IHS Mandatory Influenza Vaccination Policy for Health Care Personnel

Amy V. Groom, MPH
IHS Immunization Program Manager
Overview

• Background and review of IHS influenza vaccination policy – Amy Groom
• Lessons from the Field: The Phoenix Indian Medical Center Experience – Lisa Boruff
• Questions and Answers
  • Office of Human Resources
    • Ron Baron - Ronald.Baron@ihs.gov
    • Lisa Gyorda - Lisa.Gyorda@ihs.gov
  • The Office of General Counsel
    • Ann Slacter - Ann.Slacter@ihs.gov
    • Mechelle Johnson-Webb - Mechelle.Johnson-Webb@ihs.gov
• Division of Epidemiology and Disease prevention:
  • Jeff McCollum - Jeffrey.Mccollum@ihs.gov
• IHS Immunization Program
  • Amy Groom – Amy.Groom@ihs.gov
IHS Employee Immunization Policy

• Chapter 12, IHS Employee Immunization Program (1991)
  • Requires Measles and Rubella vaccine
  • Exemptions for medical contraindications
  • Recommends Influenza, Hepatitis B
    • Varicella, Tdap vaccines did not exist in 1991

• Attempted update in 2008 - 2012
  • REQUIRE all ACIP recommended vaccines for Health Care Personnel

IHS Health Care Personnel Influenza Vaccination – 2008 – 2014/15

• Reporting requirement initiated 2008 for all IHS facilities
• Influenza vaccine offered free of charge, easily accessible
• Influenza Vaccine Education
  • Agency-wide webinars
  • Dissemination of best practices
  • Toolkit - Educational PowerPoint developed for clinical and non-clinical staff
2008 – 2015
IHS and U.S. Health Care Personnel
Influenza Vaccine Coverage

IHS Influenza Vaccine Coverage reports available at: www.ihs.gov/flu
Special General Memorandum: 2015-2016 Influenza Season

• *Mandatory Seasonal Influenza Immunizations for Civilian Health Care Personnel Working in Indian Health Service Health Care Facilities*

• Approved and Signed: Sept. 3rd, 2015
  • Medical exemptions only
  • Masks

• Bargaining with the unions not completed
  • ~70% of IHS employees are union members

• Partial implementation only for 2015-2016
  • Non-union employees
  • Commissioned Corps officers (already in place)
IHS Healthcare Personnel (HCP)
Influenza Vaccine Coverage All I/T/U Facilities

Data as of March 31st, 2016
IHS National Immunization Reporting System
HCP Influenza Vaccine Coverage

Data Source: IHS National Immunization Reporting System
Data as of March 31, 2016
Phoenix Indian Medical Center
HCP Flu Vaccination as of December 31st, 2015

% HCP Vaccinated

- Non-Bargaining Unit Employees
- Commissioned Corps
- Bargaining Unit Employees
- Overall PIMC
- AZ Hospitals *
Revised Circular: 2016-2017 Influenza Season

• MANDATORY SEASONAL INFLUENZA IMMUNIZATIONS FOR THE CIVILIAN HEALTH CARE PERSONNEL* – signed July 28th, 2016
  • Medical and Religious Exemptions
  • Masks for unvaccinated HCP with an exemption

• Successfully bargained with LiUNA and NFFE (2 of 3 unions)
  • 97% of union employees
  • Pending bargaining with AFGE

• Full implementation for the majority of IHS employees anticipated for the 2016-2017 season

* Available at: https://www.ihs.gov/ihm/index.cfm?module=dsp_ihm_circ_main&circ=ihm_circ_1604
Health Care Personnel

• All Civil Service employees, contract staff, temporary employees, students, and volunteers whose duties and responsibilities require them to work permanently, temporarily or occasionally in an IHS health care facility are considered Health Care Personnel (HCP) for the purposes of this policy, regardless of their job category or level of patient contact.
Applicability

• All Civil Service employees, contract staff, temporary employees, students, and volunteers who work in an IHS health care facility must receive a seasonal influenza vaccination by October 31 of each year or have on file a valid medical or religious exemption.
Documentation Requirements

• **Influenza Vaccine Administered Within IHS Facilities.** . . . At the time of vaccination, the following information should be recorded in the employee health record: the date of administration, vaccine formulation (i.e., brand), vaccine manufacturer, dose volume, anatomic site of administration, vaccine lot and expiration date, and name of the provider administering the vaccine.

