

MOREHOUSE SCHOOL OF MEDICINE OFFICE OF COMPLIANCE POLICIES AND PROCEDURES

POLICY	COMPLIANCE
EFFECTIVE DATE	10/11/2021
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SUPERSEDES	10/1/2020

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COMPLIANCE

SUBJECT: Mandatory Flu Vaccination Policy and Procedure

1.0 PURPOSE

The purpose of this policy is to minimize transmission of the influenza virus in the workplace and academic setting by providing occupational protection to staff and providing safety and wellbeing to students, thereby minimizing the transmission of the influenza virus to members of the community, which we serve.

The Advisory Committee on Immunization Practices (ACIP), regarding the use of seasonal influenza vaccines in the United States, has reported that routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications¹. The influenza season is expected to coincide with continued circulation of SARS-CoV-2, the virus that causes COVID-19. Influenza vaccination of persons aged ≥ 6 months to reduce prevalence of illness caused by influenza will reduce symptoms that might be confused with those of COVID-19. Prevention of and reduction in the severity of influenza illness and reduction of outpatient visits, hospitalizations, and intensive care unit admissions through influenza vaccination also could alleviate stress on the U.S. health care system.².

Adults, specifically those who work in or around healthcare (medical students, residents, faculty and staff) need protection against diseases that are vaccine preventable. The immunized employee or student promotes a safer environment for co-workers and fellow students of the MSM Community.

This policy supersedes the Morehouse Healthcare Vaccination Administration Policy, in part, as it relates to the influenza vaccine and requests for exemptions for the Academic Year.

2.0 **DEFINITIONS**

Staff – means any regular, non-exempt and exempt staff in research, academic or administrative positions, including residents, postdoctoral fellows, research associates, counselors, non-faculty physicians and non-faculty veterinarians, part-time and full-time employees, as well as contractors and temporary employees that are regularly on campus or participate in any in-person campus activities.

Faculty – means any person possessing either a full- or part-time academic appointment at MSM, including faculty-level research appointees, faculty librarians, health system clinicians, and contributed service faculty that are regularly on campus or participate in any in-person campus activities.

Student – is a person enrolled in an MSM degree program that includes on campus activities. For the purposes of this policy, it does not include those in entirely online programs who do not come to campus.

Campus – All MSM offices and Morehouse Healthcare clinics.

Health Care Provider: A licensed provider authorized to practice medicine by the state in which the provider practices.

¹ Reported as of August 2021; see https://www.cdc.gov/mmwr/volumes/70/rr/rr7005a1.htm

Influenza (flu) – a mild to severe contagious illness caused by viruses that infect the respiratory tract.

SARS-CoV-2 - The novel coronavirus associated with coronavirus disease 2019 (COVID-19)

Influenza vaccine – preparation of influenza antigens, which stimulate the production of specific antibodies when introduced to the body. These antibodies provide protection against influenza virus infection.

3.0 POLICY

Due to the heightened risk of contracting multiple respiratory infections, including COVID-19, Morehouse School of Medicine (MSM) is requiring the Influenza Vaccinate for all Morehouse School of Medicine Faculty, Staff, and Students (collectively, "MSM Community") that have job duties, attend classes, or otherwise have a regular physical presence inside any MSM owned or operated facility or clinic. All MSM Community members are required to obtain the Influenza Vaccine or request an exemption by November 15th. A request for an exemption may be made as provided for by this policy, as outlined below.

Faculty and Staff are required to provide MSM their written documentation of an influenza vaccination or approved exemption to PeopleAdmin through the Office of Human Resources at the MSM PeopleAdmin site. Students are required to provide MSM written documentation of an influenza vaccination or an approved exemption to Point and Click (PNC) through SHWC's PNC patient portal. This is a condition of continued employment or participation in Campus activities. Failure to comply with this policy will result in disciplinary action as outlined in Section 7.0 of this policy.

4.0 SCOPE

This policy applies to ALL students, in addition to ALL MSM Faculty and Staff acting in the course of their employment or service to Morehouse School of Medicine.

