

	<p>MOREHOUSE HEALTHCARE POLICY AND PROCEDURE</p>	POLICY	9.10.01
		EFFECTIVE DATE	9/1/2020
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	<p>SUBJECT: Vaccination Administration Policy and Procedure</p>	SUPERSEDES	9/4/2018 8/21/2015 4/13/2015

1.0 PURPOSE

The purpose of this policy is to minimize transmission of preventable illnesses in the workplace by providing occupational protection to staff and thus preventing transmission to members of the community, which we serve.

Adults, specifically those who work in the healthcare arena (medical students, residents, faculty and staff) need protection against certain infectious diseases that are vaccine preventable. The immunized employee promotes a safer environment for co-workers as well as patients.

2.0 DEFINITIONS

Staff – any Morehouse Healthcare clinical or non-clinical employee that receives compensation for work performed, whether merit, contractual, or consultants, as well as, all licensed independent practitioners, temporary workers, students, researchers, residents, volunteers, physicians, and contractors entering Morehouse Healthcare for any reason

Patient Care Areas – all inpatient and outpatient care areas except for locations where patients are not allowed (e.g., personal offices, staff break rooms, medication preparation rooms). All areas of the clinical facility where direct patient care is delivered and where patient diagnostic or treatment procedures are performed.

Health Care Personnel – all persons whose occupation involve contact with patients or contaminated material in a healthcare, home healthcare, or clinical laboratory setting. Healthcare personnel are engaged in a range of occupations, including but not limited to: clinical and non-clinical employees, licensed independent practitioners, temporary workers, students, researchers, volunteers, physicians and contactors.

Hepatitis B vaccine – this vaccine is highly recommended for all health care workers. After receiving the series of either two or three shots, most people will be protected against HEPATITIS B (not any other viral type of hepatitis, only B).

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

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. *The Flu vaccine is an annual requirement.*

TIV – also known as the Trivalent Inactivated Influenza Vaccine, is made with killed virus and is administered through the muscle.

Annual influenza vaccination campaign – the flu vaccine requirement is in effect for the entire flu season, Nov. 1 through March 31. Effective November 1 annually, masking is required for unvaccinated staff during the annual influenza campaign (November 1 through March 31). This time frame is subject to change based on Center for Disease Control and/or local health department recommendations. The vaccine is available annually through Student Employee Health and Wellness Center at MSM. Individuals must provide an exemption form as outlined below if the individual does not intend to take the vaccine.

MMR (Measles, Mumps and Rubella) vaccine – for those persons born after 1957, a second MMR is needed. A blood test is available to determine a person’s immunity to these viruses. Also, females should verify non-pregnancy before getting MMR.

Tdap (Diphtheria-Tetanus Toxoid-Pertussis) – The Tdap component needs to be updated every 10 years.

Varivax – One of the newest vaccines, this vaccine is >95% effective in providing protection against varicella (chicken pox) for those who haven’t had the infection. For adults, a series of 2 shots, 4 weeks apart, is recommended.

PPD skin test – the PPD skin test is **NOT** a vaccine or an immunization. It is a screening tool used to test for Tuberculosis infection and potential disease. The PPD skin test is required of all healthcare workers including non-US-born individuals who received BCG in early childhood. *Screening must occur every two years or sooner.*

3.0 **POLICY**

All Morehouse Healthcare Staff, including temporary employees, are required to provide Morehouse Healthcare (MHC) written evidence of vaccinations or immunity status. In addition, as a condition of employment, MHC requires annual Influenza Vaccination of all individuals that have job duties or a regular physical presence inside any MHC owned or operated facility or clinic in the course of conducting their work.

All Staff, including temporary employees, shall provide to MHC written evidence of vaccinations or immunity status and evidence current PPD skin test to be eligible to work in clinical settings, prior to their orientation to begin work. In addition, all Staff must provide proof of testing for Tuberculosis within 90 days of the start of their employment, and at least every two years thereafter. As needed, staff who are deficient in required vaccinations and PPD testing may be allowed to begin or continue their employment subject to the staff member’s agreement to comply with a catch-up schedule as defined by employee health.

