Long-term Care and Assisted Living Facility
Health Care Personnel
Seasonal Influenza Vaccination
Implementation Toolkit
Table of Contents

Introduction.................................................................................................................................................. 3
Overview of Materials Included in the Toolkit......................................................................................... 4
National Policy Direction........................................................................................................................... 5
Policy Guidance and Examples.................................................................................................................. 8
  Medical Exemption Form Examples......................................................................................................... 21
  Religious Exemption Form Examples....................................................................................................... 24
Implementation Timeline and Tips............................................................................................................ 27
Education and Communications................................................................................................................. 35
Resources provided by Flathead City-County Health Department (FCCHD)........................................... 43
Introduction

Influenza remains a major issue in the United States with approximately 114,000 hospitalizations and more than 36,000 deaths each year (Nace, Hoffman, Resnick, and Handler, 2007). Older adults are at risk given that 90% of influenza deaths occur in people aged 65 and older (Nace, Hoffman, Resnick, and Handler, 2007). Long-term care facilities can experience case fatality rates as high as 55% (Nace, Hoffman, Resnick, and Handler, 2007).

According to the Centers for Disease Control and Prevention (CDC), the single best way to prevent influenza is to get an influenza vaccine each season. Mandatory seasonal influenza vaccination for health care workers is supported by many leading health care organizations, such as the American Medical Directors Association and the Infectious Disease Society of America.

Organizations also benefit from increased health care personnel vaccination rates. Studies have demonstrated an association between influenza vaccination and reduced workplace absenteeism (Apenteng & Opoku, 2014). Results of a study published in the New England Journal of Medicine in 1995 (333: 889-893; October 5, 1995) showed that immunized workers had 25% fewer upper respiratory illnesses, 43% fewer days of sick leave from work due to upper respiratory illness and 44% fewer visits to physician offices for upper respiratory illness. A study by Nichol (2001) demonstrated that vaccinating healthy working adults was on average cost saving. Vaccinating healthy working adults keeps healthcare costs low and reduces workplace absenteeism.

This document is intended to provide guidance and information for developing a mandatory seasonal influenza vaccination program within individual organizations. This document does not provide an exhaustive list of all elements that should be considered when adopting a mandatory influenza vaccination program however it does provide a framework for major areas that should be considered.
Overview of Materials Included in the Toolkit

The Long-term Care and Assisted Living Facility Health Care Personnel Seasonal Influenza Vaccination Implementation Toolkit is designed to help organizations as they work toward implementing policies and practices that require health care personnel to obtain an annual influenza vaccination. The toolkit contains materials that may be used as models. Each health care organization is unique with its own culture, structural, legal and employment considerations. Organizations should obtain independent legal advice in determining the approach that works best in their respective organizations and should feel free to modify the materials contained in the toolkit accordingly.

<table>
<thead>
<tr>
<th>National Policy Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Outline of supporting evidence</td>
</tr>
<tr>
<td>• Healthy People 2020 goal</td>
</tr>
<tr>
<td>• Flathead County data for 2014-2015 influenza season</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy Guidance and Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Getting started on drafting a policy</td>
</tr>
<tr>
<td>• Policy and Position Statements</td>
</tr>
<tr>
<td>• Example Policies</td>
</tr>
<tr>
<td>• Medical Exemption Forms</td>
</tr>
<tr>
<td>• Religious Exemption Forms</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implementation Timeline and Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>• One year timeline</td>
</tr>
<tr>
<td>• Multi-year timeline</td>
</tr>
<tr>
<td>• Tools and tips to overcome vaccination barriers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education and Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sample letters to be sent from management encouraging vaccination</td>
</tr>
<tr>
<td>• Posters addressing common influenza vaccination myths</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resources Provided by FCCHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vaccination clinic options and payment options</td>
</tr>
<tr>
<td>• Policy writing and staff education assistance</td>
</tr>
</tbody>
</table>
National Policy
Direction
National Policy Direction

Vaccinating health care personnel for seasonal influenza prevents illnesses, deaths and losses in productivity. The Centers for Disease Control and Prevention (CDC) defines health care personnel as any persons potentially exposed to infectious agents that can be transmitted to and from health care workers and patients. Many health care personnel are in contact with people aged 65 years and older, a high risk group, and vaccination can also prevent serious complications and deaths in client populations. Achieving and sustaining high seasonal influenza vaccination coverage in health care personnel can protect staff and clients, reduce disease burden, and decrease health care costs.

Healthy People 2020

The CDC and numerous other professional organizations and public health agencies have outlined strategies to improve long-term care and assisted living facility health care personnel vaccination rates. However, these efforts have not resulted in substantially increased vaccination rates. In 2013-2014, 63% of long-term care health care personnel were vaccinated for seasonal influenza. This vaccination rate was the lowest out of all the surveyed health care settings. Early national 2014-2015 data indicate a vaccination rate of 54% in long-term care health care personnel. This rate is also the lowest of the 2014-2015 surveyed health care settings.

Some Flathead County long-term care and assisted living facilities have already implemented mandatory seasonal influenza vaccination policies for their health care personnel and have achieved near 100% vaccination coverage. In 2015, Flathead City-County Health Department conducted a survey of Flathead County long-term care and assisted living facilities. The results of this survey (Tables 1 and 2) indicate that facilities that have implemented mandatory policies have the highest vaccination rates.
Data from Flathead County facilities with mandatory policies compared to facilities with recommendation policies:

**Table 1:** Percent of staff vaccinated at facilities with mandatory influenza vaccination policies. Data from Staff Survey, 2014-2015 influenza season.

**Percent of staff vaccinated at facilities with mandatory policies**

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**Table 2:** Percent of staff vaccinated at facilities with recommendation influenza vaccination policies. Data from Staff Survey, 2014-2015 influenza season.

**Percent of staff vaccinated at facilities with recommendation policies**

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Professional societies, including the Association for Professionals in Infection Control and Epidemiology (APIC), the Infectious Diseases Society of America, and the Immunization Action Coalition recommend that mandatory seasonal influenza vaccination for all health care personnel. Even with interventions that promote and provide free and accessible vaccine, these organizations note that health care organizations regularly achieve only 40 to 60% vaccination rates.
Policy Guidance and Examples
Policy Guidance and Examples

Getting Started on Drafting a Policy
Several organizations nationwide have implemented mandatory vaccination programs. Unfortunately, the breadth of considerations when implementing a mandatory influenza vaccination policy can be considerable. However, the purpose of this toolkit is to provide some examples and resources for your organization.

