

BROUGHTON HOSPITAL

ADMINISTRATIVE POLICY MANUAL

Category: Administration/Human Resources

APM Number: 4-46

Subject: Required Influenza Vaccination

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Effective: June 9, 2015

Supersedes: IC-33 8/15/13

PURPOSE

This policy is designed to protect patients, employees, and others who work in or who are located at Broughton Hospital from preventable, health-care associated influenza infections (Refer to [SOHF 148-AL](#) Required Vaccination for Division of State Operated Healthcare Facilities (DSOHF) Employees and Others Who Work in DSOHF Facilities).

A. Covered Individuals

1. This policy applies to all employees, volunteers, students, trainees, contracted and temporary workers working for or within Broughton Hospital, and all other employees whose assigned primary worksite is in or on the grounds of the hospital.
2. In addition, this policy applies to all contracted and temporary workers, who have direct contact with patients or their environment and who have an employee/employer relationship working for or within Broughton Hospital.
 - **Examples of covered contracted entities** include but may not be limited to: clinical staff, temporary support staff, biomedical repair staff, and administrative staff.
 - **Examples of non-covered contracted entities** include but may not be limited to: vending machine contractors, construction contractors, pest control contractors, and telephone repair-persons.

B. Definition of a Volunteer: For purposes of this policy, a volunteer is an individual from the community who registers as a member of the hospital's volunteer services who is certified or accepted for the purpose of performing regular, assigned duties for patients without remuneration, and who is not an employee, contracted or temporary worker, student, or trainee.

C. The hospital's chief executive officer (CEO) may require any non-covered individual who:

1. has regular contact with patients; or
 2. who provides services to patients; or
 3. who work in any hospital area,
- to wear a facemask during influenza season if they do not provide adequate proof, to the satisfaction of the CEO, of a current annual influenza vaccine.
- **Examples of non-covered individuals** include but may not be limited to: managed care organizations (MCOs), attorney general, special council, and interpreters. Historically, the CEO **has** required MCOs to provide proof of vaccine to the social work department director **or** to wear facemasks while in patient care areas during the designated flu season.

BACKGROUND

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

POLICY

- A. Covered Individuals Must Read the Policy: Pre-existing covered individuals must sign an [Acknowledgement Statement](#) indicating that they have read this policy.

Thereafter, newly hired individuals, employees returning from leave-of-absence, and other covered individuals (volunteers, students, trainees, contracted and temporary workers) who arrive on campus during flu season, **November 1st through March 31st**, must also sign an acknowledgement

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statement indicating that they have read this policy **prior to their start date**.

A representative from the human resources department provides new employees with the policy to read and the acknowledgement statement during the pre-employment process and then forwards these documents to the employee's supervisor for storage in the supervisor's employee file. A copy of the signed acknowledgement statement is also sent to staff development for inclusion in the employee's training record.

The hospital's contact person for any other covered individual (volunteers, students, trainees, contracted and temporary workers) provides these individuals with the policy to read and the acknowledgement statement prior to their start date and stores the signed statement with records relating to that individual. Records for these other covered individuals will only be kept until the advent of the next flu season and then may be purged, unless the person remains among the workforce into subsequent seasons.

- B. Vaccination Required Annually: Pre-existing covered individuals will receive an annual influenza vaccination by **November 1** every year, unless he/she receives a pre-approved exemption or unless sufficient vaccine is unavailable.

Newly hired individuals, employees returning from leave-of-absence, and other covered individuals (volunteers, students, trainees, contracted and temporary workers) who arrive on campus during flu season, November 1st through March 31st, must receive an annual influenza vaccination **prior to their start date** unless he/she receives a pre-approved exemption or unless sufficient vaccine is unavailable.

- C. Proof of Annual Influenza Vaccination: Pre-existing covered individuals will present a certificate of immunization to the employee health clinic by **November 1st of each year**.

Newly hired individuals, employees returning from leave-of-absence, and other covered individuals (volunteers, students, trainees, contracted and temporary workers) who arrive on campus during flu season, November 1st through March 31st, must **either** provide documentation of vaccination to the employee health clinic, **or** must file an [Application for Exemption](#) **prior to start date**.

Proof of immunization must include a note or receipt with:

1. the covered individual's name;
2. the name of the healthcare provider administering the vaccine;
3. date of vaccination;
4. place of vaccination; and
5. vaccine product name.

The note or receipt must be signed by a licensed nurse, physician, pharmacist, physician's assistant or other representative of the place where the vaccine was administered. A print-out of the covered individual's vaccination record from the NC Immunization Registry showing proof of vaccination with influenza vaccine for the current year may also be provided in place of a note or receipt.

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- D. Record-Keeping: The employee's supervisor or individual's contact person collects and stores all acknowledgement statements.

The employee health clinic will maintain confidential records as to the proof of immunization and approved certificates of exemption on **all covered entities**.

