

## **Maimonides Medical Center**

CODE: HR 060 (Revised)

DATE: December 21, 2023

ORIGINALLY ISSUED: March 27, 2014

**SUBJECT:** 100% Influenza Vaccine Compliance Program

### **I. POLICY:**

For the health and safety of all patients and staff, Maimonides Medical Center maintains a 100% influenza vaccine compliance program that applies to all staff, patients and visitors, all applicants, employees, volunteers, students, voluntary physicians and ancillary staff, interns, and individuals working at the Medical Center pursuant to a vendor contract.

All management-level employees, including senior staff, employed physicians, voluntary physicians, as well as students and volunteers will be required to have an annual influenza vaccination, unless they are granted a medical exemption pursuant to this policy.

All employees hired after December 2020, including senior staff, employed physicians, voluntary physicians, as well as students and volunteers will be required to have an annual influenza vaccination, unless they are granted a medical exemption pursuant to this policy.

All other employees will be expected to have an annual influenza vaccination, unless they are granted a medical exemption pursuant to this policy.

Further, if any employees (other than management-level employees, including senior staff, employed physicians, and voluntary physicians) refuse vaccination for any reason other than a medical exemption, they must submit a form and comply with the requirements of this policy.

The purpose of this policy is to define Maimonides Medical Center's process to reduce and prevent the transmission of influenza among health care personnel (HCP), patients, visitors, and family members, thereby reducing infections, morbidity, and absenteeism, and, where applicable, to comply with New York State immunization standards. To facilitate the immunization of all individuals covered under this policy, and in accordance with New York State Department of Health (NYS DOH) regulations, influenza vaccination may be administered in accordance with a non-patient specific standing order and protocol – see Attachment A, which may be changed from time to time.

Registered Nurses, Pharmacists and Paramedics (“authorized vaccinators”) employed by Maimonides Medical Center are authorized to administer influenza vaccine and

anaphylaxis treatment agents, including epinephrine for the emergency of treatment of anaphylaxis, as set forth below.

These authorized vaccinators are allowed to administer the influenza and anaphylaxis treatment agents only in the course of their employment with Maimonides Medical Center to Maimonides (including MMC Holding of Brooklyn, and other Maimonides affiliates) staff, volunteers and students.

## **I. RESPONSIBILITY**

1. The Interim Chief Medical Officer (or designated Attending Physician with unrestricted privileges) is responsible for authorizing the non-specific standing order and protocol for influenza vaccination.
2. All individuals are accountable for following the standards and procedures set forth in this policy.
3. Employee Health Services will ensure tracking, monitoring and appropriate recordkeeping, including receiving and maintaining written exemption requests and vaccine refusal forms.
4. The committee established under this policy will review all exemption requests and either grant or deny these requests, and will review any appeals of requests.
5. All management team members will monitor for compliance/noncompliance to this policy.

## **II. PROCEDURES:**

1. All individuals covered under this policy can receive a vaccination from Maimonides Medical Center at Employee Health Services at no expense to them, or they can provide proof of vaccination, which shall include at a minimum the immunization recipient's name, date of immunization, immunizing entity, administering authorized vaccinator, name of vaccine, and any other information that may be required by EHS, in its discretion. Individuals who are providing services to the Medical Center pursuant to a contract, or students at the Medical Center from an outside entity, may provide proof of documentation through their employer or academic center. Individuals must receive the vaccination by December 1, or by any other date as set forth by the Medical Center.
2. The non-specific standing order and protocol is in accordance with current Centers for Disease Control (CDC) and NYS Department of Health guidelines:

- a. Influenza vaccine should be given to:
  - o All persons age 6 months and older
- b. All persons will be screened for contraindications to influenza vaccine that include:
  - Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies.
  - Has ever had Guillain-Barré Syndrome (also called GBS).
- c. The authorized vaccinator shall:
  - Ensure that the potential recipient of the vaccine is assessed for medical contraindications to immunization.
  - Confirm that each recipient of the vaccine has received a copy of the appropriate Vaccine Information Statement and has been informed of potential side effects and adverse reactions, orally and in writing, before administering the immunization.
  - Verify that informed consent by the recipient has been obtained for the immunization before the immunization is administered.
  - Report adverse reactions if notified of such reaction, as directed.
  - Provide to each recipient a signed certificate of immunization with the recipient's name, date of immunization, immunizing entity, administering authorized vaccinator, name of vaccine, and any other information that may be required by EHS, in its discretion, and advise the recipient to communicate the information to the recipient's primary health care provider, as appropriate.
- d. In the event that an individual who received an influenza vaccination develops signs or symptoms consistent with anaphylaxis, the authorized vaccinator is to administer one adult dose of EPI-PEN IM (or epinephrine 0.3 mg SC which shall be available with the necessary needles and syringes at the immunization site [USP 1:1000, 0.3 ml]).
- e. The authorized vaccinator shall assure that a record of all persons to whom they have administered an anaphylaxis treatment agent, including the recipient's name, date, address of administration, administering authorized vaccinator, anaphylaxis treatment agent, manufacturer, and lot number is kept. This medical record documentation is maintained on file in the Employee Health Services.

