

Subject: Employee Influenza (Flu) Vaccine Policy	Policy # HR100923
Department: Hospital-Wide	Page 1 of 3
Approved By: Jonalee Roberts, Human Resources Manager	Effective: 10/09/2023 Revised:

Purpose

The purpose of this policy is to minimize exposure to and transmission of viruses including influenza, in the workplace by providing occupational protection to employees and thereby preventing exposure 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 has shown that vaccination programs limited only to employees who actively seek the vaccine have lower effectiveness in protecting patients and employees.

Policy

Employees (full time, part time, per diem, PRN, seasonal, occasional), travelers, independent contractors and volunteers will be required to either be vaccinated or provide a medical exemption by October 1 of each calendar year. Vaccine will be offered free of charge at various times to allow for 100% compliance. Any new or returning employees, travelers, independent contractors, or volunteer onboarded after October 1, and before March 31 of the next year will be required to be vaccinated or show proof of vaccination.

Procedure

I. GENERAL REQUIREMENTS

All employees, travelers, independent contractors, and volunteers must receive their influenza vaccine by October 1 each calendar year.

- Employee, traveler, independent contractor, or volunteer who decline the vaccination must provide an approved medical waiver completed by a medical provider by October 1 of each calendar year.
- Any employee, traveler, independent contractor, or volunteer who is not compliant with this policy by October 1 of each calendar will be placed on an unpaid administrative leave until documentation of vaccination or approved waiver is received.
- After 45 days, if the employee, traveler, independent contractor, or volunteer has not provided documentation of vaccination or completed waiver, they will be terminated.
- New employees, travelers, independent contractors, and volunteers: Employees, travelers, independent contractors, and volunteers who are hired after October 1 but before March 31 must be vaccinated or show proof of vaccination before employment or start of contract or service.

A. Waivers

- Medical Waiver: A medical waiver must be signed by the health care provider and returned to the Employee Health Officer/Acute DON by October 1 each calendar year. The waiver must indicate the reason for medical waiver in the exemption.
- Religious Waiver: A religious waiver is not available for the influenza vaccine.

Records will be maintained documenting vaccinations and waivers. If national vaccine shortage occurs, the Administration may suspend or revoke all or part of this policy.

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II. RESPONSIBILITIES

A. Entity

1. Complete full implementation of the program to obtain 100% compliance by all employees, travelers, independent contractors, and volunteers.
2. Ensure ample supplies for all employees, travelers, independent contractors, and volunteers.
3. Provide influenza vaccine, virus information to all employees, travelers, independent contractors, and volunteers.
4. Maintain electronic records to track:
 - a. Number of vaccinations
 - b. Number of waivers
 - c. Number of terminations for failure to comply.
5. Review and maintain annual mandatory influenza vaccination rates.
6. Recommend revisions to this policy to enhance and improve mandatory influenza vaccination rates within the system.
7. Include requirements of this policy in the local entity policy manual.
8. Determine influenza season based on CDC guidelines and influenza in the community.

B. Employee Health/Human Resources

1. Provide each employee, travelers independent contractor and volunteer annually with a reminder of this policy.
2. Provide new employees, travelers, independent contractors, and volunteers with information about the annual mandatory influenza vaccination policy during orientation and where to obtain the vaccine if employment begins during the influenza season.
3. Notify managers/supervisors and entity Human Resources regarding those employees, travelers, independent contractors, and volunteers who are not in compliance with the requirements of this policy.

C. Manager/Supervisor

1. Require all employees, employed physicians and volunteers under supervision to comply with the Mandatory Influenza Vaccination policy. Address in a timely manner employees, employed physicians and volunteers who fail to comply with this policy.

D. Employees, travelers, independent contractors, and volunteers

1. New employees, travelers, independent contractors, and volunteers hired during the flu season, as determined by the CDC, must participate in this policy.
2. Employees, travelers, independent contractors, and volunteers who received exemptions due to a waiver are required to wear masks when working in patient care areas, when within 3 feet of patients during influenza season.

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ACKNOWLEDGMENT AND RECEIPT

This is to acknowledge that I have received a copy of Mt. Grant General Hospital Employee Influenza (Flu) Vaccine Policy which was adopted on October 9, 2023.

I acknowledge that I am expected to read, understand, and adhere to this policy and that I am governed by the contents of this policy. I understand that my failure to comply with this policy may result in disciplinary action, up to and including termination. If I have questions concerning this policy, I will bring it to the attention of my supervisor, human resources, or the Administrator.

I also understand that Mt. Grant General Hospital may change, rescind, or add to this policy from time to time and without prior notice, at the sole and absolute discretion of Mt. Grant General Hospital, provided such changes, rescissions and/or additions are not prohibited by law. I will be responsible for maintaining this policy, inserting all updates issued.

Employee's Signature

Employee's Name (Printed)