accountability:	Director of Nursing Admissions Director		
Responsibility:	Infection Control Nurse Registered Nurse Licensed Practical Nurse		
Director of Nursing Approval Signature:	_____	Date:	_____
Administrative Approval Signature:	_____	Date:	_____
	(Administrator or Medical Director)		

A. PURPOSE:

To provide standards and guidelines for the prevention and control of influenza outbreaks within the confines of this facility.

B. PREREQUISITES:

1. Physician Order (one-time order acceptable)
2. Influenza Vaccine
3. Resident Annual Influenza Vaccination, Form NURS.F.301-1
4. Resident Influenza Vaccine Consent, Form NURS.F.301-2
5. Resident Influenza Vaccination Fact Sheet, Form NURS.F.301-3
6. Influenza Diagnosis, Treatment and Prophylaxis, Form NURS.F.301-4
7. Employee Annual Influenza Vaccination, Form NURS.F.301-5
8. Employee Declination of Influenza Vaccination, Form NURS.F.301-6
9. Employee Influenza Vaccination Fact Sheet, Form NURS.F.301-7
10. Resident Infection Report, Form NURS.F.300-1
11. Vaccination Log, Form NURS.F.300-2

C. POLICY:

The facility will offer the influenza vaccine as part of the admission orders and on an annual basis thereafter for residents. The resident/legal representative will indicate per consent form that they wish to have the vaccine, do not wish to have the vaccine or that they have already had the vaccine for the flu season during which the resident is being admitted.

The facility will offer influenza vaccine annually (during flu season) to employees and volunteers. The employee will complete the Employee Influenza Vaccination Fact Sheet,

SUBJECT: INFLUENZA PROGRAM

POLICY #: NURS.301.2

Form NURS.F.301-7, in duplicate. One copy will be given to the employee and the other will be maintained in the employee's file.

This policy is based on the recommendations of the U.S. Public Health Service/CDC Advisory Committee on Immunization Practices (ACIP) for the prevention and control of influenza, the Colorado Medical Directors Association and the Colorado Department of Public Health and Environment.

Resident/Legal Representative/Family Member will be informed of the risk/benefit of receiving the vaccine at the time of the resident's admission to the facility. Annual consents for vaccination are not required if there is a "blanket" consent signed at the time of the resident's admission to the facility.

The goal of the facility is that all residents, employees and volunteers will receive immunizations/vaccinations that aid in preventing infectious diseases unless medically contraindicated or the resident refuses.

D. PROCEDURE:

1. Although the efficacy of vaccine in preventing influenza illness among the frail elderly may only be 30-40%, the vaccine may be 50-60% effective in preventing hospitalization and pneumonia and 80% effective in preventing death in this population.
 - a. Unless contraindicated, influenza vaccine shall be offered to all residents on an annual basis.
 - b. The optimal time for vaccination of "high-risk" populations will be determined by the facility Medical Director, based on recommendations for that flu season year.
 - c. Residents admitted during the winter months and during the seasonal flu "season" (September through March) after completion of the vaccination program should be vaccinated at the time of admission if they have not already been vaccinated.

2. All new admission residents will be assessed for the immunization/vaccination status for influenza.
 - a. The Resident Influenza Vaccine Consent, Form NURS.F.301-2 will be maintained in the resident's chart.
 - b. Prior to or upon admission, the admission department will obtain/verify consent from the resident/legal representative.
 - c. Consent allows for a one-time physician order for influenza vaccination on an annual basis.
 - d. The admissions department will review the influenza immunization vaccine program with the resident/legal representative to ensure informed consent and to determine if the resident has allergies that would prohibit immunization.

