



## Influenza Policy

***Effective January 1, 2019. Subject to change.***

PLEASE NOTE: This policy goes into effect for the **2019-2020 Influenza Season**.

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### **Purpose:**

Hackensack Meridian Health (HMH) recognizes its responsibility to protect patients and provide team members, physicians and volunteers with a safe workplace. This policy is intended to maximize influenza vaccination rates among the HMH workforce and extended community, thereby minimizing transmission of the influenza virus.

### **Scope:**

This policy applies to any facility owned, leased, managed and/or operated by HMH, and all active employed team members and active non-employed staff of HMH as defined below:

1) Active Employed Team Members – includes full-time, part-time, per diem, or temporary team members. This definition includes both clinical and non-clinical staff.

2) Active Non-Employed/Third-Party Staff – Active non-employed staff are generally defined as individuals who have been issued an HMH permanent or temporary ID badge. Individuals included are those authorized to work and/or observe work within and on behalf of HMH, whether paid or unpaid, but not employed by HMH. This definition includes both clinical and non-clinical workers, physicians, licensed independent practitioners, members of the professional staff (as defined by the MEC), temporary workers, contracted and subcontracted workers, students, researchers, adult volunteers, clergy, representatives from pharmaceutical or other organizations (that would be identified through the Vendormate or other vendor management system) and agency personnel.

### **Policy:**

Effective June 1, 2019, as a condition of employment, appointment to the medical, residency, or allied health staff, or access to all HMH facilities, workforce and extended community, as defined in the scope, must receive an annual influenza vaccination or possess an approved exemption (see Exemptions below).

To be compliant with this requirement, members of the workforce and extended community must do one of the following (a. or b.) by December 1st of each year:

- a. Receive the influenza vaccine, which will be provided free of charge through Occupational Health to team members, employed physicians, volunteers, and Licensed Independent Practitioners (MD, DO, NP, PA) credentialed at HMH hospitals.
- b. TMs provide Occupational Health & Non-Employed Medical Staff/LIPs provide the Medical Staff Office with proof of immunization, if vaccinated some place other than Occupational Health. Proof of immunization must be verifiable, include the heading of the institution, name of the team member, date of vaccination, location of injection, provider signature, manufacturer, lot number and expiration date of vaccine.

### **OR**

- c. Comply with the designated procedure for obtaining an approved exemption each year, as described in this policy under EXEMPTIONS.



#### VACCINATION PROCEDURE

- Annually, education will be provided to Team Members about the vaccine, non-vaccine control and prevention measures, and the diagnosis, transmission and impact of influenza.
- Flu vaccine will be made available to Team Members, employed physicians, volunteers, and Licensed Independent Practitioners (MD, DO, NP, PA) credentialed at HMM hospitals free of charge at sites and times accessible to all staff.
- Go to the Occupational Health Center link on TeamHMM.com or your site Intranet for site information for the Seasonal Influenza Vaccine Schedule. <https://www.teamhmm.com/occupational-health-center/>

Failure to obtain influenza vaccination December 1st each year will result in the following:

- a. Active Employed Team Members – will be placed on an unpaid, administrative leave for up to one week (7 days). Before or no later than the end of this 7 day period, the Team Member must have provided proof of vaccination and returned to work. Failure to meet this requirement will be considered a separation from employment and documented as a voluntary resignation due to noncompliance with mandatory vaccination.
- b. Team members returning from leave - Any Team Member who returns from an approved leave during the vaccination period or influenza season, whichever applies, will be given 7 days to comply with this policy. Failure to comply will result in a separation of employment as described above.
- c. Non-compliant voluntary staff will be reported to their department chairman. If the staff member is making a good faith effort to comply with the policy, meaning they have applied for an exemption, they will be permitted to wear a mask until their exemption request is fully evaluated. If the staff member is refusing to comply with policy, meaning that they are not vaccinated, the staff member has not requested an exemption and is refusing to wear a mask, the staff member may be administratively suspended. Other observed non-compliance with this policy will be considered a medical staff conduct violation subject to disciplinary action, due process and where appropriate, will be a factor in reappointment.

