

<b>Policy Title:</b>	<b>Influenza Vaccination (Flu)</b>		
<b>Location:</b>	GWUH	<b>Department:</b>	Hospital Administration
<b>Policy Number:</b>		<b>Current Effective Date:</b>	September 2013
<b>Original Effective Date:</b>	September 2013		

**I. Scope:**

All George Washington University Staff and Volunteers.

**II. Policy:**

It is the policy of The George Washington University Hospital (GWUH) that all employees and individuals defined below must be vaccinated annually against influenza in advance of each flu season unless they are eligible for and have an approved medical contraindication or an approved religious restriction. All persons covered under this policy must show proof of influenza vaccination or be granted an exemption as outlined below by the last day of the Designated Vaccination Period established annually. The vaccination due date will be determined annually, by the hospital medical director.

**III. Purpose:**

Influenza has by far the highest rates of mortality among vaccine preventable diseases in the United States outpacing all other vaccine preventable diseases combined. Hospitalized patients are more vulnerable to influenza than members of the general population. The most effective strategy for preventing influenza is annual vaccination. Many studies demonstrate that vaccination of healthcare workers reduces the risk to patients since healthcare workers are frequently implicated as the source of influenza in healthcare settings. This policy establishes the procedures for minimizing the transmission of the influenza virus to patients, visitors and staff.

**IV. Definitions:**

**1. Employees and individuals covered by this policy**

All GWUH employees, medical staff members, allied health professionals, affiliated house staff, volunteers, students, contractors, and all vendors who work for, provide services to or otherwise do business with the GWUH while on Hospital premises. Individuals visiting the Hospital for short term events such as Grand Rounds presentations are excluded from this policy.

**2. Designated Vaccination Period**

The period of time established each year by the Medical Director during which all persons covered by this policy are required to be vaccinated against influenza, provide proof of vaccination or qualify for an exemption as outlined by this policy.

**3. Influenza Season**

The time period will be established each year by the Center for Disease Prevention and Control (CDC) or local health department and will include any period of time related to novel strains of influenza.

**Medical Contraindications for Influenza Vaccination per CDC include:**

- a. Severe life or health threatening allergies to any vaccine component
- b. Severe documented egg allergy
- c. Individuals with a history of Guillain-Barré Syndrome
- d. CDC does not consider pregnancy or lactation as contraindications unless high risk status can be certified.

**V. Procedure:**

**1. EMPLOYEES & VOLUNTEERS**

- A. Employee Health will be available at the start of and during each Designated Vaccination Period to provide vaccination to employees and volunteers.
  - 1. Employees (except credentialed medical staff members see Section II), and volunteers who choose to be vaccinated outside of Employee Health must provide proof of vaccination to Employee Health that includes the following:
    - a. Person's name

- b. Proof of Influenza vaccination
- c. Date
- d. Location and name of provider
- e. Employee Health will maintain a vaccination record for employees and Volunteers.

**B. REQUEST FOR EXEMPTION**

**1. MEDICAL CONTRAINDICATION**

- a. Employees and Volunteers requesting an exemption based on a medical contraindication must complete an Influenza Vaccination Exemption Request Form (*Attachment A*).
- b. The Employee or Volunteer will have a primary care provider provide documentation supporting the medical contraindication.
- c. Both documents are submitted to Employee Health.
- d. Employee Health will review the request and may require the individual to sign a Release of Information form to allow further discussion with the primary care provider.
- e. Employee Health will determine if the exemption should be granted. If granted, the Hospital may require the individual to take other measures to reduce the risk of flu transmission during flu season.