SUBJECT: INFLUENZA PROGRAM

POLICY #: NURS.301.2

- e. If the resident declines the influenza vaccination, they will complete the appropriate section of the Resident Influenza Vaccine Consent, Form NURS.F.301-2.
3. Influenza in the community enters the facility via infected staff and visitors. As a result:
 - a. Unless contraindicated, influenza vaccine is strongly recommended annually for all employees and health care providers working in the facility, including physicians, nurses, CNA's, administrative staff, other workers, and volunteers.
 - b. When an employee declines the influenza vaccination, they will complete the Employee Declination of Influenza Vaccination, Form NURS.F.301-6, which will be maintained in the employee's file.
 - c. Influenza vaccine that is given IM is a killed virus vaccine. Pregnant women beyond the first trimester (more than 14 weeks gestation) should be vaccinated, and women who have medical conditions that increase the risks of complications from influenza should be vaccinated regardless of the stage of pregnancy. Breastfeeding is not a contraindication for influenza vaccination.
 - d. Between October and March, visitors, staff and residents of the facility shall be educated (via posters, notices, etc.) as to the importance of receiving the influenza vaccine and to avoid visiting the facility if ill.
 - e. Employees **shall not work if they develop symptoms suggestive of influenza** until symptoms have subsided for 48 hours.
 - f. Because of the unknown effects of influenza antiviral drugs on pregnant women and their fetuses, any of these four drugs should be used during pregnancy only if the potential benefit justifies the potential risks to the embryo or fetus (see package inserts) and as directed by their physician.
 4. Case definition of influenza-like illness and confirmed influenza infection:
 - a. Classic Influenza-Like Illnesses (ILI):
Classic ILI includes abrupt onset of:
 - 1) Fever
 - 2) Chills
 - 3) Headache
 - 4) Myalgias
 - 5) Malaise
 - 6) Dry cough
 - 7) Sore throat
 - b. Elderly residents, however, may not manifest fever, may have atypical signs and symptoms, or may be unable to articulate their symptoms. In such residents, anorexia, mental status changes, and unexplained fever may be the primary indications of influenza.

SUBJECT: INFLUENZA PROGRAM

POLICY #: NURS.301.2

5. ILI case definition has been found not to be entirely satisfactory for the LTCF population due to limitations in sensitivity or specificity. It is important that a case definition be simple enough to apply in day-to-day clinical care; therefore, the following ILI case definition for LTCF has been adopted for use at this facility:
 - a. **Fever 100 degrees F or greater orally**
OR
 - b. **Prostration (consider myalgias or body aches and fatigue)**
 - c. **AND new cough**
OR
 - d. **Sore throat**

6. When influenza is circulating in the surrounding community, a high index of suspicion should be maintained. At the Medical Director's discretion, **the ILI case definition can be altered as follows: fever OR prostration OR new cough**, for a highly suspect influenza outbreak situation in which many residents do not manifest multiple signs.

7. Confirmed Influenza Infection:
 - a. There are two types of human influenza virus that cause epidemics and outbreaks, type A and type B. For the purpose of identifying an outbreak at this facility:
 - 1) Influenza infection is confirmed when there is a positive laboratory finding by viral culture/isolation or rapid antigen testing.
 - 2) A case is also confirmed when the person has influenza-like illness and close contact (e.g. shared room or shared activity) within five days with a laboratory confirmed case.

8. Definition of an Influenza Outbreak:
 - a. **During the time period of October 1 through March 31 of each winter, three cases within a 48-hour period of influenza-like illness is considered an outbreak.**
 - b. In this season of the year, the occurrence of acute respiratory illness in several residents within a short time frame shall be considered due to influenza until proven otherwise, regardless of whether the affected residents have been vaccinated.
 - c. Influenza outbreaks are infrequent during late spring, summer, and early fall. During these times of the year, if there is laboratory-confirmed influenza in the community within the previous one month, three cases of influenza-like illness within a 48-hour period is considered an outbreak. Contact the local health agency to discuss what viral illnesses are currently occurring in the community.

SUBJECT: INFLUENZA PROGRAM

POLICY #: NURS.301.2

9. Response to an Outbreak:
 - a. Report all suspected outbreaks of influenza to CDPHE/Tri-County Health Department (group outbreaks are reportable conditions in Colorado) or to the local health department.
 - b. The Health Department can provide guidance on laboratory testing, selection/use of antiviral medications, and other control measures.
 - c. The facility staff will log all suspected influenza cases of employees and residents on the Resident Infection Report, Form NURS.F.300-1.