One of the important keys to successful implementation is having executive leadership on board with a mandatory vaccination program. Leadership involvement will be essential and is key to ensuring that any policy that is put in place is supported and enforced at an organizational level. In addition, it is important to engage key stakeholders within the organization when initiating the policy development process. The composition of these stakeholders will widely vary depending on your unique facility, however some examples of individuals to consider may include:

- Chief Executive Officer
- Chief Medical Officer
- Chief Nursing Officer / Director of Nursing
- Chief Quality Officer / Quality Director
- Infection Prevention Department (Chief Infectious Disease Physician, Infection Preventionist)
- Human Resources / Employee Health
- Compliance
- Legal Council
# Things to Consider When Drafting a Policy

It is incredibly important to have a policy in place regarding the requirement of mandatory influenza vaccination for all health care workers. A policy requiring mandatory influenza vaccination for all health care workers should be drafted following your organizational format. There are several things that should be considered for inclusion in the policy including:

<table>
<thead>
<tr>
<th>Section</th>
<th>Items to Consider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Justification</strong></td>
<td>• Why policy is important and being implemented</td>
</tr>
<tr>
<td><strong>Definitions</strong></td>
<td>• What mandatory vaccination means and who is impacted</td>
</tr>
<tr>
<td><strong>Procedures</strong></td>
<td>• Implementation including timeframes, procedures, documentation</td>
</tr>
<tr>
<td><strong>Exemptions</strong></td>
<td>• Reasons for available exemptions</td>
</tr>
<tr>
<td></td>
<td>• Process for obtaining exemption</td>
</tr>
<tr>
<td><strong>Communication &amp; Education</strong></td>
<td>• What resources will be provided to staff to learn about vaccination</td>
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<td>• How will staff be told of vaccination opportunities</td>
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<tr>
<td><strong>Enforcement</strong></td>
<td>• Consequences</td>
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<td>• Deadlines for receiving vaccination or filing exemptions</td>
</tr>
<tr>
<td><strong>Contingency</strong></td>
<td>• Vaccination shortages or delays</td>
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<td></td>
<td>• Who has authority to alter policy</td>
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Policy and Position Statements

The following organizations support mandatory seasonal influenza vaccination for health care personnel:

**American Medical Directors Association**

- AMDA - Dedicated to Long Term Care Medicine supports a mandatory annual influenza vaccination for every long-term health care worker who has direct patient contact unless a medical contraindication or religious objection exists.

**Association of Professionals in Infection Control and Epidemiology**

- Recommendation: Therefore, APIC recommends that acute care hospitals, long term care, and other facilities that employ healthcare personnel require annual influenza immunization as a condition of employment unless there are compelling medical contraindications. This requirement should be part of a comprehensive strategy which incorporates all of the recommendations for influenza vaccination of HCP of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) for influenza vaccination of HCP. An essential part of this comprehensive strategy includes strict attention to important infection prevention practices such as hand hygiene and respiratory etiquette. Individuals exempted from annual vaccination due to medical contraindications must be educated on the importance of careful adherence to all of the non-vaccine related HICPAC prevention strategies, including hand hygiene and cough etiquette. Further, they may be required to wear a surgical mask when contact with patients or susceptible employees is likely. Additionally, strong leadership commitment that takes into account and collaboratively addresses concerns by employees and the organizations representing them is essential to providing the necessary support and resources to implement such a comprehensive program.

**Infectious Disease Society of America**

- Because healthcare personnel (HCP) work in an environment where contact with patients or infective material from patients is routine, HCP are at risk for exposure to vaccine-preventable diseases and possible transmission to patients, their families, and other HCP. Vaccination programs are therefore an essential component of infection prevention and control. Preventing health care-associated transmission of influenza and other infectious diseases can protect patients, HCP, and local communities. For this reason, IDSA supports mandatory immunization of HCP according to recommendations of the Advisory Committee for Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC).

**Society for the Healthcare Epidemiology of American**

- SHEA views influenza vaccination of HCP as a core patient and HCP safety practice with which noncompliance should not be tolerated. It is the professional and ethical responsibility of HCP and the institutions within which they work to prevent the spread of infectious pathogens to their patients through evidence-based infection prevention practices, including influenza vaccination. Therefore, for the safety of both patients and HCP, SHEA endorses a policy in which annual influenza vaccination is a condition of both initial and continued HCP employment and/or professional privileges. The implementation of this policy should be part of a multifaceted, comprehensive influenza infection control program; it must have full, visible leadership support with the expectation for influenza vaccination fully and clearly communicated to all existing and applicant HCP; and it must have ample resources and support to implement and to sustain the HCP vaccination program. This recommendation applies to all HCP working in all healthcare settings, regardless of whether the HCP have direct patient contact or whether the HCP are directly employed by the facility. It also applies to all students, volunteers, and contract workers. SHEA recommends that only exemptions due to recognized medical contraindications to influenza vaccination be considered.
Policy Statement:
It is the policy of the [NAME OF ORGANIZATION] that all individuals working in the [NAME OF ORGANIZATION] are immunized against influenza on an annual basis. Influenza vaccination is a requirement of working at [NAME OF ORGANIZATION]. Individuals working at [NAME OF ORGANIZATION] include employees, credentialed medical staff (as well as their employed or sponsored advanced practice professionals and clinical assistants), students, residents, interns, fellows, volunteers, clergy, contracted personnel and vendors who have contact with patients. [HEALTH CARE ORGANIZATIONS WILL WANT TO PRECISELY DEFINE WHO IS AFFECTED BY THIS POLICY. CONSIDERATION NEEDS TO BE GIVEN TO PEOPLE WHO HAVE DIRECT CONTACT WITH PATIENTS; THOSE WHO DO NOT HAVE DIRECT CONTACT WITH PATIENTS BUT WHO HAVE JOBS THAT PUT THEM IN CLOSE CONTACT WITH PATIENTS OR THE PATIENT ENVIRONMENT; AND THOSE WHO HAVE NO CONTACT WITH PATIENTS OR THE ENVIRONMENT IN WHICH PATIENTS ARE CARED FOR, BUT WHO HAVE CONTACT WITH HEALTH CARE PERSONNEL THAT DO]

Purpose:
The purpose of this policy is to protect the health and safety of patients, health care personnel, patient and health care personnel family members and the community as a whole from influenza infection through annual influenza vaccination.

Procedure:
Annual Influenza Vaccination
- As a condition of employment, maintenance of medical staff privileges or access to patient care or clinical care areas, [NAME OF ORGANIZATION] requires health care personnel to receive an annual influenza vaccination or possess an approved medical or religious exemption.
- Annually, health care personnel, covered by this policy, must do one of the following:
  - Receive the influenza vaccine(s), provided by [INSERT DEPARTMENT NAME THAT WILL ADMINISTER VACCINES], by [INSERT DATE, DECEMBER 1 IS THE LATEST DATE RECOMMENDED].
  - Provide [NAME OF DEPARTMENT OR POSITION TITLE] with proof of vaccination if vaccinated through services other than [NAME OF ORGANIZATION], by [INSERT DATE, DECEMBER 1 IS THE LATEST DATE RECOMMENDED]. Proof of vaccination must include a copy of documentation indicating the vaccine was received. [HEALTH CARE ORGANIZATIONS WILL WANT TO DETERMINE WHAT IS ACCEPTABLE AS PROOF OF INFLUENZA VACCINATION AND ALSO DETERMINE WHERE THE PROOF OF VACCINATION NEEDS TO BE DELIVERED. IN SOME CASES,
IT MAY BE EMPLOYEE HEALTH SERVICES OR IT MAY BE OTHER DESIGNATED PEOPLE FOR SPECIFIC TYPES OF HEALTH CARE PERSONNEL, SUCH AS A RESIDENCY DIRECTOR OR THE DIRECTOR OF VOLUNTEER SERVICES]

- Comply with the designated procedure for obtaining a permissible exception by [INSERT DATE; IT IS RECOMMENDED THIS BE AT LEAST TWO MONTHS PRIOR TO THE FINAL DEADLINE TO ALLOW FOR PROCESSING, NOTIFICATION AND OBTAINING VACCINATION IF THE EXEMPTION IS DENIED], as described in this policy.

- Health care personnel who begin or resume employment, a training rotation or provision of services between October 1 and April 30 are required to receive an influenza vaccination, provide proof of current vaccination status or obtain a medical or religious exemption prior to or on the first day their employment, rotation or service provision begins. [HEALTH CARE ORGANIZATIONS WILL NEED TO DETERMINE THE ABOVE DATES IN ACCORDANCE WITH THE EXPECTED OR ACTUAL INFLUENZA SEASON]

**Exemptions:**

(NAME OF ORGANIZATION) will grant exemption to annual influenza vaccination for approved medical reasons or religious beliefs.