All staff, faculty, residents, medical and graduate education students, engaging in patient care, are required to obtain the Influenza vaccination by November 1st of each calendar year or request an exemption from Influenza vaccination by October 1st of each year. The Student and Employee Health and Wellness Center (SEHWC), documenting vaccinations and exemption approvals, will maintain proof of compliance with this policy. Healthcare staff will be monitored accordingly and annually for compliance. Healthcare staff should consult with their primary care providers for any special needs. Failure to comply with this policy may result in disciplinary action up to termination.

Non-employee staff (students, vendors, volunteers, etc.) must be compliant with this policy prior to assuming any duties that involve direct patient care/ contact.

4.0 **ADMINISTRATION**

It is mandatory for ALL staff to obtain the Influenza vaccination by November 1st of each calendar year. Refusal to obtain the Influenza vaccination without a valid exemption may result in work suspension during the flu season. MHC will provide the seasonal influenza vaccination to staff based on vaccine availability and published CDC guidelines.

PPD skin test (Tuberculosis skin test) will be required every two years. PPD test results are accepted when administered by SEHWC, Health Departments, PCPs, pharmacies, and MHC locations with the appropriate documentation.

QuantiFERON Testing is available through Morehouse Healthcare / Student Employee Health when indicated.

The Hepatitis B vaccine is required for all clinical staff. However, this vaccine is highly recommended for all MHC Staff. Non-clinical staff must sign a declination if they do not want the vaccine.

All Morehouse Healthcare Staff members will be monitored accordingly and annually 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.
- c) Monitoring and tracking compliance to vaccination and screening requirements.

Records documenting vaccinations and request for exemptions will be maintained by the Student and Employee Health and Wellness Center.

Exemptions for Influenza Vaccines

Staff may decline to receive the Influenza vaccine by submitting a request for exemption to the SEHWC by October 1st of each year.

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 annual 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 1st (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 staff's Healthcare Provider is required to be received by November 1st (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 1st (Attachment A – Vaccine Exemption Request Form) (Attachment B – Healthcare Provider Exemption Request).

2. Religious

- a. Vaccination conflicts with the religious beliefs of the staff member. Notarized documentation from the individual's religious organization is required to be received by November 1st (Attachment A – Vaccine Exemption Request Form) (Attachment C – Religious Exemption Form).

B. **Review of request for exemption:** The MSM Medical Director(s) and the MSM Office of Compliance and Corporate Integrity will review each request for exemption to determine approval. Any question or concern arising out of the MSM Medical Director(s) and the MSM Office of Compliance and Corporate Integrity's review of medical and religious exemption requests shall be forwarded to the

MSM Office of General Counsel for further review. 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.

- C. **Approved exemption request:** All approved persons exempt from the influenza vaccine requirement will be required to wear a procedure mask (Mask Isolation Hi Filtration) at all times when in Patient Care Areas once the flu season is officially declared.
1. Employees, contractors, students, volunteers and non-employed medical staff who have not been vaccinated, or those who have been vaccinated for less than 2 weeks, will be required to wear a procedure mask when in Patient Care Areas upon the official start of flu season.
 2. Names of individuals required to wear a procedure mask in Patient Care Areas will be provided to staff supervisors and managers, including department and clinical leadership.

Consequences for Non-Compliance

Individuals without documentation of vaccination or an approved exemption by November 1st will be considered noncompliant with annual requirements. MSM staff members are subject to disciplinary action if they are noncompliant. The first incident of non-compliance will result in a Final Written Warning. Noncompliance must be corrected within 15 days of the Final Written Warning.

In addition, MSM staff members are subject to disciplinary action if they refuse to comply with the requirement to wear a procedure mask as outlined above. The first incident of non-compliance will result in a Final Written Warning and the employee will be suspended without pay, loss of MSM Network and Electronic Medical Record access. The second incident will result in termination.

