SUBJECT: Patient and Health Care Personnel Safety-Influenza Vaccination

St. Vincent’s Medical Center
2800 Main Street
Bridgeport, CT 06606

Subject: This Policy is grounded in our Mission to provide spiritually-centered holistic care to all persons and improve the health of those individuals and communities we serve. In alignment with our values of Reverence and Integrity, this document is intended to establish guidelines with respect to safely protecting patients and maintaining a healthy workforce from the spread of influenza.

This Policy applies to all associates of St. Vincent’s Medical Center, (collectively referred to herein as “Ministry”), including all Health Care Personnel (HCP).

Performance of the requirements outlined in this Policy should be documented and maintained in accordance with all applicable laws, regulations and policies on document retention.

Definitions:

As used within this Policy:

1) Influenza: A contagious respiratory illness caused by the influenza viruses. The illness can cause mild to severe symptoms, and at times lead to death. Influenza virus may be shared for up to 24 hours before symptoms begin, increasing the risk of transmission to others. Influenza viruses change often, making annual vaccination, which has been shown to be safe, protective and effective in decreasing influenza-related morbidity and mortality, necessary.

2) Influenza Season: A defined period (generally spanning from October 1st - March 31st), when influenza incidence is highest, for which the official onset and conclusion as pertaining to the Ministry will be determined by Infection Prevention and Control.

3) Health Care Personnel (“HCP”): All employed and non-employed individuals.

4) Designated Reviewing Body: Designee(s) identified to review medical and religious declination submissions per legal and best practice standards. May include, but is not limited to, Human Resources, Mission Integration, Infection Prevention and Control, Associate Health and Legal.
Guidelines:

The goal of this Policy is to ensure the offering of annual influenza vaccinations for associates and improve influenza vaccination rates as a supporting program to patient and health care personnel safety.

As a condition of employment, participating in or providing services in any program or capacity, and initiation and/or maintenance of medical staff privileges and membership, all HCP are required to receive annual influenza vaccination unless they are eligible for and have an approved medical contraindication or an approved religious exemption per the designated reviewing body.

HCPs seeking exemption from annual influenza vaccination by virtue of a medical contraindication or religious belief must submit written request with supporting documentation as outlined within this policy.

All HCP will be provided access to information and education, at a minimum, regarding the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission and impact of influenza.

Individual program responsibilities, supporting procedures and operations are the responsibility of each local ministry.

1. The December 15th deadline for compliance with mandatory Influenza vaccination (October 1st thru March 31st, or longer dependent upon seasonal incidence activity and U.S. Centers for Disease Control and Prevention (CDC) guidelines), exemption request submission (no later than October 1st, with no late submissions accepted unless as otherwise outlined within this policy or legally required), granting of an exemption (generally no later than October 30th) as identified in this policy, will be communicated each year. Annual effective dates for influenza season will be confirmed or identified changes communicated by Infection Prevention and Control as per local incidence. In the event of a vaccine shortage, time frames may be subject to change.

2. HCPs who have not complied, per the annually established and communicated influenza vaccination timelines, will not be permitted to work or provide services until documentation of receipt of the vaccination is confirmed and/or an exemption is granted. An HCP who fails to meet the requirement, will be suspended pending further investigation in accordance with the “Associate Coaching, Counseling and Corrective Action Guidelines,” For non-employed HCPs, ongoing failure to comply shall be deemed as grounds for voluntarily resigning and/or cease providing services.
3. Designated reviewing body shall have complete and absolute discretion to interpret submitted information and supporting documentation and may obtain the advice of additional content experts as necessary. The decision of the designated reviewing body shall be deemed final.

All local and state requirements supersede all requirements as written in this guideline.

Key Points:

Medical and Religious Declination:

1. Religious declination must include a written statement indicating HCP’s opposition to influenza vaccination and the following:
   - A belief that has a sufficiently reasonable religious component
   - Conveyance of moral conscience
   - An integration between the religious beliefs and sincerity of behaviors demonstrated through daily life

2. Medical declination must include supporting medical records signed by a licensed health care provider indicating HCP has a condition contraindicated for influenza vaccination. Contraindications include:
   - Severe allergic reaction (e.g., anaphylaxis)
   - History of Guillain-Barre Syndrome within 6 weeks after a previous influenza vaccination
   - Medical condition in which licensed provider clearly and definitely recommends deferral of influenza vaccination

3. If a granted exemption is deemed permanent, annual submission is not required. If a granted exemption is deemed temporary, HCP must resubmit exemption request annually. Permanent exemptions may be rescinded in the event CDC and/or best practice guidelines change or advancement in the art of vaccination design occurs, at which time the HCP will be notified that declination resubmission is required.

