Baptist Health South Florida

POLICY TITLE: Mandatory Influenza Vaccination

Responsible Department: Employee Health Services

Creation Date: 12/16/2014
Review Date: «dcDocumentsLastDate»
Revision Date: «dcDocumentRevisionsCurrentViewCreateDate»

SUBMITTED BY (AUTHOR): Felicia Jones, RN, MSHSA

APPROVED BY: Josette Bou-Khalil, MD
Title: Corporate Medical Director, Employee Health Services

APPROVED BY: Maribeth Rouseff
Title: Corporate Assistant Vice President, Employee Health Services and Wellness Advantage

APPROVED BY: Julie Waas
Title: Corporate Assistant Vice President, Associate General Counsel

APPROVED BY: Adriene McCoy
Title: Corporate Vice President, Chief Human Resources Officer

APPROVED BY: Thinh H. Tran, MD
Title: Corporate Vice President and Chief Medical and Quality Officer

PUBLISHED (Released): «dcDocumentRevisionsCurrentViewReleaseDate»

SUMMARY & PURPOSE:
Baptist Health South Florida recognizes its responsibility to protect and provide employees with a safe workplace. This policy is intended to maximize vaccination rates against influenza among the Baptist Health workforce and extended community.

POLICY:
1. Effective Influenza Season 2015, as a condition of employment, appointment to the medical, residency, or allied health staff, or access to all BHSF facilities, workforce and extended community, as defined in the scope, all Baptist Health employees, medical staff, faculty, residents, fellows, temporary workers, trainees, volunteers, students, and vendors, regardless of employer, must receive an annual influenza vaccination or possess an approved exemption (see Exemptions below).
   a. This applies to any facility owned, leased, managed and/or operated by BHSF.

2. To be compliant with this requirement, members of the workforce and extended community must do one of the following by the first Tuesday in December:
   a. Receive the influenza vaccine, which will be provided free of charge through Employee Health Services (EHS) to employees, medical staff, faculty, residents, fellows, BHSF employed temporary workers and volunteers.
   b. Provide EHS with proof of immunization, if vaccinated some place other than EHS. Proof of immunization must include location of injection, date of vaccination, manufacturer, lot number and expiration date of vaccine.
   c. Comply with the designated procedure for obtaining an approved exemption by the first Tuesday in November, as described in this policy.
Prior to the annual onset of influenza season and when the most current vaccination recommendations are published by the Centers of Disease Control and Prevention (CDC), Baptist Health Employee Health Services and Infection Control will communicate:

a. Dates when influenza vaccines are available
b. Procedure for receiving vaccination
c. Procedure for submitting written documentation of vaccine obtained outside of Baptist Health
d. Procedure to apply for a qualified exemption
e. Pertinent information related to the vaccination

SCOPE/APPLICABILITY:

This policy applies to the workforce and extended community defined as:

1. All Baptist Health employees, medical staff, faculty, residents, fellows, temporary workers, trainees, volunteers, students and vendors, regardless of employer.
2. Non-employee personnel who provide services in Baptist Health Patient Care Areas such as, but not limited to medical staff, faculty, residents, fellows, temporary workers, trainees, volunteers, students, and vendors.

EXEMPTIONS:

Request forms (see attached) for exemptions from Baptist Health employees must be completed and submitted to the EHS by the first Tuesday in November and will be reviewed and acted upon by the Baptist Health Influenza Exemption Committee. Exemption categories are:

Medical - Exemptions to required immunization may be granted for certain medical contraindications:

1. Severe allergy to the vaccine or components as defined by the most current recommendations of the CDC’s Advisory Committee on Immunization Practices (ACIP).

Religious or Sincerely Held Belief – Exemptions to required immunization may be granted if receiving vaccination is contrary to the doctrines of an individual’s religious or sincerely held belief.

Requirements Upon Receiving Exemption -- If an exemption is granted, the individual will sign a document attesting that he/she will wear a mask at all times when within twelve (12) feet of any patient during the influenza season (usually October 1st through March 31st).

