

# DHMH POLICY

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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). A recently published article showed hospitalized patients exposed to HCW with influenza

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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 (References: 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 15<sup>th</sup> through April 15<sup>th</sup>.

- 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
  - 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;

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
2. DHMH Policy and Influenza Vaccination Frequently Asked Questions

## APPROVED:

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**October 15, 2012**

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