• **Influenza Vaccine Administered Outside IHS Facilities.** Any HCP who receive influenza vaccine elsewhere must provide written proof of vaccination that documents the date of vaccination, vaccine formulation (i.e., brand), and name of provider administering the vaccine. . .
Procedures for requesting exemptions

• Medical Exemptions
  • . . . documentation, signed by a licensed, independent health care practitioner, affirming that a valid medical contraindication exists that precludes influenza vaccination.
  • Employees with an approved medical exemption must provide a signed statement by October 31st annually reaffirming that the previously approved medical contraindication continues to preclude vaccination.

• Religious Exemptions
  • Any HCP who feel their religious beliefs preclude influenza immunization must submit a signed, written statement justifying the request by October 31st annually for review.
HCP with Exemptions – Use of masks

- Unvaccinated HCP with an approved medical or religious exemption must wear an IHS-provided surgical or similar mask when working in patient care areas or other areas frequented by patients in an IHS health care facility during the influenza season.
Compliance

• Health care personnel who refuse to comply with this policy and do not have an approved medical or religious exemption are subject to disciplinary action in accordance with Department of Health and Human Services and/or IHS policy and relevant sections of collective bargaining agreements as applicable.
HCP Flu Vaccine Coverage Reporting

• IHS report
  • Collected twice a year (January and April)
  • Mirrors CMS reporting requirement
  • Sites required to submit reports through National Immunization Reporting System (NIRS)
    • NIRS Reporting Link
### IHS Report Form

Please enter information regarding the influenza vaccination status of all your HCP.

<table>
<thead>
<tr>
<th>HCP Categories</th>
<th>Employee HCP</th>
<th>Non-Employee HCP</th>
<th>Non-Employee HCP</th>
<th>Non-Employee HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Staff on facility payroll)</td>
<td>Licensed independent practitioners: Physicians, advanced practice nurses &amp; physician assistants</td>
<td>Adult students/trainees &amp; volunteers</td>
<td>Other Contract Personnel</td>
</tr>
</tbody>
</table>

Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31

Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season

Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season

Number of HCP who have a medical contraindication

Number of HCP who refused to receive the influenza vaccine

Number of HCP who have a Religious exemption

Number of HCP who have a “Other” reason for refusing vaccination

Number of HCP with unknown vaccination status (or criteria not met for questions 14-19 above)

Red denotes changes
Summary

- Influenza is a serious disease and a patient safety issue
- HCP can transmit influenza to patients
- Influenza vaccine is the best way to prevent influenza
Employee Influenza Vaccinations
Lessons from the Field

Lisa Boruff RN, MSN, CIC
October 2016
Getting Started

• Administrative support
• Plan 1 year in advance
• Review past practices
• Select dates (September/October)
• Confirm the location
• Confirm helpers
• Well –prepared!
What Are Your Goals?

- 90% Vaccination – 100% Participation
- Efficient and organized
- Accurate data (numerator/denominator)
- Educated helpers and staff
- Good advertising
- Safe Practices (Sharps Safety – Medication Safety)
- Positive experience
- Good communication
Paperwork

- Flu Shot Form
- Flu Vaccine Tracking Spreadsheet
- Vaccine Information Sheet
- Mask Instructions
- Helper Checklist
- Staffing Lists (FTE, CO, NEO Lists, Bypass NEO)
# Mandatory Seasonal Influenza Vaccination (2016-2017)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Department</th>
<th>Telephone Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] IHS Employee</td>
<td>[ ] Commissioned Corp</td>
<td>[ ] License Independent Practitioners</td>
</tr>
<tr>
<td>[ ] Volunteer</td>
<td>[ ] Student</td>
<td>[ ] NHI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Screening Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you allergic to egg?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you allergic to the flu vaccine?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are you allergic to neomycin?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you allergic to latex?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have a fever or acute illness today?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had Guillain-Barré syndrome?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Selection