**Medical Exemption**

- Exemptions to required vaccination may be granted for certain medical contraindications. Standard criteria will be established and include:
  - Severe allergy to the vaccine or components as defined by the most current recommendations of the CDC’s Advisory Committee on Immunization Practices [HEALTH CARE ORGANIZATIONS MUST DECIDE IF THEY WILL REQUIRE ALLERGY TESTING AND IF THEY WILL PAY FOR THIS TESTING]
  - History of Guillain-Barre’

- An individual requesting medical exemption because of medical contraindications must complete the Medical Exemption Request Form. Part A of the request must be completed and signed by the health care personnel member. Part B of the request must be completed and signed by the health care personnel member’s personal physician. [ORGANIZATIONS MAY ELECT TO USE A STANDARDIZED FORM THAT EMPLOYEES NEED TO HAVE THEIR PHYSICIAN COMPLETE OR MAY ELECT TO IDENTIFY WHAT DOCUMENTATION WOULD BE ACCEPTABLE. IT IS RECOMMENDED THAT THE EMPLOYEE HEALTH NURSE(S) NOT SERVE THIS ROLE.]

- [HEALTH CARE ORGANIZATIONS WILL WANT TO INCLUDE THE PROCESS THEY WILL USE FOR EVALUATING REQUESTS FOR MEDICAL EXEMPTIONS. SOME ORGANIZATIONS PROCESS THESE THROUGH THEIR EMPLOYEE HEALTH SERVICES; OTHERS USE A MEDICAL EVALUATION COMMITTEE. CONSIDERATION SHOULD BE GIVEN TO CONTACTING PERSONAL PHYSICIANS WHO HAVE SIGNED THE FORM FOR REASONS OTHER THAN THE CDC RECOMMENDED EXEMPTIONS.]

- The individual requesting the medical exemption will be notified in writing as to whether his/her request for medical exemption has been granted. If a medical
exemption request is denied, the individual will be required to be immunized pursuant to this policy.

- If a medical exemption is granted for a temporary medical condition, the individual must resubmit a request for exemption annually.
- If the exemption is granted permanently, the individual does not need to submit a request for medical exemption annually unless vaccine technology changes and eliminates issues related to allergies.

[HEALTH CARE ORGANIZATIONS MUST DECIDE WHAT PROCESS, IF ANY, WILL BE USED FOR THOSE WHO HAVE NOT BEEN VACCINATED. CONSIDERATION MUST BE GIVEN TO WHAT PERSONNEL THIS WOULD APPLY TO, UNDER WHAT CONDITIONS, HOW THESE INDIVIDUALS WILL BE IDENTIFIED AND HOW IT WILL BE ENFORCED.] [FOLLOWING IS AN EXAMPLE OF A MASKING POLICY - Health care personnel who are not vaccinated, due to a medical exemption, must wear a surgical mask within six (6) feet of any patient and when entering a patient room during the influenza season.]

**Religious Exemption**

- Exemptions may be granted because vaccination conflicts with the tenets of a religious belief.
- Persons requesting a religious exemption must complete a Religious Exemption Request Form. [ORGANIZATIONS MAY ELECT TO USE A STANDARDIZED FORM THAT EMPLOYEES SHOULD COMPLETE OR MAY ELECT TO IDENTIFY WHAT DOCUMENTATION WOULD BE ACCEPTABLE.]
- [HEALTH CARE ORGANIZATIONS WILL WANT TO INCLUDE THE PROCESS THEY WILL USE FOR EVALUATING REQUESTS FOR RELIGIOUS EXEMPTIONS. SOME ORGANIZATIONS PROCESS THESE THROUGH HUMAN RESOURCES OR MAY MAKE USE OF OTHER DIVERSITY OR ETHICS COMMITTEES.]
- The individual requesting the religious exemption will be notified in writing as to whether his/her request for religious exemption has been granted. If a religious exemption request is denied, the individual will be required to be immunized pursuant to this policy.
- [ORGANIZATIONS MUST DECIDE IF RELIGIOUS EXEMPTIONS ARE PERMANENT OR MUST BE APPLIED FOR EACH YEAR]
- [HEALTH CARE ORGANIZATIONS MUST DECIDE WHAT PROCESS, IF ANY, WILL BE USED FOR THOSE WHO HAVE NOT BEEN VACCINATED. CONSIDERATION MUST BE GIVEN TO WHAT PERSONNEL THIS WOULD APPLY TO, UNDER WHAT CONDITIONS, HOW THESE INDIVIDUALS WILL BE IDENTIFIED AND HOW IT WILL BE ENFORCED.] [FOLLOWING IS AN EXAMPLE OF A MASKING POLICY - Health care personnel who are not vaccinated, due to a religious exemption, must wear a surgical mask within six (6) feet of any patient and when entering a patient room during the influenza season.]

**Record Keeping:**

[HEALTH CARE ORGANIZATIONS WILL WANT TO IDENTIFY RECORD KEEPING PROCEDURES FOR PROOF OF VACCINATION AS WELL AS FOR EXEMPTIONS. THIS INFORMATION WILL BE
IMPORTANT FOR HEALTH CARE ORGANIZATIONS WHEN THEY DETERMINE THEIR INFLUENZA VACCINATION RATES AS WELL AS IF CONFLICTS ARISE WHEN THE HOSPITAL DENIES EXEMPTION REQUESTS.

[HEALTH CARE ORGANIZATIONS ARE ENCOURAGED TO DESCRIBE RESPONSIBILITY FOR REPORTING VACCINATION RATES TO CDC-NHSN TO ENSURE COMPLIANCE WITH FEDERAL AND STATE REPORTING AND PAY-FOR-PERFORMANCE REQUIREMENTS]

**Corrective Action Procedures:**

Failure to comply with this vaccination policy will result in a written warning. If an individual is not vaccinated or granted an exemption within two (2) weeks of receiving the warning, that individual will be subject to further corrective action, up to and including termination of employment, automatic relinquishment of medical staff membership and clinical privileges, and/or the forfeiture of the right to continue working and providing services within [ORGANIZATION NAME].

[HEALTH CARE ORGANIZATIONS WILL NEED TO IDENTIFY WHAT CORRECTIVE ACTION STEPS IT WILL TAKE IF AN INDIVIDUAL SUBJECT TO THE POLICY DOES NOT MEET THE ESTABLISHED DEADLINES. SOME ORGANIZATIONS WILL GIVE EMPLOYEES WRITTEN WARNINGS AND ESTABLISH A TIME FRAME UNDER WHICH THE PERSON MUST BE VACCINATED OR OBTAIN AN EXEMPTION BEFORE FURTHER DISCIPLINARY ACTION, INCLUDING TERMINATION OF EMPLOYMENT. OTHER ORGANIZATIONS HAVE OPTED TO PLACE THE EMPLOYEE ON IMMEDIATE LEAVE FOR A CERTAIN AMOUNT OF TIME. IN MOST CASES, HEALTH CARE ORGANIZATIONS PROVIDE A TWO-WEEK TIME PERIOD FOR EMPLOYEES TO COMPLY WITH THE POLICY BEFORE FURTHER DISCIPLINARY ACTION OR TERMINATION OCCURS. ORGANIZATIONS ARE ENCOURAGED TO REVIEW THIS COURSE OF ACTION WITH APPROPRIATE LEGAL COUNSEL.

