Sample Employee Influenza Immunization Policy

DATE:

EFFECTIVE DATE:

PURPOSE: The occurrence of communicable diseases within the community is unpredictable and random in nature, so health organizations hold themselves to the highest standards of preventive health measures. As such, _____(Agency Name)_____ has a responsibility to protect its staff, clients, and the community from influenza. Meeting all aspects of this policy is a condition of employment or serving as a volunteer/intern. Staff refusing to comply with this policy will be subject to disciplinary action, up to and including termination from employment.

SCOPE: This policy applies to ALL employees (i.e. full-time, part-time, and on-call), volunteers, interns, and students, collectively referred to as "staff." Staff working less than 10 hours total per week who have no client contact and minimal staff or public contact may be exempt from this policy upon approval of the infection control nurse.

POLICY: In order to conform with recommendations from the Centers for Disease Control and Prevention (CDC) and Colorado Board of Health, and to help protect staff, clients, and the public from influenza disease, staff must comply with this policy by being annually vaccinated against influenza. _____(Agency Name)_____ provides all required influenza immunizations to staff free of charge.

INFLUENZA (i.e. "FLU") REQUIREMENTS

Staff must receive an annual influenza vaccine in order to help protect coworkers, clients, and the public against seasonal influenza. They must receive the vaccination before November 15 each year; staff members not adhering to this timeline may be subject to disciplinary action, up to and including termination from employment.

Influenza Vaccine Shortage and/or Influenza Pandemic: In the event of an influenza vaccine shortage or pandemic, the agency director will evaluate the situation to determine if interim policy changes are necessary. Any decisions deviating from this policy will be communicated to staff in a timely manner.

EXEMPTIONS FOR LOW-RISK STAFF

Staff members may be granted an exemption from required influenza immunization if deemed by the infection control nurse that they are "low risk" (i.e. work schedule is less than 10 hours per week and they have no client contact and minimal staff/public contact). The infection control nurse will inform them if they can be exempt; if not, they must adhere to the requirements of this policy.

WAIVER REQUESTS

Staff may request a waiver from this policy by submitting a waiver request form, as outlined below, for: 1) medical contraindications or precautions, or 2) a religious belief. Personal and/or philosophical objections to vaccinations are not considered sufficient justification for granting a waiver.

It is standard procedure for the infection control nurse to screen staff for vaccine contraindications. According to the Advisory Committee on Immunization Practices (ACIP), "a contraindication is a condition in a recipient that increases the risk for a serious adverse reaction. A vaccine should not be administered when a contraindication is present…In contrast, certain conditions are commonly misperceived as contraindications (i.e., are not valid reasons to defer vaccination)…A precaution is a condition in a recipient that might increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce immunity. A person might experience a more severe reaction to the vaccine than would have otherwise been expected; however, the risk for this happening is less than the risk expected with a contraindication."

Influenza Waiver Request Procedures
Staff members requesting waivers from required influenza immunization due to a medical contradiction / precaution or religious exemption must submit a waiver request form to the infection control nurse. The infection control nurse and medical officer will jointly review and consider approval of the request.

All staff members receiving waiver approval are responsible for understanding and accepting the consequences of the waiver, which may include required work restrictions (see "Work Restrictions for Staff with Approved Waivers" below).

All staff members seeking influenza immunization waivers must receive approval prior to November 15 of the current flu season (i.e. waiver requests must be submitted annually).

The following instructions should be followed, depending on type of exemption requested:

1. *Medical Waiver:* Complete the waiver request form and attach a signed note from your licensed physician on the physician's letterhead detailing your medical contraindication or precaution to the immunization.
2. *Religious Waiver:* Complete the waiver request form and attach a signed statement on church letterhead from your faith's chaplain or church official that explains the specific faith-based teachings that oppose immunizations.

Approved Waiver Requests – Work Restrictions
Staff members receiving an approved waiver from this policy must agree to abide by the following:

1. *Use of Face Masks:* During the influenza season staff members with approved waivers from influenza immunization are required to wear a mask during direct care of high risk patients (ie: pregnant women, infants, people 65 years of age and older, and those with acute or chronic diseases). Masks need to be changed when they become moist; they should be used once and then thrown in the trash; hands should be washed with soap and water or hand sanitizer. Names of persons required to wear masks will be provided to the worker's supervisors.
2. *Staff Illness:* During the influenza season, staff members with approved waivers from influenza immunization who begin to experience flu-like symptoms (e.g. body aches, fever, cough, sore throat, headache, extreme fatigue, etc.) are required to alert their supervisors and not report for work for at least 24 hours after no longer experiencing any fever symptoms (without the use of fever-reducing medicines, such as acetaminophen). Those who have no fever but are experiencing ongoing respiratory symptoms will be considered for evaluation by infection control nurse to determine appropriate level of contact with patients. If symptoms like cough and sneezing are still present, the staff person will be required to wear a facemask when providing patient care activities. They must also agree to conduct frequent hand hygiene (especially before and after each patient contact).
3. *During Outbreaks:* If a staff member with an approved exemption is exposed to an influenza disease outbreak occurring in the community that poses risk for staff, clients, or the public (e.g. pandemic flu epidemic), the exempted staff member may be required to adhere to one or more of the following steps, as deemed appropriate by the infection control nurse and medical officer:
    a. Be reassigned to job duties that don't pose health risks to staff, clients, or the public.
    b. Be placed in quarantine (NOTE: "quarantine" is defined as, "separating and restricting movement of people who are well but were exposed to a communicable disease.").
    c. Be excluded from all work activities.
4. *Required Leave:* If the exempted staff member is required by the infection control nurse and/or medical officer to be excluded from all work activities, the staff member will be required to take medical leave, vacation leave, personal leave, or leave without pay for all work absences due to the exemption.