PROCEDURES TO ENSURE COMPLIANCE:

1. All individuals receiving the vaccination from Baptist Health EHS will receive a copy of their consent form, noting date of vaccination and are advised to retain this document for the duration of the influenza season as proof of compliance. This information will be documented in the EHS electronic medical record.

2. Individuals receiving the vaccination from a source other than Baptist Health EHS will need to provide proof of immunization, to include location of injection, date of vaccination, manufacturer, lot number and expiration date of vaccine.

3. EHS will accept all requests for exemptions, will coordinate their timely review and communicate the decisions made by The Baptist Health Influenza Exemption Committee. The committee will be comprised of members from Employee Health, Infection Control, Human Resource, Pastoral Care, Legal and other pertinent departments.
4. Individuals that are granted an exemption must wear a surgical mask at all times when within twelve (12) feet of a patient during the influenza season (usually October 1st through March 31st). Masks will be readily available in all clinical areas.

5. Individuals with an approved exemption will be provided with a replacement identification badge with a unique background which will discretely alert others that the wearer must don a mask when within twelve (12) feet of a patient during influenza season.

6. EHS administers and tracks vaccinations, while monitoring vaccination rates and approved exemptions, reporting these findings regularly to department leadership.

7. If an employee is on Leave of Absence before the start of the Influenza season, and returns to work during the influenza season, the employee will be required to be vaccinated upon their return to work. If the returning employee requests an exemption, they will be provided 14 days to complete and submit the exemption form to EHS.

8. Failure to obtain influenza vaccination before the first Tuesday in December will result in:
   a. EMPLOYEES – being placed on one week’s unpaid, personal leave of absence. At the end of this period, the employee must have received the vaccination or they will be terminated from employment as a voluntary resignation.
   b. MEDICAL STAFF – see Addendum for Medical Staff.
   c. VOLUNTEERS – will have their assignments suspended for the duration of influenza season.
   d. VENDORS, TEMPORARY WORKERS, STUDENTS, RESEARCHERS, FACULTY, RESIDENTS, FELLOWS – will not be permitted access to any Baptist Health work site for the duration of influenza season.

9. Department leadership ensures that all covered individuals are vaccinated against influenza each year unless an exemption has been granted. They will enforce the mask-wearing provision of this policy for those with approved exemptions. Immediate Manager or Leader initiates disciplinary procedures for covered Baptist Health staff who do not comply with this policy.

10. Lists of non-employee personnel not compliant by the prescribed deadline each year will be reported to their governing body, i.e., the medical staff office, the university or associated school, the volunteer services office, their contracting or employing company, etc. Such persons may be subject to disciplinary procedures as it relates to condition of employment, appointment to medical staff or access.

11. In the event of an influenza vaccine shortage, Baptist Health EHS, Infection Control and the Office of Emergency Preparedness will determine an appropriate distribution plan for the resources available.
   a. Emergency Preparedness will involve EHS, Human Resources, Pharmacy, Infection Control, Administration, and other departments across all entities, as needed, in determining the allocation plan across BHSF entities and locations.
   b. Influenza vaccine will be offered to individuals based on risk of exposure to influenza, job function and risk to patient population cared for.
   c. Priority will be given to those who provide hands-on patient care, with prolonged face-to-face contact with patients, and/or, those who have the highest risk of exposure to patients with influenza.
   d. Those who are prioritized to receive vaccine will be held to the mandatory standard.
   e. Those who are not prioritized to receive vaccine will not be held to the mandatory standard for the duration of the vaccine shortage period and recommendations will be provided to those who do not receive vaccine by the institutional Infection Control practitioner.
SUPPORTING/REFERENCE DOCUMENTATION:
- [http://www.cdc.gov/flu/about/disease/index.htm](http://www.cdc.gov/flu/about/disease/index.htm)
- [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e0818a1.htm?s_cid=mm60e0818a1_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e0818a1.htm?s_cid=mm60e0818a1_e&source=govdelivery)
- [http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf)