ORGANIZATIONS ALSO NEED TO CONSIDER WHAT ACTIONS THEY WILL PUT IN PLACE FOR OTHER INDIVIDUALS WHO ARE SUBJECT TO THE HEALTH CARE ORGANIZATION POLICY BUT ARE NOT EMPLOYEES OF THE HEALTH CARE ORGANIZATION INCLUDING MEMBERS OF THE MEDICAL STAFF.

ORGANIZATIONS THAT HAVE LABOR AGREEMENTS COVERING SOME OR ALL OF THEIR EMPLOYEES SHOULD CONSIDER WORKING WITH THOSE UNION(S) IN DEVELOPING A HEALTH CARE PERSONNEL VACCINATION POLICY AND THE CONSEQUENCES ASSOCIATED WITH BARGAINING UNIT EMPLOYEES WHO FAILURE TO COMPLY WITH THE HEALTH CARE ORGANIZATION POLICY.]

**Infection Control Procedures:**

- All individuals are responsible for monitoring their health status and reporting to work only when they are not in a status that would put others at risk of contracting an infection, whether viral or bacterial.
• All employees are responsible for performing appropriate infection control standards to prevent risk to others and themselves. This includes, but is not limited to, frequent hand washing, masking, covering coughs and sneezes, disinfecting equipment and work stations, and not reporting to work when ill.

**Vaccine Shortages:**
In the event of an influenza vaccine shortage, the situation will be evaluated by [NAME OF ORGANIZATION], relying on the expertise of employee health services, infection prevention and control, human resources, pharmacy, management and medical leadership. Influenza vaccination will be offered to personnel based on job function and risk of exposure to influenza. Priority will be established in concordance with the recommendations by the Department of Public Health.

[HEALTH CARE ORGANIZATIONS WILL WANT TO IDENTIFY WHAT PROCESS THEY WILL USE WHEN THERE IS A SHORTAGE OF VACCINE AVAILABLE. ORGANIZATIONS MAY HAVE ALREADY FACED THIS IN PREVIOUS FLU SEASONS OR DURING THE H1N1 EPIDEMIC AND WILL WANT TO REVIEW THE PROCEDURES THAT THEY USED DURING THOSE SITUATIONS.]
1.0 PURPOSE

The purpose of this policy is to minimize transmission of the influenza virus in the workplace by providing occupational protection to employees and thus preventing transmission to members of the community, which we serve. Annual influenza vaccination has been found to be both safe and effective in reducing the risk of influenza and health-care related transmission. The Centers for Disease Control and Prevention (CDC) recommend vaccination of all workers in health care settings. Research, however, has shown that vaccination programs restricted to those who actively seek the vaccine have limited penetration and, thus, effectiveness in protecting patients and employees. This policy is intended to maximize the protection offered to our employees and clients.

2.0 POLICY

All employees of the (name of workplace) shall be provided the influenza vaccine during the annual influenza vaccination campaign. Employees will be required to obtain vaccination by December 1 of each calendar year or sign a declination. Vaccine will be offered free of charge at various times and locations. Records will be maintained documenting vaccinations and declinations. If vaccine shortages occur or if CDC recommendations are altered, the (Health Officer, CEO, or head of agency/facility) may suspend or revoke all or part of this policy.

3.0 DEFINITIONS

3.1 Employee—any person that receives financial compensation for work performed at (name of workplace), whether merit, contractual, or consultants. Although consultants are not considered employees by definition, for the purpose of this policy, consultants will be included in this category.

3.2 Influenza (flu)—a mild to severe contagious illness caused by viruses that infect the respiratory tract.

3.3 Influenza vaccine—a preparation of influenza antigens (live or killed virus), which stimulate the production of specific antibodies when introduced to the body. These antibodies provide protection against influenza virus infection.

   TIV—also known as the Trivalent Inactivated Influenza Vaccine, is made with killed virus and is administered through the muscle.

   LAIV—also known at the Live Attenuated Influenza Vaccine, is made with live, weakened viruses that do not cause the flu and is administered through a nasal spray.

3.4 Annual influenza vaccination campaign—Each year during the months when maximum benefit is provided by influenza vaccination, the name of (vaccination campaign organization) conducts a major vaccination campaign including mass vaccination clinics and community outreach. The campaign usually starts on (date) and ends (date).
Whether shortages occur at the national level or agency/facility level, the vaccination campaign will depend on vaccine availability.

4.0 PROCEDURES

4.1 GENERAL REQUIREMENTS

4.1.1 All employees will be required to obtain the influenza vaccine or sign the declination on the Influenza Vaccination Employee Statement (Attachment 1) each year.

4.2 IMPLEMENTATION

4.2.1 (Name of workplace) will provide the influenza vaccination annually at no cost to all employees.

4.2.2 The Live Attenuated Influenza Vaccine (LAIV) or the Trivalent Inactivated Influenza (TIV) will be administered to employees based on vaccine availability and published CDC guidelines.

4.3 RESPONSIBILITIES

4.3.1 Employees shall be responsible for:

1) Familiarizing themselves with this Administrative Policy and Procedure and signing and returning the Acknowledgement of Receipt form (Attachment 2) to the Office of Human Resources. Policy

2) Annually, completing and signing the Influenza Vaccination Employee Statement, whether consenting to or declining vaccination by the established deadline.

3) Taking one of the above actions by December 1 or, if hired during the annual influenza vaccination campaign, within 1 month of employment.

4) Annually, submitting the signed form to (office designated to receiving consents statements) (if consenting) or to (Office designated to receive declined statements) (if declining) by the established deadline.

4.3.2 Supervisors shall be responsible for:

1) Allowing employees time to attend a vaccination clinic.

2) Assuring that employees comply with this Administrative Policy and Procedure.

4.3.3 Office of Human Resources shall be responsible for:

1) Providing copies of this Administrative Policy and Procedure to employees and maintaining copies of the Acknowledgement of Receipt form in employees’ personnel files.
2) Providing each employee annually with a reminder of this policy and a copy of the *Influenza Vaccination Employee Statement* for that year’s influenza vaccine campaign.

3) Providing new employees with information about the annual influenza vaccine policy during orientation and where to obtain the vaccine if employment begins during the influenza campaign.

4) Notifying supervisors regarding those employees who are not in compliance with this policy.

5) Taking any appropriate personnel action.

**4.3.4 (Office designated to coordinate flu vaccination clinics) shall be responsible for:**

1) Offering employees influenza vaccination at various locations and times.

2) Providing influenza vaccine (LAIV, TIV) (type of locations) for employees.

3) Receiving a signed *Influenza Vaccination Employee Statement* from all employees.

4) Maintaining electronic records of employees who have received or declined influenza vaccination.

5) Providing information to the Office of Human Resources regarding those employees who are not in compliance with this policy.

6) Reviewing annual employee influenza vaccination rates.

7) Developing and recommending strategies including revisions to this policy to enhance and improve influenza vaccination rates in the Department.

**5.0 EFFECTIVE DATE**

The effective date of this Administrative Policy and Procedure is (date).

______________________________  ____________________________
Date                          Name

______________________________
Signature of
CEO, Health Officer or
head of agency/facility
Sample: Employee Influenza Vaccination Policy
Acknowledgement of Receipt

Please print your name and division and then sign and date the form to indicate that you have received a copy of the (name of workplace) Policy for the Administration of Influenza Vaccine to (name of workplace) Employees, dated (date of policy). You are responsible for reading and adhering to the policy.

