
 <p>HAWAII HEALTH SYSTEMS CORPORATION <i>"Quality Healthcare For All"</i></p> <p>POLICY</p>	Department: Human Resources	Policy No. HR 0023A
	Issued By: Clifford B. Caesar Dir. of Human Resources	Revision No. N/A
	Approved By:  HHSC Board of Directors By: Antonette Torres Its: Secretary/Treasurer	Effective Date: April 27, 2017 Supersedes Policy: N/A Page: 1 of 4
Subject: HEALTH CARE PERSONNEL INFLUENZA VACCINATION POLICY		

Last Review: March 2, 2017; Next Review: March 2, 2020

I. **PURPOSE:** To establish guidelines to protect patients, residents, staff, staff family members, students, volunteers, vendors, others affiliated with HHSC, and the community from influenza infection. The spread of influenza can be significantly decreased or prevented by a careful and comprehensive plan that involves immunization of health care personnel, use of personal protective equipment such as face masks and hand washing. This policy provides a reasonable and comprehensive plan to reduce the spread of influenza within HHSC's facilities and the community.

II. **DEFINITIONS:**

"Health care personnel" – for purposes of this policy; Health Care Personnel shall include, but are not limited to, all employees, medical and dental staff, volunteers, residents, interns, students, contracted personnel and vendors who may provide direct or indirect health care services at a HHSC facility.

"Face mask" – loose fitting disposable device, with or without an eye-shield that creates a physical barrier between the mouth and nose of the wearer and the immediate environment.

"Influenza" – commonly referred to as the flu, it is a contagious respiratory illness caused by the influenza viruses. Influenza viruses are classified by their nucleoproteins and matrix proteins. The primary influenza viruses that cause typical influenza illness are classified as types A and B and are collectively referred to as "influenza" or "flu". Influenza is primarily spread by airborne droplets but can also be spread through person-to-person contact or contact with contaminated surfaces. Individuals infected with influenza are contagious beginning one (1) day before symptom onset and until five (5) to seven (7) days after symptom onset.

"Influenza-like-illness ("ILI") – an acute respiratory infection that may include, but is not limited to, the following signs and symptoms: fever $\geq 100^{\circ}\text{F}$ ($\geq 37.8^{\circ}\text{C}$) oral or

equivalent, and cough or sore throat, or both (in the absence of a known cause other than influenza).

“Influenza season” – although the exact timing and duration of flu season often varies, the Centers for Disease Control and Prevention (“CDC”) data indicates that flu season is generally between October 1 and March 31 for temperate climates. For tropical climates, flu season may occur throughout the year. Due to Hawaii’s tropical climate and high volume of tourism, HHSC shall define “influenza season” based on the Hawaii Department of Health’s Influenza Surveillance Program (“DOH Program”) data and the number of influenza cases in each facility. For purposes of this policy, HHSC’s “influenza season” may occur throughout the year and shall begin when each respective facility’s value for outpatient visits related to ILI reaches or exceeds 4%, or both, and shall end when the same value is below 4%, as determined by each individual HHSC facility.

“Facility Influenza Outbreak” – regardless of influenza season, the medical staff and infection control professionals at HHSC’s facilities may declare an influenza outbreak when cases of influenza in admitted patients or staff, or both, increase significantly within a short period of time suggesting transmission within the facility and will be declared over when new cases related to the outbreak cease to be identified.

“Clinical Care Areas” – all areas of HHSC facilities that involve the care or provision of services to patients or residents including, but not limited to, hospitals, outpatient clinics and long term care facilities. Clinical Care Areas may include, but are not limited to, areas where patients or residents: (1) are evaluated, imaged, tested, or treated or (2) wait to be seen.

