**Policy:**

1. This policy is intended to maximize vaccination against influenza among healthcare personnel (HCP) at Marcus Daly Memorial Hospital Corporation (MDMHC), and defines the procedures for mandatory participation in seasonal influenza vaccination.
2. In accordance with nationally recognized patient safety standards, healthcare personnel at MDMHC are required to participate in the seasonal influenza vaccination program.
3. HCPs may receive an influenza vaccine through MDMHC, or may receive influenza vaccination elsewhere and provide written documentation of that vaccination by November 30th annually.
4. Healthcare personnel may request a medical exemption from influenza vaccination due to a medical reason by October 31st annually. Medically exempted healthcare personnel will be required to wear a surgical mask as per this policy while unvaccinated.
5. Healthcare personnel may request a religious exemption from influenza vaccination if influenza vaccination violates a person’s sincerely held religious beliefs by October 31st annually. Religiously exempted healthcare personnel will be required to wear a surgical mask as per this policy while unvaccinated.
6. Healthcare personnel are not allowed a personal or philosophical exemption from flu vaccination.

**Definitions:**

**Healthcare Personnel (HCP):** The entire population of workers at MDMHC. Includes, but is not limited to employed, non-employed, and specified contract workers. This includes, but is not limited to: physicians, licensed independent practitioners (LIP), nurses, Certified Nursing Assistants, therapists, EMS, surgery, pharmacy, laboratory, imaging, respiratory, dietary, housekeeping, maintenance, and clerical. HCP includes personnel involved in direct patient care, as well as those not involved in direct patient care but are potentially exposed to infectious agents that can be transmitted between HCP.

**Employee:** Persons who receive a direct paycheck from MDMHC, regardless of clinical responsibility or patient contact.

**Non-Employee:** Persons affiliated with MDMHC, but are not directly employed, regardless of clinical responsibility or patient contact. This includes providers with privileges at MDMH, students, trainees and volunteers.

**Contract Workers:** Persons providing care, treatment, or services at the facility through a contract who do not meet the definition of employee or non-employee. Influenza vaccination is a requirement through MDMHC’s participation in the RepTrax program (see RepTrax policies). Contracted construction workers are excluded from the vaccination requirement; however, non-vaccinated construction workers will be informed of the masking requirement if entering patient care areas in the main hospital building .

**“Present in the Community:”** Present in the community is defined as “until no new cases of influenza are identified in Ravalli County for 2 weeks.” Infection Control will obtain this information from the MDMH Laboratory and Ravalli County Public Health.

**Seasonal Influenza Vaccine:** A vaccine for seasonal influenza virus strains that is offered on an annual basis.

**Procedure:**

1. Prior to the annual onset of influenza season and when the most current vaccination recommendations are published by the Centers for Disease Control and Prevention (CDC), MDMH Infection Control will inform HCP about the following:
   1. Dates when influenza vaccination is available
   2. Procedure for receiving vaccination
2. By October 31st annually, healthcare personnel requesting an exemption will:
   1. Provide to Human Resources a completed and signed Medical Exemption Statement for Influenza Vaccination (Appendix A). A new statement must be provided every year.
   2. Provide to Human Resources a completed and signed Religious Exemption Statement for Influenza Vaccination (Appendix B). A new statement must be provided every year.
   3. No personal or philosophical exemptions are allowed.
3. By November 30th annually, healthcare personnel (HCP) will:
   1. Receive vaccination as offered by MDMHC, or
   2. Provide to Infection Control written documentation of influenza vaccination if obtained elsewhere.
4. If an employee is not in compliance with this policy by November 30th,
   1. They will be not be allowed to work any shifts, and
   2. They will receive a written warning, and
   3. They will be given 7 calendar days to comply or they will be terminated.
5. If the non-compliant individual is a medical staff provider, the case will be referred to the Medical Executive Committee for review and action.
6. Seasonal influenza vaccination will be provided free of charge to all employed HCPs through the Infection Control Department. Non-employed and contract HCPs will obtain influenza vaccine through a preferred provider and provide written proof of vaccination.
7. If influenza vaccination is received at a location other than MDMHC, the individual must provide a copy of vaccine administration to Infection Control. A verbal statement of vaccination is not sufficient.
8. Medical contraindications may include an allergy to eggs, a preexisting medical condition, such as Guillain-Barre Syndrome, or an immunosuppressive condition. The masking requirement will apply to HCP with a medical exemption.
9. Religious exemptions entail the HCP having a sincerely held religious belief or practice or observance that prevents him/her from taking the influenza vaccine. The masking requirement will apply to HCP with a religious exemption.
10. The masking requirement for non-vaccinated HCP will be in effect with the first inpatient admission to MDMH for influenza or influenza-related complications. Infection Control will inform non-vaccinated HCP when the masking requirement applies.
11. Masking applies when the non-vaccinated HCP is within 6 feet of patients in patient care areas. This excludes public areas, hallways and when the employee is in the cafeteria eating/drinking.
12. During the time period that the influenza vaccine is being offered to employees, Infection Control will periodically provide written reports to Department Heads/Managers to inform them which of their employees have and have not received the influenza vaccination.
13. Infection Control will inform Department Heads/Managers of non-vaccinated staff due to medical or religious exemption, so infection prevention measures (wearing of hospital-approved surgical masks) can be monitored and enforced.
14. Non-vaccinated employed HCP who fail to comply with the masking requirement will be subject to disciplinary action as per hospital policy, up to an including termination, and will not be allowed to work if not wearing a mask as per this policy.
15. Masking is essential to uphold our commitment against preventable diseases. As responsible employees who work in a health care environment, it is our obligation to make reasonable decisions when to remove a mask (eating lunch or taking a business call).
16. All new employees will be informed that flu vaccination is required and a condition of employment unless they provide a written documentation from a medical provider of current flu season vaccination OR a signed Medical Exemption Statement for Influenza Vaccination (Appendix A) OR a signed Religious Exemption Statement for Influenza Vaccination (Appendix B).
    1. For new employees with medical and religious exemptions, the masking requirement will apply.
    2. The vaccine cannot be declined by new employees for personal reasons.
    3. The vaccine will be given to new employees during New Employee Orientation from October 1 – March 31, with administration extending beyond this time frame if influenza is still present in the community.
    4. New employees will be given a copy of this policy upon hire.
17. In the event of an unexpected national vaccine shortage, Infection Control, the individual with Emergency Preparedness oversight, and Administration will determine an appropriate distribution plan for the resources available. Priority will be given to those who provide hands-on patient care with prolonged face-to-face contact with patients and/or have the 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 vaccination standard for the duration of the vaccine shortage period.
18. HCP immunization rates will be reported to the Infection Control Committee, the Medical Staff, the Board of Directors, and the National Healthcare Safety Network (NHSN).
19. All vaccination and exemption information will be managed and retained/stored in a confidential manner by the Infection Control and Human Resources Departments.