3. Any individual who receives an influenza vaccination from another provider (other than Employee Health Services) must provide documentation from the place of vaccination to Employee Health Services. Documentation for all vaccines should include, at a minimum, recipient's name, date of immunization, immunizing entity, administering authorized vaccinator, name of vaccine, and any other information that may be required by EHS in its discretion. Individuals who are providing services to the Medical Center pursuant to a contract, or students at the Medical Center from an outside entity, may provide proof of documentation through their employer or academic center.
4. Any individual who receives an influenza vaccination will have an indication (badge/card/sticker) placed on their identification badge indicating that they have been vaccinated for the current flu season. If a vaccinated individual loses their flu badge, they can receive a replacement from Employee Health Services.
5. Individuals who seek to be exempt from this policy's influenza vaccine requirements may only do so according to the following procedure:
  - a. Management-level employees, including senior staff, employed physicians, voluntary physicians, as well as students and volunteers:
    - i. This category of individuals will be exempt from this policy's vaccination requirements only upon Medical Center approval of a certified medical exemption.
    - ii. Individuals must submit an online Influenza Vaccine Medical Exemption Request Form by November 13, or by any other date designated by the Medical Center. This form will be available on the intranet (*Intranet > Human Resources > Employee Well-being*).
    - iii. Only individuals who can show that they previously had a severe allergic reaction to a previous flu vaccine or any of its components, or developed Guillain-Barre syndrome within six weeks of receiving an influenza vaccine, will be medically exempt.
    - iv. Individuals will need to provide physician documentation as proof of these conditions.
    - v. Individuals will be required to take an alternative vaccine, such as FluBlok, if the alternative vaccine does not trigger the medical contraindication referenced in the medical exemption request.
    - vi. If a medical exemption is granted, the individual will be required to wear appropriate personal protective equipment, including a mask, in compliance with Medical Center policy, and may be required to

comply with additional infection control measures at the Medical Center's discretion. These requirements will remain in effect during the entire duration of flu season, which will begin on the annual date the Medical Center requires vaccination and will end when the New York Department of Health declares flu to be no longer prevalent. This masking requirement will be in addition to any COVID-19 related requirements in effect at the Medical Center. Further, if an individual's medical exemption request is still pending after the deadline to receive the vaccination, they must abide by these infection control measures.

- vii. If a medical exemption request is denied, the individual will be expected to receive the vaccine. Failure to do so will result in disciplinary action, up to and including termination.
- b. For all other individuals not covered under Section 5(a):
- i. All other individuals will be able to avail themselves of the medical exemption process referenced in Paragraph 5(a), by November 13, or by any other date designated by the Medical Center. This form will be available on the intranet (*Intranet > Human Resources > Employee Well-being*).
  - ii. If an individual continues to refuse the vaccination, the individual will be required to wear appropriate personal protective equipment, including a mask, in compliance with Medical Center policy, and may be required to comply with additional infection control measures at the Medical Center's discretion. These requirements will remain in effect during the entire duration of flu season, which will begin on the annual date the Medical Center requires vaccination and will end when the New York Department of Health declares flu to be no longer prevalent. This masking requirement will be in addition to any COVID-19 related requirements in effect at the Medical Center. Further, during the training process, the individual must abide by these infection control measures.
6. Hospital Administration will send out a notification of when the influenza vaccinations are required via email and digital signs.
7. The data collection and methodology used to determine influenza vaccination rates will be in accordance with the CDC National Healthcare Safety Network (NHSN) requirements:

Summary data include all HCP working in the healthcare facility for at least one working day between October 1 and March 31. Data are entered for five numerator fields pertaining to vaccination status, and four denominator categories pertaining to HCP groups including contract personnel. Data must be entered at least once into NHSN for each reporting year. In addition to the Employees Health database, vaccination summary data will be collected from the Departments of Nursing Education, Academic Affairs, Volunteers, Professional Affairs and individual leadership representing contract personnel. Rates are calculated according to NHSN methodology.

