



Health Care Personnel Influenza Vaccination Implementation Toolkit

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Introduction

Wisconsin hospitals, physicians, nursing homes and health systems have demonstrated consistent leadership in preventing health care-associated infections. Through the implementation of evidence-based best practices and participation in a variety of national, state and regional improvement initiatives, Wisconsin health care providers have dramatically reduced the occurrence of health care associated infections and greatly enhanced the provision of safe quality care to patients. Each year, influenza results in an estimated 226,000 hospital admissions and 36,000 deaths. Evidence has emerged over the past few years that clearly indicates that health care personnel can unintentionally expose patients to seasonal influenza when health care personnel are not immunized. Exposure to persons infected with the influenza virus can be dangerous to vulnerable patients. Reducing influenza transmission from health care personnel to patients has become a top priority both nationally and in Wisconsin.

Despite longstanding recommendations by a number of national organizations, the response to voluntary vaccination programs has not increased health care personnel influenza vaccination rates to acceptable levels. Wisconsin hospitals that use a voluntary program have average vaccination rates of 72 percent. Nursing homes with a voluntary program are achieving average vaccination rates of 60 percent. Institutions that have implemented a mandatory health care personnel influenza vaccination policy have radically improved health care personnel influenza vaccination rates. Health care organizations that have implemented mandatory programs are achieving average vaccination rates of 99 percent.

To protect the lives and welfare of patients and employees, improve quality and reduce health care costs, Wisconsin Hospital Association (WHA), Wisconsin Medical Society (the Society), LeadingAge Wisconsin, Wisconsin Health Care Association (WHCA)/Wisconsin Center for Assisted Living (WiCAL) and the Pharmacy Society of Wisconsin (PSW) **encourage all members to implement an evidence-based vaccination initiative to achieve a vaccination rate of >95 percent** as part of their comprehensive approach to prevent health care-associated infections. **In support of this goal, our organizations recommend that influenza vaccination become a condition of employment and maintenance of medical staff privileges.**

WHA, the Society, LeadingAge Wisconsin, WHCA, WiCAL and PSW recognize Wisconsin health care providers are committed to patient safety. By increasing health care personnel vaccination rates across the state, in hospitals, clinics, nursing homes, pharmacies and health systems, Wisconsin's health care community will play a vital role in protecting the health and well-being of our patients, families and communities we serve.

Introduction (continued)

Vaccination of health care personnel against influenza not only protects patients and their families, but also protects our valuable workforce against illness. All health care providers are encouraged to work toward influenza vaccination becoming a condition of employment and maintenance of medical staff privileges for the 2013-2014 flu season.



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Overview of Materials Included in the Toolkit

The Health Care Personnel Influenza Vaccination Implementation Toolkit is designed to help health care organizations as they work toward implementing policies and practices that require health care personnel to obtain an annual influenza vaccination. The toolkit contains materials that may be used as models. The models are based on successfully implemented policies from other health care organizations. Each health care organization is unique with its own culture, structural, legal and employment considerations. Organizations should obtain independent legal advice in determining the approach that works best in their respective organizations and should feel free to modify the materials contained in the toolkit accordingly.

National and State Policy Direction

This section of the toolkit briefly outlines some of the evidence that supports movement to a program that requires health care personnel influenza vaccinations along with the position statements adopted by several national health care and professional organizations. This section also highlights The Joint Commission standards to achieve a 90 percent health care personnel influenza vaccination rate by the year 2020. Additionally, there are increasing federal and state requirements for reporting vaccination rates and the pending inclusion of these rates in hospital pay-for-performance programs. Wisconsin hospitals, physicians, nursing homes, pharmacists and health systems have demonstrated consistent leadership in preventing health care-associated infections. The implementation of a program that requires influenza vaccination for all health care personnel should be considered an essential element in a comprehensive approach to prevent all health care associated infections.

Model Policies and Other Forms

This section of the toolkit includes the following:

- **Policy and Position Statements** - This section provides links to other organizations' policies and position statements on the issue of health care personnel influenza vaccination.
- **Model Policy** - The model policy was created using several sample policies as well as actual policies developed by several hospitals and health systems in Wisconsin. Organizations will need to modify the policy to fit their unique circumstances.
- **Model Medical Exemption from Influenza Vaccination Form** – This is a form that can be completed by a qualified medical professional and returned to the health care organization. Organizations are not required to use this form or may elect to modify the form and its content.
- **Model Religious Exemption from Influenza Vaccination Form** – This is a form that can be completed by personnel and/or their religious leader and returned to the health care organization for review of documented religious exemption requests. Organizations are not required to use this form or may elect to modify the form and its content.

Implementation Timeline and Tips

This section of the toolkit presents a timeline that health care organizations can use to guide the development and implementation of a health care personnel vaccination policy in ample time for the 2013-2014 influenza season.

Education and Communications

This section of the toolkit includes a number of tools that are recommended for use in educating and communicating important information to personnel about influenza vaccination, including communication related to the implementation of a policy that requires vaccination for all health care personnel.

Promising Practices from Wisconsin Health Care Organizations

A number of Wisconsin health care organizations have already implemented programs that require influenza vaccination for all of their health care personnel. Several of these organizations have agreed to share their policies and sample forms to help the entire Wisconsin health care community move toward a similar policy. These policies and forms are found in this section.

National and State Policy Direction

Vaccination remains the single most effective prevention measure available against influenza and can prevent many illnesses, deaths and losses in productivity. Since most health care personnel provide care to, or are in frequent contact with, patients at high risk for complications of influenza, health care personnel are a high priority for expanding vaccine use. Achieving and sustaining high vaccination coverage among health care personnel will protect staff and their patients, reduce disease burden and decrease health care costs.

The Centers for Disease Control and Prevention (CDC) and numerous other professional societies and public health agencies have outlined strategies to improve health care personnel influenza vaccination rates. These have included educational programs that emphasize the importance of health care personnel vaccination for staff and patients, organized campaigns that promote and make vaccine readily available, and vaccination of senior medical staff or opinion leaders as role models. Despite the use of these and other enhanced methods to increase vaccination rates, modest progress has been made in improving health care personnel influenza vaccination rates. About two-thirds of all health care workers got the influenza vaccination during the 2011-12 flu season, and 86 percent of physicians were immunized, said the September 28, 2012 *Morbidity and Mortality Weekly Report* published by the Centers for Disease Control and Prevention. The immunization rate for health workers in long-term-care facilities was 52 percent, compared with 68 percent in physician offices and 77 percent in hospitals. Health care organizations that require their employees to get flu shots achieve an average immunization rate of 98 percent, the CDC said. Despite long-standing recommendations by the Association for Professionals in Infection Control and Epidemiology, Inc. (APIC), CDC, and other national health care organizations, the response to voluntary vaccination has not risen significantly over the past decade. Even among health care organizations with aggressive voluntary campaigns, 30 percent to 50 percent of health care personnel remain unvaccinated.

The CDC also has recommended that institutions give consideration to the use of signed declination statements for those refusing vaccines. Signed declination policies have been utilized in multiple settings with varying levels of success. A CDC survey that reported responses from 45 organizations with declination policies showed that use of declination policies was associated with only a mean 11.6 percent increase in health care personnel influenza vaccination rates.

Multiple Wisconsin hospitals, physicians, pharmacists, nursing homes and health systems have taken a lead in patient safety by implementing mandatory health care personnel influenza vaccination policies to achieve near 100 percent vaccination rates. WHA conducted a survey of Wisconsin hospitals and health systems in August 2012. The results of this survey (Table 1) show that those hospitals and systems that have implemented a mandatory policy are achieving the highest levels of performance. As part of this same survey over 60 percent of the same organizations reported being supportive of implementing a policy that makes influenza vaccination a condition of employment.

Table 1: WHA Hospital Survey – August 2012

Policy	Average Rates of Vaccination
Vaccination as a condition of employment	99%
Vaccination or mask	88%
Vaccination or declination form	74%
Voluntary vaccination	72%

The Wisconsin Department of Public Health (DPH) has also studied the effectiveness of vaccination processes in both hospitals (Table 2) and nursing homes (Table 3) for the 2011-2012 influenza season. The DPH study replicates the results obtained by WHA and seen nationally by CDC.

Table 2: DPH 2011–2012 Median Hospital Employee Influenza Vaccination Rates

	Number of Hospitals	Median Vaccination Rate
Hospitals with mandates	34 of 131 (26%)	98%
Hospitals using declination forms	90 of 131 (69%)	78%
Hospitals with no mandate or use of declination forms	7 of 131 (5%)	73%

Table 3: DPH 2011–2012 Median Nursing Home Employee Influenza Vaccination Rates

	Number of Hospitals	Median Vaccination Rate
Nursing homes with mandates	35 of 279 (12%)	99%
Nursing homes using declination forms	209 of 279 (75%)	81%
Nursing homes with no mandate or use of declination forms	35 of 279 (12%)	60%

The Joint Commission’s current standards pertaining to influenza vaccination for staff and licensed independent practitioners (IC.02.04.01) include the following:

- The hospital establishes an annual influenza vaccination program that is offered to licensed independent practitioners and staff.
- The hospital educates licensed independent practitioners and staff about, at a minimum, the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission and impact of influenza.
- The hospital provides influenza vaccination at sites accessible to licensed independent practitioners and staff.
- The hospital includes the goal of improving influenza vaccination rates in its infection control plan.
- The hospital sets incremental influenza vaccination goals, consistent with achieving the 90 percent rate for 2020 (See HHS Action Plan to Prevent Health Care Associated Infections).
- The hospital develops a written description of the methodology used to determine influenza vaccination rates. All hospital staff and licensed independent practitioners are to be included in the methodology for determining the influenza vaccination rates.
- The hospital evaluates the reasons given by staff and licensed independent practitioners for declining the influenza vaccination at regular intervals as defined by the hospital, but at least annually.
- The hospital improves its vaccination rates according to its established goals and at regular intervals as defined by the hospital, but at least annually.
- The hospital provides influenza vaccination rate data to key stakeholders which may include leaders, licensed independent practitioners, nursing staff and other staff at least annually.

Professional societies, including the Association for Professionals in Infection Control and Epidemiology (APIC), Society for Healthcare Epidemiology of America (SHEA), the Infectious Diseases Society of America, Immunization Action Coalition and the American College of Physicians have recommended that influenza

vaccination be made mandatory for health care personnel. They point out that even with interventions that promote and provide free and accessible vaccine, health care organizations regularly achieve only 40 percent to 60 percent vaccination rates. In 2011, the American Hospital Association's Board of Trustees approved a policy supporting mandatory patient safety policies that require either influenza vaccination or wearing a mask in the presence of patients across all health care settings during flu season.

The Centers for Medicare & Medicaid Services (CMS) began requiring all hospitals subject to Inpatient Prospective Payment System (IPPS) rules to report influenza vaccination rates for health care personnel in January 2013, as part of the federal government's Hospital Inpatient Quality Reporting Program. It is anticipated this measure will be incorporated into the CMS value-based purchasing incentive program for IPPS hospitals. Wisconsin's Department of Health Services has included health care personnel influenza vaccinations as part of its Medicaid hospital pay-for-performance program that applies to all hospitals. Failure to achieve high rates of vaccination will eventually result in penalties and lost financial incentives for all hospitals.

Health care organizations also benefit from increased vaccination rates. Results of a study published in the *New England Journal of Medicine* in 1995 (333: 889-893; October 5, 1995) showed that immunized workers had 25 percent fewer upper respiratory illnesses, 43 percent fewer days of sick leave from work due to upper respiratory illness and 44 percent fewer visits to physician offices for upper respiratory illness. The cost savings were estimated to be \$46.85 per person vaccinated. This would equate to \$68.28 in today's dollars.

It has been proposed that a public health intervention should be required when it fulfills three criteria: (1) there is clear medical value of the intervention to the individual; (2) the public health benefit of the intervention has been made clear; and (3) when a requirement is the only way to consistently obtain benefit. Using these criteria, required influenza vaccination for health care personnel appears warranted.

Even opponents of required influenza vaccination agree that requiring vaccination is justifiable if comprehensive voluntary immunizations are unsuccessful, which appears to be the case with voluntary health care personnel vaccination programs. Furthermore, health care personnel are already subject to other vaccination requirements, including measles, mumps, rubella, varicella, hepatitis B and tuberculosis testing.

Wisconsin hospitals, clinics, pharmacies, nursing homes and health systems are strongly encouraged to take the necessary steps to implement the recommendations in this toolkit for the 2013-2014 flu seasons if such a program has not already been implemented or plans for such a program for this upcoming flu season are not already underway. Wisconsin health care providers have demonstrated consistent leadership in preventing health care associated infections. The implementation of a policy that requires influenza vaccination of all health care personnel should be considered an essential element in a comprehensive approach to prevent all health care associated infections.

Model Policies and Other Forms

This section of the guidebook includes the following:

- **Policy and Position Statements** – The following are links to policy documents from organizations that support mandatory influenza vaccination programs for health care personnel:
 - American Hospital Association - <http://www.aha.org/advocacy-issues/tools-resources/advisory/2011/110722-quality-adv.pdf>
 - American Medical Association - <https://ssl3.ama-assn.org/apps/ecommm/PolicyFinderForm.pl?site=www.ama-assn.org&uri=%2fresources%2fdoc%2fPolicyFinder%2fpolicyfiles%2fHnE%2fE-9.133.HTM>
 - Association of Professionals in Infection Control and Epidemiology (APIC) - http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/APIC_Influenza_Immunization_of_HCP_12711.PDF
 - American Academy of Pediatrics - <http://aapnews.aappublications.org/content/31/9/1.3.full>
 - Infectious Disease Society of America (IDSA) - http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Immunizations_and_Vaccines/Health_Care_Worker_Immunization/Statements/IDSA%20Policy%20on%20Mandatory%20Immunization%20Revision%20083110.pdf
 - National Patient Safety Foundation - <http://www.npsf.org/updates-news-press/press/media-alert-npsf-supports-mandatory-flu-vaccinations-for-healthcare-workers/>
 - Society for Healthcare Epidemiology of America (SHEA) - <http://www.mc.vanderbilt.edu/documents/infectioncontrol/files/2010%20Revised%20SHEA%20PP%20HCW%20Fluvax%20FINAL.pdf>
- **Model Policy** – The model policy was created using several sample policies developed by several hospitals and health systems in Wisconsin. Health care providers will need to modify the policy to fit their unique circumstances. Some health care organizations may elect to have a separate administrative policy or may elect to incorporate the policy into an existing fitness for duty or infection prevention and control policy. Depending on the decisions made by the organization, other health care organization policies may need to be revised. The model policy captures some considerations that health care organizations need to make when crafting their own policy.
- **Influenza Vaccination Medical Exemption Request Form** – This is a form that can be completed by a qualified medical professional and returned to the health care organization. Organizations are not required to use this form or may elect to modify the form and its content. Alternatively, organizations may require some other documentation other than this form from medical professionals. This form was adapted from other forms developed by Wisconsin hospitals and health systems.
- **Influenza Vaccination Religious Exemption Form** – This is a form that can be completed and returned to the health care organization for review of documented religious exemption requests. Organizations are not required to use this form or may elect to modify the form and its content. This form was adapted from other forms developed by Wisconsin hospitals and health systems.

Model Health Care Organization Policy

Health Care Organization Policy on Influenza Vaccination for Health Care Personnel

Policy Statement:

It is the policy of the [NAME OF ORGANIZATION] that all individuals working in the [NAME OF ORGANIZATION] are immunized against influenza on an annual basis. Influenza vaccination is a requirement of working at [NAME OF ORGANIZATION]. Individuals working at [NAME OF ORGANIZATION] include employees, credentialed medical staff (as well as their employed or sponsored advanced practice professionals and clinical assistants), students, residents, interns, fellows, volunteers, clergy, contracted personnel and vendors who have contact with patients. [HEALTH CARE ORGANIZATIONS WILL WANT TO PRECISELY DEFINE WHO IS AFFECTED BY THIS POLICY. CONSIDERATION NEEDS TO BE GIVEN TO PEOPLE WHO HAVE DIRECT CONTACT WITH PATIENTS; THOSE WHO DO NOT HAVE DIRECT CONTACT WITH PATIENTS BUT WHO HAVE JOBS THAT PUT THEM IN CLOSE CONTACT WITH PATIENTS OR THE PATIENT ENVIRONMENT; AND THOSE WHO HAVE NO CONTACT WITH PATIENTS OR THE ENVIRONMENT IN WHICH PATIENTS ARE CARED FOR, BUT WHO HAVE CONTACT WITH HEALTH CARE PERSONNEL THAT DO]

Purpose:

The purpose of this policy is to protect the health and safety of patients, health care personnel, patient and health care personnel family members and the community as a whole from influenza infection through annual influenza vaccination.