**Influenza Vaccine Acceptance:** My signature confirms I have no known history or reasons why I cannot receive the seasonal influenza vaccine. I have read, read, or had explained to me the "Influenza Vaccine Information Statement (VIS) 2015-2016" (08/07/2015) and have had the opportunity to ask questions and had them answered to my satisfaction. I understand the benefits and risks of the vaccine. I request that he give the seasonal influenza vaccine, influenza vaccine provider protection for A/California/7/2009 (H1N1), A/Hong Kong/4802/2014 (H3N2); B/Brisbane/60/2008 (Victoria); B/Hunter 7073/2013 (Yamagata).

**Signature**

**Medical Exemption:** My signature confirms that I request a medical exemption and understand that I must provide documentation each year by October 31. Signed by a licensed independent practitioner that confirms a valid medical contraindication exists that precludes influenza vaccine. Employee Health/Infection Control has the responsibility to review, approve or deny requests in accordance with ACP recommendations.

**Signature**

**Religious Exemption:** My signature confirms that I request a religious exemption and understand that I must provide a signed written statement justifying the request by October 31 of each year. Employee Health/Infection Control has the responsibility to review, approve or deny requests.

**Signature**

<table>
<thead>
<tr>
<th>Date</th>
<th>Influenza Vaccine</th>
<th>Vaccine Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Sept, 27, 2016</td>
<td>Eight Arms IM 0.5ml</td>
<td>[ ] Estephy Dunn RN</td>
</tr>
<tr>
<td>[ ] Oct, 6, 2016</td>
<td>[ ] Late Arms IM 0.5ml</td>
<td>[ ] Tamara Miller RN</td>
</tr>
<tr>
<td>[ ] Oct, 7, 2016</td>
<td>[ ]</td>
<td>[ ] Emily Johnson RN</td>
</tr>
<tr>
<td>[ ] Oct, 11, 2016</td>
<td>[ ]</td>
<td>[ ] Tony Williams RN</td>
</tr>
<tr>
<td>[ ] Oct, 13, 2016</td>
<td>[ ]</td>
<td>[ ] Lynette Beeg RN</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ] Brenda Delgado RN</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ] Jennifer Amos RN</td>
</tr>
</tbody>
</table>

**Vaccine:** Eight Arms IM 0.5ml, Late Arms IM 0.5ml, Pneumovax (Pneumococcal Vaccine) 23-valent, Shingles Vaccine (Zostavax), MMR, Tetanus, Diphtheria (Tdap), Varicella, Hepatitis A/B, PPD, Typhoid, Rota Virus, Meningitis C, Anthrax.
**Influenza Prevention for Individuals with a Medical or Religious Exemption**

**Mask Requirement**
Unvaccinated HIPs with an approved medical or religious exemption must wear and/or provided surgical or procedure mask during influenza season in all areas except in the administration building, arts, the library, and the warehouse. Influenza season is defined as November 1 – March 31 and may include other periods of increased levels of influenza activity as determined by the CDC and/or state public health authorities.

**Influenza Prevention Strategies**
- I will comply with hand hygiene using the sanitizer or soap and water
- I will practice respiratory etiquette techniques (cover your cough, use tissues, hand hygiene)
- I will disinfect my workspace station with the hospital approved disinfectant
- I cannot get influenza from the influenza vaccine. The influenza virus can be shed 24 hours before symptoms and during this time I could spread the virus to patients, co-workers, and others. The influenza virus strains may change yearly, and even if the virus doesn’t change, my immunity declines over time, this is why the vaccination is recommended yearly.

**Medical Appeals:** In the event the request for medical exemption is denied by Employee Health/Infection Prevention, the employee will receive written justification for the denial and must receive the influenza vaccination within 2 calendar weeks of the denial notification. The employee has the right to appeal the decision. The review and adjudication of appeals will be conducted by the facility Clinical Director or Service Unit Medical Officer. Secondary appeals can be made to the Area Chief Medical Office. Third and Final appeals can be made to the Vice Chief Medical Office/designee.