Contracted clinical agencies as well as nursing and medical schools are required to collect acknowledgement statements and certificates of immunization from workers/students who will be on the Broughton campus **from November 1st through March 31st each year**. These documents, along with a listing of the worker/student's full name and date of birth, must be submitted to their hospital contact person prior to the first date the worker/student is expected to be on campus. The hospital's contact person will then submit all this data to the employee health clinic **prior to the first date the worker/student is expected to be on campus**.

Records for covered individuals other than employees (volunteers, students, trainees, contracted and temporary workers) will only be kept until the advent of the next flu season and then may be purged, unless the individual remains among the workforce into subsequent seasons.

- E. Influenza Vaccination Shortage: In the event of a shortage of vaccine, the CEO will determine priority of vaccination administration, based on extent of patient contact, CDC and ACIP recommendations, consultation with the DSOHF medical director, NC Department of Public Health (NC DPH), and the directives of the Secretary of the Department of Health and Human Services.
- F. Designation of Influenza Season: The DSOHF medical director (or designee) will designate, after consultation with UNC SPICE and NC DPH, the specific period of time considered to be flu season for each influenza season. This timeframe will represent the timeframe exempt covered individuals must wear the face mask when in patient care areas.
- G. Failure to Obtain Annual Vaccination: Disciplinary Action: Employees who have neither received the vaccination, nor have obtained an approved exemption by **November 1st** of each year, will be subject to disciplinary action, up to and including dismissal, for unacceptable personal conduct.

Non-complying contractors, students, volunteers, and other covered individuals may be excluded from hospital premises.

EXEMPTIONS

- A. Exemptions will be granted **only** for the following documented reasons:
1. A medical condition and/or contraindication certified to by a licensed physician, physician's assistant, or nurse practitioner, which is requested by submitting the completed [Influenza Vaccination Medical Exemption from the Health Care Provider](#) to the employee health clinic,
or
 2. A bona fide religious objection such that requiring the vaccination would conflict with his/her religious beliefs, which is requested by submitting the completed [Influenza Vaccination Exemption for Religious Reasons](#) to the CEO's office.
- B. Exemption from Annual Vaccination

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1. For all covered individuals, all exemptions must be pre-approved in writing by the CEO/designee, who will provide a written decision within **fifteen (15) days** of a timely and complete application.
 - Each medical exemption application will be evaluated on an individual basis by the CEO's designee (the physician covering the employee health clinic). For medical exemptions, the current recommendations of the CDC and ACIP will be applied in the evaluation.
 - Each religious exemption application will be evaluated on an individual basis by the CEO (or designee).
2. All exempt covered individuals may be required to wear face masks throughout the influenza season in patient care areas and/or within six (6) feet of a patient. Exempt individuals may be isolated physically from contact with patients.
 - Any exempt employee who fails to comply with face mask and/or isolation requirements may be subject to disciplinary action, up to and including dismissal, for unacceptable personal conduct.
 - Non-complying contractors, students, volunteers, and other covered individuals who fail to comply with face mask and/or isolation requirements may be excluded from hospital premises.

C. Application for Exemption

1. A newly hired employee (or other newly covered individual) must apply for an exemption to the required influenza vaccination by **October 1st** of the year of hire or of being newly covered.

Newly hired individuals, employees returning from leave-of-absence, and other covered individuals (volunteers, students, trainees, contracted and temporary workers) who arrive on campus during flu season, November 1st through March 31st, must apply for an exemption to the required influenza vaccination **prior to their start date**.

All applications for exemption must be submitted on the Application for Exemption to Annual Influenza Vaccination.

2. If an exemption is granted for a **permanent condition**, there is no need to re-apply for an exemption unless there is a pertinent change in the vaccination composition or technology, such as the elimination of allergenic component. In such an event, the hospital will provide timely notice of the need to reapply.

All covered individuals with an approved exemption for any **temporary condition** must reapply for another exemption by **October 1st** of each year.

APPEALS

Any disciplinary action taken as result of non-compliance with this policy is appealable to the extent provided by the state's [Employees Grievance Policy](#).



Date Application Documents Received: _____

North Carolina Department of Health and Human Services
Broughton Hospital

Application for Exemption to Annual Influenza Vaccination

Name of employee (or other covered individual): _____

Work location, email address, and phone number: _____

Phone, printed name and signature of immediate supervisor: (phone #): _____

Signature Printed Name

Type of Exemption Applied For:

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

1) FOR MEDICAL CONDITION

The vaccination is contraindicated due to a medical condition.

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

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

A signed medical assessment for that employee with responses to questions 1 through 8 documented on the NC DHHS Influenza Vaccination Exemption Form for Health Care Provider, signed by a licensed physician, physician's assistant, or nurse-practitioner. If the condition is temporary, the covered individual must present proof of vaccination as soon as feasible and when deemed medically advisable by his or her health practitioner. This form must contain the provider's license number and the other information specified on the official form.

2) FOR RELIGIOUS REASONS

A bona fide religious objection:

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

1. **FORM:** NC DHHS Influenza Vaccination Exemption Form for Religious Reasons, and
2. Form must include the following documentation: A statement that the individual has a bona fide religious objection to the vaccination.