Procedure:

Annual Influenza Vaccination

- As a condition of employment, maintenance of medical staff privileges or access to patient care or clinical care areas, [NAME OF ORGANIZATION] requires health care personnel to receive an annual influenza vaccination or possess an approved medical or religious exemption.
- Annually, health care personnel, covered by this policy, must do one of the following:
 - Receive the influenza vaccine(s), provided by [INSERT DEPARTMENT NAME THAT WILL ADMINISTER VACCINES], by [INSERT DATE, DECEMBER 1 IS THE LATEST DATE RECOMMENDED].
 - Provide [NAME OF DEPARTMENT OR POSITION TITLE] with proof of vaccination if vaccinated through services other than [NAME OF ORGANIZATION], by [INSERT DATE, DECEMBER 1 IS THE LATEST DATE RECOMMENDED]. Proof of vaccination must include a copy of documentation indicating the vaccine was received. [HEALTH CARE ORGANIZATIONS WILL WANT TO DETERMINE WHAT IS ACCEPTABLE AS PROOF OF INFLUENZA VACCINATION AND ALSO DETERMINE WHERE THE PROOF OF VACCINATION NEEDS TO BE DELIVERED. IN SOME CASES, IT MAY BE EMPLOYEE HEALTH SERVICES OR IT MAY BE OTHER DESIGNATED PEOPLE FOR SPECIFIC TYPES OF HEALTH CARE PERSONNEL, SUCH AS A RESIDENCY DIRECTOR OR THE DIRECTOR OF VOLUNTEER SERVICES]
 - Comply with the designated procedure for obtaining a permissible exception by [INSERT DATE; IT IS RECOMMENDED THIS BE AT LEAST TWO MONTHS PRIOR TO THE FINAL DEADLINE TO ALLOW FOR PROCESSING, NOTIFICATION AND OBTAINING VACCINATION IF THE EXEMPTION IS DENIED], as described in this policy.
- Health care personnel who begin or resume employment, a training rotation or provision of services between October 1 and April 30 are required to receive an influenza vaccination, provide proof of current vaccination status or obtain a medical or religious exemption prior to or on the first day their employment, rotation or service provision begins. [HEALTH CARE ORGANIZATIONS WILL NEED TO DETERMINE THE ABOVE DATES IN ACCORDANCE WITH THE EXPECTED OR ACTUAL INFLUENZA SEASON]

Exemptions:

(NAME OF ORGANIZATION) will grant exemption to annual influenza vaccination for approved medical reasons or religious beliefs.

Medical Exemption

- Exemptions to required vaccination may be granted for certain medical contraindications. Standard criteria will be established and include:
 - Severe allergy to the vaccine or components as defined by the most current recommendations of the CDC's Advisory Committee on Immunization Practices [HEALTH CARE ORGANIZATIONS MUST DECIDE IF THEY WILL REQUIRE ALLERGY TESTING AND IF THEY WILL PAY FOR THIS TESTING]
 - History of Guillian-Barre'
- An individual requesting medical exemption because of medical contraindications must complete the Medical Exemption Request Form. Part A of the request must be completed and signed by the health care personnel member. Part B of the request must be completed and signed by the health care personnel member's personal physician. [ORGANIZATIONS MAY ELECT TO USE A STANDARDIZED FORM THAT EMPLOYEES NEED TO HAVE THEIR PHYSICIAN COMPLETE OR MAY ELECT TO IDENTIFY WHAT DOCUMENTATION WOULD BE ACCEPTABLE. IT IS RECOMMENDED THAT THE EMPLOYEE HEALTH NURSE(S) NOT SERVE THIS ROLE.]
- [HEALTH CARE ORGANIZATIONS WILL WANT TO INCLUDE THE PROCESS THEY WILL USE FOR EVALUATING REQUESTS FOR MEDICAL EXEMPTIONS. SOME ORGANIZATIONS PROCESS THESE THROUGH THEIR EMPLOYEE HEALTH SERVICES; OTHERS USE A MEDICAL EVALUATION COMMITTEE. CONSIDERATION SHOULD BE GIVEN TO CONTACTING PERSONAL PHYSICIANS WHO HAVE SIGNED THE FORM FOR REASONS OTHER THAN THE CDC RECOMMENDED EXEMPTIONS.]
- The individual requesting the medical exemption will be notified in writing as to whether his/her request for medical exemption has been granted. If a medical exemption request is denied, the individual will be required to be immunized pursuant to this policy.
- If a medical exemption is granted for a temporary medical condition, the individual must resubmit a request for exemption annually.
- If the exemption is granted permanently, the individual does not need to submit a request for medical exemption annually unless vaccine technology changes and eliminates issues related to allergies.
- [HEALTH CARE ORGANIZATIONS MUST DECIDE WHAT PROCESS, IF ANY, WILL BE USED FOR THOSE WHO HAVE NOT BEEN VACCINATED. CONSIDERATION MUST BE GIVEN TO WHAT PERSONNEL THIS WOULD APPLY TO, UNDER WHAT CONDITIONS, HOW THESE INDIVIDUALS WILL BE IDENTIFIED AND HOW IT WILL BE ENFORCED.][FOLLOWING IS AN EXAMPLE OF A MASKING POLICY - Health care personnel who are not vaccinated, due to a medical exemption, must wear a surgical mask within six (6) feet of any patient and when entering a patient room during the influenza season.]

Religious Exemption

- Exemptions may be granted because vaccination conflicts with the tenets of a religious belief.
- Persons requesting a religious exemption must complete a Religious Exemption Request Form. [ORGANIZATIONS MAY ELECT TO USE A STANDARDIZED FORM THAT EMPLOYEES SHOULD COMPLETE OR MAY ELECT TO IDENTIFY WHAT DOCUMENTATION WOULD BE ACCEPTABLE.]
- [HEALTH CARE ORGANIZATIONS WILL WANT TO INCLUDE THE PROCESS THEY WILL USE FOR EVALUATING REQUESTS FOR RELIGIOUS EXEMPTIONS. SOME ORGANIZATIONS PROCESS THESE THROUGH HUMAN RESOURCES OR MAY MAKE USE OF OTHER DIVERSITY OR ETHICS COMMITTEES.]
- The individual requesting the religious exemption will be notified in writing as to whether his/her request for religious exemption has been granted. If a religious exemption request is denied, the individual will be required to be immunized pursuant to this policy.
- [ORGANIZATIONS MUST DECIDE IF RELIGIOUS EXEMPTIONS ARE PERMANENT OR MUST BE APPLIED FOR EACH YEAR]
- [HEALTH CARE ORGANIZATIONS MUST DECIDE WHAT PROCESS, IF ANY, WILL BE USED FOR THOSE WHO HAVE NOT BEEN VACCINATED. CONSIDERATION MUST BE GIVEN TO WHAT PERSONNEL THIS WOULD APPLY TO, UNDER WHAT CONDITIONS, HOW THESE INDIVIDUALS WILL BE IDENTIFIED AND HOW IT WILL BE ENFORCED.][FOLLOWING IS AN EXAMPLE OF A MASKING POLICY - Health care personnel who are not vaccinated, due to a religious exemption, must wear a surgical mask within six (6) feet of any patient and when entering a patient room during the influenza season.]

Record Keeping:

[HEALTH CARE ORGANIZATIONS WILL WANT TO IDENTIFY RECORD KEEPING PROCEDURES FOR PROOF OF VACCINATION AS WELL AS FOR EXEMPTIONS. THIS INFORMATION WILL BE IMPORTANT FOR HEALTH CARE ORGANIZATIONS WHEN THEY DETERMINE THEIR INFLUENZA VACCINATION RATES AS WELL AS IF CONFLICTS ARISE WHEN THE HOSPITAL DENIES EXEMPTION REQUESTS.]

[HEALTH CARE ORGANIZATIONS ARE ENCOURAGED TO DESCRIBE RESPONSIBILITY FOR REPORTING VACCINATION RATES TO CDC-NHSN TO ENSURE COMPLIANCE WITH FEDERAL AND STATE REPORTING AND PAY-FOR-PERFORMANCE REQUIREMENTS]

Corrective Action Procedures:

Failure to comply with this vaccination policy will result in a written warning. If an individual is not vaccinated or granted an exemption within two (2) weeks of receiving the warning, that individual will be subject to further corrective action, up to and including termination of employment, automatic relinquishment of medical staff membership and clinical privileges, and/or the forfeiture of the right to continue working and providing services within [ORGANIZATION NAME].

[HEALTH CARE ORGANIZATIONS WILL NEED TO IDENTIFY WHAT CORRECTIVE ACTION STEPS IT WILL TAKE IF AN INDIVIDUAL SUBJECT TO THE POLICY DOES NOT MEET THE ESTABLISHED DEADLINES. SOME ORGANIZATIONS WILL GIVE EMPLOYEES WRITTEN WARNINGS AND ESTABLISH A TIME FRAME UNDER WHICH THE PERSON MUST BE VACCINATED OR OBTAIN AN EXEMPTION BEFORE FURTHER DISCIPLINARY ACTION, INCLUDING TERMINATION OF EMPLOYMENT. OTHER ORGANIZATIONS HAVE OPTED TO PLACE THE EMPLOYEE ON IMMEDIATE LEAVE FOR A CERTAIN AMOUNT OF TIME. IN MOST CASES, HEALTH CARE ORGANIZATIONS PROVIDE A TWO-WEEK TIME PERIOD FOR EMPLOYEES TO COMPLY WITH THE POLICY BEFORE FURTHER DISCIPLINARY ACTION OR TERMINATION OCCURS. ORGANIZATIONS ARE ENCOURAGED TO REVIEW THIS COURSE OF ACTION WITH APPROPRIATE LEGAL COUNSEL.

ORGANIZATIONS ALSO NEED TO CONSIDER WHAT ACTIONS THEY WILL PUT IN PLACE FOR OTHER INDIVIDUALS WHO ARE SUBJECT TO THE HEALTH CARE ORGANIZATION POLICY BUT ARE NOT EMPLOYEES OF THE HEALTH CARE ORGANIZATION INCLUDING MEMBERS OF THE MEDICAL STAFF.

ORGANIZATIONS THAT HAVE LABOR AGREEMENTS COVERING SOME OR ALL OF THEIR EMPLOYEES SHOULD CONSIDER WORKING WITH THOSE UNION(S) IN DEVELOPING A HEALTH CARE PERSONNEL VACCINATION POLICY AND THE CONSEQUENCES ASSOCIATED WITH BARGAINING UNIT EMPLOYEES WHO FAILURE TO COMPLY WITH THE HEALTH CARE ORGANIZATION POLICY.]

Infection Control Procedures:

- All individuals are responsible for monitoring their health status and reporting to work only when they are not in a status that would put others at risk of contracting an infection, whether viral or bacterial.
- All employees are responsible for performing appropriate infection control standards to prevent risk to others and themselves. This includes, but is not limited to, frequent hand washing, masking, covering coughs and sneezes, disinfecting equipment and work stations, and not reporting to work when ill.

Vaccine Shortages:

In the event of an influenza vaccine shortage, the situation will be evaluated by [NAME OF ORGANIZATION], relying on the expertise of employee health services, infection prevention and control, human resources, pharmacy, management and medical leadership. Influenza vaccination will be offered to personnel based on job function and risk of exposure to influenza. Priority will be established in concordance with the recommendations by the Department of Public Health.

[HEALTH CARE ORGANIZATIONS WILL WANT TO IDENTIFY WHAT PROCESS THEY WILL USE WHEN THERE IS A SHORTAGE OF VACCINE AVAILABLE. ORGANIZATIONS MAY HAVE ALREADY FACED THIS IN PREVIOUS FLU SEASONS OR DURING THE H1N1 EPIDEMIC AND WILL WANT TO REVIEW THE PROCEDURES THAT THEY USED DURING THOSE SITUATIONS.]

Influenza Vaccination Medical Exemption Request Form – Part A

Instructions

1. Complete and sign this page.
2. Present Part B to your health care provider to complete the medical information.
3. Return both completed forms to [INSERT WHERE FORMS SHOULD BE RETURNED TO] by [INSERT DEADLINE FOR SUBMISSION OF FORMS].

Name: _____ **Date of Birth:** _____

Position Title: _____ **Department:** _____

Employee ID: _____

[ORGANIZATION NAME] is committed to protecting our patients, health care workers, volunteers, medical staff practitioners, students [THE CATEGORIES OF HEALTH CARE WORKERS LISTED HERE SHOULD MATCH WHAT IS LISTED IN THE POLICY] and the community from influenza. Influenza is a serious respiratory disease that kills an average of 36,000 people and hospitalizes more than 200,000 people in the United States each year. A person who comes in contact with the influenza virus can shed it for 24 to 48 hours before symptoms may appear. This can spread the virus to patients in [ORGANIZATION NAME] facilities, to colleagues, and to family members. [ORGANIZATION NAME] requires all health care personnel as defined in policy [INSERT POLICY NAME AND/OR NUMBER] to be vaccinated against influenza on an annual basis, unless granted an exemption. This form is used to request a medical exemption. Pursuant to policy [INSERT POLICY NAME AND/OR NUMBER], only the following individuals are entitled to medical exemptions:

1. Individuals with a previous reaction to the influenza vaccine such as hives, difficulty breathing, or swelling of the tongue or lips. This category does not include individuals with mere sensitivity to the vaccine such as an upset stomach or mild to moderate local reactions such as soreness, redness, itching or swelling at the injection site.
2. Individuals with a severe egg allergy.
3. Individuals with a history of Guillain Barré Syndrome.
4. Individuals with other compelling medical need for an exemption.

Individuals who do not receive a vaccination because they are granted an exemption must [INSERT ORGANIZATIONAL REQUIREMENTS, IF ANY, IF A VACCINE IS NOT RECEIVED]

With knowledge of the above, I am requesting an exemption from the influenza vaccination for medical reasons.

Signature: _____

Date: _____

Section below is to be completed by [NAME OF REVIEW BODY]

This was reviewed by the Exemption Committee on _____ and determined that
Date

Qualifies for exemption.

Does not qualify for exemption.

Further actions to be taken include: _____

The person requesting the medical exemption was notified of the results of the review on _____ (date)

by _____

[ORGANIZATION'S LOGO]

Influenza Vaccination Medical Exemption Request Form – Part B

To be completed by requestor's personal health care provider

Patient Name: _____ Date of Birth _____

[ORGANIZATION NAME] is committed to protecting our patients, health care personnel and the community from influenza. Our influenza vaccination safety initiative requires our health care personnel, without sincerely held religious objections or medical contraindications, to receive an annual influenza vaccine. Your patient is requesting a medical exemption from receiving the influenza vaccination. Medical exemptions are granted for recognized contraindications.

Guidance for medical contraindications can be obtained from the Center for Disease Control and Prevention publication, Morbidity and Mortality Weekly Report (MMWR) August 17, 2012/61(32): 613-618, *Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) – United States, 2012-13 Influenza Season*. This can be found at the following website, <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

Please clarify your patient's contraindications to the influenza vaccine:

- Previous reaction to influenza vaccine (e.g. hives, difficulty breathing, swelling of tongue or lips)
- The above does not include sensitivity to the vaccine such as an upset stomach or mild to moderate local reactions such as soreness, redness, itching, or swelling at the injection site.
 - The above does not include subsequent upper respiratory infection or low-grade or moderate fever following a prior dose of the vaccine.

Description of Reaction: _____

Date of Reaction: _____

- Severe Egg Allergy (note recent ACIP recommendations below)
- If patient can eat a lightly cooked egg (e.g. scrambled egg) without reaction then administer vaccine per usual protocol.
 - If after eating eggs or egg containing foods, the patient experiences ONLY hives then administer TIV and observe for reaction for at least 30 minutes after vaccination.
 - If a patient experiences cardiovascular changes (e.g. hypotension), respiratory distress (e.g. wheezing), gastrointestinal symptoms (e.g. nausea/vomiting), reaction requiring epinephrine or reaction requiring emergency medical attention then refer to a physician with expertise in management of allergic conditions for further evaluation.

Description of Reaction: _____

Date of Reaction: _____

- History of Guillain Barré Syndrome
- Date Patient had GBS: _____
- Patient may still receive vaccine if they desire

Other – (please describe reaction and date):

To a responsible degree of medical certainty, it is my opinion that my patient referenced above has the influenza contraindication as identified.

Provider's Signature _____ Date _____

Provider's Name _____

Address _____ Phone _____

Influenza Vaccination Religious Exemption Request Form

Instructions

1. Read, complete and sign this page.
2. Return the completed form to [INSERT WHERE FORMS SHOULD BE RETURNED TO] by [INSERT DEADLINE FOR SUBMISSION OF FORMS].

Name: _____

Date of Request: _____

Position Title: _____

Department: _____

Employee ID: _____

[ORGANIZATION NAME] is committed to the diversity and inclusiveness of all our entire health care team. I understand that [ORGANIZATION NAME] requires all health care personnel as defined in policy [INSERT POLICY NAME AND/OR NUMBER] to be vaccinated against influenza on an annual basis, unless granted an exemption. A religious conviction exemption will ONLY be granted if a vaccination violates the tenets of a personally held religious belief.