5.0 <u>ADMINISTRATION</u>

It is mandatory for ALL MSM Community members to obtain the Influenza vaccination by **November 15th of the calendar year**. MSM will provide the seasonal influenza vaccination to the MSM Community based on vaccine availability and published CDC guidelines.

All MSM Community members will be monitored accordingly for compliance. Supervisors shall be responsible for:

- a) Allowing staff time to attend a vaccination clinic.
- b) Assuring that staff comply with this Administrative Policy and Procedure.

6.0 REQUEST FOR EXEMPTION FOR INFLUENZA VACCINE

Any MSM Community member may decline to receive the Influenza Vaccine by submitting a request for exemption to the MSM PeopleAdmin site or the PNC patient portal by **November 15th**.

- A. **Exemptions:** Requests for influenza vaccination exemption are limited to medical and religious circumstances. Only individuals meeting the circumstances listed below will be exempt from the influenza vaccination requirement.
 - 1. Medical
 - a. Life-threatening allergic reaction associated with an influenza immunization. Documentation from the individual's Healthcare Provider is required to be received

by November 15th (Attachment A – Vaccine Exemption Request Form) (Attachment B – Healthcare Provider Exemption Request).

- b. A history of Guillain-Barré syndrome within six weeks following a previous dose of a seasonal influenza immunization. Documentation from the individual's Healthcare Provider is required to be received by November 15th (Attachment A – Vaccine Exemption Request Form) (Attachment B – Healthcare Provider Exemption Request).
- c. Other medical condition that causes significant risk for a serious adverse reaction to the influenza vaccine. Documentation from the individual's Healthcare Provider is required to be received by November 15th (Attachment A Vaccine Exemption RequestForm) (Attachment B Healthcare Provider Exemption Request).

2. Religious

- a. Vaccination conflicts with the religious beliefs of the individual. <u>Notarized documentation</u> from the individual's religious organization is required to be received by November 15th (Attachment A Vaccine Exemption Request Form) (Attachment C –Religious Exemption Form).
- B. Review of request for exemption: The Morehouse Healthcare Medical Director will review all non-student exemption requests. The Student Health Medical Director will review all exemption requests from Students. The MSM Office of Compliance and Corporate Integrity will review ALL requests for exemption to determine approval. Any exception to the policy must be reviewed and approved by the MSM Office of General Counsel in consultation with the Medical Director. Any approved exemptions will be valid only for the influenza season in which they were requested. Exemptions for any and all future flu seasons will require completion and submission of a new request for exemption prior to the deadline for that flu season.

Approved exemption request: All approved persons will be notified of their approved exemption within three business days from the date of submission. All persons exempt from the influenza vaccine requirement will be required towear a face mask at all times once the flu season is officially declared. Individuals with an approved exemption will be notified directly by the Office of Compliance and Corporate Integrity. The Office of Disability Services will notify the individual's manager of their approved exemption.

7.0 CONSEQUENCES FOR NON-COMPLIANCE

Individuals' failure to have documentation of vaccination or an approved exemption request by November 15th, as provided by this policy, will be considered noncompliant with this policy. MSM Faculty, Staff and Students are subject to disciplinary action if they are noncompliant. The consequences of Non-Compliance with this policy are outlined below:

MSM Faculty Members: The first incident of noncompliance will result in restriction of the individual's MSM network access. Initial noncompliance must be corrected within five days. Noncompliance beyond five days will result in suspension, then dismissal.

MSM Non-Faculty Employees: The first incident of noncompliance will result in restriction of the individual's MSM network access. Initial noncompliance must be corrected within five days. Noncompliance beyond five days will result in progressive disciplinary action of suspension, then termination.

MSM Students: The first incident of noncompliance will result in restriction of the individual's MSM network access. Initial noncompliance must be corrected within five days. Noncompliance beyond five days will result in additional disciplinary action by the Associate Dean or the Senior Associate Dean of Educational Affairs.