__________________________   ______________________________
Print Name                             Signature

__________________________   __________________________
Division                             Date

Please send signed Acknowledgement of Receipt form to: Office of Human Resources.
Example Medical Exemption Forms

Example Form 1: Declination of Seasonal Influenza Vaccination For Medical Contraindication

Seasonal influenza vaccination is a condition of employment for all health care workers. Depending on type of vaccination offered, specific medical contraindications may exist for certain individuals. Only evidence-based medical contraindication against seasonal influenza vaccination confirmed by a licensed health care provider will be accepted as an exception to the mandatory influenza policy. Medical contraindication must be re-assessed each year and an updated declination form should be placed in the employee’s file yearly. This Medical Declination form must be completed by the employee’s primary healthcare provider and returned to Employee Health Services.

My employer, INSERT FACILITY NAME HERE, has recommended that I receive seasonal influenza vaccination in order to protect myself and the patients I serve. I understand that because I work in a health care environment I may place patients and co-workers at risk if I work while infected with the influenza virus. I understand that since I have an evidence-based medical contraindication to influenza vaccination that I will be required to wear a mask at all times during a schedule shift through the duration of the influenza season (INSERT DATES HERE).

__________________________________________  _______________________
Employee Name (print)  Employee ID Number

__________________________________________  _______________________
Employee Signature  Date

THIS SECTION SHOULD BE COMPLETED BY THE EMPLOYEE’S HEALTH CARE PROVIDER I have evaluated __________________________ and can verify that this employee has a medical contraindication to influenza vaccination.

This employee has one or more of the following contraindications:

☐ Documented severe allergy to eggs or egg products
☐ Personal history of Guillan-Barré Syndrome within 6 weeks of receiving influenza vaccine
☐ Severe allergic reaction to previous influenza vaccine
☐ Other: (please explain – only evidence-based medical contraindications):

__________________________________________  _______________________
Healthcare Provider Name (print)  Date

__________________________________________  _______________________
Healthcare Provider Signature  Phone Number
As a patient safety and health care personnel safety initiative, FACILITY NAME is requiring annual influenza vaccination for Health Care Personnel at FACILITY NAME. This is similar to other vaccinations that the health care organization requires as a condition of employment. For decades, influenza vaccination has been recommended for health care personnel and has been shown to be effective in protecting patients from influenza illness and complications related to influenza. Increasingly, national professional, health care, and infection prevention organizations are strongly recommending that health care organizations require annual influenza vaccination to protect the health and safety of patients, employees, patient and employee family members, and the community as a whole from influenza infection.

Medical exemption from influenza vaccination is allowed for recognized contraindications, see CDC at http://www.cdc.gov/flu/protect/whoshouldvax.htm.

Please complete the form below to request medical exemption for your patient. If you have any questions, please contact FACILITY CONTACT, PHONE NUMBER.

NAME OF PATIENT: ___________________________ Employee/Badge #: ____________

My patient should not be vaccinated against influenza for the following reason(s):

☐ Severe allergic reactions to eggs (defined as developing hives, swelling of the lips or tongue or difficulty breathing; does not include gastro-intestinal symptoms). **Note:** the amount of egg protein in influenza vaccines is extremely small. People who can tolerate eating food prepared with eggs, such as baked goods, can generally tolerate the influenza vaccine.

☐ History of previous severe allergic reaction to the influenza vaccine or component of the vaccine (defined as developing hives, swelling of the lips or tongue, or difficulty breathing; does not include sore arm, local reaction, or subsequent upper respiratory tract infection).

☐ History of Guillan-Barre syndrome within six weeks of receiving a previous vaccine.

☐ Other: Describe: _____________________________________

This is a

☐ Temporary Medical Condition
☐ Permanent Medical Condition

I certify that my patient has the above contraindications and request medical exemption from the influenza vaccine. I understand that I could be contacted for additional clarification.

Name of Physician (MD, DO): ___________________________

Signature: _________________________________________

*Signature stamps are not acceptable*

Telephone #: ___________________________

*Forward completed form to Employee Health*
FOR OFFICE USE ONLY

Received by Employee Health Services on the following date: _____________
Reviewed by Employee Health Services on the following date: _____________

Disposition:
Approved by: ____________________________
Disapproved by: __________________________
Person requesting exemption notified on the following date: ________________
Example Religious Exemption Forms

It is up to each facility to determine if a religious exemption will be allowed and if they will require a religious leader to sign off on an employee’s religious exemption form. Policies should be clear on what will be required to obtain a religious exemption.

Example Form 1

[ORGANIZATION’S LOGO]

Influenza Vaccination

Religious Exemption Request Form

Instructions
1. Read, complete and sign this page.
2. Return the completed form to [INSERT WHERE FORMS SHOULD BE RETURNED TO] by [INSERT DEADLINE FOR SUBMISSION OF FORMS].

Name: _______________________________________
Date of Request: _____________________________
Position Title: ________________________________
Department: _________________________________
Employee ID: _______________________________

[ORGANIZATION NAME] is committed to the diversity and inclusiveness of all our entire health care team. I understand that [ORGANIZATION NAME] requires all health care personnel as defined in policy [INSERT POLICY NAME AND/OR NUMBER] to be vaccinated against influenza on an annual basis, unless granted an exemption. A religious conviction exemption will ONLY be granted if a vaccination violates the tenets of a personally held religious belief.

Please read the following:
• Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
• Influenza vaccination is recommended for me and all other health care personnel to protect our patients from influenza disease, its complications and death.
• I am likely to be exposed to the influenza virus through the community and could bring the illness into the health care setting.
• If I contract influenza, I will shed the virus for 24 to 48 hours before influenza symptoms appear. My shedding the virus can spread the influenza disease to patients in this facility and to my colleagues and family.
• If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
• I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccination is recommended each year.
• I understand that I cannot get influenza from the influenza vaccine.
• The consequences of my not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including:
  ○ Patients utilizing our services
  ○ My co-workers
  ○ My family
  ○ My community
• I understand that not being vaccinated as a result of an exemption will require me to [INSERT ORGANIZATIONAL REQUIREMENTS, IF ANY, IF A VACCINE IS NOT RECEIVED]

Despite these facts, I am requesting an exemption from the required influenza vaccine for the following sincerely held religious beliefs.

______________________________________________________________________________

Certification:
By my signature below, I acknowledge that I have read and fully understand the information on this form. I certify that influenza vaccination violates the tenets of my religious beliefs, and that my beliefs – not my medical objection to vaccinations – are the motivation for my request. I also understand that I may be contacted and I authorize my religious leader (if identified) to be contacted to provide further clarification. I also understand that my request for an exemption may not be granted if it is not reasonable or creates an undue hardship on my employer. I understand that any false or incomplete information on this form will result in disciplinary action up to and including termination of employment for falsification of records.

Signature: ________________________________________________________________
Date: ______________________

Section below is to be completed by [NAME OF REVIEW BODY]
This was reviewed by the Exemption Committee on _____________ (date) and determined that
  □ Qualifies for exemption.
  □ Does not qualify for exemption.

Further actions to be taken include:
______________________________________________________________________________

The requestor was notified of the results of the review on _____________ (date) by ______________________________
My employer or affiliated health facility, ___________________________, has recommended that I receive influenza vaccination to protect the patients I serve.

I acknowledge that I am aware of the following facts:

♦ Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
♦ Influenza vaccination is recommended for me and all other healthcare workers to protect this facility’s patients from influenza, its complications, and death.
♦ If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to patients in this facility.
♦ If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread it to others and they can become seriously ill.
♦ I understand that the strains of virus that cause influenza infection change almost every year and, even if they don’t change, my immunity declines over time. This is why vaccination against influenza is recommended each year.
♦ I understand that I cannot get influenza from the influenza vaccine.
♦ The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including
  • all patients in this healthcare facility
  • my coworkers
  • my family
  • my community

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons: ____________________________________________________________________
__________________________________________________________________________
___________________________________________________________________________

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is still available.

