
DIVISION OF STATE OPERATED HEALTHCARE FACILITIES
ADATCs/Developmental Centers/Neuro-Medical Treatment Centers/Psychiatric Hospitals
POLICIES AND PROCEDURES

Approved By:  Approval Date: August 15, 2013

Required Influenza Vaccination for Division of State Operated Healthcare Facilities (DSOHF)
Employees and Others Who Work in DSOHF Facilities

I. Purpose

This policy is designed to protect DSOHF facility patients, residents, employees, and others who work in or who are located in DSOHF facilities from preventable, health-care associated influenza infections. "Facility" means the entire campus of each DSOHF operated facility.

II. Policy Applies to All Employees and Individuals in Clinical Areas: Broad Coverage

- A. Covered Individuals: This policy of required influenza vaccination applies to *all* DSOHF employees, volunteers, students, trainees, and contracted and temporary workers working for or within a DSOHF facility and all other DHHS employees whose assigned primary worksite is in or on the grounds of a DSOHF facility. This includes contracted and temporary workers, such as, but not limited to, clinical consultants and temporary support and administrative staff.
- B. DSOHF Facility Directors may require any non-employee who 1) has regular contact with patients/residents; *or* 2) who provides services to patients/residents; *or* 3) who work in any facility area, to wear a face mask during influenza season if they do not provide adequate proof, to the satisfaction of the director, of a current annual influenza vaccine.

III. Background

The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices of the CDC (ACIP) are federal agencies which make recommendations regarding the use of influenza vaccinations in all settings, including in healthcare settings. This policy follows the recommendations of those agencies.

IV. Policy

- A. Vaccination Required Annually: As of **December 1, 2013**, all covered individuals shall receive an annual influenza vaccination by **December 1** every year, unless he or she receives a pre-approved exemption or unless sufficient vaccination is unavailable.

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- B. Proof of Annual Influenza Vaccination: All covered individuals shall present a certificate of immunization to the immediate supervisor by **December 1, 2013**, and by **December 1** for each year thereafter. Proof of immunization must include a note or receipt with: 1) the covered individual's name, 2) the name of the healthcare provider administering the vaccine; 3) date of vaccination; 4) place of vaccination and 5) vaccine product name. The note or receipt must be signed by a licensed nurse, physician, pharmacist, physician's assistant or other representative of the place where the vaccine was administered. A print-out of the covered individual's vaccination record from the NC Immunization Registry showing proof of vaccination with influenza vaccine for the current year may also be provided in place of a note or receipt.
- C. Record-Keeping: Each facility shall maintain records as to the proof of immunization and approved Certificates of Exemption. Each facility must designate Employee Health, Personnel, or another suitable department to maintain these records by **October 1, 2013**.
- D. Influenza Vaccination Shortage: In the event of a shortage of vaccination, the facility Directors shall determine priority of vaccination administration, based on extent of patient contact, CDC and ACIP recommendations, consultation with the Medical Director of DSOHF, NC Department of Public Health (NC DPH), and the directives of the Secretary of the Department of Health and Human Services.
- E. Employees & Other Covered Individuals Must Read the Policy: Individuals who will be covered by the policy must sign a statement indicating that they have read this policy prior to September 15, 2013. Newly hired individuals who will be covered by this policy must sign a statement indicating that they have read and agree to this policy **prior to start date**. Newly hired and covered individuals who start work *during the influenza season* must either provide documentation of vaccination, or must file an application for exemption **prior to start date**.
- F. Designation of Influenza Season: The Medical Director of DSOHF (or designee) shall designate, after consultation with UNC SPICE and NC DPH, the specific period of time considered to be flu season for each influenza season.
- G. Failure to Obtain Annual Vaccination: Disciplinary Action: Employees who have neither received the vaccination, nor have obtained an approved exemption by **December 1, 2013**, and by **December 1** for each subsequent year, shall be subject to disciplinary action, up to and including dismissal, for unacceptable personal conduct. Non-complying contractors, volunteers, and other covered individuals may be excluded from facility premises.

V. EXEMPTIONS

- A. Exemption from Annual Vaccination
1. For DSOHF employees who are covered by this policy, and all other covered individuals, all exemptions must be pre-approved in writing by the Facility Director. Each application will be evaluated on an individual basis by the director (or designee). For medical exemptions, the current recommendations of the CDC and ACIP shall be applied in the evaluation. The facility shall provide a written decision within **15 days** of a timely and complete application.

2. All exempt employees and other exempt covered individuals shall wear face masks throughout the influenza season in patient or resident care areas and/or within 6 feet of a patient or resident. Exempt individuals may be isolated physically from contact with patients.
 3. Any exempt employee who fails to comply with face mask and/or isolation requirements may be subject to disciplinary action, up to and including dismissal, for unacceptable personal conduct. Non-complying contractors, volunteers, and other covered individuals may be excluded from facility premises.
- B. Only Two Types of Exemptions: Exemption shall be granted only for these 2 documented reasons:
1. A medical condition and/or contraindication certified to by a licensed physician, physician's assistant, or nurse practitioner; *or*
 2. A bona fide religious objection such that requiring the vaccination would violate an important established doctrine or tenet of his or her religion.
- C. Application for Exemption
1. A covered employee (or other covered individual) must apply for an exemption to the required influenza vaccination by **October 1, 2013**. An exempt employee must reapply for an exemption by **October 1** of each year for any temporary condition. All applications for exemption must be submitted on the official *Application for Exemption to Annual Influenza Vaccination Form*, which is attached to this policy.
 2. If the exemption is granted for a permanent condition, there is no need to re-apply for an exemption, unless there is a pertinent change in the vaccination composition or technology, such as the elimination of allergenic component. In such an event, DSOHF will provide timely notice of the need to reapply.