10. Confirmatory Testing:
 - a. Only viral culture can provide information on circulating virus subtypes and strains, which is used to monitor for novel viruses and to plan for the next year's vaccine.
 - b. Viral culture is more sensitive and specific than rapid antigen testing, but takes longer to confirm the presence of influenza virus.
 - c. At a minimum, culture takes 24-48 hours (after receipt of the specimen by the lab) to provide confirmation, but may take as long as 14 days (especially to report a negative result). Therefore, rapid antigen testing is the preferred method to confirm a suspected outbreak of influenza in a LTCF if such testing is available at a nearby clinical lab.
 - d. Viral culture may be most useful as a backup to identify the virus type, especially during influenza seasons with both type A and type B viruses circulating.
 - e. For the purposes of confirming an influenza outbreak, three to six residents with influenza-like illness should be tested within three days of symptom onset by rapid antigen testing (preferably in combination with viral culture, if available) or by viral culture (see Appendix A). The outbreak should be considered due to influenza if one or more residents tests positive by rapid antigen testing or viral culture.
 - f. If all rapid antigen tests and all preliminary viral cultures (i.e., lab results after 24–48 hours) are negative and the facility has initiated antiviral prophylaxis as described in this policy, consultation with the Medical Director shall be done regarding the discontinuation of these medications.
 - g. Confirmatory testing is under the direction of the Medical Director.

11. Administration of Antiviral Medication:
 - a. Typically, influenza A outbreaks occur earlier in the “season” than do influenza B outbreaks, and in most seasons, the predominant circulating type is influenza A.
 - b. If the Administrator, Medical Director, DON or Infection Control Coordinator is notified that employees or residents have a positive test for influenza but the test does not distinguish between A or B (e.g. ZstatFlu), and if the case occurs prior to February, the probability that the disease is due to influenza A is high.

SUBJECT: INFLUENZA PROGRAM

POLICY #: NURS.301.2

- 1) This may affect the selection of antiviral medication for either treatment of the resident, or prophylaxis of other residents and employees.
 - 2) CDPHE conducts yearly surveillance for influenza, including surveillance for circulating virus types.
 - 3) The facility will consult with CDPHE (under the direction of the Medical Director) regarding circulating virus type before initiating antiviral prophylaxis
 - c. Four antiviral medications (amantadine, rimantadine, zanamivir, and oseltamivir) have been approved for treatment of influenza. All except zanamivir (Relenza) are approved for prophylaxis of influenza. Oseltamivir (Tamiflu) is approved for prophylaxis of persons 13 years or older
 - d. When outbreaks of influenza A occur in the facility, prophylaxis with Tamiflu, Relenza or rimantadine should be started as soon as possible to reduce the spread of the virus (see Appendix B for dosage information). The facility Medical Director directs prophylaxis treatment.
 - 1) These antiviral medications have activity against influenza A, but not influenza B with the exception of oseltamivir (Tamiflu).
 - 2) They are approximately 70 to 90% effective in preventing illness caused by influenza A in healthy adults.
 - 3) In outbreaks, oseltamivir (Tamiflu) shall be administered to all residents for prophylaxis pending other recommendations from the health department or CDC, regardless of whether they received the influenza vaccine or as directed by the facility Medical Director.
 - 4) Prophylaxis is also recommended for all staff/employees.
 - e. When outbreaks of Influenza B occur at the facility, prophylaxis with oseltamivir (Tamiflu) shall be considered as the drug of choice.
12. Isolation/Cohorting
- a. Optimally, symptomatic residents should be confined to their rooms or cohorted on the affected unit until they are asymptomatic if taking antiviral medications, or until 48 hours after symptoms if they are not taking antiviral medications. This will reduce the spread of the virus.
 - b. If residents cannot be confined or confinement would be detrimental to their well-being, then the resident should be placed on oseltamivir/rimantadine.
 - c. During an outbreak the facility will close any community dining areas other than the facility dining rooms, i.e. facility grills or bistros, until the outbreak is cleared. Facility-wide activities will also be suspended and activities will be structured on each neighborhood to assist with cohorting/isolation. The Infection Control Coordinator will make this decision.