Please read the following:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other health care personnel to protect our patients from influenza disease, its complications and death.
- I am likely to be exposed to the influenza virus through the community and could bring the illness into the health care setting.
- If I contract influenza, I will shed the virus for 24 to 48 hours before influenza symptoms appear. My shedding the virus can spread the influenza disease to patients in this facility and to my colleagues and family.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccination is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including:
 - Patients utilizing our services
 - My co-workers
 - My family
 - My community
- I understand that not being vaccinated as a result of an exemption will require me to [INSERT ORGANIZATIONAL REQUIREMENTS, IF ANY, IF A VACCINE IS NOT RECEIVED]

Despite these facts, I am requesting an exemption from the required influenza vaccine for the following sincerely held religious beliefs.

Certification:

By my signature below, I acknowledge that I have read and fully understand the information on this form. I certify that influenza vaccination violates the tenets of my religious beliefs, and that my beliefs – not my medical objection to vaccinations – are the motivation for my request. I also understand that I may be contacted and I authorize my religious leader (if identified) to be contacted to provide further clarification. I also understand that my request for an exemption may not be granted if it is not reasonable or creates an undue hardship on my employer. I understand that any false or incomplete information on this form will result in disciplinary action up to and including termination of employment for falsification of records.

Signature: _____ **Date:** _____

Section below is to be completed by [NAME OF REVIEW BODY]

This was reviewed by the Exemption Committee on _____ (date) and determined that

- Qualifies for exemption. Does not qualify for exemption.

Further actions to be taken include: _____

The requestor was notified of the results of the review on _____ (date)

by _____

Key References

Tomas R. Talbot, Hilary Babcock, Arthur L. Caplan, Deborah Cotton, Lisa L. Maragakis, Gregory A. Poland, Edward J. Septimus, Michael L. Tapper, David J. Weber, (October 2010). Revised SHEA Position Paper: Influenza Vaccination of Healthcare Personnel. *Infection Control and Hospital Epidemiology*, Vol. 31, No. 10.

Hilary M. Babcock, Nancy Gemeinhart, Marilyn Jones, Claieborne W. Dunagan, Keith F. Woeltje, (2010). Mandatory Influenza Vaccination of Health Care Workers: Translating Policy to Practice. *Clinical Infectious Disease*, 2010:50, 459-464.

Gregory A. Poland, Pritish Tosh, Robert M. Jacobson, (2005). Requiring influenza vaccination for health care workers: seven truths we must accept. *Vaccine*, 23, 2251-2255.

B. J. Cowling, Y. Zhou, D. K. Ip, G. M. Leung, A.E. Aiello, (2010). Face masks to prevent transmission of influenza virus: a systematic review. *Epidemiol. Infec.*, 138, 449-456.

American College of Physicians, ACP Policy on Influenza Vaccination of Health Care Workers, http://www.acponline.org/clinical_information/resources/adult_immunization/flu_hcw.pdf

APIC, APIC Position Paper: Influenza Vaccination Should Be a Condition of Employment for Healthcare Personnel, Unless Medically Contraindicated, http://www.apic.org/Resource_/TinyMceFileManager/Advocacy-PDFs/APIC_Influenza_Immunization_of_HCP_12711.PDF

Infectious Disease Society of America, IDSA Policy on Mandatory Immunization of Health Care Workers Against Seasonal and Pandemic Influenza, http://www.idsociety.org/uploadedFiles/IDSA/Policy_and_Advocacy/Current_Topics_and_Issues/Immunizations_and_Vaccines/Health_Care_Worker_Immunization/Statements/IDSA%20Policy%20on%20Mandatory%20Immunization%20Revision%20083110.pdf

U.S. Equal Employment Opportunity Commission, Pandemic Preparedness in the Workplace and the Americans with Disabilities Act, http://www.eeoc.gov/facts/pandemic_flu.html

U.S. Equal Employment Opportunity Commission, Letter regarding religious exemptions, http://www.eeoc.gov/eeoc/foia/letters/2012/religious_accommodation.html

Implementation Timeline and Tips

This section of the toolkit presents a timeline for health care organizations to use to achieve consensus on a health care personnel influenza vaccination policy that can be implemented in ample time for the 2013-2014 influenza season. There are a number of organizations that have implemented such a policy or plan on implementing such a policy for the upcoming influenza season. Organizations that have not made a commitment to adopt this policy are strongly encouraged to exhaust all voluntary efforts to achieve 95 percent or greater vaccination rates among health care personnel.

The goal of an influenza vaccination policy for health care personnel is to administer the influenza vaccine to as many health care personnel as possible, preferably before influenza activity in the community begins. In Wisconsin, seasonal influenza typically ranges from November to as late as May, most commonly peaking in late February or March. The optimal time to vaccinate health care personnel is October and November, but vaccinations should be made available as long as the vaccine is available.

March

- Obtain senior leadership buy-in for the organizational approach. Consideration should be given to obtaining input from the chief executive officer, chief medical officer/chief of staff, chief nursing officer/director of nursing, infection prevention department (chief infectious disease physician, infection preventionist), human resources/employee health, compliance and legal counsel.
- Develop a strategy for obtaining support from applicable unions.
- Develop or update your formal policy on vaccination of health care personnel and receive appropriate approval.
- Review and update Medical Staff Rules and Regulations and obtain Medical Executive Committee approval.
 - Sample language: “Failure to provide proof of influenza vaccination, or granted exemption, in accordance with [INSERT POLICY NAME AND/OR NUMBER] within 30 days after receiving written notice of delinquency describing the failure to comply with the [INSERT POLICY NAME AND/OR NUMBER] shall be deemed a voluntary relinquishment of Medical Staff appointment and clinical privileges.
- Create a task force to oversee implementation of the policy. The task force should include a champion from key areas and departments within the organization. Choose people who will help roll-out the plan in their respective areas.

April – May

- Determine your budget and action plan. Have pharmacists plan for the appropriate expected volume of vaccine that would be necessary for an expected increase in administration.
- Meet with senior leadership to review issues and approve implementation. Ask them to take an active role in encouraging influenza vaccination compliance by receiving the vaccine first.

June – July

- Develop your theme (involve employees if possible).
- Develop the policy roll-out strategy, including an employee education component. Studies have shown that much of the employee resistance to such efforts is due to misinformation.
- Order printed materials: buttons, posters and stickers.

August

- Finalize logistics for administration of vaccine, including staffing plans for administration. Arrange for volunteer and “per diem” nursing and administrative staff if needed. Review appropriate vaccine administration risk assessment and techniques with those who will be administering the vaccine.
- Ensure convenient access
 - Consider using rolling influenza vaccine carts that can be taken to all departments during all shifts, including the cafeteria, grand rounds, medical records, etc.
 - Offer peer vaccination on patient care units, if possible.
 - Hold influenza vaccination clinics at several different dates and times.
 - Coordinate vaccination clinics with other activities such as benefit fairs, annual in-service sessions, meetings or annual TB skin testing to make it easy and convenient for health care personnel to attend.
- Consider beginning the education portion of the campaign this month, *before* kicking off the vaccination portion of the campaign. Use task force champions from multiple areas, departments and disciplines assist with education.
- Inform vendors and other external agencies that send personnel to the organization of the new requirement.

September – October

- Arrange for the CEO and other members of the leadership team including Board members to be among the first vaccinated. Encourage them to wear “I received my flu shot” stickers (or other identifying item you may consider) to build public support for the campaign. Take a photo of them being immunized and publish it in employee communications.
- Administer vaccinations to health care personnel employees, monitor daily operations and pinpoint ways to improve efficiency.
- Begin to generate weekly status reports for local managers.

November/December

- Monitor vaccination rates, troubleshoot problems and brainstorm ways to reach the health care personnel who have not been immunized.
- Continue administering influenza vaccinations at convenient locations on- and off-site as needed.
- Ensure there is an ongoing process throughout the flu season to vaccinate all new health care personnel.
- Closely monitor, track and analyze vaccination rates. Communicate vaccination rates on a regular basis to everyone in the organization.
- Work with local managers to ensure there is fair and consistent implementation of disciplinary actions as outlined in your policy.
- Listen to health care personnel early and often, especially during the first year, which is critical.

January/February/March

- Continue to vaccinate all new health care personnel.
- Develop preliminary estimates of vaccine order quantities for the next flu season.
- Order additional vaccine.

April/May/June

- Evaluate your efforts, including:
 - How many health care personnel were immunized?
 - How does that compare with previous years?
 - How many requested and were granted an exemption?
 - How many disciplinary actions were taken?
 - Was the vaccine supply appropriate for the demand?
- Annually report your statistics to CDC-NHSN by May 15 to ensure your hospital is compliant with federal and state reporting requirements and pay-for-performance programs. The guidelines for reporting to CDC-NHSN can be found in Appendix A.
- Communicate the vaccination results. If you are a Joint Commission accredited organization this should include leaders, medical staff, nursing staff and other staff.
- Make recommendations for changes to your policy and supporting procedures. Develop a budget for the upcoming flu season.

Education and Communications

Wisconsin hospitals, physicians, pharmacists, nursing homes and health systems have demonstrated consistent leadership in preventing health care-associated infections. To protect the lives and welfare of patients and employees, improve quality and to reduce health care costs, a coalition initially comprised of the Wisconsin Hospital Association, Wisconsin Medical Society, LeadingAge Wisconsin, Wisconsin Health Care Association (WHCA)/Wisconsin Center for Assisted Living (WiCAL) and the Pharmacy Society of Wisconsin (PSW) came together to encourage all their members to implement an evidence-based vaccination initiative to achieve a vaccination rate of >95 percent as part of their comprehensive approach to prevent health care-associated infections. In support of this goal, these organizations recommend that influenza vaccination become a condition of employment and maintenance of medical staff privileges.

Collectively, this effort is called:

“United to Fight It”

The Wisconsin Healthcare Influenza Prevention Coalition (WHIPC)

Some hospitals and health systems have already implemented a policy similar to the one adopted by the five statewide health associations.

Each hospital and health system can either decide to use the new, statewide materials or continue to use the materials that you have used in the past, or you can create a new campaign to promote influenza immunizations among your employees. Some hospitals achieve high levels of employee influenza and do it without any posters or campaign materials. That is an option as well.

The following information can be found in this section:

1. Internal communications
 - a. Notice/letter to Employees
 - b. Myth v Fact
2. Patient and Visitor Information
 - a. Badge sticker examples, vendor
 - b. Media and Talking Points

Internal Communications

Informing Employees

Communicating the policy to employees is the first step. If it is a change in a personnel policy, it is suggested that a notice be sent directly to the employee’s home address.

The change in policy can also be sent through the organization’s email system or through the intranet. The important point is to ensure that all employees receive the notice and have an opportunity to ask questions.

- A template for a letter/notice to employees can be found on page 24 or at <http://www.wha.org/data/sites/1/influenza/SampleEmployeeLetterOnPolicy.doc>

Meeting with Employees

Some of the hospitals that have implemented policies report that the best way to ensure that all employees know the policy is to work with managers and develop tools for them to use to inform their employees of the policy. During that meeting the managers should be prepared to:

- Explain why it is important
- Follow up with information related to when/where employee flu clinics will be held
- Provide communications materials for managers to use at staff meetings:
 - Script and PowerPoint slides for employee meetings – attention to infection prevention aspect, keeping employee, patient and their families well (see page 25 or <http://www.wha.org/data/sites/1/influenza/HealthCarePersonnel.ppt>)
 - Hard copies of the policy (see sample on page 9 or <http://www.wha.org/data/sites/1/influenza/modelHealthCareOrganizationPolicy.doc>)
 - Hard copies of a Q and A on the policy (see page 44 or <http://www.wha.org/data/sites/1/influenza/FAQs.doc>)
 - Hard copies of a Myths v Facts About Vaccine (see p. 30-31 or <http://www.wha.org/data/sites/1/influenza/mythvsfact.pdf>)
 - Centers for Disease Control – No Excuses (see p. 32-33 or <http://www.cdc.gov/flu/pdf/freeresources/general/no-excuses-flu-vaccine.pdf>)
 - Hard copies of the Vaccine Fact Sheet (technical) (see page 34-35 or <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf>)
 - An explanation of the “religious and medical reasons” (see FAQs, page 44)

Visible Designation of Vaccination Status

Each hospital will need to make a decision whether they want to have a visible designation on employee name badges or a pin on those that are immunized.

Visible designation allows patients to see that the hospital employees have received the vaccination for the patient’s protection. It also communicates their immunization status more broadly to visitors and to the community.

If the hospital implements the policy, then only a small handful of employees will have waivers to not have received the immunization so 95 percent or more of the employees will have received the shot. That may negate the necessity to visibly demonstrate an employee’s immunization status.

To order the generic orange removable “I got my FLU SHOT for YOU” badge sticker pictured at right, contact:

Chuck Moore, Ad Aids, Inc.
adaids@centurytel.net
800-223-2542; La Crosse, Wisconsin



Getting the Word Out: Employee Flu Clinics

The hospitals that have the highest immunization rates plan around employee's work schedules to ensure that getting the shot is quick and easy. Here are a few ideas.

1. "Have Cart: Will Travel": Monroe Clinic
(http://www.wha.org/pubArchive/valued_voice/vv3-18-11.htm#8)
2. "The 'Flu Light Special' Cart": Spooner Health Center
(http://www.wha.org/pubArchive/valued_voice/vv1-7-11.htm#9)
3. Physicians Lead the Way: Prairie du Chien Memorial Hospital
(http://www.wha.org/pubArchive/valued_voice/vv12-10-10.htm#11)

Frequently Asked Questions and Talking Points

Employees will have questions about the new policy. WHA has prepared a frequently asked questions document that is available on page 44 of this document or at <http://www.wha.org/data/sites/1/influenza/FAQs.doc>. This document will address most of the questions that employees will have about the influenza policy.

As hospitals have implemented employee influenza vaccination policies, some have chosen a proactive approach with the press; others chose a reactionary stance and handle press or outside inquiries about the policy on a case-by-case basis. There is no right answer.

If a proactive approach is employed, here are two examples of how a policy was communicated to the public. Be aware, however, that the Coalition is supporting an employee immunization policy that does not count masking toward achieving the goal of having more than 95 percent of employees vaccinated. Each health care system will need to make a decision about masking.

Joint news releases among several health organizations are an effective way to message a new policy (see Theda/Affinity news release on page 36 or at <http://www.wha.org/data/sites/1/influenza/Thedacare-AffinityFluAnnounce8-12.pdf>)

A proactive release example: (see Ministry Door County Medical Center's news release on page 38 or at <http://www.wha.org/data/sites/1/influenza/MDCMCoffersFluVaccine.doc>.)

Talking Points – For Press and Public

Whether a proactive or reactive position is chosen, it is always helpful to have talking points readily available. Talking points are available on page 40 or at: <http://www.wha.org/data/sites/1/influenza/TalkingPointsFluShots2013FINAL.doc>

Press Coverage on Influenza Policies

It is helpful to see the press coverage on this topic. Below are some links that provide some background on how the press has covered health care influenza vaccination policies in the past.

"UW Health requires flu shots" *Wisconsin State Journal* (November 12, 2012)
http://host.madison.com/wsj/news/local/health_med_fit/uw-health-requires-flu-shots/article_e85fde19-082a-5ea3-9aa1-7e91f6c36d86.html (also on page 41)

"Aurora boosts flu vaccination rate with new policy" *Journal Sentinel* (May 9, 2012):
<http://www.jsonline.com/blogs/news/150853915.html> (also on page 43)

Template for Letter/Notice to Employees

(NAME OF ORGANIZATION) has consistently demonstrated leadership in our community to prevent health care-associated infections. We, along with other Wisconsin health care providers, have dramatically reduced the occurrence of health care associated infections and greatly enhanced the provision of safe quality care to patients. But, we need to do even more.

Each year, influenza results in an estimated 226,000 hospital admissions and 36,000 deaths. Evidence has emerged over the past few years that clearly indicate that health care personnel can unintentionally expose patients to seasonal influenza when health care personnel are not immunized. Exposure to persons infected with the influenza virus can be dangerous to vulnerable patients. Reducing influenza transmission from health care personnel to patients has become a top priority both nationally and in Wisconsin.

Starting now, we are implementing a new employee health influenza immunization policy.

(NAME OF ORGANIZATION) employees will be required to receive an influenza vaccination as a condition of employment and maintenance of medical staff privileges.

We join other hospitals, nursing homes, medical clinics and pharmacies in implementing this policy as collectively, the goal is to achieve a vaccination rate greater than 95 percent in our health care organizations. The Wisconsin Healthcare Influenza Prevention Coalition, a group comprised of the Wisconsin Hospital Association (WHA), Wisconsin Medical Society (the Society), LeadingAge Wisconsin, Wisconsin Health Care Association (WHCA)/Wisconsin Center for Assisted Living (WiCAL) and the Pharmacy Society of Wisconsin, is encouraging **all their members to implement an evidence-based vaccination initiative to achieve a vaccination rate of >95 percent. Attaining this goal will help to prevent health care-associated infections, protect the lives and welfare of patients and employees, improve quality and reduce health care costs.**

This goal aligns with our mission and helps us meet our goal to provide the highest quality, safest patient care possible.

