Hartford HealthCare Universal Influenza Prevention Program

Introduction
Influenza (the “flu”) is a communicable disease that generally occurs during the late fall and winter months and can cause disability and death. Influenza is transmitted by respiratory droplets that can be propelled by coughing or sneezing or conveyed by self-inoculation (touching a contaminated surface and then touching your eyes, nose or mouth). Adults can infect others the day prior to feeling ill. Healthcare workers can transmit the flu to their patients, co-workers, and families. Transmission of the flu can be reduced or prevented by a combination of hand hygiene, covering coughs/sneezes, masking, staying home when ill, and vaccination. These practices are consistent with current accepted infection control recommendations and Hartford HealthCare (HHC) infection control practices. They are also consistent with the HHC core values of Safety and Integrity. For these reasons, HHC has instituted an annual requirement for employees and other personnel identified below (together referred to as “staff”) for universal influenza prevention.

Scope
The universal influenza prevention requirement applies to all staff of HHC. HHC staff includes all employees, licensed independent practitioners with any type of staff privilege, volunteers, students, and vendors/contractors of HHC who perform work at any HHC facility, and such work occurs between October 1 and the end of flu season, regardless of clinical responsibility or patient contact. An HHC facility is defined as any campus or location controlled by Hartford HealthCare or at which Hartford HealthCare patients are located, inclusive of patient homes.

Requirement
It will be a condition of employment or continued association that all HHC staff must receive influenza vaccination by November 11, 2019 at 5PM or provide evidence of current vaccination and annually thereafter. Exceptions will be made for (1) verified medical contraindications or (2) verified religious reasons. Every staff member who has an approved exemption to vaccination will be required to wear a surgical/procedure/isolation mask (hereafter referred to as a mask) while at work any time such person may be within six feet (2-arm lengths) of a patient during the flu season.

Policy
At a minimum, each HHC affiliate should amend the existing infection control policy to include the requirement for annual influenza prevention including vaccination and masking. Each affiliate may create additional policies, such
as human resource policies, consistent with current organizational practice, the guidelines of this document and applicable law. The dates for the beginning and end of flu season will be determined by the HHC Chief Medical Officer based upon input by the Chiefs of Infectious Diseases and local influenza activity information from public health sources.

**Guidelines for Implementation**
Implementation of the universal influenza prevention program will be guided by the HHC Steering Committee and implemented at the local level.

**HHC Steering Committee**
The Steering Committee will be chaired by the Administrative Champion, who will appoint members. Members will consist of a representative from Leadership, Communication, Human Resources, Infectious Diseases, Information Services, Legal, Medical Staff, Occupational Health, and Pharmacy from across HHC. The Steering Committee will create and forward recommendations to HHC Leadership regarding the universal influenza vaccination program on an annual basis and as needed for contingency planning. The Steering Committee will incorporate local level feedback in developing the program and will provide implementation support to the local level.

It is recommended that local level Steering Committees be constituted similar to the HHC Steering Committee.

**Education**
Local level education must be conducted consistent with The Joint Commission (TJC) Standard IC.02.04.01 and any other applicable standard. Education must be directed to all staff and must provide information on the influenza vaccine, non-vaccine control and prevention measures, and the diagnosis, transmission, and impact of influenza. Content will be created or approved by the Infectious Diseases representative at the local level. The education may be provided in the manner determined as most effective by the local level organization.

**Data Collection and Reporting**
Local level organizations must have a means of collecting and reporting data on influenza vaccination status on all staff members for the purpose of compliance, as well as aggregate reporting to the organization and system. Rates will be calculated at the local level and reported to HHC leadership. Rates will be calculated using the numerator and denominator defined by the National Healthcare Safety Network (NHSN). The method for calculating rates will be reviewed annually by the Steering committee, and may be changed based on CMS, The Joint Commission, or other applicable organization requirements.
Vaccination
• Timing: Influenza vaccination will be provided during the time frame recommended by the Centers for Disease Control (CDC). Infectious Diseases will guide the initiation of vaccination. Current staff will be vaccinated no later than November 11, 2019 at 5PM. New staff whose association with HHC begins November 12 through the end of flu season will be vaccinated upon hire or prior to assignment. See the section below on Contingencies for directions on what occurs in the event of a vaccine shortage.
• Supply/Resources: Local level organizations will arrange for an adequate supply of vaccine and the supplies and staff necessary to vaccinate all staff at their organizations.
• Deployment: Local level organizations will deploy the vaccination to all staff in a manner consistent with The Joint Commission (TJC) requirement that the vaccine be provided at sites and times accessible to staff. Staff who opt to receive the vaccine outside of local level deployment will be required to provide proof of annual influenza vaccination.
• Cost: It is recommended but not required that the vaccination be provided free of charge to HHC staff. Local level organizations should include budgeting for resources while planning.
• Adverse reactions: Adverse reactions should be reported according to local level policy.

Medical Exemption
Exceptions to required immunization may be granted for certain medical contraindications. A medical review committee comprised of physicians specializing in Infectious Diseases, Immunology, and/or Occupational Health will be designated by the Steering Committee; the medical review committee will make final determinations regarding all medical exemption requests.