#### NEW STAFF

New active employed team members and active non-employed staff members are required to comply with HMM's vaccination requirements. The requirement for annual vaccination is a condition of employment and required in order to establish access to HMM's systems and facilities. As a condition of employment, new hires must receive the influenza vaccine during the pre-employment process or provide acceptable proof of same, if hire is during influenza season which is usually identified as any time between October 1st of the current year to March 31st of the subsequent year. Team Members brought on after March 31st, may wait until the next Flu Program begins, unless based on the influenza activity, Executive Leadership/VP Infection Prevention & Control extends the defined end date of the flu season.

#### CONTINGENT PLAN

If a vaccine shortage exists, Occupational Health will work with Infection Prevention and Control to develop a contingency plan for influenza vaccination of HMM team members with prioritization to high risk areas and /or high risk team member populations per CDC.

Those who are prioritized to receive vaccine will be held to the mandatory standard. Those who are not prioritized to receive vaccine will not be held to the mandatory vaccination standard for the duration of the vaccine shortage period and recommendations/requirements (such as mandatory masking) will be provided to



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those who do not receive vaccine by the institutional Infection Control practitioner.



## EXEMPTIONS

Request forms (see attached) for exemptions from HMH team members must be completed and submitted to Occupational Health by October 1st of each year. A new form must be submitted each year and will be reviewed and acted upon by the HMH Influenza Exemption Committee. The committee will be comprised of members from Occupational Health, VP Infectious Disease/Hospital Epidemiologist/Designee, Human Resources, Pastoral Care, Legal, HMH Residential Care and other pertinent departments.

Requests for exemptions will be evaluated individually.

A Team Member requesting a Medical Exemption will be notified of the Committee's decision by Occupational Health within ten (10) days of receiving all required documentation.

A Team Member requesting a Religious or Sincerely Held Belief Exemption will be notified of the Committee's decision by Human Resources within ten (10) days of receiving all required documentation.

A Non-Employed Medical Staff/LIP requesting a Medical Exemption &/or Sincerely Held Belief Exemption will be notified of the decision by their primary Medical Staff office.

Exemption categories are:

- Medical – Exemptions to required immunization may be granted for certain medical contraindications:
  - Severe allergy to the vaccine or components as defined by the most current recommendations of the CDC's Advisory Committee on Immunization Practices (ACIP).
  - A precaution history of Guillain-Barre syndrome within six (6) weeks of receipt of influenza vaccine
  
- Religious or Sincerely Held Belief – Exemptions to required immunization may be granted if receiving vaccination is contrary to the doctrines of an individual's religious or sincerely held belief.

Requirements Upon Receiving Exemption – If an exemption is granted, the individual will sign a document attesting that he/she will wear a mask at all times except when in break room or in the cafeteria during the influenza season (usually December 1st through March 31<sup>st</sup>, unless based on the influenza activity, Executive Leadership/VP Infection Prevention & Control extends the defined end date of the flu season).

Exemption Denied – if an exemption is denied, the Team Member will be notified and must comply with this policy. The Team Member will have seven (7) days from the date of notification to submit a written appeal to the Appeals Committee. The Appeals Committee is comprised of representation from Executive Leadership, Clinical Leadership, and Human Resources. The Appeals Committee will be required to reply in writing to the Team Member within seven (7) days. Any appeal submitted must include new information not previously disclosed in order to be considered. The decision of the Appeals Committee is final and binding.

HMH expressly reserves the right, in its sole and absolute discretion, to change, modify or delete the provisions of this policy in whole or in part, at any time or for any reason without notice.

The employment terms set out in this policy work in conjunction with, and do not replace, amend, or supplement any terms or conditions of employment stated in any applicable collective bargaining agreement. Wherever employment terms in this policy differ from the terms expressed in the applicable collective bargaining agreement, team members should refer to the specific terms of the collective bargaining agreement, which will control.

Any questions regarding this policy and procedure may be referred to Human Resources.



**MEDICAL EXEMPTION REQUEST FORM**  
INFLUENZA VACCINATION

**TEAM MEMBER – PLEASE PRINT THE FOLLOWING INFORMATION**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Team Member Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Location: \_\_\_\_\_

Department: \_\_\_\_\_ Manager: \_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_ Health Care Provider Phone Number: \_\_\_\_\_

Dear Health Care Provider:

Hackensack Meridian Health requires all Team Members to obtain an annual influenza vaccination. The influenza vaccination is recommended for all health care workers because it has been proven to be effective in reducing the incidence of influenza. The Centers for Disease Control and Prevention recommends pregnant women take the vaccination to protect themselves and the baby after it is born.

