**Influenza Policy**

*Effective January 1, 2019. Subject to change.*

PLEASE NOTE: This policy goes into effect for the **2019-2020 Influenza Season**. Prior entity policies and practices will stay in effect for the 2018-2019 influenza season.

**Purpose:**
Hackensack Meridian Health (HMH) recognizes its responsibility to protect patients and provide team members, physicians and volunteers with a safe workplace. This policy is intended to maximize influenza vaccination rates among the HMH workforce and extended community, thereby minimizing transmission of the influenza virus.

**Scope:**
This policy applies to any facility owned, leased, managed and/or operated by HMH, and all active employed team members and active non-employed staff of HMH as defined below:

1) **Active Employed Team Members** – includes full-time, part-time, per diem, or temporary team members. This definition includes both clinical and non-clinical staff.

2) **Active Non-Employed/Third-Party Staff** – Active non-employed staff are generally defined as individuals who have been issued an HMH permanent or temporary ID badge. Individuals included are those authorized to work and/or observe work within and on behalf of HMH, whether paid or unpaid, but not employed by HMH. This definition includes both clinical and non-clinical workers, physicians, licensed independent practitioners, members of the professional staff (as defined by the MEC), temporary workers, contracted and subcontracted workers, students, researchers, adult volunteers, clergy, representatives from pharmaceutical or other organizations (that would be identified through the Rep Trax or other vendor management system) and agency personnel.

**Policy:**
Effective June 1, 2019, as a condition of employment, appointment to the medical, residency, or allied health staff, or access to all HMH facilities, workforce and extended community, as defined in the scope, must receive an annual influenza vaccination or possess an approved exemption (see Exemptions below).

To be compliant with this requirement, members of the workforce and extended community must do one of the following (a. or b.) by December 1st of each year:

a. Receive the influenza vaccine, which will be provided free of charge through Occupational Health/Employee to team members, employed physicians, volunteers, and Licensed Independent Practitioners (MD, DO, NP, PA) credentialed at HMH hospitals.

b. Provide Occupational/Employee Health with proof of immunization, if vaccinated some place other than Occupational/Employee Health. Proof of immunization must be verifiable, include the heading of the institution, name of the team member, date of vaccination, location of injection, provider signature, manufacturer, lot number and expiration date of vaccine.

OR

b. Comply with the designated procedure for obtaining an approved exemption each year, as described in this policy under EXEMPTIONS.
VACCINATION PROCEDURE

• Annually, education will be provided to Team Members about the vaccine, non-vaccine control and prevention measures, and the diagnosis, transmission and impact of influenza.

• Flu vaccine will be made available to Team Members, employed physicians, volunteers, and Licensed Independent Practitioners (MD, DO, NP, PA) credentialed at HMH hospitals free of charge at sites and times accessible to all staff.

• Go to the Flu Resource Center link on the intranet for site information for the Seasonal Influenza Vaccine Schedule.

Failure to obtain influenza vaccination December 1st each year will result in the following:

a. Active Employed Team Members – will be placed on an unpaid, administrative leave for up to one week (7 days). Before or no later than the end of this 7 day period, the Team Member must have provided proof of vaccination and returned to work. Failure to meet this requirement will be considered a separation from employment and documented as a voluntary resignation due to noncompliance with mandatory vaccination.

b. Team members returning from leave - Any Team Member who returns from an approved leave during the vaccination period or influenza season, whichever applies, will be given 7 days to comply with this policy. Failure to comply will result in a separation of employment as described above.

c. Active Non-Employed/Third-Party Staff - Lists of non-employed personnel not compliant by the prescribed deadline each year will be reported to their governing body, i.e., the medical staff office, the university or associated school, the volunteer services office, their contracting or employing company, etc. Such persons may be subject to disciplinary procedures or restrictions as it relates to condition of employment, appointment to medical staff or access to our facilities.

NEW STAFF
New active employed team members and active non-employed staff members are required to comply with HMH’s vaccination requirements. The requirement for annual vaccination is a condition of employment and required in order to establish access to HMH’s systems and facilities. As a condition of employment, new hires must receive the influenza vaccine during the pre-employment process or provide acceptable proof of same, if hire is during influenza season which is usually identified as any time between October 1st of the current year to March 31st of the subsequent year. Team Members brought on after March 31st, may wait until the next Flu Program begins, unless based on the influenza activity, Executive Leadership/VP Infection Prevention & Control extends the defined end date of the flu season.

CONTINGENT PLAN
If a vaccine shortage exists, Occupational/Employee Health will work with Infection Prevention and Control to develop a contingency plan for influenza vaccination of HMH team members with prioritization to high risk areas and/or high risk team member populations per CDC.

Those who are prioritized to receive vaccine will be held to the mandatory standard. Those who are not prioritized to receive vaccine will not be held to the mandatory vaccination standard for the duration of the vaccine shortage period and recommendations/requirements (such as mandatory masking) will be provided to those who do not receive vaccine by the institutional Infection Control practitioner.
EXEMPTIONS

Request forms (see attached) for exemptions from HMH team members must be completed and submitted to Occupational/Employee Health by October 1st of each year. A new form must be submitted each year and will be reviewed and acted upon by the HMH Influenza Exemption Committee. The committee will be comprised of members from Occupational/Employee Health, Infection Control, Human Resources, Pastoral Care, Legal and other pertinent departments.