In order to ensure objectivity in the process, staff names will be redacted from exemption requests and documents prior to presentation to the medical review committee. The participants in the medical review committee will be known only to the Steering Committee.

Staff must request a medical exemption no later than October 1. The request must be documented and include medical substantiation by a licensed healthcare provider. Requests should be submitted to Hartford Hospital Occupational Health Services (HHOHS).

The medical review committee will evaluate each request based on standard criteria which will include but are not limited to:
• Severe allergy to the vaccine or components as defined by the most current
recommendations of the CDC’s Advisory Committee on Immunization Practices (ACIP)

- Guillain-Barré within six weeks of a prior influenza vaccine.

The medical review committee will approve or deny the request within 30 days of receipt. If requested, the staff member must submit additional documentation to support their request as soon as possible. The decision of the medical review committee will be final and not appealable.

The determination will be documented and forwarded to HHOHS, who will forward the document to the employee. HHOHS will notify the local level organization of staff with approved exemption requests for the purposes of tracking.

**Religious Exemption**

Staff may request an exemption on the basis of a sincerely held religious belief or practice that prohibits them from receiving the influenza immunization. A religious exemption review committee will be designated by the Steering Committee and will be comprised of religious and/or Human Resources experts; the religious exemption review committee will make final determinations regarding all religious exemption requests.

In order to ensure objectivity in the process, staff names will be redacted from exemption requests and documents prior to presentation to the religious exemption review committee. The participants in the religious exemption review committee will be known only to the Steering Committee.

Staff must request a religious exemption no later than October 1. Requests should be documented on the Religious Exemption Request form and submitted to Hartford Hospital Occupational Health Services (HHOHS).

The religious exemption review committee will approve or deny the request within 30 days of receipt. If requested, the staff member must submit additional documentation to support their request as soon as possible. The decision of the religious review committee will be final and not appealable.

The determination will be documented and forwarded to HHOHS, who will forward the document to the employee. HHOHS will notify the local level organization of approved religious exemption requests for the purposes of compliance monitoring.

**Identification**

All staff will be required to wear a badge tag identifying that they have met the requirement for either vaccination or approved exemption. The badge tag must be worn at the same times and in the same manner as the badge. The badge tag must be affixed to the badge and worn as soon as it is provided and for the duration of the flu season. Badge tags will be color coded to indicate either vaccination or masking (when required). Exemption tags will
be valid for the length of employment unless there are changes in ACIP recommendations. Badge tags for exemptions will be issued at the time the exemption is approved. Badge tags for vaccination will be issued at the time of vaccination.

**Masking**
All staff members that have an approved exemption to vaccination will be required to wear respiratory protection, in the form of a surgical/procedure/isolation mask, for the duration of the flu season. Masks must be worn when the staff member is within six feet of areas where patients are likely to be encountered, regardless of the location of the patient, the extent of interaction or whether a patient is currently present. Staff members should don masks when the location presents the potential for interaction with patients in areas such as, but not limited to, clinical units, hallways, lobbies, and public dining areas.

To be fully functional the mask must fit snugly, cover the nose and mouth and be secured to the face with ties or elastic. The metal nasal piece should be molded securely to the nose.

The mask should be replaced when it becomes soiled or moist and discarded at the end of the shift. It is recommended that the mask be changed approximately every 2 hours or more frequently if needed. Minimal time is required to change the mask. A damp mask may contribute to facial irritation.

Employees in clinical areas must continue to follow appropriate Infection Control guidelines for isolation practices depending on the type of patient they are caring for.

Non-compliance with the masking requirements outlined herein will result in disciplinary action in accordance with the local level organization disciplinary action policy.

**Sanctions**
Annual influenza vaccination or an approved exemption will be required for all staff members. Staff who have not received an approved medical or religious exemption or who have not received influenza vaccination by November 6, 2018 at 5PM will be suspended as of November 8, 2018 without pay until proof of vaccination or a request for exemption has been received by the organization and approved. The suspension period will be a maximum of two weeks at which point the staff member will be terminated.

Current staff members who submit a request for exemption from influenza vaccination after October 1 of any year will be placed on a written warning for not following the prescribed timeline.
Staff on leave of absence at the time of the deadline will be provided thirty days upon their return to complete the requirement. Non-compliance will result in the sanctions noted above.

Non-compliant, non-employed independent licensed practitioners will be referred to the appropriate medical staff organization. For students, their program will be contacted, and they will need to arrange another training site. Volunteers will be denied access to the facility. For vendors, the company will be contacted and informed to send another qualified person that has been vaccinated or evaluate terminating the relationship.

**Contingency Plans**

**Vaccine Shortage:** Pharmacy will monitor vaccine supply and notify the Steering Committee in the event of a vaccine shortage. Infectious Diseases and Occupational Health will determine priority groups for vaccination. Priority will be assigned based on risk to patients. During a vaccine shortage, the requirement for vaccination will be suspended for personnel who are not designated as a high priority until the vaccine becomes available.

**Communication**

Communication of the requirement and any other HHC leadership communication on this topic will be created by the Steering committee, approved by HHC leadership and implemented at the local level utilizing existing methods of communication.

Communication of local level implementation strategies will be created and implemented at the local level with support of the Steering committee.

New candidates for employment will be notified of the requirements of the influenza prevention program at the time of application.