SUBJECT: INFLUENZA PROGRAM

POLICY #: NURS.301.2

13. Excluding Symptomatic Employees:
 - a. Facility employees, professional staff, contract labor, and volunteers who are symptomatic with influenza-like illness shall be excluded from the facility because such persons may contribute to the transmission of influenza during an outbreak.
 - b. Exclusion shall continue until 48 hours after symptoms have subsided.

14. Notifying Attending Physicians
 - a. To ensure the rapid administration of oseltamivir/rimantadine to residents, all attending physicians shall be provided with an order regarding the use of oseltamivir /rimantadine prophylaxis (as provided by the Medical Director).

15. Notifying Visitors:
 - a. The facility shall notify visitors that an outbreak of influenza (if confirmed) or influenza-like illness is occurring.
 - b. The notice shall advise visitors to avoid visiting and/or protect themselves if they are not vaccinated or at increased risk for complications of influenza and to advise them not to visit residents if they are symptomatic with influenza-like illness.
 - c. During an influenza outbreak, the facility shall suggest alternative ways that visitors may contact residents besides face-to-face meetings, such as telephone, letters, photographs, e-mail, etc.
 - d. Facility tours will be suspended during an influenza outbreak in the facility.

16. Role of Medical Director, Director of Nursing, Infection Control Coordinator and Infection Control Committee:
 - a. The Medical Director, DON, ICC and Infection Control Committee shall work together to implement this program by educating physicians and families about the use of oseltamivir/rimantadine in influenza outbreaks and the routine use of influenza immunization.
 - b. When an outbreak is suspected, the Medical Director should review with the DON, ICC and Infection Control Committee the logistics of laboratory testing, including the number of specimens to be collected, on which residents, and what tests are to be ordered.

17. Documentation:
 - a. The Infection Control Nurse will maintain the following records for flu vaccines:
 - 1) Resident Annual Influenza Vaccination, Form NURS.F.301-1
 - a) The form allows for five (5) years of vaccination record keeping
 - b) Documentation includes:
 - 1) Brand/Lot #
 - 2) Date Given
 - 3) Dose Given
 - 4) Signature of nurse giving vaccine

SUBJECT: INFLUENZA PROGRAM

POLICY #: NURS.301.2

- c) Resident Annual Influenza Vaccination, Form NURS.F.301-1 is maintained by the Infection Control Coordinator in alphabetical order. These forms are moved to the individual resident closed medical record at the time of discharge
- 2) Flu Vaccination Log Audit
 - a) Maintains summary of all residents and employees in the facility and date of vaccine or refusal of vaccine.

Sample

SUBJECT: INFLUENZA PROGRAM

POLICY #: NURS.301.2

APPENDIX A
Laboratory Testing For Influenza Infection:

- A. A limited number of clinical laboratories in Colorado currently perform influenza virus culture/isolation; whereas, many more labs perform influenza rapid antigen testing. Below is a list of laboratories that currently perform influenza viral culture/isolation. These labs may also perform selected rapid influenza tests.
- B. The regular commercial laboratory used by any given LTCF may not perform any influenza diagnostic testing in Colorado. The following are steps that the facility should take annually before December 1 to be prepared for an outbreak.
1. Arrange for influenza testing service through a commercial lab in conjunction with one of the hospital labs, or directly with one of the hospital labs listed below. Ask which tests are available and learn how to interpret the results for antiviral therapy.
 2. Confirm the types of specimens that are available.
 3. Obtain appropriate specimen collection and specimen transport supplies **before** flu season begins (the lab will provide or instruct as to appropriate supplies).
 4. Obtain specimen transport instructions from the lab, such as whether specimens should be shipped on cold packs or room temperature.
 5. Determine the laboratory charges for performing the tests.
- C. Colorado clinical laboratories that perform influenza virus culture/isolation:
- The Children's Hospital (Denver)
University of Colorado (Aurora)
Penrose-St Francis Hospital (Colorado Springs)
Memorial Hospital (Colorado Springs)
CDPHE Infectious Disease Department
- D. Timing of specimen collection
1. Specimens should be collected as soon as possible after symptom onset and within three days of symptom onset at the latest.
 2. Collection of specimens in persons taking oseltamivir/rimantadine
 - a. Viral culture testing should not be performed on persons already taking antiviral medications. Rapid antigen testing may still detect influenza infection in such persons and may be attempted if indicated.