By increasing health care personnel vaccination rates across the state, in hospitals, clinics, pharmacies, nursing homes and health systems, Wisconsin's health care community will play a vital role in protecting the health and well-being of our patients, families and people residing in the communities we serve.

More details on our policy will be available at (employee meetings, staff meetings, etc).

Sincerely,
(NAME, TITLE)

Health Care Personnel
Influenza Vaccination

[ORGANIZATION NAME]
[ORGANIZATION LOGO]

- Each year, influenza results in an estimated 226,000 hospital admissions and 36,000 deaths.

The Facts:

- The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to hospitalization and death.
- The main way that influenza viruses spread is from person to person in respiratory droplets of coughs and sneezes. It also may be spread when a person touches the droplets on another person or an object and then touches their own mouth or nose (or someone else's mouth or nose) before washing their own hands.

More Facts

- Most healthy adults can infect others beginning one day before symptoms develop and up to 5-7 days after becoming sick. Children may pass the virus for more than seven days.
- Some people, such as older adults, pregnant women, and very young children, as well as people with certain long-term medical conditions, are at high risk of serious complications from the flu.

More Facts

- Influenza vaccination is the most effective way to prevent influenza among our patients and staff.
- The CDC recommends that **all** health care personnel receive the vaccine.

What can I do?

- Health care personnel have a special role in the fight against influenza.
 - By getting vaccinated, health care personnel can protect their health, their families' health, and the health of their patients.
 - High rates of vaccination have been linked to improved patient outcomes and reduced absenteeism and influenza among staff.

Influenza Vaccination:

- [Organization] is committed to protecting you, your family, and our patients. It is about our commitment to safety.
- [Organization] recognizes that influenza vaccination is the most effective way to prevent influenza infection among our patients and staff.
- [Organization] will require health care personnel to receive annual influenza immunizations as a condition of employment and maintenance of clinical privileges.

[ORGANIZATION NAME] Policy:

- It is the policy of [ORGANIZATION] that all individuals are immunized against influenza on an annual basis.
- Influenza vaccination is a requirement of working in [HOSPITAL NAME].
- Individuals include employees, residents, students, members of the medical staff, volunteers, and contracted personnel. [PRECISELY DEFINE WHO IS AFFECTED BY THIS POLICY]

Exemptions

- Exemptions may be requested for medical reasons or religious beliefs.
- If an exemption is granted, the individuals may be required to wear a surgical mask, may be reassigned if working in a high-risk area, or may need to conform with other alternative infection prevention and control measures [INSERT WHAT WILL BE REQUIRED] while at work during the time frame identified by [ORGANIZATION] based on influenza activity in Wisconsin.

Will I Get Sick from the Vaccine?

- Influenza vaccines **cannot** cause the flu. The viruses in flu vaccines are either killed (the flu shot) or weakened (the nasal spray vaccine). The vaccines work by priming your body's defenses in case you are exposed to an actual influenza virus.
- Influenza vaccines are safe. Serious problems from the influenza vaccine are very rare.
- The most common side effect that a person is likely to experience is soreness where the injection was given. This is generally mild and usually goes away after a day or two.

Vaccine Options

- **Flu shot:** A vaccine with killed virus given by needle injection. It is approved for use in people older than six months, including healthy people and people with chronic medical conditions.
- **Nasal spray vaccine:** A vaccine with weakened live viruses. It is approved for use in healthy people 2 to 49 years of age.
- ***Please discuss your concerns and questions with our employee health department.***

Who Should Not Get a Vaccine?

- People who have documented severe allergy to chicken eggs.
- People with a history of Guillain-Barre Syndrome
- Children less than six months of age.
- People who have moderate to severe illness with a fever (they should wait until they recover to get vaccinated).
- ***Please discuss your concerns and questions with our employee health department.***

Other Things You Can Do

- Influenza vaccination is part of [ORGANIZATION]'s comprehensive approach to prevent health care-associated infections. Once being vaccinated, remember these basic practices to help protect patients and yourself:
- Wash your hands.
- Cover your cough.
- Stay home if you have influenza-like symptoms (fever or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, and fatigue/tiredness).

Standard Precautions

- It is important to practice strict standard precautions when caring for **all patients**:
- Wash or gel hands before and after every patient contact.
- Wear gloves for all procedures and contact with mucous membranes or bodily secretions.
- Wear gown when exposure to bodily fluids is likely.
- Wear a mask whenever performing cough-inducing or aerosol-generating procedures.

Next Steps

- A memo will be posted [DATE] to all employees with a copy of our new policy and additional information about when and where you can receive your vaccination.
- If you have further questions, please contact our employee health department at [Phone Number] or [Email Address].
- *Thank you for your support!*

MYTH vs. FACT

MYTH FACT

Influenza is no more than a nuisance, much like the common cold, that cannot be prevented.

Influenza, commonly referred to as the “flu,” is a severe and sometimes life-threatening disease. Influenza and its related complications cause an average of 36,000 deaths and approximately 226,000 hospitalizations in the US each year. You can avoid getting influenza by getting vaccinated each year.

MYTH FACT

You can get influenza from a flu shot.

The flu shot does not contain any of the live virus so it is impossible to get influenza from the vaccine. Side effects may occur in some people, such as mild soreness, redness or swelling at the injection site, headache, or a low-grade fever. Vaccination is a safe and effective way to prevent influenza and its complications.

MYTH FACT

Only the elderly are at risk for developing serious complications from the influenza virus.

Influenza impacts people of all ages. Each year, more than 226,000 Americans are hospitalized and about 36,000 die from influenza-related complications. In fact, in the past three seasons, an average of 60 children have died each year from influenza.

MYTH FACT

I missed the chance to get an influenza vaccination in the fall, so now I have to wait until next year.

You can get the influenza vaccination at anytime during the flu season. Vaccination typically begins in October and can continue through March. In most seasons, influenza virus activity doesn't peak until February or March.



Visit the Centers for Disease Control and Prevention's Web site to learn more: www.cdc.gov/flu

MYTH vs. FACT

MYTH It is not necessary to get immunized against influenza every year because protection lasts from previous vaccinations.

FACT The types of influenza viruses circulating in the community change from year to year. Because of this, a new vaccine is made each year to protect against the current strains. Also, immunity to influenza viruses only lasts for a year, so it is important to get vaccinated against influenza every year.

MYTH People shouldn't be immunized against influenza if they are sick.

FACT Minor illnesses, with or without fever, should not prevent vaccination, especially in children with mild upper respiratory infections (colds) or upper respiratory allergies. In addition, people with chronic illnesses such as asthma, diabetes and heart disease, have a higher risk for contracting the influenza virus and for developing complications. These individuals should be immunized each year. Individuals with severe allergies to eggs or those who have had a previous vaccine-associated allergic reaction should avoid immunization. Talk to your health care provider for more information.

MYTH I get the stomach flu each year. I was told the influenza vaccine might prevent the stomach flu next year.

FACT Unlike most other common respiratory and stomach infections that are often referred to as "the flu," influenza can cause more severe illness and can result in complications leading to hospitalization and death, especially among the elderly. Common symptoms of influenza infection include a high fever (101°F-102°F) that begins suddenly, sore throat, chills, cough, headache and muscle aches. The influenza vaccine protects you against the influenza virus but not against viral gastroenteritis, which is the correct term for "stomach flu."

MYTH The flu changes every year, so getting a flu shot will not protect me from getting sick.

FACT Influenza is unpredictable and viruses change throughout the year. Getting vaccinated annually is the best way to protect against influenza. The vaccine will often offer some protection against a different, but related, strain that may begin to circulate in the community. This could mean milder illness or prevention of complications.

Don't Let
the **FLU**
Get You!

 **MERCY**
HEALTH SYSTEM

With all our heart. With all our mind.



No More Excuses You Need a Flu Vaccine

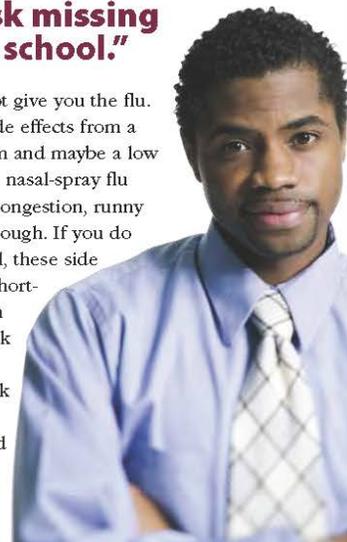
“Oh, the flu isn’t so bad...right?”



Wrong The flu (influenza) is a contagious disease which affects the lungs and can lead to serious illness, including pneumonia. While pregnant women, young children, older people, and people with certain chronic medical conditions like asthma, diabetes and heart disease are at increased risk of serious flu-related complications, *even healthy people* can get sick enough to miss work or school for a significant amount of time or even be hospitalized.

“But what if the flu vaccine makes me sick?”

I can’t risk missing work or school.”



The flu vaccine cannot give you the flu. The most common side effects from a flu shot are a sore arm and maybe a low fever or achiness. The nasal-spray flu vaccine might cause congestion, runny nose, sore throat, or cough. If you do experience them at all, these side effects are mild and short-lived. And that’s much better than getting sick and missing several days of school or work or possibly getting a very severe illness and needing to go to the hospital.

“I’m Healthy I don’t need a flu vaccine.”



Anyone can become sick with the flu and experience serious complications. Older people, young children, pregnant women and people with medical conditions like asthma, diabetes, heart disease, or kidney disease are at especially high risk from the flu, but kids, teens and adults who are active and healthy also can get the flu and become very ill from it. Flu viruses are unpredictable, and every season puts **you** at risk. Besides, you might be around someone who’s at high risk from the flu...a baby...your grandparents, or even a friend. *You don’t want to be the one spreading flu, do you?*

“Wait a minute I got a flu vaccine once and still got sick.”



Even if you got a flu vaccine, there are still reasons why you might have felt flu-like symptoms:

- You may have been exposed to a *non-flu virus* before or after you got vaccinated. The flu vaccine can only prevent illnesses caused by flu viruses. It cannot protect against non-flu viruses.
- Or you might have been exposed to flu after you got vaccinated but *before the vaccine took effect*. It takes about two weeks after you receive the vaccine for your body to build protection against the flu.
- Or you may have been exposed to an influenza virus that was very different from the viruses included in that year’s vaccine. The flu vaccine protects against the three influenza viruses that research indicates will cause the most disease during the upcoming season, but there can be other flu viruses circulating.

National Center for Immunization and Respiratory Diseases



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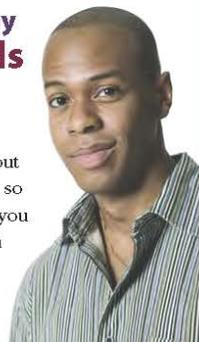
"It's too late for me to get protection from a flu vaccination this season."

Flu seasons are unpredictable. They can begin early in the fall and last late into the spring. As long as flu season isn't over, it's not too late to get vaccinated, even during the winter. Getting a flu vaccine is the best way to protect yourself and your family. If you miss getting your flu vaccine in the fall, make it a New Year's resolution—flu season doesn't usually peak until January or February and can last until May. The flu vaccine offers protection for you all season long.



"I'll get vaccinated only if my family and friends get sick with flu."

If you wait until people around you get sick from flu, it will probably be too late to protect yourself. It takes about two weeks for the flu vaccine to provide full protection, so the sooner you get vaccinated, the more likely it is that you will be fully protected once the flu begins to circulate in your community. Flu vaccines are easy to find. They are offered in various locations like your doctor's office, chain pharmacies, grocery stores, and health clinics.



"I hate shots."

The very minor pain of a flu shot is nothing compared to the suffering that can be caused by the flu. The flu can make you very sick for several days; send you to the hospital, or worse. For most healthy, non-pregnant people ages 2 through 49 years old, the nasal-spray flu vaccine is a great choice for people who don't like shots. Either way, a shot or spray can prevent you from catching the flu. So, whatever little discomfort you feel from the minor side effects of the flu vaccine is worthwhile to avoid the flu.



"I got a flu vaccine last year, so I don't need another one."

Your body's level of immunity from a vaccine received last season is expected to have declined. You may not have enough immunity to be protected from getting sick this season. You should get vaccinated again to protect yourself against the three viruses that research suggests are likely to circulate again this season.



"I don't trust that the vaccine is safe."

Flu vaccines have been given for more than 50 years and they have a very good safety track record. Flu vaccines are made the same way each year and their safety is closely monitored by the Centers for Disease Control and Prevention and the Food and Drug Administration. Hundreds of millions of flu vaccines have been given safely.



For more information, visit

<http://www.flu.gov>

<http://www.cdc.gov/flu>

or call

800-CDC-INFO

VACCINE INFORMATION STATEMENT

Influenza Vaccine

Inactivated

2012 - 2013

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite <http://www.immunize.org/vis>

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. **Inactivated** (killed) vaccine, the “flu shot,” is given by injection with a needle.
2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

A “high-dose” inactivated influenza vaccine is available for people 65 years of age and older. Ask your doctor for more information.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts about a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Thimerosal-free influenza vaccine is available. Ask your doctor for more information.

3 Who should get inactivated influenza vaccine and when?

WHO

All people **6 months of age and older** should get flu vaccine.

Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.

WHEN

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur at any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

4 Some people should not get inactivated influenza vaccine or should wait.

- Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

- Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

5

What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- hoarseness; sore, red or itchy eyes; cough
- fever • aches • headache • itching • fatigue

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Moderate problems:

Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures caused by fever. Ask your doctor for more information.

Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html and

www.cdc.gov/vaccinesafety/Activities/Activities_Index.html

One brand of inactivated flu vaccine, called Afluria, **should not be given** to children 8 years of age or younger, except in special circumstances. A related vaccine was associated with fevers and fever-related seizures in young children in Australia. Your doctor can give you more information.

6

What if there is a severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or unusual behavior. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

People who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8

How can I learn more?

- Ask your doctor. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement (Interim)
Influenza Vaccine
 (Inactivated)

7/2/2012

42 U.S.C. § 300aa-26





FOR IMMEDIATE RELEASE:

August 1, 2012

**AFFINITY, THEDACARE TEAM UP AGAINST THE FLU
Health Care Systems Ask Employees, Doctors to Get Influenza Vaccine
or Wear Masks to Protect Patients**

Affinity Health System and ThedaCare are teaming up to help prevent the spread of influenza and upper respiratory diseases in the community.

Both health systems are requiring their employees, volunteers and students to be immunized against influenza. If employees cannot or decide not to receive the vaccine, they will need to wear a mask when interacting with patients, visitors and co-workers during the flu season. All employees showing symptoms of an upper respiratory infection with a fever will be encouraged to stay home. Those with symptoms without a fever will be asked to wear a mask regardless of their vaccination status.

“Our mission is to improve the health of our communities and one way to do that is to stop the spread of the flu to our patients. The best defense against the flu is to get the influenza vaccination,” said Greg Long, MD, chief medical officer for ThedaCare. “By receiving the vaccination, employees will not only protect their health, but also the health of patients and visitors.”

“This is the right thing to do. Our goal is to achieve a vaccination rate of 90 percent or higher to protect our patients, staff and the broader community,” said Mark Kerhberg, MD, chief medical officer for Affinity Health System. “We know that vaccination is one of the best ways of preventing the spread of influenza and keeping our community healthy.”

Getting an annual influenza vaccine is the No. 1 way people can stay healthy during the winter months. Complications of the flu include bacterial pneumonia, ear infections, sinus infections, dehydration, and can cause chronic medical conditions, such as congestive heart failure, asthma or diabetes to get worse. In addition, even though flu season is months away, leaders from both healthcare systems are reminding residents to plan to get vaccinated.

The Centers for Disease Control and Prevention recommends that everyone over the age of six months receive the vaccination each year. The flu virus is mainly spread by droplets made when people with the flu cough, sneeze or talk that land in a nearby person’s nose or mouth.

“By making our new policy public, we hope it demonstrates how important it is to receive the influenza vaccine and everyone will receive it once it becomes available,” Dr. Long said. “The flu is a serious illness causing people to miss school or work for several days. Some people especially the elderly and babies can be hit particularly hard by the illness.”

Information regarding Affinity and ThedaCare's flu clinics will be released in the early fall.

Dr. Kerhberg said Affinity and ThedaCare met with their employees to gather as many viewpoints as possible and decided against making the vaccination mandatory, which has been done by some other healthcare organizations in the state. "We came up with the alternative of wearing a mask so employees can decide whether or not they want to receive the vaccination," he said.

If patients have any questions about the new procedure, they can ask their healthcare provider.