**2. BASIS OF RELIGIOUS BELIEF**

- a. Employees and Volunteers requesting an exemption based on religious beliefs must complete an Influenza Vaccination Exemption Request Form (*Attachment A*).
- b. An employee requesting an exemption from this policy must submit a statement describing the religious, moral or ethical belief or practice that prevents him or her from receiving the flu vaccine. If the employee is affiliated with a religious body that has taken an official position or published a formal statement regarding vaccination, that information should also be provided. If the employee is not affiliated with a religious body that has taken an official position or published a formal statement regarding vaccination, the employee's statement should explain how his or her belief or practice regarding vaccination is equivalent to a traditional religious conviction. The Hospital reserves the right to request additional information from any employee requesting an exemption from this policy.
- c. The form, statement and any supporting documents are submitted to Employee Health.
- d. Employee Health, in consultation with the Medical Director and Director of Human Resources, will determine if an exemption should be granted. If granted, the Hospital may require the individual to take other measures to reduce the risk of flu transmission during flu season.

**C. FAILURE TO COMPLY WITH VACCINATION OR OBTAIN AN EXEMPTION BY THE END OF THE DESIGNATED VACCINATION PERIOD**

- 1. Failure to comply with vaccination or obtain an exemption by the end of the Designated Vaccination Period could result in disciplinary action up to and including termination.
- 2. Volunteers who fail to comply with vaccination or obtain an exemption by the end of the Designated Vaccination Period will not be allowed to volunteer in the hospital during the designated Influenza Season and will be required to re-apply as a volunteer after 12 months.

**VI. MEDICAL STAFF MEMBERS & ALLIED HEALTH PROFESSIONALS AUTHORIZED TO PRACTICE**

- A. Employee Health will be available at the start of and during each Designated Vaccination Period to provide vaccination to Medical Staff members and Allied Health Professionals authorized to Practice at GWUH. Proof of vaccination by Employee Health must be submitted to the Medical Staff Office (MSO).

- 1. Medical Staff members, and Allied Health Professionals who choose to be vaccinated outside of Employee Health must provide proof of vaccination to the MSO that includes the following:
  - a. Person's name
  - b. Proof of Influenza vaccination
  - c. Date
  - d. Location and name of provider

2. The MSO will maintain documentation that the Medical Staff Member or Allied Health Professional received the influenza vaccination during the Designated Vaccination Period.

**B. REQUEST FOR EXEMPTION**

**1. MEDICAL CONTRAINDICATION**

- a. Medical Staff members, and Allied Health Professionals requesting an exemption based on a medical contraindication, must complete an Influenza Vaccination Exemption Request Form (*Attachment A*).
- b. The Individual will have a primary care provider provide documentation supporting the medical contraindication.
- c. Both documents are submitted to the Medical Director via the MSO.
- d. The Medical Director will review the request and may require the individual to sign a Release of Information form to allow further discussion with the primary care provider.
- e. The Medical Director will determine if the exemption should be granted. If granted, the Hospital may require the individual to take other measures to reduce the risk of flu transmission during flu season.

**2. BASIS OF RELIGIOUS BELIEF**

- a. Medical Staff or Allied Health Professionals requesting an exemption based on religious beliefs must complete an Influenza Vaccination Exemption Request Form (*Attachment A*).
- b. In addition, the medical staff member must submit a statement describing the religious, moral or ethical belief or practice that prevents him or her from receiving the flu vaccine. If the medical staff member is affiliated with a religious body that has taken an official position or published a formal statement regarding vaccination, that information should also be provided. If the medical staff member is not affiliated with a religious body that has taken an official position or published a formal statement regarding vaccination, the employee's statement should explain how his or her belief or practice regarding vaccination is equivalent to a traditional religious conviction. The Hospital reserves the right to request additional information to assist in its decision to grant an exemption to this policy.
- c. The form, statement and any supporting documents are submitted to the Medical Director via the MSO.
- d. The Medical Director will determine if the exemption should be granted. If granted, the Hospital may require the individual to take other measures to reduce the risk of flu transmission during flu season.

3. Once the Medical Director grants an exemption, he/she will notify the MSO who will record that an exemption was granted.

