



**ARROWHEAD REGIONAL MEDICAL CENTER**  
**Infection Control Policies and Procedures**

**POLICY NO. 801 Issue 1**  
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**SECTION: AEROSOL TRANSMISSIBLE DISEASE PLAN**

**SUBJECT: ANNUAL EMPLOYEE INFLUENZA VACCINATION**

**APPROVED BY:** \_\_\_\_\_  
Epidemiology Healthcare Program Administrator

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**POLICY**

- I. Arrowhead Regional Medical Center (ARMC) provides annual influenza vaccine to healthcare personnel (HCP) as vaccine is available as recommended by regulatory agencies.
  - A. Influenza vaccine is provided free of cost for HCP as outlined in Employee Health Policy 501 "Pre-employment and Annual Screenings" during flu season.
  - B. Documentation of consent/declination is recorded and tracked by the ARMC Employee Health Department per regulation in compliance with California law, Centers for Disease Control and Prevention (CDC) and the Joint Commission recommendations.
- II. Information regarding the vaccine and transmission of influenza is made available to health care workers.
- III. Exemption to influenza vaccination may be granted for documented medical contraindication (including disabilities) or religious beliefs.
- IV. Health care workers who choose to declare a medical/religious exemption or decline the vaccine:
  - A. Receive education on the importance of the annual influenza vaccination for HCPs
  - B. Sign a declination form
  - C. Are required to wear a surgical mask at all times in patient care areas or as designated by the local Public Health Department. The use of a face mask is not required in mask free zones as defined below.
- V. Hospital approved surgical masks are provided for individuals who decline immunization.
  - A. HCP receive instructions on properly donning and doffing the mask.
  - B. A properly worn mask covers the nose and mouth.
  - C. No handmade or personal masks from home are allowed.
  - D. Masks can be obtained from department managers or individual unit nursing stations.
- VI. Health care workers who receive their vaccination at a location other than their local facility must provide proof of vaccination as designated by the Employee Health Department (EHD) or he/she is required to wear a surgical mask as described above.
- VII. Department Managers and the Epidemiology Healthcare Program Administrator (EHPA) are responsible for:
  - A. Identifying and monitoring compliance
  - B. Taking corrective action when required
- VIII. ARMC employees who decline vaccination and do not wear a mask during the influenza season as defined above are subject to corrective action as determined by Human Resources.

## PROCEDURES

- I. Vaccine is ordered in a timely fashion by the ARMC Pharmacy based on an assessment of patient census and number of HCP.
- II. Notification of flu season and information regarding strategies to prevent illness and availability of vaccine is made available to HCPs.
- III. *Influenza Vaccination Information & Consent/Declination* forms along with CDC's *Influenza Vaccine Information Statement (VIS)* are made available to HCPs.
- IV. The EHD manages the vaccination program in conjunction with Epidemiology and Administration
- V. Vaccination may be prioritized based on public health recommendations as indicated.
- VI. *Influenza Vaccination Information & Consent/Declination* forms are required to be returned to the EHD for data analysis.

## REFERENCES:

Employee Health Policy 501, Pre-employment and Annual Screenings  
Increasing Influenza Vaccination Rates Among California Health Care Personnel, CDPH, CAHF, CHA, CMA, APIC, CAPG, 12/5/11  
APIC Position Paper: Influenza Vaccination Should be a Condition of Employment for Healthcare Personnel, Unless Medically Contraindicated, 1/27/11.  
TJC– Infection Control. CDC MMWR Early Release February 9 2006  
Joint Commission Perspectives, June 2006, Volume 26, Issue 6.  
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CDC. (2013). Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2013–2014. Retrieved from:  
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CDC. (2011). Immunization of health care personnel: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR. Retrieved from:  
<http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf>  
CDC. (2006). Influenza Vaccination of Health care Personnel: Recommendations of the Health care Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP). Retrieved from:  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm>.  
The Joint Commission (TJC). (2014). Hospital Accreditation Standards, IC.02.04.01 – annual influenza vaccination program.

**DEFINITIONS:** **Healthcare Personnel (HCP)** – all paid and unpaid persons working in the hospital campus settings (including off-site locations) including but not limited to staff, medical staff, volunteers, students, contracted, registry and vendors.

**Off-Site Locations** – Include but are not limited to outpatient clinics and Family Health Centers (FHC).

**Influenza Season** – October 1 through March 31.

**Masking Timeline:** The masking period is defined as one month after the start of the influenza season and ends March 31st (local Public Health Department may extend this timeline beyond March 31st). If a vaccine is administered after the start of the masking period, the health care personnel must wear a mask for 14 days in order for the vaccination to take effect.

**Campus of the Hospital:** The main Hospital and Rehabilitation Campuses and all structures even if they are not contiguous to the main building.

**Patient Care or Clinical Area:** Includes the physical or recognized borders of inpatient and outpatient areas where patients are seen, evaluated, treated, or wait to be seen.

**Mask-Free Zones:** The mask-free zone is limited to the main lobby, hospital cafeteria, break rooms, private administrative offices or designated areas as defined by the facility. Masks are not required when eating in the cafeteria or break room, or when alone in a private administrative office.

**ATTACHMENTS:** N/A

**APPROVAL DATE:**

_____	<u><b>Policy, Procedure and Standards Committee</b></u>
_____	Applicable Administrator, Hospital or Medical Committee
_____	Applicable Administrator, Hospital or Medical Committee
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_____	Applicable Administrator, Hospital or Medical Committee
_____	<u><b>Board of Supervisors</b></u>
	Approved by the Governing Body

**REPLACES:**

**EFFECTIVE:** \_\_\_\_\_ **REVISED:** \_\_\_\_\_

**REVIEWED:** \_\_\_\_\_