Affinity Health System, a faith-based regional health care network, is operated by Ministry Health Care. Affinity Health System is the Fox Valley's second-largest employer, according to the Fox Cities Chamber of Commerce & Industry, and has been nationally listed for two years in a row among the top 50 health systems for quality and efficiency (Thomson Reuters, Modern Healthcare; 2009, 2010). For nine consecutive years, Affinity Health System has been named to the SDI Health (formerly Verispan) Integrated Health Network Top 100, an annual assessment of the 100 most highly integrated health care networks in the nation – Affinity ranks no. 81 in the 2011 report. Both St. Elizabeth Hospital in Appleton and Mercy Medical Center in Oshkosh rank among the top 1 percent of hospitals nationwide in terms of quality and efficiency, as determined by the 2007 Premier | CareScience Select practice National Quality Award. Network Health Plan has achieved Excellent accreditation status from the National Committee for Quality Assurance (NCQA), the highest possible level. It has been nationally ranked in the Top 50 Health Insurance Plans for five consecutive years in the U.S. News and World Report/NCQA Best Health Plans in America listing. Members of Affinity include Mercy Medical Center and Mercy Health Foundation, Oshkosh; St. Elizabeth Hospital and the St. Elizabeth Hospital Foundation, Appleton; Affinity Medical Group, a regional network of 26 family practice and specialty clinics – 23 of which are transforming into medical home models – in 14 communities; Calumet Medical Center, Chilton; Network Health Plan, Menasha; and Affinity Occupational Health.

ThedaCare™ is a community health system consisting of five hospitals: Appleton Medical Center, Theda Clark Medical Center, New London Family Medical Center, Shawano Medical Center, and Riverside Medical Center in Waupaca. ThedaCare also includes ThedaCare Physicians, ThedaCare Behavioral Health, and ThedaCare at Home. ThedaCare is the largest employer in Northeast Wisconsin with more than 6,175 employees. Follow us on Facebook and Twitter.

For more information, media may contact Megan Wilcox, APR, at megan.wilcox@thedacare.org at ThedaCare or (920) 830-5847 or Maria Nelson at maria@redshoespr.com or (920) 720-1752 for Affinity.

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For more information, contact:

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As Flu Virus Hits Early, Providers Encourage Vaccination

Sturgeon Bay, WI – January 17, 2013: With many states reporting an early start to the flu season, Wisconsin is no exception. “We started to see a significant increase in flu cases in early January,” reports Julie Pinney, RN, who is the Infection Prevention Specialist at Ministry Door County Medical Center (MDCMC).

Influenza symptoms include fever, body aches and headache, extreme fatigue, and cough. “The symptoms can be similar to a cold or other viruses, but if it is influenza, symptoms are more extreme,” says Pinney.

Ministry staff report that they have a good supply of the flu vaccine available, and more shipments on the way. Pinney encourages everyone who is eligible to receive a flu shot. “No, it’s absolutely not too late,” she urges.

For those who believe that the flu vaccine might make them sick, Pinney states plainly, “That’s a myth. The flu shot contains an attenuated, or dead, flu virus which cannot cause the flu. True, at times there are some side effects of body aches or headache. Those are caused by the patient’s body making antibodies.”

Mary Templin, Nurse Practitioner in MDCMC’s Occupational Health and Wellness department, has been working with schools and other workplaces in the community to immunize people and educate them about prevention. “The flu virus is transmitted through droplets which spread by coughing, talking, or sneezing. We encourage anyone suffering from the flu or a flu-like virus to stay home from work and refrain from being in public until 24-48 hours after their fever has subsided.” Providers also recommend regular hand washing, wiping grocery carts or other shared items in public with antibacterial wipes, and avoiding touching mouth, nose and eyes.

Those who are most vulnerable to the flu are very young children, the elderly, pregnant women, and patients with chronic health conditions or immunity problems. “We encourage these patients, or anyone with very severe symptoms, to see a provider,” says Templin.

This year’s flu vaccine includes prevention for Influenza A and B, as well as H1N1. “We’ve seen confirmed cases of both the A and B flu strains here in Door County,” says Julie Pinney. H1N1 has not been reported in the area this flu season.

Ministry Door County Medical Center is practicing what they preach- this year they made the flu shot mandatory for all health care workers. "If an employee declined, they are required to wear a mask while working," says Pinney. And Ministry staff is working hard to see that the community knows that the best bet for prevention is getting a flu shot. "We're trying to immunize as many people as we can," says Mary Templin.

Sidebar:

Ministry North Shore Medical Clinic – Sturgeon Bay will be holding a Flu Clinic on Friday, February 8 from 8:30 am to 3:30 pm, open to all ages 5 and above. No appointment is necessary. We will bill your insurance or there is a cash fee of \$26.

###

Talking Points

Spokespeople or person:

- Designate your spokespersons. A physician, epidemiologist, nurse or infection preventionist/quality professional are credible spokespersons on this topic.

Talking Points:

- An annual flu shot protects our patients and the community.
 - Caregivers interact with patients with compromised immune systems
 - Flu is deadly, especially coupled with another illness
 - As many as 49,000 people in the U.S. die from the flu annually. (CDC numbers)
 - People are contagious before symptoms arise
- (Organization/Coalition) believes that all health care entities should follow our lead.
 - This practice is becoming more common in health care settings.
 - It is in the best interest for our patients that each caregiver they see will not infect them with most kinds of flu.
- The flu vaccine is safe
 - The vaccine is made from dead virus which cannot infect a person
 - Decades of data have proven the safety of the vaccine
 - No vaccine is 100% effective in preventing any illness. And while the flu vaccine is a good match for what is circulating in the community, there is still a small chance that someone who receives the flu shot will still develop the flu. Data shows that these individuals have a greatly reduced risk of needing hospitalization and are sick fewer days than those that get the flu are have not been immunized.
- Exemptions
 - Caregivers who are allergic to the vaccine are exempt (or other medical reasons)
 - Other reasons, such as religion, will be considered on a case by case basis
- The vaccine
 - Include information about the “recipe,” for example, flu strains included, whether it is similar to the year before
- Other organizations advocating for this policy or following these guidelines include:
 - American Academy of Pediatrics
 - American College of Physicians
 - American Hospital Association
 - American Medical Association
 - Association of Professionals in Infection Control and Epidemiology (APIC)
 - Immunization Action Coalition
 - Infectious Disease Society of America
 - National Patient Safety Foundation
 - Society for Healthcare Epidemiology of America
 - More: <http://www.immunize.org/honor-roll/>

UW Health requires flu shots

November 12, 2012 • [DAVID WAHLBERG | Wisconsin State Journal | dwahlberg@madison.com | 608-252-6125](#)

THE WISCONSIN FLU STRAIN

Each year, the flu shot contains three strains to protect against the flu viruses most likely to circulate that year. This year's strains: California, Victoria and Wisconsin. The strains are named for the places where the flu samples were first isolated.

The Wisconsin strain is from a specimen collected last year, said Pete Shult, communicable disease director at the Wisconsin State Laboratory of Hygiene. It's representative of a type B flu strain likely to predominate this season, Shult said.



The last time a Wisconsin strain was in the vaccine was the 2006-07 and 2007-08 flu seasons. UW Health is requiring employees to get flu shots this year, as more health care organizations say mandates ensure workers and patients are protected from infection.

"It makes sense to do whatever we can to implement the one measure we know will reduce hospital-acquired influenza," said Dr. Nasia Safdar, head of infection control for UW Hospital.

SEIU Healthcare Wisconsin, which represents UW Hospital nurses and therapists, is asking UW Health to consider an exemption for personal beliefs. The policy allows medical and religious exemptions.

"We support flu shots, but we don't think they should be mandatory," said union treasurer Ann Louise Tetreault.

Stoughton Hospital is also requiring worker flu shots this year. St. Mary's Hospital started the requirement last year, when 26 percent of hospitals and 12 percent of nursing homes in Wisconsin had mandates, according to the state Department of Health Services.

Another 69 percent of hospitals and 75 percent of nursing homes made workers sign waivers if they didn't get vaccinated.

Dean Health System and Group Health Cooperative of South Central Wisconsin don't require worker flu shots. Meriter Health Services doesn't have a mandate but will consider one next year, spokeswoman Mary Reinke said.

That's also the case at Capitol Lakes Health Center, a nursing home in Madison, said administrator Kristi Vater. Other nursing homes, such as Oakwood Village, which has two campuses in Madison, aren't considering a mandate.

John Sauer, president of Leading Age Wisconsin, which represents nonprofit nursing homes, said he expects most nursing homes will eventually have mandates. “An outbreak of flu can really put residents at risk,” Sauer said.

Flu season generally runs from October to May, with peak activity in January or February. Little activity has been reported this fall in Wisconsin or around the country.

The Centers for Disease Control and Prevention says nearly everyone 6 months and older should get an annual flu shot, which changes each year to match the three strains most likely to circulate. People with egg allergies and those who have had severe reactions to flu shots should talk to their doctors, the CDC says.

Despite the universal recommendation, only 42 percent of Americans got flu shots last year, according to the CDC. In Wisconsin, it was 41 percent.

Nearly 67 percent of health care workers were vaccinated last year, including 86 percent of doctors. There’s a push to get those rates above 95 percent.

At UW Hospital, 85 percent of workers were immunized last year. Figures weren’t available for other parts of UW Health.

The mandate should boost rates to 95 percent to 98 percent, Safdar said.

UW Health employees will be put on unpaid leave if they don’t get vaccinated by Dec. 1 or submit a religious waiver or medical waiver signed by a doctor. Workers who don’t comply after another 45 days could be fired.

The SEIU union encourages workers to get shots, stay home when they’re ill and frequently wash their hands. The mandate goes too far, the union says.

But Safdar said vaccinating more employees means protecting more patients from infections. “It’s a patient safety issue,” she said. “Why be satisfied with anything less than the ideal?”
Read more: http://host.madison.com/news/local/health_med_fit/uw-health-requires-flu-shots/article_e85fde19-082a-5ea3-9aa1-7e91f6c36d86.html#ixzz2LMIZB7hl

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Milwaukee Journal Sentinel article

Aurora boosts flu vaccination rate with new policy

By [Mark Johnson](#) of the Journal Sentinel

May 9, 2012

Aurora Health Care made getting an annual influenza vaccination a condition of employment for its more than 30,000 workers in eastern Wisconsin and northern Illinois with swift results.

In 2010, 71% of the health care chain's employees got the vaccination. In the 2010-2011 flu season, the percentage rose to 97.7%. Employees who did not receive the vaccination had to receive an exemption for an approved medical or religious reason.

Aurora officials could not say yet whether the improved vaccination rate translated into improved health results.

"This year was a mild flu season, and it's hard to measure the immediate impact with just one season of data," said Bruce Van Cleave, executive vice president and chief medical officer for Aurora Health Care. "In three years we'll have enough data to measure a number of outcomes reliably.

"I'm glad we did this. It was the right thing to do for patients and employees."

[ORGANIZATION NAME AND LOGO]

Health Care Personnel Influenza Vaccination Policy Frequently Asked Questions

(These are sample FAQs that should be modified by each organization to match your final policy)

Overview:

Q: Why is [ORGANIZATION NAME] making the influenza vaccine a condition of employment?

A: To ensure we are doing all we can to help our patients live well and to protect their health and safety, [ORGANIZATION NAME] requires all health care personnel receive the annual influenza vaccination as a condition of employment and maintenance of clinical privileges. Getting a vaccination is one of the most effective ways to help prevent unnecessary deaths and stem the spread of this preventable disease. We care about you, your family and patient safety, and want everyone to be protected.

Q: Who does the policy apply to?

A: The [INSERT NAME OF POLICY] applies to all [INSERT WHO POLICY APPLIES TO].

Q: By what date to I need to receive my influenza vaccine?

A: All health care personnel must be vaccinated by [INSERT DATE].

Q: Are there exemptions from the policy? If so what is the process?

A: Exemption forms are available [INSERT WHERE FORMS CAN BE OBTAINED]. The Medical Exemption form should be completed and certified by your personal health care provider, while the Religious Exemption form can be completed by the requestor or clergy member. Completed forms should be submitted to [INSERT WHERE TO SUBMIT TO] by [INSERT DATE]. Personnel will be notified by [INSERT DATE] if their exemption is approved.

Q: What will happen if I refuse to be vaccinated?

A: If you choose not to be vaccinated you will not be allowed to work or practice after [INSERT DATE] and we will consider you to be voluntarily terminating your employment or relationship with [ORGANIZATION NAME].

Reasons for the Policy:

Q: I do not have direct patient contact. Why must I be vaccinated?

A: It is too difficult to determine where to draw the line between those personnel that have contact with patients and those who do not. Almost everyone comes into contact with someone, who comes into contact with someone who has contact with patients.

Q: Couldn't we just wear masks instead of being vaccinated?

A: The use of paper masks on a prolonged basis has not been shown to be an effective strategy to prevent the spread of influenza. It would be very difficult to manage and enforce, leaving patients vulnerable to those who were supposed to wear masks and did not. Also, prolonged use of masks can make a patient's experience seem more scary and urgent than necessary.

Q: Is the vaccine really safe for me to receive?

A: The same process to produce and test the vaccine has been used for decades, and is repeated year after year. There is a small risk associated with any vaccination. We need to consider the risk/benefit and determine if the minimal risk outweighs the risk of doing nothing and potentially causing personal illness and possibly life-threatening illness to our patients. The degree of risk is similar to that of TB testing and rubella vaccinations already required for many health care personnel. Other systems that have implemented similar policies have not seen an increase in negative vaccine related incidents.

Vaccine Safety and Effectiveness:

Q: Is the vaccine really effective for this year's influenza strains?

A: Scientists have concluded there are only two to three strains circulating in the world at any one time. Each year, in the February/March timeframe, the composition of the vaccine is determined based on the previous influenza season and what is happening in the Southern hemisphere, since history shows that the virus begins there and then moves north.

Q: Can't the influenza vaccine actually give me the flu?

A: No! Neither the injectable (inactivated) vaccine nor the live attenuated (nasal spray) vaccine can cause influenza. The injectable influenza vaccine contains only killed viruses and cannot cause influenza disease while the nasal spray vaccine contains live attenuated (weakened) viruses that at worst can only produce mild symptoms similar to a cold. Any vaccination can be associated with short-term fever of less than 101 degrees and aches at the injection site lasting less than 24 hours. These nuisance type symptoms are likely caused by your body's response to a foreign presence. Any experience of the flu is coincidence and most likely the result of whatever is circulating during the season when you are vaccinated because the vaccine is not effective immediately.

Qualifying for an Exemption:

Q: What medical conditions will be accepted for a medical exemption?

A: Per the policy, documentation of: [MATCH LIST TO POLICY]

- Documented serious adverse reaction to previous influenza vaccine
- Significant allergy to eggs (anaphylactic or systemic reaction)
- History of Guillain-Barré Syndrome

Q: How do I qualify for a religious exemption?

A: A religious conviction exemption from influenza vaccination will ONLY be granted if a vaccination violates the tenets of a health care personnel's religious beliefs. Your supporting statement as well as any supporting statements from your religious leader (with contact information for follow-up) will assist us in an initial evaluation of your religious conviction exemption request. We will review requests on a case-by-case basis.

Q: Are there other reasons besides medical and religious that would qualify?

A: No, per policy only medical and religious reasons will qualify for an exemption.

Exemption Process:

Q: What if I have a medical condition or religious conviction and cannot receive the influenza vaccine?

A: You may obtain the appropriate exemption request form from [INSERT WHERE FORM CAN BE OBTAINED]. The form must be returned to [INSERT WHERE TO RETURN FORM TO] by [INSERT DATE]. A team will review all requests and you will be notified by [INSERT DATE] as to whether or not your

request has been approved. If not approved, you must provide documentation or be vaccinated by [INSERT DATE].

Q: What if I do not have a doctor who can fill out my medical exemption request form?

A: The form requires an appropriate signature to certify the information submitted.

Q: Can an employee health nurse [INSERT NAME OF EMPLOYEE HEALTH] sign the medical exemption form?

A: No, this form must be signed by a medical professional that provides your routine medical care.

Q: What if I miss the [INSERT DEADLINE DATE] deadline to apply for an exemption?

A: Unless you have developed a new condition since the [INSERT DATE] deadline, forms will not be accepted after [INSERT DEADLINE DATE].

Q: When will I know if my exemption request qualifies?

A: The review team will meet regularly to review any exemption forms submitted. As soon as a form is reviewed, you will be notified of the result via [INSERT HOW NOTIFICATION WILL OCCUR]. All decisions will be sent to health care personnel by [INSERT DATE].

Q: Will my manager know about my request for an exemption?

A: Managers will have access to information about their staff that indicates who from their team has been vaccinated, who has submitted a request for an exemption and the status of each exemption request. The manager will not have access to the medical nature of the request that is protected by HIPAA.

Q: What if my request is denied?

A: You will have until [INSERT DATE] to receive the vaccination.

Q: Is there an appeal process?

A: Unless there is new information that had not previously been reviewed, there is no appeal process. Personnel should talk to [INSERT NAME OF EMPLOYEE HEALTH DEPARTMENT] with any questions about their particular situation.