*Additional documentation which **may** accompany your form is as follows:*

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

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

Signature of Applicant (required on all applications) Date: _____

Attach all required documentation to this form

Broughton Hospital CEO or Designee Review and Response to Request for Exemption

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

Signature _____ *Date* _____



Date Application Documents Received: _____

North Carolina Department of Health and Human Services
Broughton Hospital

Influenza Vaccination MEDICAL EXEMPTION From the Health Care Provider

TO THE HEALTH CARE PROVIDER:

The North Carolina Department of Health and Human Services has adopted a policy, Required Influenza Vaccination for Division of State Operated Healthcare Facilities (DSOHF) Employees and Others Who Work in DSOHF Facilities. The purpose of this policy is to protect DHHS patients, employees, students, and others who work in clinical areas from preventable health-care associated influenza infections. **NC DHHS follows the CDC and the ACIP recommendations for immunization practices.** Additional information is available at: <http://www.ncdhhs.gov/>.

The following employee or other covered individual, _____, (*name to be provided by applicant*), has filed an Application for Exemption to Annual Influenza Vaccination for medical reasons. To support that application, the covered individual must request and submit the following documentation completed and signed by you, their health care provider:

1. When did you last examine the applicant? _____
 2. Does this patient have a history of severe allergic reaction to any component of the vaccine, including egg protein?
 Yes No
 3. Does this patient have a history of **severe allergic reaction** after a previous dose of any influenza vaccine?
 Yes No
- NOTE:** "Severe allergic reaction" includes cardiovascular changes (e.g. hypotension), respiratory distress (e.g. wheezing), gastrointestinal changes (e.g. nausea/vomiting), that required treatment with epinephrine, or any other reaction that required emergency medical attention.
4. Is this condition temporary or permanent? (*Circle applicable term*).

If "YES" was answered to question 2 or 3, then STOP HERE and authenticate in the box below.

However, if this person has a history of allergy to egg, BUT NO HISTORY of severe allergic reaction to egg protein or vaccine or vaccine component then please continue on:

5. Can this patient eat lightly cooked eggs (i.e. scrambled egg) without reaction? Yes No
6. After eating eggs or egg-containing foods, does this patient experience only hives? Yes No
7. Does this individual have a history of Guillain-Barre syndrome within 6 weeks of receipt of influenza vaccine?
 Yes No
8. Is the condition temporary or permanent? (*Circle applicable term*).

Physician/PA/NP Printed Name: _____
Physician/PA/NP Signature: _____
License number: _____
Date Signed: _____ Telephone number: _____
Address: _____
<i>Note:</i> May attach additional documentation.



Date Application Documents Received: _____

North Carolina Department of Health and Human Services
Broughton Hospital

Influenza Vaccination Exemption for RELIGIOUS REASONS

TO THE APPLICANT AND, if consulted, CLERGY:

The North Carolina Department of Health and Human Services has adopted a policy, Required Influenza Vaccination for Division of State Operated Healthcare Facilities (DSOHF) Employees and Others Who Work in DSOHF Facilities. The purpose of this policy is to protect DHHS patients, employees, and others who work in clinical areas from preventable health-care associated influenza infections.

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

A statement that the individual has a bona fide religious objection to the vaccination that is that the vaccination conflicts with their religious beliefs, and must be signed by the applicant.

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

I, _____ (printed name of applicant), have a bona fide religious objection to the annual influenza vaccination. Requiring me to be vaccinated conflicts with my religious beliefs as follows:

(continue on additional pages if needed)

Signature of Applicant (required on all applications)

_____ **Date:** _____

Signature and other information below *may also be* (but is not required to be) provided for religious exemption applications:

Signature of clergy member: _____ Date: _____

Physical Address: _____

Name of Denomination or Other Recognized Religious Body: _____

May attach additional documentation as needed



North Carolina Department of Health and Human Services
Broughton Hospital

Pat McCrory
Governor

Aldona Z. Vos, M.D.
Ambassador (Ret.)
Secretary DHHS

Dale C. Armstrong, MBA, FACHE, Director
Division of State Operated Healthcare Facilities

Vivian Streater, MSM/HSM, RN-BC
Chief Executive Officer

**Required Immunization Policy
Attestation Statement**

By signing this document, I attest that I, _____,
(Print Name)

have read Policy SOHF 148-AL (3) "Required Influenza Vaccination for Division of State Operated Healthcare Facilities (DSOHF) Employees and Others Who Work in DSOHF Facilities" and understand that:

1. I must comply with Policy SOHF 148-AL (3) as a condition of continued employment and the failure to do so, may result in separation from employment or disciplinary action, up to and including dismissal.
2. If I wish to apply for a permanent medical or religious exemption to the vaccination requirement, I must apply by October 1 of 2015, and by October 1 of each subsequent year, for temporary conditions.
3. Unless an exemption is granted, by November 1 of 2015 and November 1 of each subsequent year, I must provide documentation that I received that year's seasonal influenza vaccination.

Signature

Date

Please return signed attestation form to your supervisor by September 15, 2015.

www.ncdhhs.gov/dsohf/broughton

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