DHMH POLICY

http;//www.dhmh.state.md.us/policies/inpolm.htm

OFFICE OF INFECTIOUS DISEASE EPIDEMIOLOGY AND OUTBREAK RESPONSE (OIDEOR) / Prevention and Health Promotion Administration (PHPA) / DSPHS and DSO

DHMH POLICY 03.02.02
Effective Date: October 15, 2012

2012—2013 POLICY ON INFLUENZA VACCINATION FOR DHMH FACILITIES AND LOCAL HEALTH DEPARTMENT EMPLOYEES

I. EXECUTIVE SUMMARY

The purpose of this policy is to set forth the requirement, with three exemption options, that DHMH employees working in units or buildings of DHMH facilities and local health departments that are accessed by patients and/or residents receive an annual influenza vaccination and provide documentation to their DHMH employer of the vaccination. This policy sets forth the background for the policy; the definitions related to the policy; the authority for the policy; the exceptions to the required influenza vaccination; the education requirements and documentation required.

II. BACKGROUND

Influenza ("Flu") seasons are unpredictable and can be severe. Over a period of 30 years, between 1976 and 2006, estimates of flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people. In Maryland, each year about 4,000 Maryland residents are hospitalized and around a thousand die from flu.

Flu season severity can vary widely from one season to the next depending on many things, including:

1. What flu viruses are spreading;
2. How much flu vaccine is available;
3. When vaccine is available;
4. How many people get vaccinated; and
5. How well the flu vaccine is matched to flu viruses that are causing illness.

For more than 20 years, the federal Centers for Disease Control ("CDC") has recommended that health care workers receive annual influenza vaccinations to protect staff and patients. Numerous studies in the medical literature reveal the risk of person-to-person transmission of influenza illness in the healthcare setting (References: 1-7), and that annual influenza vaccination of healthcare facility staff is a tool to reduce illnesses that occur in patients in both acute and long term care (References: 8-13) settings. Other data show that up

to 75% of healthcare workers (HCW) continue to work with influenza (References: 14-17), increasing the risk of influenza transmission, and that influenza illness is associated with an excess of absenteeism among HCW (References: 18-22). Research has shown that hospitalized patients exposed to HCW with influenza like illness (ILI) were at a greater than 5 times risk of developing healthcare-associated ILI than if not exposed, and that a 2-fold greater risk of ILI exists in the hospital compared to within the community (Reference: 8).

DHMH encourages all employees to get an annual influenza vaccination. Anyone can catch the flu. Although young infants, people over 65, people with chronic health conditions, and pregnant women tend to get sicker from the flu, everyone is at risk. Thousands of healthy people miss time from work and school every year because of the flu. And healthy people can spread the virus to family members and others who might have health conditions that increase their risk of serious problems if they get the flu.

Effective July 1, 2011, flu vaccination is covered for all State employees enrolled in a State health plan with no co-payment if the vaccination is provided by the in-network provider during a routine office visit.

III. LEGAL AUTHORITY

Health-General Article, §§18-102 and 18-103, authorize the Secretary to adopt rules and regulations necessary to prevent the spread of infectious diseases and to devise means to control those diseases. The regulations adopted by the Secretary pursuant to that authority require the Secretary to take actions to prevent the spread of communicable diseases and authorize the Secretary to issue special instructions for control of a disease. As head of a principal unit of State Government, COMAR 17.04.01.04A(3) gives the Secretary the authority to determine the methods and means "necessary to maintain efficient and effective government operations and properly effectuate the mission and objectives" of the Department.

IV. POLICY STATEMENTS

A. Definitions

1. "Clinical building" means any building in which persons receive health care.

2. "Covered employees" means full-time, part-time, permanent, temporary, and contractual workers, and independent licensed consultants of DHMH and local health departments who work all or part of their day in clinical buildings.

3. "Independent licensed consultants" means persons licensed by a health occupations licensing board who provide patient care in DHMH facilities and local health departments.

4. "DHMH facilities and institutions" means a facility that provides domiciliary, personal, or nursing care for two or more unrelated individuals and that admits individuals for overnight care or that is licensed as a hospital, a State residential center, a residential treatment center, or a forensic residential center.

5. "Governing unit" means the unit responsible for the clinical building.

   a. In case of DHMH facilities and institutions, the governing unit is the facility itself.

b. In case of LHD clinical buildings, the governing unit is the LHD.