Attachments:
Medical Declination Form (Attachment A)
Religious Declination Form (Attachment B)
Influenza Vaccination Medical Exemption Form

1. All Health Care Personnel (HCP), as defined per the policy, requesting a medical exemption must complete the attached form and scan or email it to flu@stvincents.org or drop it off at:
   Employee Health, 1M
   St. Vincent’s Medical Center
   2800 Main Street
   Bridgeport, CT 06606

   All requests must be received no later than **11:59 p.m. on October 1, 2017**. This allows enough time to review each request. *Requests received after October 1st will not be considered, unless otherwise outlined within this policy or legally required.*

2. Please ensure that you complete all fields. Incomplete requests will not be considered.

3. Send all original documentation to the address above and **keep a copy for your records**.

4. Per the St. Vincent’s Medical Center policy:
   HCP previously granted a permanent Medical Exemption **will not be required to complete a yearly influenza vaccination exemption**. **Permanent exemptions may be negated in the event Centers for Disease Control (CDC) guidelines change or advancement in the art of vaccination design occurs, at which time HCP will be notified that exemption resubmission is required.**
   All HCP will be required to strictly adhere to respiratory hygiene and hand hygiene practices, as well as isolation precautions.

5. You will be notified of the designated reviewing body’s decision, generally by October 30, and it will be your responsibility to notify your direct leader accordingly. The original exemption letter will be filed in your associate/occupational health record.
Influenza Vaccination Medical Exemption Form

Dear Physician,

In alignment with our values of Reverence and Integrity and for the safety of our patients and workforce, St. Vincent’s Medical Center is requiring annual influenza vaccination for all Health Care Personnel (HCP). This is similar to other vaccinations that the health care organization requires as a condition of employment. Influenza vaccination has been recommended for health care personnel and has been shown to be effective in protecting patients/residents from influenza illness and complications related to influenza. Increasingly, national professional, health care and infection prevention organizations are strongly recommending that health care organizations require annual influenza vaccination to protect the health and safety of patients/residents, associates, visitors and the community as a whole from influenza infection.

St. Vincent’s Medical Center recognizes exemptions to annual influenza vaccination related to evidence-based medical contraindications. The individual identified below is requesting exemption from influenza vaccination related to evidence-based medical contraindications. Provision of the following information is being required for any HCP requesting a medical exemption.

- Medical exemption from influenza vaccination is allowed for recognized contraindications as indicated by the Centers for Disease Control and Prevention (CDC) and the vaccine manufacturers’ guidelines. St. Vincent’s will not approve recognized “family history” of contraindications as an exemption consideration without further information from patient’s physician.
- St. Vincent’s will not approve exemption requests that are outside the manufacturers’ guidelines for vaccine contents that are offered. We offer an egg-free vaccine, preservative free of thimerosal, latex or formaldehyde, and no vaccines are prepared with aborted fetal tissues.
- For patient safety, this form must be signed by the HCP’s treating healthcare provider. We will not accept forms signed by the HCP if the HCP is a licensed practitioner or if the HCP’s spouse or partner is a licensed practitioner.

Request for Medical Exemption from Influenza Vaccination and Authorization to Release 2017-2018

HCP/Patient Name: ___________________________ Phone #: ___________ Work Email: ___________________________

Employee ID/Cell Phone: _______________________ Last 4 SS#: ______________ DOB: _____/_____/_________

Department: ___________________ Supervisor: ___________________

Is this a new request or is this a repeat request from previous years? New_____ Repeat_____

My patient should not be vaccinated against influenza for the following recognized contraindication to influenza vaccination (please mark which one):

☐ (A) Severe allergic reaction to eggs (St. Vincent’s offers egg-free vaccines)
  • Defined as developing swelling of the lips or tongue, difficulty breathing, anaphylaxis, recurrent emesis or requiring epinephrine after exposure to eggs.
  • Does not generally result in only gastrointestinal symptoms.
  • The amount of egg protein in influenza vaccines is extremely small. People who can tolerate eating foods prepared with eggs, such as baked goods or lightly-cooked eggs, can generally tolerate the influenza vaccine.
  • Please indicate if the egg-free vaccine is not advised for this patient and why below:
  • Please describe patient’s reaction to eggs below (additional space is available at the bottom of the form):