SUBJECT: INFLUENZA PROGRAM

POLICY #: NURS.301.2

APPENDIX B
Use of Antiviral Medications

- A. Rimantadine has antiviral activity against influenza A, but not against influenza B. When administered prophylactically, rimantadine and oseltamivir are approximately 70% - 90% effective in preventing illness caused by influenza A in healthy adults. Rimantadine is not approved for treatment of children younger than 13 years. It is important to check with the CDPHE or the CDC to determine current effectiveness of rimantadine prophylaxis.
- B. Zanamivir (Relenza) and oseltamivir (Tamiflu) are neuraminidase inhibitors with activity against both influenza A and B viruses. Both are approved for the treatment of influenza A and B, but only oseltamivir is approved for prophylaxis of persons aged 13 years or older. Zanamivir is an inhaled powder and is approved for persons 7 years or older. Zanamivir is generally not recommended for treatment of persons with underlying airway disease. Oseltamivir is a tablet and is approved for treatment of persons 1 year or older.
- C. Antibiotics, such as amoxicillin and cephalosporins, have **NO** activity against influenza and are not indicated for prophylaxis of secondary bacterial pneumonia in persons suffering from influenza. If clinical signs of bacterial pneumonia are found, then antibiotic treatment is appropriate.
- D. It is important for the facility to plan well in advance of influenza outbreaks for the prophylactic use of amantadine/rimantadine. A "flu kit" will be available in the nursing supervisor office to assist with rapid response if an outbreak is suspected. Prophylaxis should be started as early as possible after a confirmed or suspected outbreak begins in order to reduce spread of the virus. Families and attending physicians shall be advised of the benefits and risks to the individual and benefits to the facility, and protocols put into place.
- E. Prophylaxis: oseltamivir/rimantadine should be continued for at least two weeks or until approximately 1 week after the end of the outbreak. To be maximally effective as prophylaxis, these drugs must be taken each day for the duration of influenza activity in the facility or surrounding community.
- F. Treatment: When administered within two days of illness onset to otherwise healthy adults, the three antivirals can reduce the duration of uncomplicated influenza by approximately a day. None has been demonstrated to be effective in preventing serious influenza-related complications (such as bacterial pneumonia). Therapy with rimantadine should be discontinued as soon as clinically warranted, generally after 3-5 days of treatment or within 24-48 hours of the disappearance of signs and symptoms. Zanamivir and oseltamivir should be administered for 5 days.

SUBJECT: INFLUENZA PROGRAM

POLICY #: NURS.301.2

G. Multiple courses of rimantadine prophylaxis

1. There are no contraindications to administering multiple courses of prophylaxis with rimantadine during the course of an influenza season. Influenza B, against which rimantadine has no activity, tends to occur more commonly in the late winter and early spring (February and March). It is, therefore, important that each outbreak of influenza-like illness be confirmed as soon as possible after initiating prophylaxis with antivirals to the entire resident population.

Dosage of Antiviral Medications for Prophylaxis

Treatment	Age 13 – 65 years	Age Over 65 years
Rimantadine prophylaxis (10–21 days or at least 7 days with no new cases)	100 mg twice daily	100 mg or less per day
Oseltamivir prophylaxis (10–21 days or at least 7 days with no new cases)	75 mg per day	75 mg per day
Zanamivir prophylaxis (2 inhalations 10mg every day for 10–21 days)	10mg per day	10mg per day



Title: MANDATORY FLU VACCINATION	Policy Number: 505
Issued: September 22, 2009	Page: 1 of 7
Last Reviewed:	
Last Revised: April 28, 2010	Attachment: A and B

POLICY:

It is the policy of Georgetown University Hospital that all employees and individuals defined below must be vaccinated annually against influenza in advance of each flu season unless they are eligible for and have an approved medical contraindication or an approved religious restriction. All persons covered under this policy must show proof of influenza vaccination or be granted an exemption as outlined below by the last date of the Designated Vaccination Period established annually by MedStar Health.