In accordance with the Centers for Medicare and Medicaid Services (CMS) and the NYS DOH requirements, employee vaccination summary data for each influenza season will be reported within the established timeframe, via the NHSN system. The vaccination data will be reviewed at the Infection Control Committee and the Housewide Quality Improvement and Patient Safety Committee.

**III. CONTROLS:**

1. Employee Health Service and/or Infection Control Department will report immunization compliance data to hospital leadership, relevant hospital committees, and NYSDOH and CMS, as needed.
2. The management team will observe identification badges which do not have the indication of receipt of the current influenza vaccination, and any individual who is not following this policy will receive immediate feedback regarding the need for compliance and/or will be subject to disciplinary action, up to and including termination of employment.



Kenneth Gibbs  
President & CEO

KK

REFERENCES: 10 NYCRR 2.59: Prevention of influenza transmission by healthcare and residential facility and agency personnel;; TJC IC.02.04.01.

DEPARTMENT RESPONSIBLE Human Resources

ATTACHMENTS: Attachment A: Standing Order Protocol for Influenza Vaccination of Healthcare Workers

## **Standing Order and Protocol for Influenza Vaccination of Healthcare Workers 2023-2024 Influenza Season**

In accordance with New York State Department of Education regulations, I am prescribing this standing (non-patient specific) order and protocol. Registered Nurses, Pharmacists and Paramedics (“authorized vaccinators”) employed by Maimonides Medical Center are authorized to administer influenza vaccine and anaphylaxis treatment agents, including epinephrine for the emergency of treatment of anaphylaxis, as set forth below.

These authorized vaccinators are allowed to administer the influenza and anaphylaxis treatment agents to Maimonides staff, volunteers and students only in the course of their employment with Maimonides Medical Center.

Influenza vaccine should be given to all employees, 0.5 mL IM x1; High dose quadrivalent vaccine may be administered to individuals age 65 and older, 0.7 mL IM x1.

All persons will be screened for contraindications to influenza vaccine which include:

- Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe life-threatening allergies
- Has ever had Guillain-Barre Syndrome (also called “GBS”)

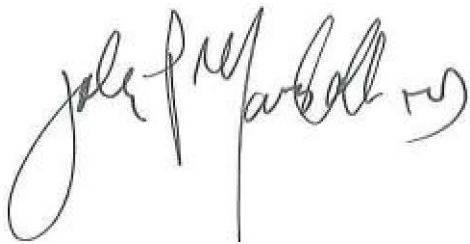
The authorized vaccinator shall:

- Ensure that the potential vaccine is assessed for contraindications to immunization.
- Confirm that each recipient of the vaccine has received a copy of the appropriate Vaccine Information Statement and has been informed of potential side effects and adverse reactions, orally and in writing, before administering the immunization.
- Verify that informed consent by the recipient has been obtained for the immunization before the immunization is administered.
- Report adverse reactions if notified of such reaction, as directed.
- Provide to each recipient a signed certificate of immunization with the recipient’s name, date of immunization, address of immunization, administering authorized vaccinator, immunization agent, manufacturer and lot number and recommendations for future immunizations and advise the recipient to communicate the information to the recipient’s primary health care provider, as appropriate.
- Ensure that a record of all persons immunized including the recipient’s name, date, address of immunization, administering authorized vaccinator, immunization agent, manufacturer, lot number and recommendations for future immunization, and standing order and protocol is maintained.

In the event that a patient who received an influenza develops signs or symptoms consistent with anaphylaxis, the authorized vaccinator is to administer one adult dose of or

epinephrine 0.3 mg SC which shall be available with the necessary needles and syringes at the immunization site [USP 1:1000, 0.3 ml]).

The authorized vaccinator shall ensure that a record of all persons to whom they have administered an anaphylaxis treatment agent, including the recipient's name, date, address of administration, administering authorized vaccinator, anaphylaxis treatment agent, manufacturer, and lot number is kept. This medical record documentation is maintained on file in the Employee Health Services.

A handwritten signature in black ink, appearing to read "John P. Marshall MD". The signature is fluid and cursive, with a large initial "J" and a distinct "MD" at the end.

