

Altru Health System Policies & Procedures

Number: 3141
Policy: Employee Seasonal Influenza Immunization Policy
Effective: August 16, 2010

Purpose:

To protect patients, employees, employees' families and the community from influenza infection through annual immunization of all Altru Health System employees.

Philosophy:

Healthcare facilities have a clinical and ethical obligation to prevent transmission of influenza from healthcare workers to patients. Immunization for influenza is the most effective control to prevent influenza transmission.

Policy Statement:

All Altru Health System employees are required to be immunized against seasonal influenza each year unless exemption has been granted as described below. Compliance with this requirement is a condition of continued employment.

A. Annual Influenza Immunization

1. All Altru Health System employees must be immunized against seasonal influenza each year. Employees include those with and without direct patient care.
2. Vaccination for seasonal influenza is an employee benefit for Altru Health System employees. The vaccination program is coordinated through the Employee Health department beginning when the vaccine is available and throughout the influenza season.
3. Employee immunizations will begin when vaccine is available and as per CDC recommendations. As a condition of employment, all employees must be vaccinated by the designated deadline, usually December 1st of each year.
4. Employees who do not receive their immunization from Employee Health must provide proof of immunization to Employee Health. Proof of immunization may include a physician's note, a receipt, or copy of consent.

B. Exemptions

1. Persons with the following contraindications* are exempt from influenza immunization:
 - Persons allergic to eggs (causes swelling to lips, throat, tongue, but not if only upset stomach)
 - Persons with a history of Guillian-Barre within six (6) weeks of influenza vaccination
 - Persons who have a history of anaphylactic reaction after influenza vaccination.

Employees requesting exemption due to medical contraindications must provide proof of medical contraindication such as a letter from their personal physician.

*Contraindications are based on recommendations from the Centers for Disease Control and Prevention as reviewed by the Hospital Epidemiologist.

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2. Exemptions will be made for individuals belonging to a religious organization that has a bona fide, sincerely held and specifically enumerated belief that immunization should not be given.
3. All requested exemptions will be reviewed by a council consisting of the Chief Medical Officer, the Chief Nurse Executive, the Assistant to the Chief Nurse Executive, the Manager of Employment/Employee Relations, or their designees. Employees must submit their request for exemption in writing to the office of the Chief Nurse Executive in Administration (form on page 4). If an interview is needed, the employee will be contacted for an appointment for face-to-face or phone interview.
4. The council will inform the employee of their decision in writing within five (5) business days after presenting a request for exemption to the review council.
5. If exemption is granted for a temporary condition, the employee must resubmit a request for exemption each year. If exemption is granted for a permanent condition (allergy, Guillian-Barre) the exemption does not need to be requested each year unless vaccine technology would change to eliminate issues regarding allergies.

C. Recordkeeping

Employee Health, Infection Control and designees will maintain a record of influenza immunization. Managers will get status reports of influenza immunization of the staff in their areas.

ESTABLISHED DATE: August 17, 2009

Approved by: Chief Executive Officer, Altru Health System

David R. Molmen

REVIEW DATE AND INITIAL

REVISION DATES

6/29/10

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REQUEST FOR EXEMPTION FROM SEASONAL INFLUENZA VACCINATION

NAME: _____

EMPLOYEE NUMBER: _____

JOB TITLE: _____

DEPARTMENT: _____

MANAGER/SUPERVISOR: _____

WORK PHONE: _____

HOME PHONE: _____

DATE: _____

REASON FOR EXEMPTION:

ATTACH COPIES OF ANY DOCUMENTATION check here if document(s) attached

SIGNATURE OF EMPLOYEE: _____

FOR USE BY REVIEW COUNCIL

- EXEMPT FROM VACCINATION
- NOT EXEMPT, EMPLOYEE MUST GET A FLU SHOT BY _____
- MANAGER NOTIFIED