☐ (B) History of previous severe allergic reaction to the influenza vaccine or component of the vaccine
  • Defined as developing hives, swelling of the lips or tongue, difficulty breathing.
  • Does not include sore arm, local reaction or subsequent upper respiratory tract infection.
  • Please describe patient’s allergic reaction below (additional space is available at the bottom of the form):

☐ (C) History of Guillain-Barré syndrome
I certify that my patient has the above contraindication and request medical exemption from the influenza vaccination.

Physician signature: ___________________________________________ Date: __________________

(Signature stamps will not be accepted)

Physician Printed Name: ___________________________ Physician Phone #: ______________________

I hereby authorize the St. Vincent's Exemption Request Review Board to discuss any medical history necessary to validate my exemption request with my private medical provider and to release necessary information concerning my medical exemption to my manager/supervisor and other individuals at St. Vincent's and/or its local health ministries identified by St. Vincent's as needing to know such information. Additionally, I understand that once this information has been released pursuant to this Authorization, it may no longer be protected by federal and/or state laws/regulations.

I understand that my current request must be consistent with my prior vaccination history. I also understand that should I fail to be vaccinated or granted an exemption, I will have until 11:59 p.m. on December 15, 2017, to comply with the policy or I will be considered to have voluntarily resigned and/or cease providing services.

Patient Signature: ___________________________________________ Date: __________________

Once you have completed this form, please return it directly to St. Vincent's by scanning or emailing it to flu@stvincents.org, or dropping it off at St. Vincent's Medical Center, Employee Health, 1M, 2800 Main Street, Bridgeport, no later than 11:59 p.m. on October 1, 2017. You will be notified whether or not the exemption is granted, generally by October 30, 2017.

Please keep a copy for your records.

FOR OFFICE USE ONLY

Date Received: ___________________________________________

Date Reviewed: ___________________________________________

Date Decision Communicated to HCP: __________________________

☐ Exemption Approved (Circle one): Temporary Permanent

☐ Exemption Denied

Signature - Exemption Request Review Board Member __________________________ Date __________________
Influenza Vaccination

Religious Exemption Form

1. All Health Care Personnel (HCP), as defined per the policy, requesting a religious exemption must complete the attached form and scan or email to flu@stvincents.org or drop off at:
   Employee Health, 1M
   St. Vincent’s Medical Center
   2800 Main Street
   Bridgeport, CT 06606

   All requests must be received no later than **11:59 p.m. on October 1, 2017.** This allows enough time to review each request. *Requests received after October 1st will not be considered, unless otherwise outlined within this policy or legally required.*

2. Please ensure that you complete all fields. Incomplete requests will not be considered.

3. Send all original documentation to the address above and **keep a copy for your records.**

4. Per the St. Vincent’s Medical Center policy:
   HCP previously granted a Religious Exemption must complete an Annual Statement requesting continuation of the exemption. HCP not working in close contact with patients/residents will still need to request an exemption. All HCP will be required to strictly adhere to respiratory hygiene and hand hygiene practices, as well as isolation precautions.

5. You will be notified of the designated reviewing body’s decision, generally by October 30, and it will be your responsibility to notify your direct leader accordingly. The original exemption letter will be filed in your associate/occupational health record.

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Attachment B – Religious Exemption Form
Influenza Vaccination

Religious Declination Form

In alignment with our values of Reverence and Integrity and for the safety of our patients and workforce, St. Vincent’s Medical Center is requiring annual influenza vaccination for all Health Care Personnel (HCP). This is similar to other vaccinations that the health care organization requires as a condition of employment. Influenza vaccination has been recommended for health care personnel and has been shown to be effective in protecting patients/residents from influenza illness and complications related to influenza. Increasingly, national professional, health care and infection prevention organizations are strongly recommending that health care organizations require annual influenza vaccination to protect the health and safety of patients/residents, associates, visitors and the community as a whole from influenza infection.