Vaccination Deadline:

Q: By what date must I be vaccinated?

A: You will have until [INSERT DATE] to receive the vaccination.

Q: What if I receive a flu vaccine somewhere else?

A: Vaccinations given through Employee Health [OR NAME OF WHO WILL GIVE VACCINATIONS] will automatically be tracked. If you receive the vaccination elsewhere, proper documentation, including vaccine lot number and the signature of the person administering the vaccine, must be submitted to [INSERT WHERE TO SUBMIT DOCUMENTATION TO] by [INSERT DEADLINE DATE]. [INCLUDE MENTION OF A FORM IF ONE IS REQUIRED].

Q: What if I am on a leave of absence and will not return until after [INSERT VACCINATION DEADLINE]?

A: All personnel who are on a leave of absence during the vaccination period will be required to receive an influenza vaccination before they will be allowed to return to work or submit a form applying for an

exemption. The vaccine may be received from Employee Health prior to the return to work or documentation of receiving the vaccine elsewhere must be submitted to Employee Health prior to the return to work.

Q: What if there is a shortage of vaccine?

A: In the event of a shortage of vaccines, personnel will receive additional instruction as to the distribution of the vaccine to ensure our most vulnerable patients are protected.

Q: If I refuse to vaccinated, will I be terminated?

A: If you choose not to be vaccinated by [INSERT DATE], we will consider you to be voluntarily terminating your employment or relationship with [ORGANIZATION NAME].

Who is Included:

Q: Are physicians included in this policy?

A: Yes, physicians and all health care professionals who have clinical privileges with [ORGANIZATION NAME] are covered by this policy.

Q: Who else is covered by this policy?

A: [LIST THOSE COVERED BY THE POLICY]

Q: What about new hires?

A: This will be integrated into the new hire process just like any other pre-employment requirement.

For More Information:

Q: Where can I go for more information about the influenza vaccine?

A: [INSERT WHERE ADDITIONAL INFORMATION CAN BE OBTAINED]

Q: Who do I contact if I have questions about the policy?

A: [INSERT WHERE QUESTIONS SHOULD BE DIRECTED TO]

Promising Practices from Wisconsin Hospitals and Health Systems

All Wisconsin hospitals encourage their health care personnel to receive influenza vaccinations; however, the movement to *require* vaccination is growing. A number of hospitals and health systems in Wisconsin have already implemented mandatory vaccination programs. Several of these organizations have agreed to share their policies and forms, to help the entire Wisconsin health care community move toward mandatory influenza vaccinations for health care personnel.

All of the organizations positioned their programs as patient and employee safety imperatives. In each of the programs, support from senior leadership and physician leaders was critical to their success. Many professional champions played key roles; however, chief medical and chief nursing officers, infection control and occupational health specialists, human resource directors, as well as marketing and legal staff, are recognized as integral to all aspects of implementation.

The following are additional themes common among all organizations outlined here:

Common organizational elements:

- Establish seasonal influenza vaccination as a condition of employment and maintenance of medical staff privileges that impacts all health care workers, including employees, members of the medical staff, volunteers, students, and vendors.
- Establish a clear and consistent process for granting medical and religious exemptions. The number of exemptions granted is very low. Almost all employees who are denied an exemption will choose to receive the vaccine.
- Early work and good communication with applicable unions will help secure their support for organized labor units.
- Establish a clear, fair and consistent process for dealing with health care personnel who choose not to be immunized. Very few workers end up being terminated.
- Establish clear channels of communication with all affected, starting with managers. Ensure the all management team members understand their role in supporting and implementing the new policy.

Key Strategies:

- Define and announce target populations early.
- Create a robust tracking system, with the ability to generate interim reports for local manager follow-up.
- Develop a plan for interruption of the vaccine supply.
- Develop a detailed exemption review process. If possible, do not leave this responsibility to a single person.
- Develop policies around verifying external employee vaccination administration.

The following organizations provided assistance with creating this toolkit including expertise and copies of policies and forms. See Appendix B for examples of their policies.

- Agnesian HealthCare
- Aurora Health System
- Holy Family Memorial Hospital
- Marshfield Clinic
- Mercy Health System
- Ministry Health Care
- Monroe Clinic
- ProHealth
- St. Clare Hospital
- UW Health
- Wisconsin Healthcare Public Relations and Marketing Society

Appendix A

Guidelines for Reporting to CDC-NHSN

Overview:

- Reporting of Health Care Personnel Vaccination rates is an annual CMS requirement for all Prospective Payment hospitals. It is also a requirement for all acute care hospitals affected by the Wisconsin Medicaid hospital pay-for-performance program.
- Reporting must be done through the CDC - National Healthcare Safety Network (NHSN) module. Assistance with reporting to NHSN can be obtained from the Department of Public Health.
- Annual reporting must be completed by May 15 of each year.

The following table contains NHSN’s definition of Health Care Personnel

Employees	<ul style="list-style-type: none"> • All persons who receive a direct paycheck from the reporting facility (i.e. on payroll)
Licensed independent practitioners	<ul style="list-style-type: none"> • Physicians (MD, DO), advanced practice nurses, and physician assistants • Affiliated with the facility but not receiving a direct paycheck from the facility
Adult students / trainees and volunteers	<ul style="list-style-type: none"> • Students, trainees, and volunteers • Aged ≥18 years • Affiliated with the facility but not receiving a direct paycheck from the facility
Other contract personnel (optional for CMS and P4P reporting)	<ul style="list-style-type: none"> • Examples: agency or registry nurses (not advanced practice nurses), environmental services personnel, maintenance workers

NHSN

Record the number of HCP for each category below for the influenza season being tracked				
Facility ID #:				
Vaccination type: influenza	Influenza subtype: <input type="checkbox"/> seasonal <input type="checkbox"/> non-seasonal	Influenza season:	Date Last Modified:	
	Employee HCP	Non-employee HCP		
	Employees (staff on facility payroll)	Licensed independent practitioners (physicians, advanced practice nurses, and physician assistants)	Adult students/trainees/volunteers	Other contract personnel (optional for CMS and P4P reporting)
1. Number of HCP who worked at this facility for at least 30 days between October 1 and March 31				
2. Number of HCP who received an influenza vaccination at this facility since influenza vaccine became available this season				
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this facility since influenza vaccine became available this season				
4. Number of HCP who have a medical contraindication to the influenza vaccine				
5. Number of HCP who declined to receive the influenza vaccine				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)				

Appendix B

Sample Policies

**AGNESIAN HEALTHCARE POLICY AND PROCEDURE
(AHE, CLW, FDLRC, RMC, SAH, SFH, WMH)**

SUBJECT: INFLUENZA VACCINATION; MANDATORY

**Departments
Responsible: Human Resources**

Page 1 of 3

Policy No: HR2661

Effective Date: September 15, 2012

Approved:

s/James P. Muga
ADMINISTRATION

Reviewed/Revised Date: 9/2012 revised

Developed Date: 8/2011

POLICY STATEMENT:

As a condition of providing services, healthcare workers at Agnesian HealthCare ministries must receive an annual influenza vaccination or, if granted an exemption, comply with the terms of the exemption. It is the goal of Agnesian HealthCare to protect our patients, HCWs, volunteers, medical staff practitioners, students and the community from influenza.

Background information:

Seasonal influenza vaccine has been shown to be safe and effective.

DEFINITIONS:

- 1) Agnesian HealthCare ministries; means all ministries of Agnesian HealthCare, Inc., including but not limited to Agnesian HealthCare Enterprises, Consultants Laboratory, Fond du Lac Regional Clinic, Ripon Medical Center, St. Agnes Hospital, St. Francis Home and Waupun Memorial Hospital.
- 2) Healthcare workers (HCW); means associates, temporary/contracted agency staff, medical staff practitioners (whether employed or independent and defined as licensed practitioners holding clinical privileges, including temporary privileges, at Agnesian HealthCare, building contractors, students, residents or fellows, job shadow students, volunteers or other individuals involved in the delivery of healthcare services at Agnesian HealthCare ministries. Some HCWs provide direct patient care; others have jobs that put them in close contact with patients or the patient environment. All HCWs, even those HCWs who do not come into contact with patients, are included in this definition.

PROCEDURE:

- 1) HCWs must provide annual documentation of influenza immunization or complete a form requesting medical/religious exemption for bona fide medical/religious reasons.
- 2) Healthcare workers requesting medical/religious exemption will complete an application form by October 1 each year. **All requests for medical and religious exemption must be sent to Associate Health by October 1.**
- 3) Healthcare workers who first associate with Agnesian Healthcare ministries after October 1 each year or while influenza is active in the community as determined by Agnesian must apply for exemption prior to or concurrent with commencing activities at Agnesian Healthcare ministries.
 - a) A decision on granting the medical/religious exemption will be made within 30 days of receipt of request.
 - b) The decision regarding exemption is made by Administration.
 - c) If influenza is active in the community a mask will be worn during this time period.
- 4) Medical exemption for compelling reasons
 - a) The decision will be reviewed by a medical committee appointed by the CMO (Chief Medical Officer).
- 5) A request for religious exemption may be made on the basis of a sincerely held religious belief or practice that prohibits the HCW from obtaining the influenza immunization and requires documentation.

-
- a) Religious beliefs are those that are theistic in nature as well as non-theistic moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views. Personal preferences do not constitute religious beliefs.
 - b) Individuals requesting the exemption due to religious beliefs must provide adequate documentation justifying the religious exemption. Written documentation from a religious leader is preferred.
 - c) Requests for exemption due to religious beliefs will be evaluated by the Director, Agnesian HealthCare Human Resources, applying standards, including those established in Title VII of the Civil Rights Act of 1964 relating to religious accommodations in the workplace.
- 6) HCWs with a moderate to severe illness with a fever should wait to receive the vaccination until they recover from their illness.
 - 7) Unvaccinated HCWs shall wear a surgical mask when working while the influenza virus is active in the community.
 - a) Masks may be removed during meal and break times to allow the staff person to eat and drink without hindrance. Associate will eat and drink in a non-patient area when mask is off.
 - b) To be fully functional, the mask must fit snugly, cover the nose and mouth and be secured to the face with ties or elastic. The metal nasal piece should be molded securely to the nose.
 - c) The mask should be discarded, at a minimum, when it becomes soiled or moist and at the end of the shift. Minimal time is required to change the mask. Wearing a damp mask may contribute to facial irritation and reduce the effectiveness of the mask.
 - d) Healthcare workers in clinical areas need to continue to follow appropriate Infection Control guidelines for isolation practices regardless of immunization status.
 - e) Healthcare workers will take responsibility/accountability for following use of the mask directive.
 - i. Masks will be available in each department.
 - ii. Each department will determine how healthcare workers will demonstrate personal accountability for following the mask procedure.
 - iii. Masks will be disposed of prior to leaving the building.
 - 8) Healthcare workers will complete upon hire and annually as needed an educational program specified by Agnesian HealthCare, Inc. which includes information on the risk posed to patients who may become ill as a result of exposure to healthcare workers infected with influenza.
 - 9) The period of time during which influenza is "active in the community" will be determined by Administration and the Therapeutics Committee in consultation with local public health officials.
 - 10) If a healthcare worker has not received the influenza vaccine prior to November 1 or when influenza is deemed active in the community, whichever occurs first, a mask will be worn through vaccination and for the post-immunization 10-day waiting period after vaccination. If deemed active in the community prior to November 1, the Influenza Task Force will meet to determine next steps.
 - a) If the HealthCare Worker has not received the vaccine or exemption by November 1, they will be removed from the schedule without pay and receive a final written warning.
 - b) If the HealthCare Worker has not received the vaccine or exemption by November 15, they may be terminated. An approved LOA is the only exception for not meeting this date.
 - 11) If after consulting with vaccine suppliers, Public Health Officials, Associate Health, Director of Pharmacy and Infection Control Staff, Agnesian HealthCare determines a shortage of vaccine exists such that individuals who must receive the vaccine cannot, Agnesian HealthCare may suspend the vaccination requirement for a period of time not to exceed one year.
 - a) In the event a shortage of vaccine exists such that individuals who must receive the vaccine cannot, Associate Health and the Director of Pharmacy and Infection Control will consult with the Pharmacy and Therapeutics Committees to determine whether any HCWs not receiving the vaccine prior to the inaccessibility of the vaccine will be required to wear a mask until they receive the vaccine or the influenza is no longer active in the community.
 - b) If vaccine becomes available the vaccine requirement will be reinstated.
 - 12) Influenza vaccine is provided free of charge to all Agnesian HealthCare associates, medical staff practitioners and volunteers.

- 13) Healthcare workers who have not furnished documentation of immunization or exemption shall be *excluded* from providing services for the duration of the period when influenza is active in the community or until they provide proof of immunization (including the 10-day waiting period) or exemption, whichever comes first.
 - a) Exclusion means that until the individual provides evidence of immunization or obtains an exemption, the individual will not be permitted to perform his or her responsibilities or exercise his or her privileges in Agnesian Healthcare ministries.
 - b) However, in the case of employed and contracted healthcare workers, Agnesian may replace the individual when in its sole judgment doing so is necessary, and the effect in such case shall be loss of employment or other healthcare worker status.
- 14) Healthcare workers who violate this policy will be subject to *discipline* up to and including termination of employment, volunteer, contract, medical staff or other healthcare worker status. Violation of this policy occurs when a healthcare worker who has neither furnished documentation of immunization nor obtained exemption renders or attempts to render services at Agnesian HealthCare ministries by December 15 or while influenza is active in the community (whichever occurs first), other than as permitted in this policy. When discipline involves medical staff privileges, discipline will be administered by the appropriate medical staff body. All other discipline will be administered by Administration.
- 15) Documented proof of influenza vaccine will be required upon hire. If vaccine is not obtained prior to hire, immunization will be given on first day of employment. If active influenza is declared in the community, the new associate will wear a mask for 10 days after vaccination.
- 16) Documentation of proof of vaccine is required if vaccine is obtained outside of Agnesian HealthCare. Acceptable forms of proof are a provider's note or immunization record.



Influenza Vaccination Medical Exemption Request Form

To be completed by Healthcare Provider

Patient Name _____ Date of Birth _____

Agnesian HealthCare is committed to protecting our patients, healthcare workers and the community from influenza. Our influenza vaccination safety initiative requires our healthcare workers without sincerely held religious objections or medical contraindications to receive an annual influenza vaccine. Your patient is requesting a medical exemption from receiving the influenza vaccination. Medical exemptions are granted for recognized contraindications.

Guidance for medical contraindications can be obtained from the Center for Disease Control and Prevention publication, Morbidity and Mortality Weekly Report (MMWR) August 17, 2012/61(32): 613-618, *Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) – United States, 2012-13 Influenza Season*. This can be found at the following website, <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>

Please clarify your patient's contraindication to the influenza vaccine.

Previous reaction to influenza vaccine (e.g. hives, difficulty breathing, swelling of tongue or lips)

- The above does not include sensitivity to the vaccine such as an upset stomach or mild to moderate local reactions such as soreness, redness, itching, or swelling at the injection site.
- The above does not include subsequent upper respiratory infection or low-grade or moderate fever following a prior dose of the vaccine.

Description of Reaction: _____

Date of Reaction: _____

Severe Egg Allergy (note recent ACIP recommendations below)

- If patient can eat a lightly cooked egg (e.g. scrambled egg) without reaction then administer vaccine per usual protocol.
- If after eating eggs or egg containing foods, the patient experiences ONLY hives then administer TIV and observe for reaction for at least 30 minutes after vaccination.
- If a patient experiences cardiovascular changes (e.g. hypotension), respiratory distress (e.g. wheezing), gastrointestinal symptoms (e.g. nausea/vomiting), reaction requiring epinephrine, reaction requiring emergency medical attention then refer to a physician with expertise in management of allergic conditions for further evaluation.

Description of Reaction: _____

Date of Reaction: _____

History of Guillain Barré Syndrome

Date Patient had GBS: _____

- Patient may still receive vaccine if they desire

Other – (please describe reaction and date):

To a responsible degree of medical certainty, it is my opinion that my patient referenced above has the influenza contraindication as identified.