8.0 RELATED POLICIES OR RESOURCES

COVID-19 Return to Campus Policy MSM COVID-19 Mandatory Testing Policy Mandatory COVID-19 Vaccination Policy MSM Student Handbook AUCC Daily Symptom Checker

ATTACHMENT A

INFLUENZA VACCINE EXEMPTION

This form and accompanying documentation MUST be submitted by November 15th to avoid disciplinary action.

It is MSM's policy that all individuals either obtain the Influenza vaccination or request an exemption from Influenza vaccination by November 15th of the calendar year. Notwithstanding, persons with fever should not receive this vaccine. Further, persons who have received another type of vaccine within the past fourteen days should see their personal physicians before receiving this vaccine.

 I acknowledge that I have read a of the Influenza Vaccine. 	•	accine Information and I understand the benefits and risks
· · · · · · · · · · · · · · · · · · ·		satisfaction. I understand that I may be at risk of acquiring
 I have been given the opportunithis time. (Initial) 	ty to be vaccinated, at no charge	to myself. However, I decline the Influenza vaccination at
 I acknowledge that if I become in (Initial) 	nfected with influenza, I can sprea	ad influenza to others even when I do not have symptoms.
MY REASONS FOR REQUESTING EXEMPT	TON FROM THE SEASONAL INFLU	ENZA VACCINE MANDATE (Check One):
Medical Exemption: A licensed hear contraindication against seasonal i	althcare provider's documentation influenza vaccination. (Attachme	on and signature is required to validate a medical nt B – Healthcare Provider Exemption Request)
Religious Exemption: A religious org beliefs in an identified religion doe Religious Exemption Form)	ganization's documentation and ses not allow you to receive a sea	gnature before a notary of public stating you hold sincere sonal influenza vaccination is required. (Attachment C –
•	_	flu season (November 1 – March 31), and/or that my job munity safety needs and the fact that I have not received
I understand that if my request is approv	ved, it is approved for the current	influenza season only.
Select: Student/Employee	Print Name:	Date:
Signature:	Education:	Program/Department:
Medical Director/Dean Signature		Compliance Office Representative
Date:	_	Date:

ATTACHMENT B

Request for Medical Exemption from Influenza Vaccination

This form MUST be completed by Student/Employee's Licensed Healthcare Provider

Select: Student / Employe	e Print Name:		
	Date:		
APPROVED CO	NTRAINDICATIO	ONS TO THE INFLUENZA VACCINE:	
Any person declin	ing the vaccine must	st have one of the valid contraindications, as listed belo	ow.
as developing hive	s severe allergic reac s, swelling of the lips quent upper respirator	ection to the influenza vaccine or component of the vac os or tongue, or difficulty breathing, does not include so ory tract infection).	cine (defined ore arm, local
O A history of Guilla considered to be a	uin-Barré syndrome v precaution for use of	within six weeks following a previous dose of influence of influenza vaccine by the CDC.	nza vaccine is
O Other			
, ,,		raindications and request medical exemption from t ted for additional clarification.	he influenza
Primary Healthcare Provid	der Name (Please Pri	rint):	
Primary Healthcare Provid	der Signature:	Date:	
Specialty:		_	
Primary Healthcare Provid	der Contact Phone Nu	Number:	
Primary Healthcare Provid	der Contact Address:	5:	
Attach this form to your	INFLUENZA VACCINE	NE DECLINATION form to be considered for a medica	al exemption.

Submit your documentation to Employee/Student Health and Wellness.

ATTACHMENT C

INFLUENZA VACCINE EXEMPTION

This form and accompanying documentation MUST be submitted by November 15 to avoid disciplinary action.

<i>Note:</i> This form is required for all MSM	This form may <u>NOT</u> be used for personal or philose	ophical reasons.
Name: (first, middle, last)	Date of Birth: (Month Day Year)	Job Title:
Address:	Telephone No:	Supervisor's Name:
Exemption requested for: Influenza		MSM location:
o receive an exemption to the Influenza va	accination requirement, the individual must provide a staten	nent detailing the religious beliefs that prevent them from receiving accination exemption being requested and state the religion
f additional space is needed, attach addi	itional page(s).	
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