St. Vincent’s Medical Center recognizes exemptions to annual influenza vaccination for sincerely held religious beliefs. The individual identified below is requesting exemption from influenza vaccination for religious reasons. Provision of the following information is being required for any HCP requesting a religious exemption.

To be completed by HCP requesting exemption:

Name of Individual Requesting Religious Exemption: ________________________________

Associate ID: ___________________________  Department: ___________________________

Email Address: ___________________________  Telephone Number: ___________________________

I understand that my current request must be consistent with my prior vaccination history. I also understand that should I fail to be vaccinated or granted an exemption, I will have until 11:59 p.m. on December 15, 2017 to comply with the policy or I will be considered to have voluntarily resigned and/or cease providing services.

________________________________________  ___________________________
HCP Signature  Date
Please describe the religious belief that is contrary to influenza vaccination and how you live the cited belief in your daily life (offer specifics to illustrate).

Description of Religious Belief that is contrary to Influenza vaccination:

________________________________________________________________________

________________________________________________________________________

Description of how use of influenza vaccination is a violation of your moral conscience in light of this religious belief:

________________________________________________________________________

________________________________________________________________________

Description of how you live this belief in your daily life that demonstrates it is sincerely held:

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

FOR OFFICE USE ONLY

Date Received: ____________________________________________________________

Date Reviewed: ____________________________________________________________

Date Decision Communicated to HCP: _________________________________________

☐ Exemption Approved (Circle one): Temporary Permanent

☐ Exemption Denied
Flu Vaccination Frequently Asked Questions for the 2017-2018 Season

Q. Who is included in the Universal Flu Policy at SVMC?
A. All Health Care Personnel (HCP) refers to associates of the Medical Center and all other divisions, settings and sites, as well as Ascension associates, all employed physicians, licensed independent providers, all volunteers, students, and contractors.

Q. Where can I obtain my flu vaccine at no cost?
A. Vaccine will be available at the Flu Blitz, in Employee Occupational Health, and at the Outpatient Pharmacy on L-M at the Medical Center. This year’s annual Flu Blitz will take place in the Hawley Conference Center (Level 4) on Oct. 13th. Off-shift supervisors and flu champions (within and outside of the Medical Center) will provide vaccine in various departments and units between Oct 14th and Dec 14th. Other clinics will be scheduled at Westport and Special Needs (and Westport HCP’s can receive vaccination at the Westport pharmacy).

Q. Which flu vaccines will be available for SVMC healthcare workers (HCP) at no cost?
A. The trivalent flu vaccine is provided. Those who require the egg-free alternative can request and receive it through Employee Health.

Q. What should I do if my doctor has recommended the nasal mist, quadrivalent, or “over age 65” vaccine type?
A. HCP are encouraged to receive the vaccine recommended by their doctor; and should access those vaccines through their health insurance benefit at a provider of their choice (co-pays or other costs may apply).

Q. If I receive my vaccine at an external provider how must I submit proof/documentation?
A. Any HCP receiving the flu vaccine at an external provider (including other employers) must submit documentation from the provider to Employee Occupational Health on Level 1M at the Medical Center. Off-site HCP’s should scan/email the documentation to flu@stvincents.org (ensure your name and employee ID# are present and legible). Please do NOT fax; fax copies may not be received or may be illegible.

Q. What is the deadline for Flu vaccination?
A. Proof of vaccination this season is required by Dec. 15th, 2017.

Q. If I receive an exemption, will I need to wear a mask?
A. Masks are not identified as a requirement in the 2017_2018 Flu season, however all HCP are encouraged to take appropriate steps to prevent the transmission of disease at work, including use masks, handwashing, respiratory hygiene (covering your cough/cough into your sleeve), or exclusion from work when contagious.
Flu Vaccination Frequently Asked Questions for the 2017-2018 Season

Q. What is the policy around staying out of work if diagnosed with the flu?
A. Any associate who reports flu symptoms is required to stay out of work for 7 days (or for 2 days following the cessation of their symptoms) whichever is longer. Associates returning to work from a period of 3 or more consecutive days out due to illness should report to Employee Occupational Health, with a note from their provider, for clearance to return to duty following CDC Guidelines. (Source: Pandemic Illness Policy)

Q. Will I receive a new sticker for my badge when I have provided proof of vaccination?
A. No. This year, the expectation will be that all HCP are compliant with vaccine (except for a limited number who have received an approved exclusion). Badge stickers will not be required.