Requests for exemptions will be evaluated individually.

A Team Member requesting a Medical Exemption will be notified of the Committee’s decision by Occupational/Employee Health within ten (10) days of receiving all required documentation.

A Team Member requesting a Religious or Sincerely Held Belief Exemption will be notified of the Committee’s decision by Human Resources within ten (10) days of receiving all required documentation.

Exemption categories are:

- Medical – Exemptions to required immunization may be granted for certain medical contraindications:
  - Severe allergy to the vaccine or components as defined by the most current recommendations of the CDC’s Advisory Committee on Immunization Practices (ACIP).
  - A precaution history of Guillain-Barre syndrome within six (6) weeks of receipt of influenza vaccine

- Religious or Sincerely Held Belief – Exemptions to required immunization may be granted if receiving vaccination is contrary to the doctrines of an individual’s religious or sincerely held belief.

Requirements Upon Receiving Exemption – If an exemption is granted, the individual will sign a document attesting that he/she will wear a mask at all times except when in break room or in the cafeteria during the influenza season (usually October 1st through March 31st, unless based on the influenza activity, Executive Leadership/VP Infection Prevention & Control extends the defined end date of the flu season).

Exemption Denied – if an exemption is denied, the Team Member will be notified and must comply with this policy. The Team Member will have seven (7) days from the date of notification to submit a written appeal to the Appeals Committee. The Appeals Committee is comprised of representation from Executive Leadership, Clinical Leadership, and Human Resources. The Appeals Committee will be required to reply in writing to the Team Member within seven (7) days. Any appeal submitted must include new information not previously disclosed in order to be considered. The decision of the Appeals Committee is final and binding.

HMH expressly reserves the right, in its sole and absolute discretion, to change, modify or delete the provisions of this policy in whole or in part, at any time or for any reason without notice.

The employment terms set out in this policy work in conjunction with, and do not replace, amend, or supplement any terms or conditions of employment stated in any applicable collective bargaining agreement. Wherever employment terms in this policy differ from the terms expressed in the applicable collective bargaining agreement, team members should refer to the specific terms of the collective bargaining agreement, which will control.
Any questions regarding this policy and procedure may be referred to Human Resources.
MEDICAL EXEMPTION REQUEST FORM
INFLUENZA VACCINATION

TEAM MEMBER – PLEASE PRINT THE FOLLOWING INFORMATION

Name: ___________________________________________ Date of Birth: ___/___/____

Team Member Number: _____________________________ Phone Number: _________________

E-Mail Address: ___________________________ Location: __________________

Department: ___________________________ Manager: _______________________

Health Care Provider Name: ____________ Health Care Provider Phone Number: _________

Dear Health Care Provider:

Hackensack Meridian Health requires all Team Members to obtain an annual influenza vaccination. The influenza vaccination is recommended for all health care workers because it has been proven to be effective in reducing the incidence of influenza. The Centers for Disease Control and Prevention recommends pregnant women take the vaccination to protect themselves and the baby after it is born.

The above named person is requesting an exemption from this vaccination requirement. A medical exemption from influenza vaccination is allowed for certain recognized contraindications.

Please check all that apply:

- History of previous allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine. Please attach supporting DOCUMENTATION or MEDICAL RECORDS.
- History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine. Please provide and attach a detailed narrative that describes the event.
- Other – Please provide this information in a separate narrative that describes the reason for exemption request in detail.

I certify that the above named person has the contraindication noted and I support this request for a medical exemption from influenza vaccination.

Physician Signature: __________________________________________ Date: ______________________

(Note: Signature Stamp Not Acceptable)

Physician Medical License No.: ________________________________

Should you have any questions, please contact Hackensack Meridian Health Occupational Health.
RELIGIOUS OR SINCERELY HELD BELIEF EXEMPTION REQUEST FORM
INFLUENZA VACCINATION

TEAM MEMBER – PLEASE PRINT THE FOLLOWING INFORMATION

Name: ______________________________________ Date of Request: ___/___/___

Team Member Number: __________________________ Phone Number: __________________

E-Mail Address: ________________________________ Location: _______________________

Department: _________________________________ Manager: _______________________

Hackensack Meridian Health is committed to diversity and inclusiveness of all of our Team Members. If you have a religious or sincerely held belief which conflicts with Hackensack Meridian Health’s influenza vaccination requirement and wish to request an exemption from this requirement, please provide details regarding your request for exemption in the space provided below. You may also attach additional information or documentation about your religious or sincerely held belief.

Name of Religious Belief, Church or Religious Body: ____________________________________________

Details regarding Request:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

In some cases, Hackensack Meridian Health will 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), practices and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an 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, please explain why: ________________________________________________________________

VERIFICATION AND ACCURACY
I verify the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation in this request may result in disciplinary action.

I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship on Hackensack Meridian Health.

Signature: ______________________________