PURPOSE:

Influenza has by far the highest rates of mortality among vaccine preventable diseases in the United States outpacing all other vaccine preventable diseases combined. Hospitalized patients are more vulnerable to influenza than members of the general population. The most effective strategy for preventing influenza is annual vaccination. Patient mortality goes down when healthcare workers are vaccinated against flu. Many studies demonstrate that vaccination of healthcare workers reduces the risk to patients since healthcare workers are frequently implicated as the source of influenza in healthcare settings. Therefore, healthcare workers and healthcare systems have an ethical and moral responsibility to protect vulnerable patients from transmissible diseases.

DEFINITIONS:***Employees and individuals covered by this policy***

All GUH employees, medical staff members, other credentialed professionals, other allied health professionals with an authorization to practice, house staff (employed or affiliated), volunteers, students, contractors, and all vendors who work for, provide services to or otherwise do business with the Hospital or any other MedStar subsidiary while on Hospital premises.

Professionals visiting the Hospital for short term events such as Grand Rounds presentations will be excluded from this policy.

Designated Vaccination Period

The period of time established each year by the Office of the MedStar Executive Vice President for Medical Affairs during which all persons covered by this policy are required to be vaccinated against influenza, provide proof of vaccination or qualify for an exemption as outlined by this policy.

Influenza Season

The time period will be established each year by the Center for Disease Prevention and Control (CDC) or local health department and will include any period of time related to novel strains of influenza.

Medical Contraindications for Influenza Vaccination per CDC include:

- Severe life or health threatening allergies to any vaccine component
- Severe documented egg allergy
- Individuals with a history of Guillain-Barre Syndrome

CDC does not consider pregnancy or lactation as contraindications unless high risk status can be certified.

PROCEDURE:

I. EMPLOYEES, BOARD MEMBERS and VOLUNTEERS

A. GUH Occupational Health will be available at the start of and during each Designated Vaccination Period to provide vaccination to employees, Board members, and volunteers.

1. Employees (except credentialed staff members see Section II), Board Members and Volunteers who choose to be vaccinated outside of GUH Occupational Health must provide proof of vaccination to GUH Occupational Health that includes the following:

- a. Person's name
- b. Proof of Influenza vaccination
- c. Date
- d. Location and name of provider
- e. Residents may not provide vaccinations or proof of vaccinations.
- f. GUH Occupational Health will maintain a vaccination record for employees, Board Members and Volunteers.

B. REQUEST FOR EXEMPTION

1. MEDICAL CONTRAINDICATION

- a. Employees, Board Members, and Volunteers requesting an exemption based on a medical contraindication must complete an Influenza Vaccination Exemption Request Form (***Attachment A***) and complete and sign Part One of the Mandatory Influenza Vaccination Program Medical Provider Certification form (***Attachment B***).
- b. The Employee, Board Member or Volunteer will have a primary care provider complete Part Two of the Mandatory Influenza Vaccination Program Medical Provider Certification form.
- c. Both forms are submitted to GUH Occupational Health.
- d. GUH Occupational Health will review the request and may require the individual to sign a Release of Information form to allow further discussion with the primary care provider.
- e. GUH Occupational Health will determine if the exemption should be granted. If granted, the Hospital may require the individual to take other measures to reduce the risk of flu transmission during flu season.

2. **BASIS OF RELIGIOUS BELIEF**

- a. Employees, Board Members, and Volunteers requesting an exemption based on a medical contraindication must complete an Influenza Vaccination Exemption Request Form (*Attachment A*).
- b. In addition, the individual must submit a statement from their religious leader or spiritual advisor (minister, imam, or other religious leader) or a formal statement published by the religious body describing the religious belief or practice that prevents you from receiving the flu vaccine. Evidence must be attached that the individual actually practices the religion.
- c. The form and the statement are both submitted to GUH Occupational Health.
- d. GUH Occupational Health will forward the exemption request documentation to the Vice President, Human Resources and MedStar Health Legal Department for a determination. If granted, the Hospital may require the individual to take other measures to reduce the risk of flu transmission during flu season.

