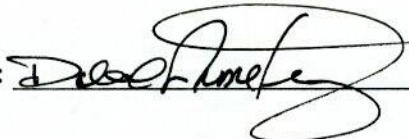

DIVISION OF STATE OPERATED HEALTHCARE FACILITIES
ADATCs/Developmental Centers/Neuro-Medical Treatment Centers/Psychiatric Hospitals
POLICIES AND PROCEDURES

Approved By:  Approval Date: 1/15/15

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

I. Purpose

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

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

- A. Covered Individuals: This policy of required influenza vaccination applies to *all* DSOHF employees, volunteers, students, and trainees, working for or within a DSOHF facility and all other DHHS employees whose assigned primary worksite is in or on the grounds of a DSOHF facility. In addition, this policy of required influenza vaccination applies to *all* contracted and temporary workers who have direct contact with patients/residents or their environment and all contracted and temporary workers with an employee-employer relationship working for or within a DSOHF facility. Examples of covered contracted entities include clinical staff, temporary support staff, biomedical repair staff, and administrative staff. Examples of non-covered contracted entities include vending machine contractors and construction contractors.
- B. Definition of Volunteer: For purposes of this policy, a volunteer is defined as an individual from the community who registers as a member of the facility's volunteer services who is certified or accepted by the facility for the purpose of performing assigned duties for the facility and its residents and/or patients without remuneration, and who is not an employee, contracted or temporary worker, student, or trainee.
- C. DSOHF Facility Directors may require any non-employee who 1) has regular contact with patients/residents; *or* 2) who provides services to patients/residents; *or* 3) who work in any facility area, to wear a face mask during influenza season if they do not provide adequate proof, to the satisfaction of the director, of a current annual influenza vaccine.

EFFECTIVE: 01/15/15
 SUPERSEDES: SOHF 148-AL (2), 9/26/14
 OPR: Director, Division of State Operated Healthcare Facilities
 DISTRIBUTION: All DSOHF Facilities

III. Background

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

IV. Policy

- A. Vaccination Required Annually: All covered individuals shall receive an annual influenza vaccination by **November 1** every year, unless he or she receives a pre-approved exemption or unless sufficient vaccine is unavailable.
- B. Proof of Annual Influenza Vaccination: All covered individuals shall present a certificate of immunization to the immediate supervisor by **November 1** of each year. 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
- 5) vaccine product name

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

- C. Record-Keeping: Each facility shall maintain records as to the proof of immunization and approved Certificates of Exemption. Each facility must designate Employee Health, Personnel, or another suitable department to maintain these records.
- D. Influenza Vaccination Shortage: In the event of a shortage of vaccine, the facility Directors shall determine priority of vaccine administration, based on extent of patient contact, CDC and ACIP recommendations, consultation with the Medical Director of DSOHF, NC Department of Public Health (NC DPH), and the directives of the Secretary of the Department of Health and Human Services.
- E. Employees & Other Covered Individuals Must Read the Policy: Individuals who will be covered by the policy must sign a statement indicating that they have read this policy prior to September 15, 2013. Newly hired individuals who will be covered by this policy must sign a statement indicating that they have read and agree to this policy **prior to start date**. Newly hired and covered individuals who start work *during the influenza season*, from November 1 through March 31, must either provide documentation of vaccination, or must file an application for exemption **prior to start date**.

- F. Designation of Influenza Season: The Medical Director of DSOHF (or designee) shall designate, after consultation with UNC SPICE and NC DPH, the specific period of time considered to be flu season for each influenza season.
- G. Failure to Obtain Annual Vaccination: Disciplinary Action: Employees who have neither received the vaccination, nor have obtained an approved exemption by **November 1** of each year, shall be subject to disciplinary action, up to and including dismissal, for unacceptable personal conduct. Non-complying contractors, volunteers, and other covered individuals may be excluded from facility premises.