6. "Influenza season" is September 15th through April 15th.

a. CDC or DHMH may modify the dates of the season if epidemiological information indicates the necessity for a modification.

b. Covered employees employed or hired during the influenza season shall be subject to this policy.

7. "Refusal form" means a form developed by the Department to document an employee or licensed independent consultant declination of influenza vaccine.

8. "Documentation of required vaccinations" means a printed receipt, card or statement from the vaccinator clearly indicating that an influenza vaccination was provided to the individual**,** by whom, and on what date.

B. Policy

1. To protect patients, all covered employees should be vaccinated against influenza by December 1, 2012.

2. Each governing unit should designate an influenza control coordinator by September 15, 2012 to ensure procedures are followed, proper documentation collection, and required reporting to DHMH is completed and submitted in the manner and time line required.

3. All governing units shall have an influenza infection control plan in place by September 30, 2012. It shall be approved by IDEHA prior to that date. By regulation all facilities operated by the Department are required to have infection control programs (COMAR 10.07.01.34; 10.07.02.21; 10.07.13.04D; 10.07.20.05C).

4. Each governing unit should make influenza vaccine available to all covered employees by October 1, 2012 at no charge, provided vaccine is available.

5. Each covered employee shall by November 15, 2012:

a. Receive a vaccination; or

b. Provide documentation of required vaccination if the vaccination was received elsewhere; or

c. Sign a refusal form.

6. The refusal form shall provide for three exemptions:

a. The vaccine (intranasal, intramuscular or intradermal) is medically contraindicated (including a severe egg allergy, severe allergy to any vaccine component, severe reaction after a previous dose of influenza vaccine, or a history of Guillain-Barre Syndrome) for the employee;

b. Vaccination (intranasal, intramuscular or intradermal) is against the employee's bona fide religious beliefs; and

c. After being fully informed of the health risks to patients/clients and other staff associated with transmission from an unvaccinated person and the educational requirements, the employee refuses the vaccine.

7. All employees who are not vaccinated by November 15, 2012 shall attend an educational session by December 1, 2012. The education session will include information about: Vaccine and vaccine recommendations; Vaccine safety; Patient/client safety including the consequences/complications of flu among highest risk individuals; Employee's safety and protection of family and friends; Decreased absenteeism resulting from influenza vaccination coverage. CDC responses to common excuses for declining flu vaccine can be found at http://www.cdc.gov/flu/pdf/freeresources/updated/no-excuses-flu-vaccine-print.pdf.

8. The governing units shall offer influenza vaccination again after the educational session.

9. Any covered employee who is not vaccinated with the current influenza vaccine shall be required to wear a mask when within 6 feet of a patient and/or resident in specified DHMH chronic care DHMH facilities. This includes the facilities of Western Maryland Hospital Center and Deer's Head Hospital Center. The dates of the mask requirement shall be determined by the Prevention and Health Promotion Administration, based on influenza activity in Maryland.

V. OTHER PROCEDURES

A. The appointing authority may invoke disciplinary action if the covered employee refuses to sign the refusal form.

B. The appointing authority may institute disciplinary action if an employee who was vaccinated elsewhere does not comply with documentation requirements.

C. Influenza Coordinators for each governing unit shall report to DHMH on employee vaccination rates. Standard declination forms and reporting survey forms shall be provided by DHMH.

D. Annual immunization rates for all facilities and local health departments shall be gathered on a schedule established by the Department and publicly reported by DHMH.

VI. REFERENCES

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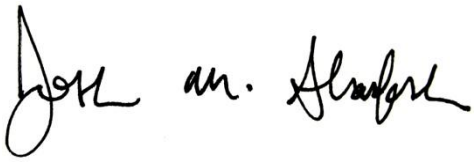
VII. APPENDIX.

1. 2012-2013 Influenza Vaccination Policy Declination of Influenza Vaccination - Appendix 1

2. DHMH Policy and Influenza Vaccination Frequently Asked Questions - Appendix 2

APPROVED:



_____ **October 15, 2012**

Joshua M. Sharfstein, M.D., Secretary, DHMH **Effective Date**

Maryland Department of Health and Mental Hygiene
2012 – 2013 Influenza Vaccination Policy
Declination of Influenza Vaccination

My employer, _____, requires that I receive influenza vaccination to protect patients and staff in my work location.