The above named person is requesting an exemption from this vaccination requirement. A medical exemption from influenza vaccination is allowed for certain recognized contraindications.

**Please check all that apply:**

\_\_\_\_ History of previous allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine. **Please attach supporting DOCUMENTATION or MEDICAL RECORDS.**

\_\_\_\_ History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine. **Please provide and attach a detailed narrative that describes the event.**

\_\_\_\_ Other – Please provide this information in a separate narrative that describes the reason for exemption request in detail.

I certify that the above named person has the contraindication noted and I support this request for a medical exemption from influenza vaccination.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(NOTE: Signature Stamp Not Acceptable)

Provider License No.: \_\_\_\_\_

Fax completed form by October 1st to HMM Occupational Health at:

Corporate OH South & Central Regions: 732-263-7902 OH North Region: 551-996-8750



**RELIGIOUS OR SINCERELY HELD BELIEF EXEMPTION REQUEST FORM**  
INFLUENZA VACCINATION

**TEAM MEMBER – PLEASE PRINT THE FOLLOWING INFORMATION**

**Name:** \_\_\_\_\_ **Date of Request:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Team Member Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Manager:** \_\_\_\_\_

Hackensack Meridian Health is committed to diversity and inclusiveness of all of our Team Members. If you have a religious or sincerely held belief which conflicts with Hackensack Meridian Health’s influenza vaccination requirement and wish to request an exemption from this requirement, please provide details regarding your request for exemption in the space provided below. You may also attach additional information or documentation about your religious or sincerely held belief.

Name of Religious Belief, Church or Religious Body: \_\_\_\_\_

Details regarding Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In some cases, Hackensack Meridian Health will need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practices and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exemption.

If requested, can you obtain documentation or other authority to support the need for an exemption based on your Religious practice or belief? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, please explain why: \_\_\_\_\_

**VERIFICATION AND ACCURACY**

I verify the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation in this request may result in disciplinary action.

I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship on Hackensack Meridian Health.

**Signature:** \_\_\_\_\_

Fax completed form by October 1st to HMH Occupational Health at:

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**MEDICAL EXEMPTION REQUEST FORM**  
INFLUENZA VACCINATION

Medical Staff/Licensed Independent Practitioners (LIPs) PLEASE PRINT THE FOLLOWING INFORMATION

Name: \_\_\_\_\_ Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

HMH PRIMARY Affiliation/Campus: \_\_\_\_HUMC \_\_\_\_JFK \_\_\_\_RBMC  
\_\_\_\_BMC \_\_\_\_RMC \_\_\_\_JSUMC \_\_\_\_OMC \_\_\_\_PMC \_\_\_\_SOMC

Best Contact Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_ Health Care Provider Phone Number: \_\_\_\_\_

Dear Health Care Provider:

Hackensack Meridian Health requires all Team Members/LIPs to obtain an annual influenza vaccination. The influenza vaccination is recommended for all health care workers because it has been proven to be effective in reducing the incidence of influenza. The Centers for Disease Control and Prevention recommends pregnant women take the vaccination to protect themselves and the baby after it is born.

The above named person is requesting an exemption from this vaccination requirement. A medical exemption from influenza vaccination is allowed for certain recognized contraindications.

**Please check all that apply:**

\_\_\_\_ History of previous allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine. **Please attach supporting DOCUMENTATION or MEDICAL RECORDS.**

\_\_\_\_ History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine. **Please provide and attach a detailed narrative that describes the event.**

\_\_\_\_ Other – Please provide this information in a separate narrative that describes the reason for exemption request in detail.

I certify that the above named person has the contraindication noted and I support this request for a medical exemption from influenza vaccination.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(NOTE: Signature Stamp Not Acceptable)

Provider License No.: \_\_\_\_\_

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INFLUENZA VACCINATION

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**Name:** \_\_\_\_\_ **Date of Request:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**HMH Affiliation/Campus:**    \_\_\_\_ **HUMC**                      \_\_\_\_ **JFK**                      \_\_\_\_ **RBMC**  
\_\_\_\_ **BMC**    \_\_\_\_ **RMC**    \_\_\_\_ **JSUMC**    \_\_\_\_ **OMC**    \_\_\_\_ **PMC**    \_\_\_\_ **SOMC**

**Best Contact Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Location:** \_\_\_\_\_

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