**Religious Appeals:** In the event the request for religious exemption is denied by Employee Health/Infection Prevention, the employee has the right to appeal the decision. Review and adjudication of appeals will be conducted by the facility’s Chief Executive Officer (CEO). Secondary appeals can be made to the Area Director. Third and Final appeals can be made to the Vice Chief Medical Officer/designee.

**Compliance:** Failure to comply with the policy is subject to disciplinary action in accordance with the Department of Health and Human Services and/or: HIP policy and relevant sections of collective bargaining agreements as applicable; and it will be documented in the employee Health File. Non-compliance will be shared with the first line supervisor.

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Employee Signature / Date

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**Comments:**

Employee Health Nurse / Tamara Miller MD Employee Health Physician - Date
<table>
<thead>
<tr>
<th>Name</th>
<th>Employment Category</th>
<th>FluShot Category</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnie Mouse</td>
<td>Employee</td>
<td>PIMC</td>
<td>September</td>
</tr>
<tr>
<td>Popeye</td>
<td>Contractor - LIPs</td>
<td>Other Facility</td>
<td>October</td>
</tr>
<tr>
<td>Scooby Doo</td>
<td>Student</td>
<td>Medical Exemption</td>
<td>October</td>
</tr>
<tr>
<td>The RoadRunner</td>
<td>Volunteer</td>
<td>Religious Exemption</td>
<td>January</td>
</tr>
<tr>
<td>Tom and Jerry</td>
<td>Contractor - Other</td>
<td>Medical Appeal Process</td>
<td>February</td>
</tr>
</tbody>
</table>
Influenza (Flu) Vaccine (Inactivated or Recombinant):
What you need to know

1 Why get vaccinated?
Influenza (“flu”) is a contagious disease that spreads around the United States every year, usually between October and May. Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact. Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:
• fever/chills
• sore throat
• muscle aches
• fatigue
• cough
• headache
• runny or stuffy nose
Flu can also lead to pneumonia and blood infections, and cause diarrheas and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.
Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.
Each year thousands of people in the United States die from flu, and many more are hospitalized.
Flu vaccine can:
• keep you from getting flu,
• make flu less severe if you do get it, and
• keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines
A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.
Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. They cannot cause the flu.
There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:
• flu that is caused by a virus not covered by the vaccine, or
• illnesses that look like flu but are not.
It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine
Tell the person who is giving you the vaccine:
• If you have any severe, life-threatening allergies. If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
• If you ever had Guillain-Barré Syndrome (also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
• If you are not feeling well.
It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.
Employee Health Influenza Clinic Review 2016-2017

Preparation Tips
- Review forms
- Gather supplies (vaccine, needles, alcohol pads, band aids, hand sanitizer, sharps box, trash can)
- Know location of aspirin, Epi, administration techniques and when it should be used
- If employee prefers more privacy, make accommodations
- Intramuscular (IM) injections deposit medication into deep muscle tissue.
- Quadrivalent Vaccine covers 4 strains of influenza: Influenza A (California & Hong Kong), Influenza B (Brisbane & Mitchell)

IM Administration
- Greet the employee
- Review and verify staff completed/signed Influenza Vaccine Administration form
- Review VIS, review back of form
- Screen for contraindications, allergies
- Verify lot number/expiration date
- Sterile technique (medication preparation and administration)
- One needle, ONE syringe, ONE time, ONE person!
- Attach 1 inch – 25 gauge, safety needle to prefilled syringe
- Position patient, sitting, arm relaxed at side. Expose the upper arm.
- Locate landmark on arm - use the deltoid muscle. You will give the injection in the center of an upside down triangle. Feel for the bone that goes across the top of the upper arm. This bone is called the acromion process. The bottom of it will form the base of the triangle. The point of the triangle is directly below the middle of the base at about the level of the armpit. The correct area to give an injection is in the center of the triangle, 1 to 2 inches below the acromion process. This site should not be used if the person is very thin or the muscle is very small (see photo below). Select a site that is free of pain, infection, swelling, bruising, or abrasions.
- Prep site with alcohol pad. Using circular motion from center to 2” circle
- Allow alcohol to dry
- IM Injection - insert needle at 45 degree angle and remove needle from same angle
- Apply pressure to site for several seconds with cotton ball, gauze or band-aid
- Activate safety needle and dispose in sharps container. Do not separate needle from syringe
- Complete the influenza administration form (signature/initials, date, site, lot number)
- Hand Hygiene! Sharps safety!