I acknowledge that I have been advised of the following facts:

- 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 required to protect patients and staff from influenza disease, its complications, and death
- If I contract influenza, I will shed the virus for 24 – 48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- The strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I cannot get influenza from the influenza vaccine
- My refusal to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including patients, coworkers, family, and community.

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

- ☐ Medical
- ☐ Religious
- ☐ Other (please specify):

_____

_____

_____

I understand that:

- I can change my mind at any time and accept influenza vaccination, if vaccine is available.
- My declination will result in certain educational requirements. I have read *DHMH Policy on Influenza Vaccination for DHMH Facilities and Local Health Department Employees* as it relates to the educational requirements.

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

Signature: _____ Date: _____

Name (print): _____

Department: _____

Reference: CDC Prevention and Control of Influenza with Vaccines Recommendations of ACIP at www.cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm

Revised 01/22/2013 (Adopted 10/15/12)
Adapted with permission from the Immunization Action Coalition – St. Paul, MN

DHMH Policy and Influenza Vaccination
Frequently Asked Questions

Q. ***What is Influenza (the flu)?***
A. The flu is a contagious respiratory illness caused by viruses that infect the nose, throat, and lungs.

Q. ***How is the flu spread?***
A. Flu viruses are spread mainly by droplets made when people who have the flue cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby.

Q. ***What symptoms are associated with the flu?***
A. Symptoms of influenza can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may also have vomiting and diarrhea. People may be infected with the flu and have no symptoms at all or only respiratory symptoms without a fever.

Q. ***I never get sick. Why should I get a flu shot?***
A. Anyone can catch the flu, even healthy individuals. If you catch the flu, you may be able to pass the flu on to someone else before you know you are sick, even if you have no symptoms. Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick.

Q. ***Will my annual flu shot be covered by insurance?***
A. Effective July 1, 2011, flu vaccination is covered for all State employees enrolled in a state health plan with no co-payment if the vaccination is provided by the in-network provider during a routine office visit. Many other insurance plans also cover influenza vaccination. If you do not have insurance through a state health plan, check with your plan for more information. You may also be able to get a free flu vaccination at work or at your local health department.

Q. ***To whom does the DHMH Influenza Vaccine Policy apply?***
A. DHMH employees working in units or buildings of DHMH facilities and local health departments that are accessed by patients and/or residents.

Q. ***Why do these DHMH employees need to get vaccinated?***
A. Individuals who work in health care settings are frequently in contact with others, which increases their chance of being exposed to someone with flu and, therefore, getting sick with the flu. It also increases the risk that they may expose others, including patients for whom illness can have serious consequences. Individuals who are at higher risk include older people, young children, pregnant women and people with certain health conditions (such as asthma, diabetes, or heart disease), and persons who live in facilities like nursing homes. Because

health care workers are in regular contact with these populations, the flu shot will both protect the workers themselves and the patients, from the spread of flu. The role that you and other health care workers play in helping prevent influenza-related illness and death—especially in high-risk patients—is invaluable. Research has shown that hospitalized patients who are exposed to health care workers who have influenza flu-like illness were 5 times more likely to get a healthcare-associated flu-like illness than if they were not exposed by the health care worker.

Q. ***Are workers in other health care settings required to get vaccinated against flu?***

A. The Maryland Hospital Association endorses patient safety policies that require mandatory influenza vaccination for all health care workers. Many hospitals in Maryland and other parts of the country require annual flu vaccination as a condition of employment.

Q. ***What if I refuse the flu vaccine for medical reasons or religious belief?***

A. A DHMH employee or licensed independent consultant may refuse to receive a vaccine if they have a medical contraindication, including a severe egg allergy, severe allergy to any vaccine component, severe reaction after a previous dose of influenza vaccine, or a history of Guillain-Barre Syndrome. They may also refuse the vaccine if they have a bona fide religious objection. In addition, other employees may refuse the vaccine after they have received education on the risks to themselves and others posed by being unvaccinated.

Q. ***When should I get a flu shot?***

A. People can get sick with the flu as early as October. You should get a flu shot as soon as vaccine becomes available in your community. It takes about two weeks after you have received your flu shot before it will protect you against the flu.

Q. ***If I receive the flu vaccine from my primary care physician, can I use documentation from that office as proof that I have been vaccinated?***

A. Yes. A DHMH employee can present a printed receipt, card or statement from the vaccinator clearly indicating that an influenza vaccination was provided to the individual, by whom, and on what date.