I have read and fully understand the information on this declination form.

Signature: ____________________________________________ Date: ___________________
Name (print): _________________________________________
Department: ___________________________________________
Implementation
Timeline and Tips
Implementation Timeline and Tips

This section of the toolkit presents sample timelines for organizations to use to implement a health care personnel seasonal influenza vaccination policy. While Flathead City-County Health Department (FCCHD) strongly recommends mandatory seasonal influenza vaccination policies for health care personnel in long-term care and assisted living facilities, this section of the toolkit also provides steps that can be taken to increase voluntary vaccination.

Single Year Policy Implementation:

**MARCH**

- Obtain senior leadership buy-in for the organizational approach. Consideration should be given to obtaining input from the chief executive officer, chief medical officer/chief of staff, chief nursing officer/director of nursing, infection prevention department (chief infectious disease physician, infection preventionist), human resources/employee health, compliance and legal counsel.
- Develop a strategy for obtaining support from applicable unions.
- Develop or update your formal policy on vaccination of health care personnel and receive appropriate approval.
- Review and update Medical Staff Rules and Regulations and obtain Medical Executive Committee approval.
  - Sample language: “Failure to provide proof of influenza vaccination, or granted exemption, in accordance with [INSERT POLICY NAME AND/OR NUMBER] within 30 days after receiving written notice of delinquency describing the failure to comply with the [INSERT POLICY NAME AND/OR NUMBER] shall be deemed a voluntary relinquishment of Medical Staff appointment and clinical privileges.
- Create a task force to oversee implementation of the policy. The task force should include a champion from key areas and departments within the organization. Choose people who will help roll-out the plan in their respective areas.

**APRIL - MAY**

- Determine your budget and action plan. Have pharmacists plan for the appropriate expected volume of vaccine that would be necessary for an expected increase in administration.
- Or contact the FCCHD if you would like assistance in setting up vaccinations through FCCHD, either on-site or through redeemable vouchers for employees
- Meet with senior leadership to review issues and approve implementation. Ask them to take an active role in encouraging influenza vaccination compliance by receiving the vaccine first.
**JUNE - JULY**

- Develop your theme and catchy slogan (involve employees if possible).
- Themes could involve modern references like Star Wars, animal themes ("don't monkey around", "the bear facts"), or "kiss the flu goodbye" with Kisses
- Develop the policy roll-out strategy, including an employee education component. Studies have shown that much of the employee resistance to such efforts is due to misinformation.
- Order printed materials: buttons, posters and stickers.

**AUGUST**

- Finalize logistics for administration of vaccine, including staffing plans for administration.
- Arrange for volunteer and “per diem” nursing and administrative staff if needed. Review appropriate vaccine administration risk assessment and techniques with those who will be administering the vaccine.
- Ensure convenient access
- Consider using rolling influenza vaccine carts that can be taken to all departments during all shifts, including the cafeteria, grand rounds, medical records, etc.
- Offer peer vaccination on patient care units, if possible.
- Hold influenza vaccination clinics at several different dates and times.
- Coordinate vaccination clinics with other activities such as benefit fairs, annual inservice sessions, meetings or annual TB skin testing to make it easy and convenient for health care personnel to attend.
- Consider beginning the education portion of the campaign this month, before kicking off the vaccination portion of the campaign. Use task force champions from multiple areas, departments and disciplines assist with education.
- Inform vendors and other external agencies that send personnel to the organization of the new requirement.

**SEPTEMBER - OCTOBER**

- Arrange for the CEO and other members of the leadership team including Board members to be among the first vaccinated. Encourage them to wear “I received my flu shot” stickers (or other identifying item you may consider) to build public support for the campaign. Take a photo of them being immunized and publish it in employee communications.
- Administer vaccinations to health care personnel employees, monitor daily operations and pinpoint ways to improve efficiency.
- Begin to generate weekly status reports for local managers.
NOVEMBER - DECEMBER

- Monitor vaccination rates, troubleshoot problems and brainstorm ways to reach the health care personnel who have not been immunized.
- Continue administering influenza vaccinations at convenient locations on- and off-site as needed.
- Ensure there is an ongoing process throughout the flu season to vaccinate all new health care personnel.
- Closely monitor, track and analyze vaccination rates. Communicate vaccination rates on a regular basis to everyone in the organization.
- Work with local managers to ensure there is fair and consistent implementation of disciplinary actions as outlined in your policy.
- Listen to health care personnel early and often, especially during the first year, which is critical.

JANUARY - FEBRUARY - MARCH

- Continue to vaccinate all new health care personnel.
- Develop preliminary estimates of vaccine order quantities for the next flu season.
- Order additional vaccine.

APRIL - MAY - JUNE

- Evaluate your efforts, including:
  - How many health care personnel were immunized?
  - How does that compare with previous years?
  - How many requested and were granted an exemption?
  - How many disciplinary actions were taken?
  - Was the vaccine supply appropriate for the demand?
- Communicate the vaccination results. This could include leaders, medical staff, nursing staff and other staff.
- Make recommendations for changes to your policy and supporting procedures. Develop a budget for the upcoming flu season.
Multi-year Policy Implementation:

Year 1
- Create culture of vaccination by publicizing vaccination and removing barriers
- Get upper management to encourage vaccination

Year 2
- Continue to create culture of vaccination
- Formally document vaccinations and declinations
- Formal vaccination recommendation policy with staff sign-off upon receipt

Year 3
- Continue to create culture of vaccination
- Move to mandatory vaccination policy with staff sign-off upon receipt
- Ensure new staff are vaccinated if hired during flu season
### Barriers to High Voluntary Vaccination Rates and Strategies to Overcome Barriers

#### Lack of access to influenza vaccine
- Provide free vaccine at the workplace
- Offer vaccine at multiple times and locations convenient to all workers on all shifts during the flu season
- Use a mobile vaccination cart to take influenza vaccinations to staff
- Provide staff with a voucher for vaccination at a drugstore or clinic
- Partner with a larger health care organization (e.g., hospital) to provide vaccinations
- Work with pharmacy consultants to offer influenza vaccinations for facility staff
- Work with visiting nurses associations or other community immunizers to provide vaccination on-site
- Offer influenza vaccine at mandatory trainings, departmental conferences, and other meetings

#### Inaccurate beliefs about influenza vaccination
- Provide a strong educational program for staff
- Focus on protecting the worker and their family as well as the residents in the educational materials
- Share and display CDC, Joint Commission, and other organization's Influenza Facts/Myths Posters
- Use a declination form to determine why staff are declining to better focus your message
- Ask vaccinated health care personnel to encourage their coworkers to get vaccinated

#### Diverse cultures represented
- Access guidance from the HHS National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare
- Provide educational materials in multiple languages
- MedlinePlus provides tutorials and videos on health topics that might be good for low literacy groups
Lack of enthusiasm for influenza vaccination

- Establish a culture of prevention in your organization with the following ideas:
  - Publicize a “vaccine day” in combination with education to offer influenza vaccinations
  - Emphasize that influenza vaccination protects the employees and their loved ones and those they work with
  - Encourage employees to set an example; remind them that their action and recommendation carries a lot of weight in others’ decisions to get vaccinated
  - Encourage employees via e-mail, posters, an employee newsletter, and any other communication tools used in your workplace to get the vaccine
  - Track and report vaccination rates to staff and supervisors
  - Remind unvaccinated employees with e-mail, letters, encouragement from supervisors, and telephone calls
  - Provide contests or incentives to get vaccinated (small gift cards, raffles, pizza party, etc.)
  - Vaccinate the medical director and all managers in front of the staff
  - Foster team building to increase trust and cooperation - team building may lead to increased compliance with organizational goals including immunization

