


# POLICY AND PROCEDURE

	<b>ENTITY/HOSPITAL</b> INTEGRIS Health System	<b>NUMBER</b> SYS-IC-101
	<b>MANUAL</b> Employee Health	<b>EFFECTIVE DATE</b> 09-30-2011
	<b>SUBJECT</b> Mandatory Seasonal Influenza Vaccination Program	<b>REVISED</b>

## 1.0 PURPOSE

The purpose of this program is to reduce potential seasonal influenza exposure to patients, visitors, employees, employed physicians, and volunteers of INTEGRIS *Health*.


## 2.0 POLICY

- 2.1 The timeline defined for this policy is based on the CDC Guidelines and local public health recommendations.
- 2.2 Seasonal influenza vaccination in the form of trivalent inactivated vaccine (TIV) by injection will be provided at no cost to all INTEGRIS *Health* employees, employed physicians, and volunteers.
- 2.3 All employees, employed physicians, and volunteers are required to receive the seasonal influenza vaccine or provide documentation of waiver for medical/religious reasons.
- 2.4 Documentation of vaccine administered elsewhere and provided to Employee Health will meet the requirements of this policy.
- 2.5 All employees, employed physicians, and volunteers who have a medical/religious waiver and do not receive the influenza vaccine are required to wear a mask while working within 3 feet of a patient.
- 2.6 Deadline for compliance to this policy is the first Friday in December each year.
- 2.7 All employees, employed physicians, and volunteers who are not compliant by the first Friday in December are removed from work duties and placed on unpaid leave.
- 2.8 Persons remaining non-compliant by the fourth Friday in December each year will be terminated for policy violation.
- 2.9 Employees, employed physicians, and volunteers who begin service during influenza season before the first Friday in December will be required to be compliant by the first Friday in December.
- 2.10 Employees, employed physicians, and volunteers who begin service during influenza season after the first Friday in December are given 14 days from hire date to meet compliance.
- 2.11 Completed and signed exemption waivers are to be provided to Employee Health within the defined timeline:
  - 2.11.1 Medical waiver must be completed and signed by a medical provider, and then presented to the Employee Health Department. A new medical waiver form is required each year
  - 2.11.2 Religious waiver must be completed and signed by a religious/spiritual leader and presented to the Employee Health Department. Religious waiver does not require annual renewal.
  - 2.11.3 Persons with medical or religious exemption, who have a change in situation, may reconsider and can take the vaccine at anytime as supply allows.
- 2.12 Changes to this policy may be considered by the Executive Leadership Team based on current CDC guidelines, vaccine supply, or other factors.

## 3.0 SCOPE

This policy applies to all entities and employed personnel and volunteers within INTEGRIS Health, Inc.

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## Exemption by Waiver for Medical or Religious/Spiritual Reason

\_\_\_\_\_  
Employee Name Printed

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Employee ID#

**Medical Waiver** – I \_\_\_\_\_ (physician name printed) certify that the above named person has a medical condition that is contraindicated in administration of the seasonal influenza vaccine and should be exempted for this medical reason. Medical waiver is renewed annually.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date Form Signed

\_\_\_\_\_

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address



**Religious/Spiritual Waiver** – I \_\_\_\_\_ (religious leader name printed) certify that the above named person has religious or spiritual beliefs counter to administration of the seasonal influenza vaccine and should be exempted for this reason. This is a permanent waiver for exemption.

\_\_\_\_\_  
Religious/Spiritual Leader Signature

\_\_\_\_\_  
Title

\_\_\_\_\_

\_\_\_\_\_  
Date Form Signed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number