**C. FAILURE TO COMPLY WITH VACCINATION OR OBTAIN AN EXEMPTION BY THE END OF THE DESIGNATED VACCINATION PERIOD**

Medical Staff or Allied Health Professionals failing to comply with vaccination or obtain an exemption by the end of the Designated Vaccination Period will be placed on administrative suspension until proof of compliance is provided or until the established date of the end of the Influenza season.

**VII. HOUSE STAFF (INTERNS, RESIDENTS, AND FELLOWS)**

- A. Employee Health will be available at the start and during the Designated Vaccination Period to House staff.

1. House staff who choose to be vaccinated outside of Employee Health must provide proof of vaccination to Employee Health that includes the following:
  - a. Person's name
  - b. Proof of Influenza vaccination
  - c. Date
  - d. Location and name of provider
2. Employee Health will maintain documentation that the House staff received the influenza vaccination during the Designated Vaccination Period.

## B. **REQUEST FOR EXEMPTION**

### 1. **MEDICAL CONTRAINDICATION**

- a. A House staff member requesting an exemption based on a medical contraindication must complete an Influenza Vaccination Exemption Request Form (*Attachment A*).
- c. The Individual will have a primary care provider provide documentation supporting the medical contraindication.
- c. Both documents are submitted to Employee Health.
- d. Employee Health will review the request and may require the individual to sign a Release of Information form to allow further discussion with the primary care provider.
- e. Employee Health will determine if the exemption should be granted. If granted, the Hospital may require the individual to take other measures to reduce the risk of flu transmission during flu season.

### 2. **BASIS OF RELIGIOUS BELIEF**

- a. House staff requesting an exemption based on religious beliefs must complete an Influenza Vaccination Exemption Request Form (*Attachment A*).
- b. In addition, house staff requesting an exemption from this policy should submit a statement describing the religious, moral or ethical belief or practice that prevents him or her from receiving the flu vaccine. If the house staff member is affiliated with a religious body that has taken an official position or published a formal statement regarding vaccination, that information should also be provided. If the house staff member is not affiliated with a religious body that has taken an official position or published a formal statement regarding vaccination, the statement should explain how his or her belief or practice regarding vaccination is equivalent to a traditional religious conviction. The Hospital reserves the right to request additional information to assist in its decision to grant an exemption to this policy.
- c. The form, statement and any supporting documents are submitted to Employee Health. Employee Health, in consultation with the Medical Director will determine if the exemption should be granted. If granted, the Hospital may require the individual to take other measures to reduce the risk of flu transmission during flu season.

## C. **FAILURE TO COMPLY WITH VACCINATION OR OBTAIN AN EXEMPTION BY THE END OF THE DESIGNATED VACCINATION PERIOD**

House staff failing to comply with vaccination or obtain an exemption by the end of the Designated Vaccination Period will not be allowed to provide clinical care until proof of compliance is provided or until the established date of the end of the Influenza season.

## VIII. **MEDICAL, NURSING OR OTHER STUDENTS**

Each school is responsible for insuring that students provide proof of vaccination to the Program Director responsible for clinical rotations. Those students who fail to provide proof of vaccination or an exemption by close of business on the last day of the Designated Vaccination period will not be allowed to provide clinical care to patients until proof of compliance or the day after the last day of the influenza season.

## IX. **VENDORS**

All vendors must register with GWUH and have received notification of this policy through Reptrax, the hospital's vendor credentialing system. Those vendors who fail to provide proof of vaccination or an exemption to Reptrax, by close of business on the last day of the Designated Vaccination period will not be allowed in the Hospital until proof of compliance or the day after the last day of the influenza season.

## X. **EMBEDDED CONTRACT STAFF (e.g. BIOMED, DIALYSIS SERVICES, ETC.)**

Embedded contract staff may receive vaccination from Employee Health. Employee Health will bill the contract company. Those embedded contract staffs who fail to provide proof of vaccination or an exemption to Employee Health by close of business on the last day of the Designated Vaccination period will not be allowed to work in the Hospital until proof of compliance or the day after the last day of the influenza season.