High staff turnover

- Offer influenza vaccination education multiple times during the influenza season
- Offer opportunities to be vaccinated at multiple times and locations convenient to all workers on all shifts during the influenza season
- Educate and vaccinate staff as part of new employee orientations
- Establish a process to determine and track proof of influenza vaccination each year for each employee
- Establish a written influenza vaccination policy for employees
- Work with pharmacy consultants to offer influenza vaccination for facility staff, as a standard procedure
• Educate and vaccinate staff as part of new employee orientation, training, and meetings
• Establish a process to determine and track proof of influenza vaccination each year for each employee

Lack of incentive for employer to pay for vaccination

• Long-term care organizations could advertise high health care personnel influenza vaccination rates to consumers to indicate patient safety
• Share CDC’s Business Toolkit to demonstrate that employers across sectors think it makes good sense to promote influenza vaccination of employees
• Educate staff about expanded health insurance coverage for influenza vaccinations under the Affordable Care Act:
  • Employee health insurance plans may now cover influenza vaccine for your employees
  • Other health insurance plans that staff may participate in (such as a spouse’s insurance plan) may now cover influenza vaccinations
  • Staff who do not qualify for employer-provided insurance may be able to get insurance through state Health Insurance Marketplaces
  • Flathead Community Health Center can help persons determine eligibility and enroll in marketplace insurance (758-2165)
Education and Communication
Education and Communication

Education of staff is an important part of any influenza vaccination campaign, whether there is a mandatory policy involved or not. A tremendous amount of misinformation about the seasonal influenza vaccine and misrepresentations about the vaccine’s side effects are common in both the health care community and in the general public. In this section you will find resources and informational fliers for your use.

In order for a seasonal influenza vaccination campaign to be successful, support and encouragement from upper management is important.

The following letters are sample letters which can be modified for each facility’s use:

Sample Letter 1

SUBJECT: [CEO/DON] Urges Influenza Immunization

Dear Staff:

As health care personnel focused on our patients, we have a special responsibility to protect our patients by making sure that we are immunized against influenza each year.

Influenza and related complications hospitalize approximately 226,000 Americans and kill more than 36,000 every year. In fact, influenza—a vaccine-preventable disease—is the sixth leading cause of death in the United States.

This year, [INSERT NAME OF FACILITY] is offering [free] influenza immunization for all our staff. As [INSERT TITLE] of [INSERT NAME OF FACILITY], I strongly encourage all healthcare personnel to be vaccinated against influenza to protect our patients, our co-workers, and ourselves.

Sincerely,

[INSERT NAME OF CEO/DON]
(NAME OF ORGANIZATION) has consistently demonstrated leadership in our community to prevent health care-associated infections. We, along with other area health care providers, have dramatically reduced the occurrence of health care associated infections and greatly enhanced the provision of safe quality care to patients. But, we need to do even more.

Each year, influenza results in an estimated 226,000 hospital admissions and 36,000 deaths. Evidence has emerged over the past few years that clearly indicate that health care personnel can unintentionally expose patients to seasonal influenza when health care personnel are not immunized. Exposure to persons infected with the influenza virus can be dangerous to vulnerable patients. Reducing influenza transmission from health care personnel to patients has become a top priority both nationally and in [NAME OF STATE OR AREA].

Starting now, we are implementing a new employee health influenza immunization policy. (NAME OF ORGANIZATION) employees will be required to receive an influenza vaccination as a condition of employment and maintenance of medical staff privileges.

We join other hospitals, nursing homes, medical clinics and pharmacies in implementing this policy as collectively, the goal is to achieve a vaccination rate greater than 90 percent in our health care organizations. Attaining this goal will help to prevent health care-associated infections, protect the lives and welfare of patients and employees, improve quality and reduce health care costs.

This goal aligns with our mission and helps us meet our goal to provide the highest quality, safest patient care possible.

By increasing health care personnel vaccination rates across the state, in hospitals, clinics, pharmacies, nursing homes and health systems, our health care community will play a vital role in protecting the health and well-being of our patients, families and people residing in the communities we serve.

More details on our policy will be available at (employee meetings, staff meetings, etc).

Sincerely,

(NAME, TITLE)
The following are fact sheets and flyers found online that can be used to challenge misinformation about the influenza vaccine. The flyers can be posted around your facility to help encourage vaccination.

Additional printable information can be found at:

- **Centers for Disease Control and Prevention**: www.cdc.gov/flu/freeresources/index.htm
- **St. Louis County Health**: http://www.nofluforyou.com/campaign-library-education-promotion-campaign.htm
- **U.S. Department of Veteran Affairs**:
  http://www.publichealth.va.gov/flu/materials/brochures.asp
## MYTH vs. FACT

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is not necessary to get immunized against influenza every year because protection lasts from previous vaccinations.</td>
<td>The types of influenza viruses circulating in the community change from year to year. Because of this, a new vaccine is made each year to protect against the current strains. Also, immunity to influenza viruses only lasts for a year, so it is important to get vaccinated against influenza every year.</td>
</tr>
<tr>
<td>People shouldn’t be immunized against influenza if they are sick.</td>
<td>Minor illnesses, with or without fever, should not prevent vaccination, especially in children with mild upper respiratory infections (colds) or upper respiratory allergies. In addition, people with chronic illnesses such as asthma, diabetes and heart disease, have a higher risk for contracting the influenza virus and for developing complications. These individuals should be immunized each year. Individuals with severe allergies to eggs or those who have had a previous vaccine-associated allergic reaction should avoid immunization. Talk to your health care provider for more information.</td>
</tr>
<tr>
<td>I get the stomach flu each year. I was told the influenza vaccine might prevent the stomach flu next year.</td>
<td>Unlike most other common respiratory and stomach infections that are often referred to as “the flu,” influenza can cause more severe illness and can result in complications leading to hospitalization and death, especially among the elderly. Common symptoms of influenza infection include a high fever (101°F-102°F) that begins suddenly, sore throat, chills, cough, headache and muscle aches. The influenza vaccine protects you against the influenza virus but not against viral gastroenteritis, which is the correct term for “stomach flu.”</td>
</tr>
<tr>
<td>The flu changes every year, so getting a flu shot will not protect me from getting sick.</td>
<td>Influenza is unpredictable and viruses change throughout the year. Getting vaccinated annually is the best way to protect against influenza. The vaccine will often offer some protection against a different, but related, strain that may begin to circulate in the community. This could mean milder illness or prevention of complications.</td>
</tr>
</tbody>
</table>

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*Don’t Let the FLU Get You!*

*MERCY HEALTH SYSTEM*

*With all our heart. With all our mind.*
**MYTH vs. FACT**

**MYTH**
Influenza is no more than a nuisance, much like the common cold, that cannot be prevented.

**FACT**
Influenza, commonly referred to as the “flu,” is a severe and sometimes life-threatening disease. Influenza and its related complications cause an average of 36,000 deaths and approximately 226,000 hospitalizations in the US each year. You can avoid getting influenza by getting vaccinated each year.

**MYTH**
You can get influenza from a flu shot.

**FACT**
The flu shot does not contain any of the live virus so it is impossible to get influenza from the vaccine. Side effects may occur in some people, such as mild soreness, redness or swelling at the injection site, headache, or a low-grade fever. Vaccination is a safe and effective way to prevent influenza and its complications.