Further, the failure of MSM staff members to adhere to this policy for any reason may lead to discipline up to and including termination.

Students are also subject to disciplinary action if they refuse to comply with the requirement to wear a procedure mask as outline above. The first incident of non-compliance will result in the student will be prohibited from entering or participating in any Patient Care Area and loss of Electronic Medical Record access.

5.0 RESPONSIBILITIES

Employees, Residents, interns, and other individuals working in clinical settings shall be responsible for:

- a) Familiarizing themselves with this Administrative Policy and Procedure as indicated by supervisor during annual evaluations.
- b) Annually, completing and signing the *Influenza Vaccination Employee Statement*, whether consenting to or requesting exemption from vaccination by the established deadline.
- c) Biennially completing the PPD / QFT screenings or if applicable meeting the CxR requirements, when necessary.
- d) Annually, submitting the signed forms to his or her supervisor (if consenting or if declining) by the established deadlines.

Supervisors shall be responsible for:

- a) Allowing employees time to attend a vaccination clinic.
- b) Assuring that employees comply with this Administrative Policy and Procedure.
- c) Monitoring and tracking compliance to vaccination requirements.

ATTACHMENT A

**Student Employee Health and Wellness Center
1513 E Cleveland Ave. Bldg 500-B
East Point, Georgia 30344**

INFLUENZA VACCINE EXEMPTION

This form and accompanying documentation MUST be completed by October 1 to avoid disciplinary action.

It is MSM's policy that all healthcare employees within our patient care facilities obtain the Influenza vaccination by November 1st of each calendar year or request an exemption from Influenza vaccination by October 1st of each year. In addition, non-employees (students, vendors, volunteers, etc.) must be compliant with this policy prior to assuming any duties that involve direct patient care/ contact. 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 and been provided the Influenza Vaccine Information and I understand the benefits and risks of the Influenza Vaccine. _____ (Initial)
- I have had a chance to ask questions which were answered to my satisfaction. I understand that I may be at risk of acquiring Influenza. _____ (Initial)
- I have been given the opportunity to be vaccinated, at no charge to myself. However, I decline the Influenza vaccination at this time. _____ (Initial)
- I acknowledge that I am aware that due to my occupation, work location or duties, I may transmit influenza to my patients and other health care workers, as well as to my family and friends, even though I have no symptoms. _____ (Initial)
- I acknowledge that if I become infected with influenza, I can spread influenza to others even when I do not have symptoms. _____ (Initial)

MY REASONS FOR REQUESTING EXEMPTION FROM THE SEASONAL INFLUENZA VACCINE MANDATE (Check One):

- Medical Exemption: A licensed healthcare provider's documentation and signature** is required to validate a medical contraindication against seasonal influenza vaccination. (Attachment B – Healthcare Provider Exemption Request)
- Religious Exemption: A religious organization's documentation and signature before a notary of public** stating you hold sincere beliefs in an identified religion does not allow you to receive a seasonal influenza vaccination is required. (Attachment C – Religious Exemption Form)

I understand that I may be required to wear a surgical mask while in MSM/MHC clinical facilities throughout the flu season (November 1 – March 31), that I may be excluded from certain work areas and specific tasks, and/or that my job duties and responsibilities might otherwise be altered due to patient safety needs and the fact that I have not received a seasonal influenza vaccine.

I hereby release and forever discharge and hold harmless MSM, MSM/MHC, its successors and assigns and all of its affiliates from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which may arise or may hereafter arise from my request for approved exemption from MSM/MHC seasonal influenza vaccine mandate.

I understand that if my request is approved, 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

**Student Employee Health and Wellness Center
1513 E Cleveland Ave. Bldg 500-B
East Point, Georgia 30344**

Request for Medical Exemption from Influenza Vaccination

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

Select: Student / Employee Print Name: _____
Date: _____

APPROVED CONTRAINDICATIONS TO THE INFLUENZA VACCINE:

Any person declining the vaccine must have one of the valid contraindications, as listed below.