**References:**

[Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2016–17 Influenza Season. MMWR 2016. August 26, 2016 / 65(5);1–54](https://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_w)

**Medical Exemption Statement for Influenza Vaccination**

Primary Care Provider: Please mark the contraindications or precautions that apply to this individual and sign and date this form. This signed Medical Exemption Statement is accepted by Marcus Daly Memorial Hospital as proof that this employee has a true and verified medical contraindication for the influenza vaccine.

Employee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical contraindications for immunizations are determined by the most recent general recommendations of the Advisory Committee on Immunization Practices (ACIP), the U.S. Department of Health and Human Services, published in the Centers for Disease Control and Prevention’s publication, the Morbidity and Mortality Weekly Report.

A **contraindication** is a condition in a recipient that increases the risk for a serious adverse reaction. Influenza vaccination will be deferred when a contraindication is present.

A **precaution** is a condition in a recipient that might increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce immunity. Influenza vaccination will be deferred when a precaution is present.

Contraindications

□ Severe allergic reaction (e.g., anaphylaxis) after previous dose of any influenza vaccine

□ Severe allergic reaction to a vaccine component, including egg protein

Precautions

□ Moderate or severe acute illness with or without fever (**Vaccination is deferred up to 30 days only**. This does not exempt the employee from flu vaccination for the entire flu season).

□ History of Guillain-Barre Syndrome within 6 weeks of previous influenza vaccination

□ Other medical contraindication (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Provider Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Primary Care Provider Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Provider Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail this form to MDMH Human Resources at 1200 Westwood Drive, Hamilton, 59840 or fax to 406-375-4816, Attn: Debbie Morris.**

HR Use Only: Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religious Exemption Statement for Influenza Vaccination**

Marcus Daly Memorial Hospital is committed to diversity and inclusiveness of all our employees. MDMH has mandated that all healthcare personnel are to be vaccinated against influenza. If a sincerely held religious belief, practice, or observance prevents you from getting the influenza vaccine, you may request a religious exemption.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe in detail the religious belief, practice or observance that prevents you from taking the vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Because the mandatory influenza vaccination conflicts with my sincerely held religious beliefs and practices, or membership in a church or religious body, I decline the influenza vaccination at this time. I understand that I need to comply with the masking requirement as per the MDMH Mandatory Participation in Seasonal Influenza Vaccination policy.

Employee Initials \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religion Tenet Documentation**  
MDMH may 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) and accommodation with you, your religion’s spiritual leader or another third party. Please provide contact information for an unrelated third party who can confirm the need for an exception based on your religious practice or belief.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify that the above information is complete and accurate to the best of my knowledge. I affirm that my opposition to vaccination is religious as opposed to a secular or philosophical opposition. I understand that any intentional misrepresentation in this request may result in corrective action. I understand that my request for an exemption may not be granted if it is not reasonable, if it constitutes an undue hardship on MDMH, if it infringes on the rights of others, or if it compromises workplace safety. I understand that, for the protection of patients and coworkers, MDMH may reassign me to another positon for the duration of the influenza season, or impose some other reasonable condition.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send this form to MDMH Human Resources at 1200 Westwood Drive, Hamilton, 59840 or fax to 406-375-4816, Attn: Debbie Morris.**

HR Use Only: Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_