Medical – Religious Exemptions
- Medical Exemption Request – Signature on the form and submit written proof from their provider
- Religious Exemption Request – Signature on the form and write a statement
- Mask requirement (Nov 1st – March 31st). Mask free zones include Admin, Attar, Library, Warehouse
- Influenza Prevention Strategies
- Appeal Process – in the event the Medical/Religious Exemption is denied
- Compliance with the Policy

Signature / Date (I have reviewed this Checklist, Influenza Policy, VIS, and Documentation Form)
Do's & Don'ts

For wearing procedure masks in non-surgical healthcare settings

**Do**

- Make sure to wear your mask to protect yourself from infectious droplets that may occur when patients cough, sneeze, laugh, or talk.
- Check to make sure the mask has no defects, such as a tear or torn strap or ear loop.
- Bring both top ties to the crown of head and secure with a bow; tie bottom ties securely at the nape of neck in a bow.
- Remove the mask when no longer in clinical space and the patient intervention is complete.
- For ear loop mask, remove the mask from the side with your head tilted forward. For tied masks, remove by handling only the ties, and untie the bottom tie followed by the top tie.
- Properly dispose of the mask by touching only the ear loops or the ties. Perform hand hygiene before and after removing a surgical mask or any type of personal protective equipment such as your gloves and gown.

**Procedure mask**
(also called an isolation mask)

Disposable mask that protects the wearer from droplets that might be infectious. A version of this mask with a built-in face shield to protect against splashes is also available.

The Occupational Safety & Health Administration (OSHA) may update guidance related to masks as emerging pathogens arise and new recommendations are developed. Be on the lookout for updates by visiting the OSHA website or consulting your facility's infection prevention or occupational health department.

Learn more: [www.osha.gov/SLTC/respiratoryprotection/guidance.html](http://www.osha.gov/SLTC/respiratoryprotection/guidance.html)

**Don't**

- DON'T use for protection against very small particles that float in the air (e.g., TB, measles, or chickenpox).
- DON'T wear if wet or soiled; get a new mask.
- DON'T crisscross ties.
- DON'T leave a mask hanging off one ear or hanging around neck.
- DON'T reuse; toss it after wearing once.
- DON'T touch the front of the mask, as it is contaminated after use.
Vaccine

- Collaborate with Pharmacy
- Confirm adequate supply
- Confirm lot# - expiration date - manufacturer
- Trivalent vs. quadrivalent formula
- Preservative-free, egg-free, etc.
- Request refrigerator/cooler
Staff Education Prior to Vaccination

- LiUna Letter
- Leadership Meeting Presentation
- “Leadership Briefings”
- PIMC Intranet Banner (photos /message)
- Forms- linked to webpage (LiUna, Mask, VIS, Flu Shot Form)
- Department Huddles
- E-mail signature block
- Just-in-time education
- PSA Announcements
PIMC Intranet Message

Spread fun, not flu! All employees, contractors, students, and volunteers are required to get immunized against the flu this year. Failure to comply with this policy is subject to disciplinary action in accordance with the Department of Health and Human Services and/or IHS policy and relevant sections of collective bargaining agreements as applicable.

The Employee health flu shot is free and highly beneficial. The national goal is to have everyone vaccinated by October 31, 2016. If you choose to receive the flu shot from your private provider, you will need to bring proper documentation to the Employee Health Department by October 31, 2016. If you wish to receive the flu vaccine provided by the Employee Health Department by October 31, 2016. If you do not bring in proof of vaccination from your private provider or you have received a medical or religious exemption, you will be required to wear a mask during the entire flu season, which is from November 1, 2016 – March 31, 2016.

Please make a proactive and stop by one of the Employee Health Influenza Vaccination Clinics!