**XI. AGENCY NURSES**

Agency Nurses must provide proof of vaccination or exemption to Nursing Administration. Those agency nurses who fail to provide proof of vaccination or an exemption to Nursing Administration by close of business on the last day of the Designated Vaccination period will not be allowed in the Hospital until proof of compliance or the day after the last day of the influenza season.

**XII. INDEPENDENT CONTRACTORS**

Directors of Departments utilizing independent contractors are responsible for ensuring that the contractors provide proof of vaccination or exemption by close of business of the last day of the Designated Vaccination period. Contractors who fail to provide the required documentation will not be permitted in the Hospital until proof of compliance or until the day after the last day of the influenza season.

**XIII. NEW APPLICANTS**

All new applicants in any of the above categories will be notified of this policy and must comply.

**XIV. COMPLIANCE**

Any person covered in this policy who fails to comply with the vaccination requirement will be denied access to the George Washington University Hospital Patient Clinical Care Areas during the Influenza Season. Individuals that are granted an exception must wear a surgical mask at all times within 6 feet of a patient during the Influenza Season.

**XV. VACCINE SHORTAGE CONTINGENCY**

In the event of an influenza vaccine shortage an appropriate distribution plan for available vaccine will be agreed upon with input from Infection Prevention, Hospital Epidemiologist, Medical Staff Leadership, Human Resources, Pharmacy and Hospital Administration. Influenza vaccine will be offered to personnel based on risk to patient population cared for, job function, and risk of exposure to influenza. Priority will be given to those who provide hands-on patient care with prolonged face-to-face contact with patients and/or have highest risk of exposure to patients with influenza. 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 standard for the duration of the vaccine shortage period, and recommendations will be provided to those who do not receive vaccine.

Approved

\_\_\_\_\_  
Gary Little MD, FAAEM, MBA  
Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rose Labriola RN, Ed.D, NEA-BC  
Chief Nursing Officer

\_\_\_\_\_  
Date

**Attachment A**

**INFLUENZA VACCINATION EXEMPTION REQUEST FORM**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DIRECTOR: \_\_\_\_\_

I request an exemption to the GWUH Mandatory Influenza Vaccination requirement based on the following:

\_\_\_\_\_ MEDICAL CONTRAINDICATION TO THE INFLUENZA VACCINE

\_\_\_\_\_ RELIGIOUS OBLIGATION/RESTRICTION

I have attached and/or requested the required supporting documentation as outlined in GWUH Influenza Vaccination Policy to this request. I understand that my failure to submit acceptable medical documentation or information demonstrating my religious basis for an exemption before the end of the Designated Vaccination Period may result in my request for an exemption being denied.

My signature on this form is my attestation that I am requesting an exemption in good faith, and the information I am providing or causing others to provide on my behalf is true and correct. I understand that providing false or misleading information may be grounds for discipline up to and including discharge.

I understand and consent to the following:

- My exemption request will be reviewed by the Designated Office at my site.
- My manager and/or supervisor also may be consulted as part of the exemption review process.
- My manager and/or supervisor will be notified if I am granted an exemption.
- My exemption may not be granted if it would pose a direct threat to others (i.e., patients, co-workers, or visitors) or if it would otherwise create an undue hardship on GWUH.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN FORM(S) TO OR FAX:**

- If you are an Employee, Resident, Fellow, or Volunteer return or fax to Employee Health, fax: 202-715-4587.
- If you are a Medical Staff member, Credentialed Professional (PA or NP), or Licensed Individual Practitioner return or fax to the Medical Staff Office, fax: 202-715-4477.
- If you do not fit any category mentioned above return or fax to Employee Health Services, fax to 202-715-4587.

**DESIGNATED OFFICE USE ONLY:**

Medical documentation received on: \_\_\_\_\_

Religious exemption received on: \_\_\_\_\_

**Approved**

**Denied**

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HR/Medical Director notified on: \_\_\_\_\_