**MYTH**
Only the elderly are at risk for developing serious complications from the influenza virus.

**FACT**
Influenza impacts people of all ages. Each year, more than 226,000 Americans are hospitalized and about 36,000 die from influenza-related complications. In fact, in the past three seasons, an average of 60 children have died each year from influenza.

**MYTH**
I missed the chance to get an influenza vaccination in the fall, so now I have to wait until next year.

**FACT**
You can get the influenza vaccination at anytime during the flu season. Vaccination typically begins in October and can continue through March. In most seasons, influenza virus activity doesn’t peak until February or March.

Visit the Centers for Disease Control and Prevention’s web site to learn more: www.cdc.gov/flu.
No More Excuses
You Need a Flu Vaccine

“Oh, the flu isn’t so bad... right?”

Wrong
The flu (influenza) is a contagious disease which affects the lungs and can lead to serious illness, including pneumonia. While pregnant women, young children, older people, and people with certain chronic medical conditions like asthma, diabetes and heart disease are at increased risk of serious flu-related complications, even healthy people can get sick enough to miss work or school for a significant amount of time or even be hospitalized.

“But the flu vaccine makes me sick?”

I can’t risk missing work or school.

The flu vaccine cannot give you the flu. The most common side effects from a flu shot are a sore arm and maybe a low fever or achiness. The nasal-spray flu vaccine might cause congestion, runny nose, sore throat, or cough. If you do experience them at all, these side effects are mild and short-lived. And that’s much better than getting sick and missing several days of school or work or possibly getting a very severe illness and needing to go to the hospital.

“I’m Healthy. I don’t need a flu vaccine.”

Anyone can become sick with the flu and experience serious complications. Older people, young children, pregnant women and people with medical conditions like asthma, diabetes, heart disease, or kidney disease are at especially high risk from the flu, but kids, teens and adults who are active and healthy also can get the flu and become very ill from it. Flu viruses are unpredictable, and every season puts you at risk. Besides, you might be around someone who’s at high risk from the flu... a baby... your grandparents, or even a friend. You don’t want to be the one spreading flu, do you?

“Wait a minute. I got a flu vaccine once and still got sick.”

Even if you got a flu vaccine, there are still reasons why you might have felt flu-like symptoms:
- You may have been exposed to a non-flu virus before or after you got vaccinated. The flu vaccine can only prevent illnesses caused by flu viruses. It cannot protect against non-flu viruses.
- Or you might have been exposed to flu after you got vaccinated but before the vaccine took effect. It takes about two weeks after you receive the vaccine for your body to build protection against the flu.
- Or you may have been exposed to an influenza virus that was very different from the viruses included in that year’s vaccine. The flu vaccine protects against the three influenza viruses that research indicates will cause the most disease during the upcoming season, but there can be other flu viruses circulating.

National Center for Immunization and Respiratory Diseases
“It’s too late for me to get protection from a flu vaccination this season.”

Flu seasons are unpredictable. They can begin early in the fall and last late into the spring. As long as flu season isn’t over, it’s not too late to get vaccinated, even during the winter. Getting a flu vaccine is the best way to protect yourself and your family. If you miss getting your flu vaccine in the fall, make it a New Year’s resolution—flu season doesn’t usually peak until January or February and can last until May. The flu vaccine offers protection for you all season long.

“I’ll get vaccinated only if my family and friends get sick with flu.”

If you wait until people around you get sick from flu, it will probably be too late to protect yourself. It takes about two weeks for the flu vaccine to provide full protection, so the sooner you get vaccinated, the more likely it is that you will be fully protected once the flu begins to circulate in your community. Flu vaccines are easy to find. They are offered in various locations like your doctor’s office, chain pharmacies, grocery stores, and health clinics.

“I hate shots.”

The very minor pain of a flu shot is nothing compared to the suffering that can be caused by the flu. The flu can make you very sick for several days; send you to the hospital, or worse. For most healthy, non-pregnant people ages 2 through 49 years old, the nasal-spray flu vaccine is a great choice for people who don’t like shots. Either way, a shot or spray can prevent you from catching the flu. So, whatever little discomfort you feel from the minor side effects of the flu vaccine is worthwhile to avoid the flu.

“I got a flu vaccine last year, so I don’t need another one.”

Your body’s level of immunity from a vaccine received last season is expected to have declined. You may not have enough immunity to be protected from getting sick this season. You should get vaccinated again to protect yourself against the three viruses that research suggests are likely to circulate again this season.

“I don’t trust that the vaccine is safe.”

Flu vaccines have been given for more than 50 years and they have a very good safety track record. Flu vaccines are made the same way each year and their safety is closely monitored by the Centers for Disease Control and Prevention and the Food and Drug Administration. Hundreds of millions of flu vaccines have been given safely.

For more information, visit
http://www.flu.gov
http://www.cdc.gov/flu
or call
800-CDC-INFO
Resources Provided by Flathead City-County Health Department (FCCHD)
1. **Influenza Vaccination Clinics**

To help ensure that flu shots are easily accessible, FCCHD would like to partner with you to provide flu vaccinations to your employees. While FCCHD recognizes that flu shots are available throughout the community, partnering with FCCHD will benefit both your employees and the residents of Flathead. These benefits include:

- Administering vaccines compliments essential public health services provided in Flathead County and revenue from this service supports over two public health positions. These positions are vital to our response to communicable disease.
- FCCHD is available to provide long-term support to both your business and employees. Vaccine tracking and record keeping are very important aspects of vaccine administration and FCCHD will provide this service.
- FCCHD has the resources to provide referrals to many other services should they be needed by employees.
- FCCHD will be offering the quadrivalent flu vaccine which provides protection against four different flu virus strains instead of the typical trivalent flu vaccine which only provides protection against three flu virus strains.

There are two vaccination options your facility can take advantage of:

**Option 1: On-site vaccination clinic:**
- FCCHD nurses go to your place of business to provide influenza vaccinations on-site.
- Minimum of 20 recipients per clinic.
- FCCHD will directly bill employee insurances.
- If insurance is not part of the employment, FCCHD can discuss an influenza vaccine pricing schedule for your business.

**Option 2: Helping employees get vaccinated off-site:**
- No minimum number of recipients.
- Your employees may attend any FCCHD immunization clinic. Clinic information is listed on the next page.
- If insurance is not part of the employment and your business would like to pay for off-site influenza vaccinations, FCCHD will mail you prepaid influenza vaccine vouchers so your employees can redeem the voucher at the clinic of their choice.
- If insurance is not part of the employment, FCCHD can discuss an influenza vaccine pricing schedule for your business and employees.
Off-Site Clinic Options:

Community Health Services, 1st Floor  
1035 1st Ave W, Phone (406)751-8110  
Walk-in Hours:  
M, Tu, Th, Fri: 9:30-11:30 am AND 1:30-4:00 pm  
Wed: 8:00 am-6:00 pm  
(Or by appointment)  
Closed the 2nd Tuesday of each month

Columbia Falls Ambulance Building  
31 7th St W  
2nd Tuesday each month 9:00-11:30 am

Whitefish Community Center  
121 2nd Street  
2nd Tuesday each month 1:30-4:00 pm

2. General Assistance

Flathead City-County Health Department can assist with influenza vaccination policy development and implementation. In addition, FCCHD is available to assist with staff education and other efforts to help increase staff influenza vaccination rates at your facility.

To receive assistance scheduling a vaccination clinic, obtaining vouchers, developing an influenza vaccination policy, performing staff education, or for any questions, please contact Lisa Dennison, Immunization Coordinator, at 751-8124.

If you have any questions, comments, concerns, or would like any assistance not specifically stated in this toolkit, please reach out to FCCHD.
References