VI. Appeals

Any disciplinary action taken as result of non-compliance with this policy is appealable to the extent provided by the agency grievance procedure, *Directive III-8*.

NOTE: THREE ATTACHMENTS/ FORMS to "Required Influenza Vaccination for Employees and Others Who Work in Clinical Care Areas Policy:"

1. Application for Exemption to Annual Influenza Vaccination
2. NC DHHS Influenza Vaccination Exemption Form/ for Health Care Provider
3. NC DHHS Influenza Vaccination Exemption Form for Religious Reasons

VII. Any exceptions to the above policy must be approved by the Director, State Operated Healthcare Facilities, or designee.

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Application for Exemption to Annual Influenza Vaccination

Name of employee (or other covered individual): _____

Work location, e-mail address, and phone number: _____

Phone, printed name and signature of Immediate Supervisor: phone #: _____

Signature

Printed Name

Type of Exemption Applied For

Please indicate which type of exemption you are seeking by placing an X in the blank.

1) FOR MEDICAL CONDITION

____ 1) The vaccination is contra-indicated due to a medical condition

*The documentation which **must** accompany your application is as follows:*

1. **FORM:** "NC DHHS Influenza Vaccination Exemption Form for Health Care Provider;" &
2. Form must include the following documentation:

A signed medical assessment describing the specific medical condition, such as an allergy to any ingredient, and documenting that the vaccination is contraindicated at that point in time for that employee, signed by a licensed physician, physician's assistant, or nurse-practitioner. If the condition is temporary, the covered individual must present proof of vaccination as soon as feasible and when deemed medically advisable by his or her health practitioner. This form must contain the provider's license number and the other information specified on the official form.

2) FOR RELIGIOUS REASONS

____ 2) A bona fide religious objection:

*The documentation which **must** accompany your application is as follows:*

1. **FORM:** "NC DHHS Influenza Vaccination Exemption Form for Religious Reasons" &
2. Form must include the following documentation:

A doctrinal statement describing and explaining the specific religious objection to the vaccination, such that requiring a vaccination at that point in time would violate an important established doctrine or tenet of his or her religion, signed by the Applicant.

- *Additional documentation which **may** accompany your Form is as follows:*

This Form may be signed below by a clergy member ordained by the authorities of the particular religious body, with a copy of supporting documentation attached to this Form.

For all applicants: I understand that, if my "Application for Exemption" is approved, I shall be required to wear a face mask during influenza season, and I may be isolated physically from patients. I give permission to contact my physician/healthcare provider or clergy member for additional information if needed to render a decision regarding my application for exemption.

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Signature of Applicant (required on all applications)

_____ **date:** _____

Attach all required documentation to this form

Facility CEO or Designee Review and Response to Request for Exemption

- Approved*** ***Temporary or Permanent (Circle One)***
 Not Approved

Signature

Date

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NC DSHOF Influenza Vaccination Exemption Form **for Health Care Provider**

TO THE HEALTH CARE PROVIDER:

The North Carolina Department of Health and Human Services has adopted a policy, "Required Influenza Vaccination for Employees and Others Who Work in Clinical Care Areas." The purpose of this policy is to protect DHHS patients, employees, and others who work in clinical areas from preventable health-care associated influenza infections. NC DHHS follows the CDC and the ACIP recommendations for immunization practices.

The following employee or other covered individual, _____, (*name to be provided by Applicant*), has filed an "Application for Exemption to Annual Influenza Vaccination" for medical reasons. To support that Application, the covered individual must request the following documentation from you, their Health Care Provider:

A signed medical assessment describing the specific medical condition, such as an allergy to any ingredient, and documenting that the vaccination is contraindicated at that point in time for that employee, signed by a licensed physician, physician's assistant, or nurse-practitioner.

Please provide the following:

- 1) When did you last examine the applicant? _____
- 2) Medical assessment, applying current CDC and ACIP recommendations to the extent relevant, describing the specific medical condition and documenting that the vaccination is contraindicated at this point in time for this individual:

- 3) Is the condition temporary or permanent? (*Circle applicable term*).

Signature of licensed physician, physician's assistant, or nurse practitioner:

license number: _____

Date: _____ Telephone number: _____

Address: _____

Note: May attach additional documentation

Note: Additional information is available at: <http://www.ncdhhs.gov/>

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NC DSOHF Influenza Vaccination Exemption Form **for Religious Reasons**

TO THE APPLICANT AND, if consulted, CLERGY:

The North Carolina Department of Health and Human Services has adopted a policy, "Required Influenza Vaccination for Employees and Others Who Work in Clinical Care Areas." The purpose of this policy is to protect DHHS patients, employees, and others who work in clinical areas from preventable health-care associated influenza infections.

The following employee or other covered individual, _____, (*name to be provided by Applicant*), has filed an "Application for Exemption to Annual Influenza Vaccination" for religious reasons. To support that Application, the individual ***must*** provide the following information:

A doctrinal statement describing and explaining the specific religious objection to the vaccination, such that requiring a vaccination at that point in time would violate an important established doctrine or tenet of his or her religion, and signed by the Applicant.

This Form ***may*** be signed below by a clergy member ordained by the authorities of the particular religious body, with a copy of supporting documentation attached to this Form.

I, _____ (printed name of applicant), here describe and explain my specific religious objection to the annual influenza vaccination. My objections as such that requiring a vaccination at this point in time would violate an important established doctrine or tenet of my religion as follows):

(continue on additional pages if needed)

Signature of Applicant (required on all applications)

date: _____

Signature and other information below may also be provided for religious exemption:

Signature of clergy

member: _____

Date: _____ Physical Address: _____

Name of Denomination or Other Recognized Religious Body: _____

May attach additional documentation

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