Signature _____ Date _____

Healthcare Provider's Name _____

Address _____ Phone _____



Influenza Vaccination Medical Exemption Request Form

Instructions

1. Complete and sign this page.
2. Present second page to your healthcare provider to complete the medical information.
3. Return completed forms.
 - a. Associate - return forms to Associate Health Office
 - b. Physician - return forms to Saint Agnes Medical Staff Office

Name _____ Date of Birth _____ Agnesian
 Position Title _____ Department _____ HealthCare
 is
 committed

to protecting our patients, healthcare workers, volunteers, medical staff practitioners, students and the community from influenza. Influenza is a serious respiratory disease that kills an average of 36,000 people and hospitalizes more than 200,000 people in the United States each year. A person that comes in contact with the influenza virus can shed it for 24-48 hours before symptoms may appear. This can spread the virus to patients in Agnesian facilities, to colleagues, and to family members. Agnesian HealthCare requires all healthcare workers (HCW) as defined in policy HR 2661 (Influenza Vaccination; Mandatory) to be vaccinated against influenza on an annual basis, unless granted an exemption. This form is used to request a medical exemption. Pursuant to policy HR 2661, only the following individuals are entitled to medical exemptions:

- 1) Individuals with a previous reaction to the influenza vaccine such as hives, difficulty breathing, or swelling of the tongue or lips. This category does not include individuals with mere sensitivity to the vaccine such as an upset stomach or mild to moderate local reactions such soreness, redness, itching or swelling at the injection site.
- 2) Individuals with a severe egg allergy.
- 3) Individuals with a history of Guillain Barré Syndrome.
- 4) Individuals with other compelling medical need for an exemption.

Individuals who do not receive a vaccination because they are granted an exemption must wear respiratory protection at all times during flu season in accordance with policy HR 2661.

With knowledge of the above, I am requesting an exemption from the influenza vaccination for medical reasons.

Signature _____ Date _____

Completed forms are to be submitted to:

For Associates requesting exemption
 Agnesian HealthCare
 Associate Health Office
 430 E Division St.
 Fond du Lac, WI 54935
 Fax: 920-926-4511

For Physicians requesting exemption
 Agnesian HealthCare
 Medical Staff Office
 430 E Division St.
 Fond du Lac, WI 54935
 Fax: 920-926-4875

**Agnesian HealthCare
Influenza Vaccination
Request for Religious Exemption Form**

Name: _____ **Date of Request:** _____

Associate ID: _____ **Position Title:** _____

Department: _____ **Entity:** _____

Agnesian HealthCare is committed to the diversity and inclusiveness of all our associates. I understand that Agnesian HealthCare requires all healthcare workers (HCW) as defined in policy HR 2661 (Influenza Vaccination; Mandatory) to be vaccinated against influenza on an annual basis, unless granted an exemption. The following form is used to request such an exemption.

Please read the following:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other HCWs to protect our patients from influenza disease, its complications and death.
- I am likely to be exposed to the influenza virus through the community and bring the illness into the healthcare setting.
- If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread the influenza disease to patients in this facility, to my colleagues and family.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including:
 - Patients utilizing our services
 - My co-workers
 - My family
 - My community
- I understand that not being vaccinated as a result of an exemption will require me to wear respiratory protection at all times during the flu season as defined in policy HR2661, Influenza Vaccination; Mandatory.

Masking Requirements for unvaccinated HCWs during the Flu Season

All HCW who have not been vaccinated against influenza, even if not vaccinated due to granting of an exemption for medical or religious reasons, will be required to wear respiratory protection, in the form of a mask, while influenza is active in the community. The mask needs to be worn at

all times, with the exception of breaks and meals. The following rules apply to the wearing of masks:

- Masks may be removed during meal and break times to allow the associate to eat and drink without hindrance.
- To be fully functional the mask must fit snugly, cover the nose and mouth and be secured to the face with ties or elastic. The metal nasal piece should be molded securely to the nose.
- The mask should be discarded, at a minimum, at the end of the shift and immediately replaced if it becomes soiled or moist. It is recommended that the mask be changed approximately every 2 hours or more frequently if needed. A damp mask may contribute to facial irritation.
- **Associates in clinical areas need to continue to follow appropriate Infection Control guidelines for isolation practices.**

Please notify your provider if you develop signs and symptoms of influenza or experience mask problems.

Despite these facts, I am requesting an exemption from the mandatory influenza vaccine for religious reasons:

Identify religious belief, church, or religious body:

I am requesting religious exemption for the following sincerely held, religious reasons (attach additional pages if necessary):

Religious Tenet(s) Documentation:

Please use the attached Religious Leader Certification Form to support your request. The Form should be given to your religious leader for him or her to complete in support of your request. Submit the completed form with your request.

If you are not submitting a completed Religious Leader Certification Form with your request, please explain why:

In some cases, Agnesian HealthCare may still need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for exemption.

If requested, can you obtain documentation or other authority to support the need for an exemption based on your religious practice or belief? _____yes _____no

If no, explain why:

Additional Supporting Information:

1. Duration for which I have held the beliefs to form the basis for my exemption request:

2. Prior vaccinations received and dates (attach additional pages if necessary):

<u>Date Received</u>	<u>Vaccination</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Prior vaccinations from which I have been exempted (attach additional pages if necessary):

<u>Date</u>	<u>Vaccination</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Actions other than refusal to obtain vaccinations that demonstrate my sincerely held religious belief (attach additional pages if necessary):

5. Explain any other reasons for your request for an exemption from the influenza vaccination requirement (attach additional pages if necessary):

Certification:

By my signature below, I acknowledge that I have read and fully understand the information on this form. I verify that the above information is complete and accurate to the best of my knowledge. I further acknowledge that the beliefs described in this form are bona fide religious beliefs rather than personal preferences, and that my beliefs – not my medical objection to vaccinations – are the motivation for my request. I also understand that my request for an exemption may not be granted if it is not reasonable or creates an undue hardship on my employer. I understand that any false or incomplete information on this form will result in disciplinary action up to and including termination of employment for falsification of records.

Signature: _____ **Date:** _____

*Completed forms are to be submitted to
Agnesian HealthCare
Associate Health Office
430 E. Division St.
Fond du Lac, WI 54935*

Fax: 920-926-4511

**Agnesian HealthCare
Request for Religious Exemption from Mandatory Influenza Vaccination
Religious Leader Certification Form**

Name: _____ **Date of Request:** _____

Associate ID: _____ **Position Title:** _____

Department: _____ **Entity:** _____

Dear Clergy,
Agnesian HealthCare requires all associates, physicians, volunteers, contractors and students to obtain an influenza vaccination each year. This policy has been in place since 2011 and was instituted to protect our associates, patients, families and visitors from potential the health risks of influenza.

Agnesian's Influenza Vaccination Policy states that a religious exemption may be granted to accommodate sincerely held religious beliefs or practices that prohibit an individual from obtaining the influenza vaccination. A religious belief is a belief that is theistic in nature or a non-theistic moral or ethical belief that is sincerely held with the strength of traditional religious view. Mere personal preferences do not qualify for a religious accommodation.

The individual identified above is requesting a religious exemption from this vaccination. Religious exemption from influenza vaccination is allowed if it violates tenets of one's religion. Your supporting statements will assist us in evaluating this request. Please complete the information below for the above-named individual and return to the Associate Health department at Agnesian HealthCare. Should you have any questions, please feel free to contact me at 920-926-5701.

Sincerely,

Tammy Pitts
Human Resources Director

The above-named individual should not be vaccinated against influenza because the vaccination violates the following religious tenets (attach additional pages if necessary):

Clergy Signature: _____

Date: _____

**Please return completed forms to:
Agnesian HealthCare
Associate Health Department
430 E. Division St.
Fond du Lac, WI 54935**

Fax: 920-926-4511

POLICY NO: 197

Effective: 5/11

Revisions: 4/12

Reviewed:

INFLUENZA IMMUNIZATION POLICY

1. Purpose

The purpose of this policy is to protect patients, caregivers, family members, and the community from influenza infection through annual immunization of all individuals working or volunteering within an Aurora Health Care facility.

2. Scope

This policy applies to all individuals working or volunteering in an Aurora Health Care facility, including all caregivers, employed physicians, volunteers, contracted clinical personnel who have direct contact with the patient or the patient environment, credentialed medical staff (as well as their employed or sponsored advanced practice professionals and clinical assistants), and students or trainees in a clinical setting.

3. Policy

Requires influenza immunization on an annual basis for all caregivers working or volunteering within an Aurora Health Care facility.

4. Procedures

4.1 Implementation.

Compliance reports will be available via iConnect to update managers on the immunization rates and exemptions for staff who work in their respective areas. Managers and supervisors are responsible for the enforcement of this policy requiring influenza immunization on an annual basis unless exemption has been granted as described below.

4.2 Annual Influenza Immunization.

- a. All individuals specified in Section 3 of this policy, including but not limited to all employed or credentialed physicians and caregivers, must be immunized against influenza each year.
- b. Influenza vaccine is available free of charge to all caregivers. The vaccination program is coordinated through Employee Health & Wellness. Influenza season typically occurs sometime between November through March. Dates of the influenza vaccination program will be determined by Care Management and Employee Health & Wellness on an annual basis.
- c. If personnel covered by this policy are vaccinated through services other than Employee Health & Wellness (i.e. private physician office, public clinics) they must provide proof of immunization to Employee Health & Wellness or the Aurora Credentials Verification Service, as applicable, by November 15. Proof of immunization may include a physician's note, a receipt, or a copy of consent or attestation which includes date of vaccination and

lot number.

- 4.3 **Records.** Employee Health & Wellness will maintain a record of influenza immunizations and exemptions via the Employee Health & Wellness database.
- 4.4 **Requirements.** All personnel covered by this policy must adhere to Aurora's immunization policy as a condition of employment, medical staff membership and/or clinical privileges, or access to Aurora's facilities in a capacity covered under Part 3 of this policy. They must be vaccinated or granted an exemption by November 15.
- 4.5 **Enforcement.** Failure to comply with the immunization policy will result in a written warning. If an individual is not vaccinated or granted an exemption within two (2) weeks of receiving the warning, that individual will be subject to further corrective action, up to and including termination of employment, automatic relinquishment of medical staff membership and/or clinical privileges, or forfeiture of the right to continue working within an Aurora facility in any of the capacities outlined in Part III of this policy.
- 4.6 **Procedures in the Event of Shortages.** In the event of an influenza vaccine shortage, the situation will be evaluated by the Chief Medical Officer at the corporate level in collaboration with Care Management, Employee Health & Wellness, Human Resources, and Pharmacy. Influenza vaccine will be offered to personnel covered by this policy based on job function and risk of exposure to influenza. Priority will be given to personnel who: provide direct hands-on patient care, with prolonged face-to-face contact with patients; care for patients at high risk for complications from influenza; themselves have highest risk of exposure to patients with influenza and/or are at high risk for complications from influenza.
- 4.7 **Exemptions.**
 - a. Exemption to immunization may be granted for medical contraindications or religious convictions.
 - b. Individuals requesting exemption due to medical contraindications must complete a Request for Medical Exemption from Influenza Vaccination form by September 15 each year. Exemptions may include:
 - i. Documented serious adverse reaction to previous influenza vaccine.
 - ii. Significant allergy to eggs (anaphylactic or severe reaction).
 - iii. History of Guillain-Barre Syndrome within six (6) weeks of a previous influenza vaccination.
 - iv. Bone marrow transplant within six (6) months.
 - c. Standard criteria for medical exemption will be established based upon recommendations from the Centers for Disease Control and Prevention.
 - d. Individuals requesting a religious conviction exemption must complete a Request for Religious Conviction Exemption from Influenza Vaccination form by September 15 each year.
 - e. Each request for exemption, regardless of the reason, will be evaluated individually between September 1 and October 15 by a team consisting of a care management physician, nursing representative, and human resources representative.
 - f. The individual will be notified by October 15 as to whether the exemption is granted or denied. This allows caregivers with a denied request adequate time for vaccination or to provide additional evidence.

Cross References: None

Owner: Chief Medical Officer

References: None

Review Dates:



Medical Staff Bylaws Language – Influenza Immunization:

Failure to provide proof of influenza immunization, or granted exemption, in accordance with the Aurora Health Care System Influenza Policy within thirty (30) days after receiving a written notice of delinquency describing the failure to comply with the Influenza Policy shall be deemed a voluntary relinquishment of Medical Staff appointment and Clinical Privileges.



Request for Medical Exemption from Influenza Vaccination

Caregiver Name: _____ Employee ID#: _____

Caregiver Date of Birth: _____ Caregiver Phone #: _____

Physician Name: _____ Physician Phone #: _____

Address: _____ State License Number: _____

Dear Physician:

In 2012, as a patient safety initiative, Aurora Health Care will once again be requiring influenza vaccinations for all caregivers working or volunteering for Aurora, except in the case of Aurora-approved exemptions conferred as a result of documented medical contraindication or religious conviction. Your patient is requesting to be exempt from this vaccination. Medical exemption from influenza vaccination is allowed ONLY for recognized contraindications, as published in the most current MMWR recommendations of the Advisory Committee on Immunization Practices for the prevention and control of seasonal influenza. Please complete the information below regarding your patient's request for a medical exemption. Should you have any questions, please call Aurora's Employee Health and Wellness department at 920-893-4769.

Thank you,
Kathy Leonhardt, MD, MPH
Vice President / Patient Safety Officer
Office of Patient Experience
Aurora Health Care

David R. Smith, MD, MPH
Vice President / Care Management
Office of Patient Experience
Aurora Health Care

Clarification from the requesting caregiver may be requested in writing or by phone.

My patient should not be vaccinated against influenza for the following reason:

- Recognized contraindication to influenza vaccination (please mark all that apply):
- Severe allergic reaction to eggs. Date of reaction:
- History of previous severe allergic reaction to the influenza vaccine or component of the vaccine. Date of reaction:
- History of Guillan-Barre syndrome within six (6) weeks of receiving a previous vaccine. Date of reaction:
- Bone marrow transplant within the previous six (6) months. Date of transplant:
- Other. Please describe in space below.

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.)

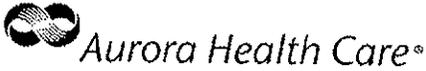
I hereby authorize Aurora Health Care to release information to my manager/supervisor to confirm my receipt of the influenza vaccination or that I am exempt from the influenza vaccination requirement in accordance with policies established by Aurora Health Care. The specific reason for exemption will not be disclosed to my manager/supervisor.

I understand that this authorization will enable the release of the information concerning my influenza vaccination to my manager/supervisor consistent with Aurora Administrative Policy 197, Influenza Immunization Policy. 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 law/regulations. I may request a copy of my signed authorization if desired. I authorize Aurora to contact my physician for clarification of my exemption request.

I understand that I may revoke this authorization at any time except to the extent that prior action has been taken in reliance on this authorization. This authorization will expire when I am no longer employed by Aurora Health Care or any of its affiliated entities if I do not cancel it in writing prior to the expiration date. I understand that if I want to cancel/revoke this authorization, I must mail, fax or bring a letter in person to the Employee Health and Wellness department where I received the influenza vaccination stating that I want to cancel this authorization.

Employee Signature: _____ Date: _____

RETURN TO YOUR SITE EMPLOYEE HEALTH DEPARTMENT or Fax to 920 893-4785 by September 15, 2012



Request for Religious Exemption from Influenza Vaccination

Caregiver Name: _____ Caregiver Date of Birth: _____

Employee ID#: _____ Caregiver Phone #: _____

To Whom It May Concern:

In 2012, as a patient safety initiative, Aurora Health Care will once again be requiring influenza vaccinations for all caregivers working or volunteering for Aurora, except in the case of Aurora-approved exemptions conferred as a result of documented medical contraindication or religious conviction. Consistent with Aurora policy, even caregivers who have previously been granted an exemption must request a new exemption each year if they believe they would still qualify for the exemption. **A religious conviction exemption from influenza vaccination will ONLY be granted if a vaccination violates the tenets of a caregiver's religious beliefs.** Your supporting statement as well as any supporting statements from your religious leader (with contact information for follow-up) will assist us in an initial evaluation of your religious conviction exemption request. We will review requests on a case-by-case basis. Should you have any questions, please call Aurora's Employee Health and Wellness department at 920-893-4769.

Thank you,

Kathy Leonhardt, MD, MPH
Vice President / Patient Safety Officer
Office of Patient Experience
Aurora Health Care

David R. Smith, MD, MPH
Vice President / Care Management
Office of Patient Experience
Aurora Health Care

Clarification from the requesting caregiver and/or their religious leader may be requested in writing or by phone.

I should be given a religious conviction exemption from being vaccinated against influenza for the following reason (add additional sheets, if necessary):

I hereby certify that influenza vaccination violates the tenets of my religious beliefs, and request religious exemption from the influenza vaccination.

Caregiver Signature: _____ Date: _____

I hereby authorize Aurora Health Care to release information to my manager/supervisor to confirm my receipt of the influenza vaccination or that I am exempt from the influenza vaccination requirement in accordance with policies established by Aurora Health Care. The specific reason for exemption will not be disclosed to my manager/supervisor.

I understand that this authorization will enable the release of the information concerning my influenza vaccination to my manager/supervisor consistent with Aurora Administrative Policy 197, Influenza Immunization Policy. 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 law/regulations. I may request a copy of my signed authorization if desired. I authorize Aurora to contact my religious leader (if identified) for clarification of my exemption request.

I understand that I may revoke this authorization at any time except to the extent that prior action has been taken in reliance on this authorization. This authorization will expire when I am no longer employed by Aurora Health Care or any of its affiliated entities if I do not cancel it in writing prior to the expiration date. I understand that if I want to cancel/revoke this authorization, I must mail, fax or bring a letter in person to the Employee Health and Wellness department where I received the influenza vaccination stating that I want to cancel this authorization.