C. **FAILURE TO COMPLY WITH VACCINATION OR OBTAIN AN EXEMPTION BY THE END OF THE DESIGNATED VACCINATION PERIOD**

1. Employees, Board Members, and Volunteers failing to comply with vaccination or obtain an exemption by the end of the Designated Vaccination Period will be placed on suspension for one week without pay in order for the individuals to comply and return to work.
2. If the employee, Board member or volunteer remains non-compliant at the end of the suspension period, the employee will be terminated and the Board member or volunteer will no longer be associated with GUH.

II. **MEDICAL STAFF MEMBERS / OTHER CREDENTIALLED PROFESSIONALS AND ALLIED HEALTH PROFESSIONALS AUTHORIZED TO PRACTICE**

- A. GUH Occupational Health will be available at the start of and during each Designated Vaccination Period to provide vaccination to Medical Staff members, Other Credentialed Professionals and Allied Health Professionals Authorized to Practice at GUH. Proof of vaccination by GUH Occupational Health must be submitted to the Office of Medical Staff Affairs.
 1. Medical Staff members, other Credentialed Professionals and Allied Health Professionals Authorized to Practice who choose to be vaccinated outside of GUH Occupational Health must provide proof of vaccination to the Office of Medical Staff Affairs that includes the following:
 - a. Person's name
 - b. Proof of Influenza vaccination

- c. Date
 - d. Location and name of provider
2. Housestaff may not provide vaccinations or proof of vaccinations.
 3. The Office of Medical Staff Affairs will maintain documentation that the medical staff member, credentialed professional or allied health professional authorized to practice received the influenza vaccination during the Designated Vaccination Period.

B. REQUEST FOR EXEMPTION

1. MEDICAL CONTRAINDICATION

- a. Medical Staff members, other Credentialed Professionals and Allied Health Professionals requesting an exemption based on a medical contraindication must complete an Influenza Vaccination Exemption Request Form (*Attachment A*) and complete and sign Part One of the Mandatory Influenza Vaccination Program Medical Provider Certification form (*Attachment B*).
- b. The requesting individual will have a primary care provider complete Part Two of the Mandatory Influenza Vaccination Program Medical Provider Certification form.
- c. Both forms are submitted to the Vice President, Medical Staff Affairs. (VPMA).
- d. The VPMA will review the request and may require the individual to sign a Release of Information form to allow further discussion with the primary care provider.
- e. The VPMA will determine if the exemption should be granted. If granted, the Hospital may require the individual to take other measures to reduce the risk of flu transmission during flu season.

2. BASIS OF RELIGIOUS BELIEF

- a. Medical Staff and Other Credentialed Professionals or Allied Health Professionals Authorized to Practice requesting an exemption based on a medical contraindication must complete an Influenza Vaccination Exemption Request Form (*Attachment A*).
- b. In addition, the requesting individual must submit a statement from their religious leader or spiritual advisor (minister, imam, or other religious leader) or a formal statement published by the religious body describing the religious belief or practice that prevents you from receiving the flu vaccine. Evidence must be attached that the individual actually practices the religion.
- c. The form and the statement are both submitted to the Vice President, Medical Affairs.
- d. The VPMA in consultation with the Vice President, Human Resources and MedStar Health Legal Department, will determine if the exemption should be granted. If granted, the Hospital may require the individual to

take other measures to reduce the risk of flu transmission during flu season.

3. Once the VPMA grants an exemption, he/she will notify the Office of Medical Staff Affairs who will record that an exemption was granted.

C. FAILURE TO COMPLY WITH VACCINATION OR OBTAIN AN EXEMPTION BY THE END OF THE DESIGNATED VACCINATION PERIOD

Medical Staff, Other Credentialed Professionals or Allied Health Professionals Authorized to Practice failing to comply with vaccination or obtain an exemption by the end of the Designated Vaccination Period will be placed on administrative suspension until proof of compliance is provided or until the established date of the end of the Influenza season.

III. HOUSESTAFF

- A. GUH Occupational Health will be available at the start and during the Designated Vaccination Period to housestaff. Proof of vaccination by GUH Occupational Health must be submitted to the Graduate Medical Office.

1. Housestaff who choose to be vaccinated outside of GUH Occupational Health must provide proof of vaccination to the Graduate Medical Office that includes the following:
 - a. Person's name
 - b. Proof of Influenza vaccination
 - c. Date
 - d. Location and name of provider
2. Housestaff may not provide vaccinations or proof of vaccinations.
3. The Graduate Medical Office will maintain documentation that the housestaff received the influenza vaccination during the Designated Vaccination Period.