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:
- Exemption Request Form(s)
- Addendum for Medical Staff members
- Practitioner Health Policy

ENFORCEMENT & SANCTIONS:

“Violations of this policy may be referred to the appropriate HR management level. See HR policies 5250 and 5300 for applicable sanctions. Those violations determined by the Chief Information Security Officer (CISO) to infringe on privacy policies will be referred to the Chief Privacy Officer (CPO) for further investigation as appropriate.”
Addendum for Medical Staff Members

Effective Influenza Season 2015, as reflected in Medical Staff policy, Practitioner Health, members of all Baptist Health medical staffs are required to obtain an annual influenza vaccination as a condition of appointment.

To be compliant with this requirement, medical staff members must do one of the following by the first Tuesday in December:

1) Receive the influenza vaccine, free of charge, through Employee Health Services (EHS). A discreet sticker, indicating that you have received the influenza vaccination will be adhered to your identification badge.

2) Provide the medical staff office or EHS with proof of immunization, if vaccinated some place other than EHS. Proof of immunization must include location of injection, date of vaccination, manufacturer, lot number and expiration date of vaccine. A discreet sticker, indicating that you have received the influenza vaccination will be adhered to your identification badge.

3) In lieu of vaccination, accept the professional obligation to don a surgical mask when within twelve (12) feet of a patient during influenza season (usually October 1st through March 31st). Masks will be readily available in all clinical areas and in medical staff lounges. Members of the medical staff who accept this option will NOT be issued a sticker for their identification badge, thus alerting staff and colleagues that this individual must don a mask when in close proximity to patients.

Failure to Comply

Members of the medical staff who accept the professional obligation to don the surgical mask when within twelve (12) feet of a patient during influenza season (usually October 1st through March 31st) and fail to do so, may be reported to their respective medical staff for further action. Three reports of non-compliance will result in action according to the respective medical staff bylaws.
Dear Healthcare Provider,

Baptist Health requires all employees to obtain an annual Influenza Vaccination. The influenza vaccination is recommended for healthcare workers because it has been proven to be effective in reducing the incidence of influenza. The Centers for Disease Control and Prevention recommends pregnant women take the vaccination to protect themselves and the baby after it is born.

The above named person is requesting an exemption from this vaccination requirement. A medical exemption from influenza vaccination is allowed for certain recognized contraindicators.

Check all that apply:

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

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

- Other – Please provide this information in a separate narrative that describes the reason for exemption request in detail.

I certify that the above named person has the contraindication noted and I support this request for a medical exemption from influenza vaccination.

Physician Signature: __________________________  Date: ________________________

(Note: Signature Stamp Not Acceptable)

Physician Medical License No.: __________________________

Should you have any questions, please contact Baptist Health Employee Health Services at 786-596-6642.
RELIGIOUS OR SINCERELY HELD BELIEF EXEMPTION FORM
INFLUENZA VACCINATION

EMPLOYEE - PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _______________________________ Date of Birth: ___ / ___ / __________
Employee No.: _________________________ Phone No: _________________________
Email Address: _________________________ Location: __________________________ 
Department: __________________________ Manager: __________________________

Baptist Health is an Equal Employment Opportunity employer. If you have a religious or sincerely held belief which conflict with Baptist Health’s influenza vaccination requirement and wish to request an exemption from this requirement, please provide details regarding your request for exemption in the space provided below. You may also attach additional information or documentation about your religious or sincerely held belief.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are you attaching any supporting documentation to this request? ☐ YES ☐ NO

I verify that the above information is complete and accurate to the best of my knowledge. I also understand that my request for an exemption from the mandatory influenza vaccine policy may not be granted if it creates an undue hardship on Baptist Health South Florida.

Employee Signature: _______________________________ Date: __________________

Print Name: _______________________________

Revised: 05-04-15 MR