Caregiver Signature: _____ Date: _____

SUBJECT Influenza Immunization Policy

SUPERSEDES: 950-1297 of 8/1/11 Effective Date: 9/01/2012
Policy # Date

APPROVALS/DATE _____ (Department Director)
_____ (Administration)

INITIATED BY: _____
(Signature/Title/Date)

REVIEW DATES /
SIGNATURES _____

Policy:

Holy Family Memorial endeavors to protect patients, employees, family members, and the community from influenza infection through the annual immunization of all employees, contract staff, students and volunteers.

Guidelines:

1. This policy applies to all Holy Family Memorial employees, Independent Licensed Providers, contract staff, students (including job shadow students), volunteers, and operating room vendors who have regular contact with patients and staff.
2. Annual Influenza Immunization
 - A. All HFM employees, Independent Licensed Providers, contract staff, students, volunteers and operating room vendors must be immunized against influenza each year.
 - B. The influenza vaccine will be provided free of charge to all HFM employees, Independent Licensed Providers, volunteers and contract employees through Employee Health Services (EHS). Students and operating room vendors with close patient contact must obtain the required flu shot from their private providers. Those not immunized at HFM will be required to provide proof of immunization.
 - C. Applicable individuals who are vaccinated through services other than HFM, such as a private physician office or public clinic, must provide proof of immunization to EHS by December 1st. Acceptable forms of proof are a physician's note or immunization record which includes date of vaccination and lot number.

SUBJECT Influenza Immunization Policy

3. Medical Exemptions

A. Exemption to immunization may be granted for medical contraindications, such as severe allergy to eggs or a component of the flu vaccine, or a history of Guillian-Barre Syndrome (GBS).

1. Individuals requesting exemptions due to medical contraindications must provide proof, such as a letter from their physician to EHS within thirty (30) days of being offered the vaccine.
2. Requests for medical exemption will be evaluated between November 1 and December 1 by the Employee Health Work Group as necessary, applying criteria based upon recommendations from the Centers for Disease Control and Prevention and other general medical information as indicated.
3. If exemption is granted for a temporary health condition, a new request for exemption must be made each year to which the condition applies. If exemption is granted for a permanent condition, such as an allergy or history of GBS, the exemption does not need to be requested each year unless vaccine technology would change to eliminate issues regarding allergies.
4. The individual will be notified by December 1st if the exemption is granted or denied.

4. Religious Exemptions

A. Exemption to immunization may be granted for religious beliefs.

1. Individuals requesting exemption due to religious beliefs must provide a written request to the EHS coordinator from their personal religious leader as documentation supporting exemption within thirty (30) days of being offered the vaccine. The written request should clearly explain why the immunization is contrary to the individual's religious beliefs.
2. Requests for exemption for religious belief will be evaluated by the EHS Work Group, in consultation with HFM Pastoral Care Department between November 1 and December 1. Standards established in Title VII of the Civil Rights Act of 1964 relating to religious accommodations in the workplace will be applied. Request should be consistent with prior vaccination history.
3. The individual will be notified by December 15 if the exemption is granted or denied.
4. All religious accommodations previously granted must be re-applied for annually and must come from the individual's personal religious leader.

5. Infection Control Practices

A. Employees, contract staff, students and volunteers who have been granted an exemption will be required to wear a surgical or isolation mask in all patient care areas during influenza season. Influenza season typically occurs each year from November through March. The exact dates for wearing respiratory protection

SUBJECT Influenza Immunization Policy

will be determined annually by the EHS Coordinator, EHS Medical Director, and Infection Control Practitioner based upon recommendations from the Centers for Disease Control and Prevention.

- B. EHS will establish and communicate the effective dates for each annual immunization program. EHS will maintain a record of influenza immunizations and exemptions.
- C. Employees who have been granted an accommodation will be identified in a way that makes it simple for leaders to enforce the policy of masking when in patient care areas or in close proximity to a patient.
- D. In the event of an influenza vaccine shortage, the EHS Coordinator and Infection Control Practitioner will establish criteria for administration of the available vaccine. Generally, priority will be given to individuals who provide direct hands-on care to patients, have high risk of exposure to patients with influenza or who are at high risk for complications from influenza. EHS is responsible to communicate when the vaccine is available to whom.
- E. All provisions of this policy may also be applied to immunizations for non-seasonal influenza for which protection is not provided by the annual influenza vaccine, where it is determined that vaccinating employees, contract staff, students, and volunteers is necessary to protect patients, employees, contract staff, students, volunteers, and the community from infection. Application of this policy other than to annual influenza immunization will be determined by HFM administration in consultation with the Employee Health Work Group

6. Calculation of Influenza Vaccine Compliance Rate

- A. The influenza vaccination rate will be determined using CDC/NQF Measure Submission and Evaluation Worksheet 5.0 titled "Influenza Vaccination Coverage Among Healthcare Personnel." Denominators will be calculated separately for the following groups: employees, licensed independent practitioners, students/trainees, volunteers, and contract employees.
- B. Employee Health Services will be responsible to calculate the compliance rate for employees and contract staff. Education will be responsible to calculate the rate for students/trainees. Volunteer Services will be responsible to calculate the rate for volunteers, and the Medical Staff Office will be responsible to calculate the rate for independent licensed practitioners.
- C. HFM's compliance rate will be communicated to the staff in May annually.
- D. HFM re-evaluates the Influenza Immunization Policy annually and makes changes necessary to continue to improve its vaccination rate and education to employees and independent licensed practitioners.

6. Consequences of not complying with the policy

- A. All personnel covered by this policy must adhere to it as a condition of employment or access to HFM's facilities. They must be vaccinated or granted an exemption by December 31.

HOLY FAMILY MEMORIAL
MANITOWOC, WI

POLICY NUMBER	<u>950-1297</u>
DATE ISSUED	<u>9/1/12</u>
CATEGORY	<u>Human Resources</u>
DEPARTMENT	<u>Administration</u>

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SUBJECT Influenza Immunization Policy

- B. Employee noncompliance at due date:
 - a. Notice of Suspension sent with one week to complete. Copy in personnel file.
 - b. If not completed after Notice of Suspension deadline, Notice of Termination sent with one week to complete. Copy in personnel file.
 - c. If employee fails to complete during this time frame, termination will occur.

- C. Students who fail to comply with the requirements of this policy will become ineligible to continue in their respective training programs at HFM.



**SUBJECT: HEALTH REQUIREMENTS OF EMPLOYEES AND VOLUNTERS
WORKING AT LAKEVIEW MEDICAL CENTER**

POLICY: Patient safety is our highest priority. In an effort to promote health and provide a safe environment for patients presenting to Lakeview Medical Center (LMC) for care or services, all staff shall adhere to the following vaccination and health screening expectations. These expectations are considered conditions of employment in the hospital setting. In the event an employee is unable to receive any of the designated vaccinations or screening tests, the employee can seek an alternative work assignment in a non-patient care setting/role. Masking to work in a patient care area will not be allowed. Pay will be commensurate with work duties as assigned.

AFFECTED PARTIES: All Staff (employees and volunteers) working at LMC

PROCEDURE:

I. PRE-EMPLOYMENT HEALTH SCREENING:

- A.** All new staff must complete a pre-employment physical assessment before starting their first day of employment with LMC. This is to include an assessment by a RN to determine immunization status and to obtain history of any condition that might predispose personnel to acquiring or transmitting a communicable disease. The assessment and lab work will be done at the hospital at no cost to the personnel.
- B.** A drug screen will be completed on employees working at LMC and Hospice Volunteers.
- C.** All new staff must have two documented **MMR** and **Varicella** vaccinations (or demonstrated immunity) and one dose of **Tdap**. Immunization and/or serology testing will be offered to those not meeting this criterion.
- D.** All employees working in patient care areas are required to present evidence of Hepatitis B antibody **OR** immunization status with documentation of protective concentration of anti-HBs antibody post vaccination. Individuals who have been previously immunized and have documentation of a protective concentration of anti-HBs antibody post-immunization do not require further testing. Unless documented to be a non-responder to the vaccine serologically, non-immune individuals will be required to receive the Hepatitis B vaccination series. Employees working in non-patient care areas will be offered the Hepatitis B vaccine series if they wish to receive it. This vaccine will be provided at no cost to the employee.

- E. All new LMC employees will be screened for a baseline Hepatitis C titer.
- F. Seasonal Flu vaccination is **mandatory** for all staff and volunteers working at LMC. This may be given at the time of hire if it occurs during the flu season or in conjunction with ongoing requirements (see below).
- G. All new staff will be tested for the presence of Tuberculosis at the time of hire. This may be done by means of a two-step Mantoux Tuberculin Skin Test (TST) or an interferon-gamma release assay (IGRA) i.e. QuantiFERON Gold TB Gold, if the employee has not been skin tested in over a year.
- H. Exceptions:
 - 1. Documented history of previous negative test (TST or QuantiFERON TB Gold, QFG) less than 3 months prior to hire.
 - 2. Documented history of previous positive TST.
 - 3. Documented history of positive QFG.
 - 4. These persons will have a chest x-ray done for baseline and then referred to their physician for medical evaluation to rule out active clinical disease and the potential for chemoprophylaxis.
- I. The skin test will be administered and read 48-72 hours later by the Employee Health Nurse. See: Procedure for Administering and Reading the Mantoux Test.
- J. The second skin test for the two-step testing will be done one to three weeks following the initial test and the results recorded in millimeters of induration.

II. On-Going Requirements:

A. Tuberculosis:

- 1. After initial testing on hire, all staff will have their Tuberculosis testing repeated every three years, unless there is a documented positive test. Those employees with a documented positive test will be given a TB "Signs and Symptom Form" to fill out and return to Employee Health. Home Healthcare and Hospice employees and volunteers will continue to be tested annually according to State guidelines.

B. Influenza vaccination:

1. The influenza vaccine is **required** for all staff working at LMC on an annual basis unless medically contraindicated by a physician in writing. The deadline for receiving this vaccination each year is November first. The contraindications to vaccination (as listed below) must be in writing Marshfield Clinic FORM and signed by a physician, and will be kept in the employee's health file. *Note: If you have received another type of vaccine within the past 14 days, consult your physician prior to vaccination.*
 - a. Staff documenting an allergy to the influenza vaccine will be referred to a Marshfield Clinic Allergist at no charge to the employee.
 - b. The influenza season is determined by the first patient admitted with diagnosed influenza at LMC until the last diagnosed influenza patient is admitted to LMC.
 - c. The flu vaccine shall be made available as soon as the shipment arrives. The flu vaccine will be free of charge to all hospital employees, physicians, students, and volunteers
 - d. Contraindications to influenza vaccination:
 - 1) A severe (life-threatening) allergy to eggs.
 - 2) A severe allergy to any vaccine component
 - 3) Or if you ever had Guillain-Barre Syndrome (a severe paralytic illness, also called GBS).

III. IMMUNIZATIONS:

- A. All vaccines given will be documented in the Wisconsin Immunization Registry (WIR) by the Employee Health Nurse Information includes the employee's name, who administered the vaccine, manufacturer name, lot number, site, and the name of the provider.
- B. Employees receiving vaccinations will be given the most current Vaccine Information Statement (VIS) and opportunity to ask questions prior to receiving the vaccine. The RN administering the vaccine will document that the VIS was given and the current publication date. (For the most current VIS, visit www.immunize.org/vis/)

- C. The Chairman of the Infection Prevention Committee shall be the authority for above immunization administrators.
- D. These expectations are considered conditions of employment in the hospital setting. In the event an employee is unable to receive any of the designated vaccinations or screening tests, the employee can seek an alternative work assignment in a non-patient care setting/role. Masking to work in a patient care area **will not** be allowed. Pay will be commensurate with work duties as assigned.

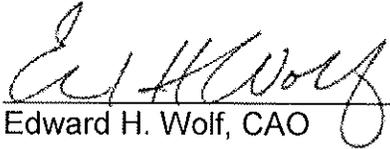
IV. LINKS TO STANDING VACCINE ORDERS:

- A. Standing orders for Administering Measles, Mumps, and Rubella Vaccine to Adults
- B. Standing orders for Administering Hepatitis B Vaccine to Adults
- C. Standing Orders for Administering Varicella – Chickenpox Vaccine to Adults.
- D. Standing Order for Administering Tetanus – Diphtheria Toxoid and Pertussis Vaccination to Adults
- E. Standing order for administering Influenza vaccine.

IV. **REFERENCE:**

- A. Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities. CDC Publication: 2005
- B. Wisconsin Department of Health and Family Services, Wisconsin EPI Express 1/28/10
- C. CDC Personnel Health Guideline. APIC Test of IC and Epidemiology, 2000.

APPROVALS:



Edward H. Wolf, CAO

POLICY ON FLU VACCINATION

I. PURPOSE

To provide policy and procedures for annual seasonal influenza (flu) vaccination of employees. The Centers for Disease Control and Prevention (CDC) recommends annual influenza immunization for all health care workers to prevent the spread of influenza. As a healthcare organization, XXXXXX recognizes and supports the benefits of an annual influenza program. Influenza vaccination is a key component in the prevention of influenza to patients and co-workers along with appropriate hand hygiene and standard precautions, including cough etiquette.

II. POLICY

All covered persons are required to either receive an annual vaccine or provide a medical or religious waiver by December 1 of each calendar year. Employees and students can receive the vaccine through the flu vaccine clinics or through their own health care provider.

III. PERSONS AFFECTED

This policy applies to all faculty, staff, and students, both part-time and full-time, including temporary, per diem and Graduate Medical Education trainees. This policy also applies to all volunteers who regularly work in XXXX facilities, contract employees, medical students and students on clinical rotation in XXXXX facilities. For purposes of this policy, all persons affected shall be referred to as "employees" even though no employment relationship may exist. Affiliation agreements and contracts should place the responsibility for this requirement on the school or agency.

IV. PROCEDURE

- A. All employees are required to receive an influenza vaccine or provide documentation of medical or religious waiver by December 1 of each year. Waivers do not need to be submitted annually.
 1. Medical Waiver: A medical waiver must be signed by the health care provider and returned to XXXXX by December 1. Waivers will be considered confidential medical information and not shared with departments or supervisors.
 2. Religious Waiver: A religious waiver must be completed, signed and returned to XXXXXXXX by December 1.

Falsification of waivers may be cause for discipline in accordance with university policies.

- B. Employees who receive exemptions due to waivers (medical/religious) should wear surgical masks when working in a patient care area within 3 feet of patients when there is the presence of influenza in the community as defined by the Hospital Epidemiologist.

- C. XXXXXX will notify departments regarding employees who are out of compliance after December 1. Managers should monitor employee compliance and encourage employee participation. Managers will be notified of employees who received a vaccine waiver so that they can encourage the employee to mask when providing patient care.
- D. Any employee who is not compliant with this policy by December 1 of each calendar may be disciplined in accordance with existing policies.
- E. Employees who are hired during the influenza season must comply within 7 days of the first day worked.

Records will be maintained documenting vaccinations and waivers. If a national vaccine shortage occurs, XXXXXX leadership may modify, suspend or revoke all or part of this policy.

VI. REFERENCES

Center for Disease Control and Prevention: MMWR: Immunizations of Health Care Workers; November 25, 2011.

SEASONAL INFLUENZA VACCINE MEDICAL WAIVER

I decline the influenza vaccine due to medical reasons.

I attest that the information provided on this waiver is true to the best of my knowledge. I understand that I should wear a mask when working in a patient care area within 3 feet of a patient when there is the presence of influenza in the community as defined by the Hospital Epidemiologist.

Name of Employee: _____ ID # _____

Status: Employee Volunteer Student

Signature _____ Date _____

Medical Waiver – I _____ (Print Physician Name) certify that the above employee is under my medical care and should be exempt from receiving the influenza vaccination due to medical reason(s) noted below:

Recognized contraindication to influenza vaccination (please mark all that apply and include dates of reaction if known):

- Severe allergic reaction to eggs. Date of reaction: _____
 - Defined as developing hives, swelling of the lips or tongue, difficulty breathing.
 - Does not generally result in only gastro-intestinal symptoms.
 - The amount of egg protein in influenza vaccines is extremely small. People who can tolerate eating lightly cooked egg, such as a scrambled egg, can generally tolerate the influenza vaccine.
- History of previous severe allergic reaction to the influenza vaccine or component of the vaccine. Date of reaction: _____
 - 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.
- History of Guillan-Barre syndrome within six (6) weeks of receiving a previous vaccine. Date of reaction: _____
- Other. Please describe in space below. (These requests will be reviewed on a case-by-case basis.)

Physician Name (please print)

Physician Signature

Date Signed

Phone Number

Medical waivers do not need to be completed annually. However, if you chose to receive a flu vaccine after completing a medical waiver, you will need physician documentation that the vaccine is safe for you.

Please return completed waiver to the XXXXXX