John P. Marshall  
Interim Chief Medical Officer  
Maimonides Medical Center  
4802 Tenth Avenue  
Brooklyn, NY 11219  
NYS License #: 229581

9/15/2023



**ATTACHMENT B**

**REQUEST FOR MEDICAL EXEMPTION TO INFLUENZA VACCINATION**

Name: \_\_\_\_\_ ID: \_\_\_\_\_ Email address: \_\_\_\_\_

For the 2023-2024 flu season, the Medical Center has launched the 100% Flu Shot Compliance Campaign. This is a hospital-wide campaign with the goal of getting all Maimonides employees vaccinated. The flu vaccine will be made available and administered – free of charge – to every Maimonides employee. To submit a request for a medical exemption from receiving the flu vaccine, **you must print this form and have your physician complete it**. Once completed and signed by your physician, you must submit this form to Employee Health Services either in person, by email at [Vaccinerefusal@maimonidesmed.org](mailto:Vaccinerefusal@maimonidesmed.org), or by fax at (718) 635-8949, on or before November 24, 2023.

If your request is pending while the flu season is in effect, you will be required to wear a surgical mask while working and you will be required to comply with additional infection control measures in the Medical Center's discretion. You will be notified regarding the determination as to your request. If your request is approved, you will be exempted from receiving the flu vaccine during the current flu season, and you will be required to wear a mask while working and you will be required to comply with additional infection control measures in the Medical Center's discretion. If you have not chosen to receive the flu shot, a clinical or administrative leader will contact you to discuss the specific reasons for your refusal. **All employees requesting an exemption must comply with these requirements.**

Dear Treating Healthcare Provider:

Your patient is requesting a medical exemption from receiving the flu vaccine. To qualify for a medical exemption, an individual must have a medical contraindication with respect to the flu vaccine. If the individual has a valid medical contraindication to vaccination, please select any of the following, as applicable. You may be contacted to provide additional information. Depending on the nature of the medical contraindication, some individuals may be required to receive an alternative form of the flu vaccine.

History of Guillain-Barre Syndrome within six weeks of receiving a previous flu vaccine.

History of severe allergic reaction to a previous flu vaccine or any of its components.

- Date of reaction: \_\_\_\_\_
- How long after vaccination did reaction occur? \_\_\_\_\_
- Please explain in detail the reaction that occurred \_\_\_\_\_
- Was the reaction anaphylactic or a severe allergic reaction? \_\_\_\_\_
- Was an intervention or treatment required? \_\_\_\_\_ Please describe: \_\_\_\_\_

I certify that the above-referenced individual has the medical contraindication identified above. I have educated my patient on the signs and symptoms of influenza and the potential complications caused by influenza infection. I understand I may be contacted by Maimonides Medical Center for clarification regarding the information I have provided or additional information.

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

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

Physician Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Date: \_\_\_\_\_

ATTACHMENT C

**FORM FOR EMPLOYEES REFUSING THE INFLUENZA VACCINE FOR REASONS OTHER THAN A  
MEDICAL EXEMPTION**

Name: \_\_\_\_\_ ID: \_\_\_\_\_ Email address: \_\_\_\_\_

For the 2023-2024 flu season, the Medical Center has launched the 100% Flu Shot Compliance Campaign. This is a hospital-wide campaign with the goal of getting all Maimonides employees vaccinated. The flu vaccine will be made available and administered – free of charge – to every Maimonides employee. **Employees who refuse the shot must print and complete this Refusal Form** and submit it to Employee Health Services either in person, by email at [Vaccinerefusal@maimonidesmed.org](mailto:Vaccinerefusal@maimonidesmed.org), or by fax at (718) 635-8949, on or before November 24, 2023.

If you have not chosen to receive the flu shot, a clinical or administrative leader will contact you to discuss the specific reasons for your refusal. **All employees refusing the flu vaccine for reasons other than a medical exemption must comply with these requirements.**

Throughout this process you will be required to wear a surgical mask while working and you will be required to comply with additional infection control measures in the Medical Center's discretion. You will be notified if additional information is needed prior to entering your Declaration Form into your Employee Health Record.

In order to refuse the flu vaccine, you must declare your reason(s) for your refusal and provide justification. You may be contacted to provide additional information. Depending on the nature of the reason(s), you may be offered an alternative form of the flu vaccine.