**Employee Health Flu Shot Clinics**

| Tuesday, September 27          | 1:00PM-6:00PM | Medical Library          |
| Thursday, October 6            | 7:00AM-7:00PM | CRAB                     |
| Friday, October 7              | 8:00AM-8:00PM | CRAB                     |
| Tuesday, October 11            | 7:00AM-4:00PM | CRAB                     |
| Thursday, October 13           | 9:00AM-3:00PM | CRAB                     |

*Official Kickoff for Employee Health Flu Shot Clinics.

**Mask Requirement for those Exempted**

Unvaccinated individuals who have received approval for a medical or religious exemption must wear an IHS-provided surgical mask during flu season in all areas of the hospital campus excluding: the Administration Building, Acute Medical Library, and Warehouse. Influenza season is defined as November 1 – March 31 and may include other periods of increased levels of influenza activity as determined by the CDC and/or state public health authorities. Please review the Surgical Mask Instructions document below.

**Request a Medical/Religious Exemption**

There are two (2) types of exemptions you can request: medical and religious. Documentation for an exemption must be submitted by October 31. Medical exemptions must be signed by a licensed independent practitioner that confirms a valid medical contraindication exists that precludes influenza vaccine. A religious exemption must state specifically why receiving the influenza vaccination is against your religion. Employee Health/Infection Control has the responsibility to review and approve or deny requests.

**Exemption Denial and Appeals Process**

In the event that your request for medical exemption is denied by Employee Health/Infection Control, you will receive written justification for the denial and must receive the influenza vaccination within two calendar weeks of the denial notification. The employee has the right to appeal the decision. The review and adjudication of appeals will be conducted by the facility Clinical Director or Service Unit Medical Director. Secondary appeals can be made to the Area Chief Medical Officer. Third and final appeals can be made to the IHS Chief Medical Officer.

In the event that your request for religious exemption is denied by Employee Health/Infection Control, you have the right to appeal. Review and adjudication of appeals will be conducted by the facility’s Chief Executive Officer. Secondary appeals can be made to the Area Chief Medical Director. Third and final appeals can be made to the IHS Chief Medical Officer.

If your request for exemption is denied, you will have two calendar weeks to receive your influenza vaccination. If your request for exemption is approved, you will be required to wear an IHS-provided surgical or procedure mask during influenza season in all areas of the hospital from November to March. (See “Mask Requirement” information above.)
E-mail Reminders

The employee health files indicate that you have an approved exemption to the seasonal influenza vaccine. This means you are required to wear a hospital provided mask. A mask must be worn when inside the hospital structure or any of the buildings that provide medical, dental, or behavioral health care. **Mask-free zones include Administration, Aztec, Library, and the Warehouse.** Masks must cover the nose and mouth. When masks are removed, they must be discarded and not be re-used nor can they be worn around the neck. Masks should be discarded when moist, contaminated, or when the integrity of the mask has been altered. Masks can be obtained from Central Sterile. Hand Hygiene, respiratory etiquette, and disinfection of work spaces with the hospital approved disinfectant are other important elements.

The mask directive is effective throughout the influenza season (November 1 - March 31st) and during other periods of increased influenza activity as defined by the CDC and/or health department authorities. Failure to comply with the policy is subject to disciplinary action in accordance with the Department of Health and Human Services, and/or IHS policy, and relevant sections of the collective bargaining agreement.

A copy of this email will be placed into your employee file. If you have any question, please contact me.
Concerns...

• I don’t have a medical or religious exemption.... I will wear a mask.... Will I be fired? I have one month to get a new job!

• Unhappy - Drama

• Hospital-approved mask

• Contractors

• “Change Religion”

• Rather quiet.....
Flu Shot Kick-Off Day!

- Clarify roles
- Medical/Office supplies
- Hand Hygiene
- Safety
- Expect chaos
- Have fun!

Work Hard
Have Fun
Make a Difference!
Tracking & Follow Up

• Flu Shot Spreadsheet
• Add new staff to the spreadsheet (October 1\textsuperscript{st} – March 31\textsuperscript{st})
• October - Weekly progress checks
• Prepare for November 1\textsuperscript{st}
• Nov-March - Monitor compliance
• EH File (Flu forms, exemptions, appeals, compliance, email reminders)
• NHSN / NIRS report
Immunization Honor Roll

- www.Immunize.org