- 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, or difficulty breathing, does not include sore arm, local reaction, or subsequent upper respiratory tract infection).
- A history of Guillain-Barré syndrome within six weeks following a previous dose of influenza vaccine is considered to be a precaution for use of influenza vaccine by the CDC.
- Other _____

I certify that my patient has the above contraindications and request medical exemption from the influenza vaccine. I understand that I could be contacted for additional clarification.

Primary Healthcare Provider Name (Please Print): _____

Primary Healthcare Provider Signature: _____ Date: _____

Specialty: _____

Primary Healthcare Provider Contact Phone Number: _____

Primary Healthcare Provider Contact Address: _____

Attach this form to your INFLUENZA VACCINE DECLINATION form to be considered for a medical exemption. Submit your documentation to Student Employee Health and Wellness.

ATTACHMENT C

**Student Employee Health and Wellness Center
1513 E Cleveland Ave. Bldg 500-B
East Point, Georgia 30344
INFLUENZA VACCINE EXEMPTION**

This form and accompanying documentation MUST be completed by October 1 to avoid disciplinary action.

REQUESTING STAFF – COMPLETE THIS SECTION

Note: This form is required for all Morehouse Healthcare (MHC) staff who are requesting influenza vaccine declination based upon religious exemption on or after October 1st

This form may **NOT** be used for personal or philosophical reasons.

Name: (first, middle, last)	Date of Birth: (Month Day Year)	Job Title:
Address:	Telephone No:	Supervisor's Name:
MHC location: <input type="checkbox"/> East Point <input type="checkbox"/> Howell Mill		

Exemption requested for: Influenza vaccine

To receive an exemption to Influenza vaccination requirement, the staff member must provide a statement detailing the religious beliefs that prevent the staff member from receiving the Influenza vaccination being requested. **In the space provided below, confirm the Influenza vaccination exemption being requested and state the religious grounds for the exemption request.**

If additional space is needed, attach additional page(s).

Religious Exemption Notice:

No MHC staff member as defined by MSM Vaccination Administration Policy and Procedure, No. 9.10.01 is required to have the Influenza vaccination if contrary to the religious beliefs of the MHC staff member. However, request for religious exemption must be approved and staff with approved religious exemption are **required** to wear a procedure mask (Mask Isolation Hi Filtration) at all times when in Patient Care Areas when flu season is officially declared. Non-compliance with the requirement to wear a procedure mask as outlined in policy 9.10.01 will result in a final written warning, suspension without pay, and loss of MSM Network and Electronic Medical Record access for the first incidence. A second incidence of non-compliance with the requirement to wear a procedure mask as outlined in policy 9.10.01 will result in termination.

I have read the Religious Exemption Notice (above) and have provided the requested information for the Influenza vaccination being requested for religious exemption.

Signature of MHC staff (**required**)

Date

RELIGIOUS ORGANIZATION – COMPLETE THIS SECTION BEFORE NOTARY OF PUBLIC

Based upon _____'s, sincerely held beliefs in the religion _____,
(name of MHC staff: first, middle, last) (name of religion/faith)

_____, is prevented from receiving the Influenza vaccination requested because it is contrary to
(name of MHC staff: first, middle, last)

_____'s sincerely held beliefs in the religion _____.
(name of MHC staff: first, middle, last) (name of religion/faith)

Signature of Faith Leader (**signature before notary required**)

Date

Religious Organization's Name, Address, and Phone Number (**required**)

Sworn to and Subscribed before me this ____
day of _____, 20____

Notary Public

My commission expires: _____
(Affix Notarial Seal)

Attach this form to your INFLUENZA VACCINE DECLINATION form to be considered for religious exemption. Submit your documentation to Student Employee Health and Wellness.