V. EXEMPTIONS

A. Exemption from Annual Vaccination

1. For DSOHF employees who are covered by this policy, and all other covered individuals, all exemptions must be pre-approved in writing by the Facility Director or his or her designee. Each application will be evaluated on an individual basis by the director (or designee). For medical exemptions, the current recommendations of the CDC and ACIP shall be applied in the evaluation. The facility shall provide a written decision within **15 days** of a timely and complete application.
2. All exempt employees and other exempt covered individuals may be required to wear face masks during the influenza season in patient or resident care areas and/or within 6 feet of a patient or resident. Exempt individuals may be isolated physically from contact with patients.
3. Any exempt employee who fails to comply with face mask and/or isolation requirements may be subject to disciplinary action, up to and including dismissal, for unacceptable personal conduct. Non-complying contractors, volunteers, and other covered individuals may be excluded from facility premises.

B. Only Two Types of Exemptions:

Exemption shall be granted only for these 2 documented reasons:

1. A medical condition and/or contraindication certified to by a licensed physician, physician's assistant or nurse practitioner: *or*
2. A bona fide religious objection such that requiring the vaccination would conflict with his or her religious beliefs.

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 1** of the year of hire or of being newly covered. An exempt employee must reapply for an exemption by **October 1** of each year for any temporary condition. All applications for exemption must be submitted on the official *Application for Exemption to Annual Influenza Vaccination Form*, which is attached to this policy.

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

VI. Appeals

Any disciplinary action taken as result of non-compliance with this policy is appealable to the extent provided by the State of North Carolina Employee Grievance Policy.

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

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

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

EFFECTIVE: 01/15/15
SUPERSEDES: SOHF 148-AL (2), 9/26/14
OPR: Director, Division of State Operated Healthcare Facilities
DISTRIBUTION: All DSOHF Facilities

DIVISION OF STATE OPERATED HEALTHCARE FACILITIES
Application for Exemption to Annual Influenza Vaccination

Name of employee (or other covered individual): _____

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

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

 Signature Printed Name

Type of Exemption Applied For

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

1) FOR MEDICAL CONDITION

The vaccination is contra-indicated due to a medical condition

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

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

A signed medical assessment 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" &
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

Facility CEO or Designee Review and Response to Request for Exemption

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

Signature _____ *Date* _____

EFFECTIVE:
 SUPERSEDES: SOHF 148-AL (2), 9/26/14
 OPR: Director, Division of State Operated Healthcare Facilities
 DISTRIBUTION: All DSOHF Facilities

DIVISION OF STATE OPERATED HEALTHCARE FACILITIES
Influenza Vaccination Exemption Documentation Form
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 Employees and Others Who Work in Clinical Care Areas." The purpose of this policy is to protect DHHS patients, employees, and others who work in clinical areas from preventable health-care associated influenza infections. **NC DHHS follows the CDC and the ACIP recommendations for immunization practices.** 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: _____

Note: May attach additional documentation.

EFFECTIVE:

SUPERSEDES: SOHF 148-AL (2), 9/26/14

OPR: Director, Division of State Operated Healthcare Facilities

DISTRIBUTION: All DSOHF Facilities

DIVISION OF STATE OPERATED HEALTHCARE FACILITIES

Influenza Vaccination Exemption Form for Religious Reasons

TO THE APPLICANT AND, if consulted, CLERGY:

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

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

A 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 provided for religious exemption:

Signature of clergy member: _____ **Date:** _____

Physical Address: _____

Name of Denomination or Other Recognized Religious Body: _____

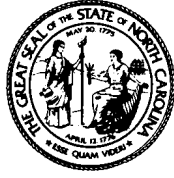
May attach additional documentation

EFFECTIVE:

SUPERSEDES: SOHF 148-AL (2), 9/26/14

OPR: Director, Division of State Operated Healthcare Facilities

DISTRIBUTION: All DSOHF Facilities



North Carolina Department of Health and Human Services
Cherry Hospital

Pat McCrory
Governor

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

J. Luckey Welsh, Jr. FACHE
Chief Executive Officer

Division of State Operated Healthcare Facilities
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

EMPLOYEES: Please return signed attestation form to your supervisor by September 4, 2015.

SUPERVISORS: Forward completed forms to Human Resources no later than September 18, 2015.

For employees hired after September 18, 2015:

Newly hired employees and other individuals covered by this policy must review and sign this attestation prior to their start date.

<http://www.ncdhhs.gov/dsohf/cherry>

Telephone 919-731-3200 Fax 919-731-3785

201 Stevens Mill Road, Goldsboro, N.C. 27530-1057 Courier #01-11-05

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