B. REQUEST FOR EXEMPTION

1. MEDICAL CONTRAINDICATION

- a. A housestaff member requesting an exemption based on a medical contraindication must complete an Influenza Vaccination Exemption Request Form (*Attachment A*) and complete and sign Part One of the Mandatory Influenza Vaccination Program Medical Provider Certification form (*Attachment B*).
- b. The requesting individual will have a primary care provider complete Part Two of the Mandatory Influenza Vaccination Program Medical Provider Certification form.
- c. Both forms are submitted to the Vice President, Medical Staff Affairs (VPMA).

- d. The VPMA will review the request and may require the individual to sign a Release of Information form to allow further discussion with the primary care provider.
- e. The VPMA will determine if the exemption should be granted. If granted, the Hospital may require the individual to take other measures to reduce the risk of flu transmission during flu season.

2. BASIS OF RELIGIOUS BELIEF

- a. Housestaff requesting an exemption based on a medical contraindication must complete an Influenza Vaccination Exemption Request Form (*Attachment A*).
- b. In addition, the requesting individual must submit a statement from their religious leader or spiritual advisor (minister, imam, or other religious leader) or a formal statement published by the religious body describing the religious belief or practice that prevents you from receiving the flu vaccine. Evidence must be attached that the individual actually practices the religion.
- c. The form and the statement are both submitted to the Vice President, Medical Affairs.
- d. The VPMA, in consultation with the Vice President, Human Resources and MedStar Health Legal Department, will determine if the exemption should be granted. If granted, the Hospital may require the individual to take other measures to reduce the risk of flu transmission during flu season.

- 3. Once the VPMA grants an exemption, he/she will notify the Graduate Medical Office that an exemption was granted.

C. FAILURE TO COMPLY WITH VACCINATION OR OBTAIN AN EXEMPTION BY THE END OF THE DESIGNATED VACCINATION PERIOD

Housestaff failing to comply with vaccination or obtain an exemption by the end of the Designated Vaccination Period will face disciplinary action up to and including dismissal.

IV. MEDICAL, NURSING OR OTHER STUDENTS-

Each school is responsible for insuring that students provide proof of vaccination to the Program Director responsible for clinical rotations. Those students who fail to provide proof of vaccination or an exemption by close of business on the last day of the Designated Vaccination period will not be allowed in the Hospital until proof of compliance or the day after the last day of the influenza season.

V. VENDORS

All vendors must register with MedStar and have received notification of this policy through the Vendor Access Office. Those vendors who fail to provide proof of vaccination or an exemption to the Director, Materials Management by close of business on the last day of the Designated Vaccination period will not be allowed in the Hospital until proof of compliance or the day after the last day of the influenza season.

- VI. **EMBEDDED CONTRACT STAFF** (e.g. Morrison’s, Crothall, etc.)
Embedded contract staff may receive vaccination from Occupational Health and Occupational Health EHS will bill the contract company. Those embedded contract staffs who fail to provide proof of vaccination or an exemption to Occupational Health by close of business on the last day of the Designated Vaccination period will not be allowed to work in the Hospital until proof of compliance or the day after the last day of the influenza season.
- VII. **AGENCY NURSES-**
Agency Nurses must provide proof of vaccination or exemption to the Nursing Office. Those Agency nurses who fail to provide proof of vaccination or an exemption to the Nursing Office by close of business on the last day of the Designated Vaccination period will not be allowed in the Hospital until proof of compliance or the day after the last day of the influenza season.
- VIII. **INDEPENDENT CONTRACTORS**
Directors of Departments utilizing independent contractors are responsible for ensuring that the contractors provide proof of vaccination or exemption by close of business of the last day of the Designated Vaccination period. Contractors who fail to provide the required documentation will not be permitted in the Hospital until proof of compliance or until the day after the last day of the influenza season.
- IX. **NEW APPLICANTS**
All new applicants in any of the above categories will be notified of this policy and must comply.

Richard L. Goldberg, M.D.
President