RESPONSIBILITIES

STAFF:

1. All staff must schedule, receive, and document annual influenza vaccination received from a medical provider other than _____(Agency Name)_____. Staff must share appropriate documentation of the

influenza vaccination with the infection control nurse. Failure to comply with this policy will result in disciplinary action, up to and including termination of employment.

2. If a waiver from the influenza immunization requirement is requested, staff must follow and adhere to the requirements and timelines outlined in the "Waiver Request Procedures" outlined above.
3. If a waiver is approved, the staff member must comply with the requirements outlined in "Approved Waiver Requests – Work Restrictions" outlined above.

SUPERVISORS:

1. Follow up with any of your staff members identified as being out of compliance with this policy by the infection control nurse. Explain that:
    a. They must be in compliance with this policy within the designated timeframe to avoid being sent home without pay and subject to disciplinary action, up to and including termination from employment.
    b. If they are dismissed from work duties in accordance with this policy, they will be required to take medical leave, vacation leave, personal leave, or leave without pay for their absence from work.
2. If a medical or religious waiver is approved for any of your staff members, work with them to comply with the requirements outlined in "Approved Waiver Requests – Work Restrictions" outlined above.

INFECTION CONTROL NURSE:

1. Identify and track influenza immunizations for each staff member, including documentation of influenza immunization received from other medical providers, in accordance with this policy.
2. Distribute information to staff about upcoming flu clinics at the beginning of each influenza season.
3. Administer influenza vaccinations to staff.
4. Maintain accurate and confidential records of influenza immunizations. Share requirements for immunization with supervisors, as needed for follow-up to ensure compliance with this policy.
5. Upon receiving requests from staff for a waiver, make sure all required documents are properly completed and signed by the staff member. Consult with the medical officer to approve or deny staff requests for waivers from this policy. Notify staff and their supervisors of your decisions.

MEDICAL OFFICER:

1. Provide administrative oversight of staff influenza immunizations.
2. Assist supervisors in initiating discipline process if any of their staff members are out of compliance with this policy.
3. Consult with the infection control nurse to approve or deny all staff requests for waivers from the requirements of this policy.

REFERENCE MATERIAL:

CDC website (http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm)
Immunization Waiver

See next page for sample waiver form

Sample Waiver Form for Annual Influenza Immunization

Name of Staff Member: _____

Program: _____ **Site:** _____

Are you a registered nurse (RN)? ☐ Yes ☐ No

Please carefully review and acknowledge your understanding by initialing each of the following:
I understand that _____(Agency Name)_____ provides influenza immunizations at no cost to its staff in order to protect them from job-related risk for exposure to influenza disease and in order to protect clients and others who could be infected by staff.

- ☐ I have read the information about influenza disease and the influenza vaccine, and I have had the opportunity to ask questions about influenza disease and the vaccine.
- ☐ I understand the risk that influenza poses to me and to my clients.
- ☐ I understand that I can receive the influenza immunization at no charge in order to protect me.
- ☐ I understand that if I refuse the influenza immunization, I may be excluded from work and/or assigned to alternative job duties. I further understand that I will be required to take vacation or personal leave or leave without pay for the duration of time that I am excluded from work.
- ☐ I understand that if I become ill with influenza disease, I will be excluded from work and will be required to take vacation, medical, or personal leave or leave without pay for the absence.

I hereby attest that (please check all that apply):

- ☐ My licensed physician has advised me against the influenza immunization due to specific medical condition(s). Attached is my physician's note (on the physician's letterhead) describing my medical condition(s).
- ☐ My sincerely held religious belief is opposed to being vaccinated against influenza. Attached is a signed statement, on church letterhead, from my faith's chaplain or official that explains the specific faith-based teachings that oppose immunizations.
  Name of my religious affiliation or belief: _____.

I am hereby requesting a waiver from receiving the influenza immunization. I understand that it is my responsibility to request the influenza vaccine if I change my mind in the future.

Signature:_____ Date:_____

Witness: _____ Date: _____