- III. **BACKGROUND:** The CDC estimates that each year in the United States approximately 5 to 20% of the population are infected with influenza and over 200,000 are hospitalized from seasonal influenza-related complications. Influenza is unpredictable and can be severe. According to the CDC, between 1976 and 2006, “flu-associated deaths ranged from a low of about 3,000 to a high of about 49,000 people.” From 2010 to 2014, the CDC estimates “influenza-associated deaths in the United States ranged from a low of 12,000 (during 2011-2012) to a high of 56,000 (during 2012-2013). Due to its potential to become widespread and have serious consequences, the CDC’s Advisory Committee on Immunization Practices recommends that all health care personnel be vaccinated annually against influenza. The CDC explains that the results of several studies indicate higher vaccination coverage among health care personnel is associated with lower incidence of hospital-acquired influenza infections.
- IV. **POLICY:** HHSC shall offer influenza vaccinations to all Health Care Personnel free of charge (“Influenza Program”). Although HHSC encourages all Health Care Personnel to obtain influenza vaccinations, Health Care Personnel involvement in HHSC’s Influenza Program shall be on a voluntary basis. For Health Care

Personnel who do not have a medical contraindication and chose not to receive influenza vaccination, HHSC's facilities shall provide education and information about influenza and the influenza vaccination.

In the event of a vaccination shortage, HHSC shall offer influenza vaccinations to Health Care Personnel based on job function and risk of exposure to influenza. Health Care Personnel whose job function involve direct hands-on care with prolonged face-to-face contact with patients or residents, care for patients or residents at high risk for complications from influenza or have the highest risk of exposure to patients or residents with influenza, or any of the aforementioned, shall be given highest priority in the event of a vaccination shortage.

Health Care Personnel who: (1) cannot receive influenza vaccination due to a medical contraindication or (2) chose not to receive influenza vaccination should wear a Face Mask at all times in Clinical Care Areas throughout the duration of Influenza Season or Influenza Outbreak to ensure the safety of HHSC's patients and residents. Health Care Personnel shall continue to perform hand hygiene and adhere to proper etiquette when coughing and sneezing.

Any Health Care Personnel demonstrating ILI signs and symptoms while on duty shall be sent for medical evaluation or home in accordance with each respective HHSC facility's policies and procedures.

V. APPLICABILITY: All HHSC facilities.

VI. AUTHORITY: 42 U.S.C. § 1395ww (o); 42 C.F.R. Parts 482, 483, and 485; 81 Federal Register 56761-57438 (August 22, 2016).

VII. REFERENCES:

- CDC, "Estimating Seasonal Influenza-Associated Deaths in the United States (last updated December 9, 2016), available at https://www.cdc.gov/flu/about/disease/us_flu-related_deaths.htm (retrieved February 16, 2017);
- CDC, "Key Facts About Influenza (Flu)", (last updated August 25, 2016), available at <https://www.cdc.gov/flu/keyfacts.htm> (retrieved February 15, 2017);
- World Health Organization; "Influenza (Seasonal)" Fact Sheet (November 2016), available at <http://www.who.int/mediacentre/factsheets/fs211/en/> (retrieved February 15, 2017);
- Hawaii Department of Health (DOH) Disease Outbreak Control Division, "Hawaii's Influenza Surveillance Program", available at <http://health.hawaii.gov/docd/about-us/programs/hawaiis-influenza-surveillance-program/> (retrieved February 15, 2017);
- DOH Disease Outbreak Control Division, "Influenza Surveillance Report: Morbidity and Mortality Weekly Report (MMWR); (January 27, 2017); available at

[https://health.hawaii.gov/docd/files/2017/02/FLU Influenza Surveillance Jan2017.pdf](https://health.hawaii.gov/docd/files/2017/02/FLU_Influenza_Surveillance_Jan2017.pdf) (retrieved February 15, 2017);

- DOH Disease Investigation Branch, "Influenza "Flu" (Revised January 12, 2017); available at <https://health.hawaii.gov/docd/files/2017/01/Influenza-Fact-Sheet.pdf> (retrieved February 15, 2017);
- U.S. Food and Drug Administration, "Masks and N95 Respirators", (last updated June 26, 2015); available at <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/PersonalProtectiveEquipment/ucm055977.htm> (retrieved February 15, 2017);
- *Jacobson v. Massachusetts*, 197 U.S. 11, 37-38 (1905);
- *Spence v. Shah*, 26 N.Y.S.3d 613, 615-18 (N.Y. App. Div. 2016) (slip op);
- *Virginia Mason Hospital v. Washington State Nurses Assoc.*, 511 F.3d 908, 911-17 (9th Cir. 2007);
- *Rhodenbaugh v. Kansas Employment Sec. Bd. of Review*, 372 P.3d 1252, 1255-61 (Kan. Ct. App. 2016);
- *AnMed Health v. South Carolina Dept. of Employment and Workforce*, 743 S.E.2d 854, 855-56 (S.C. Ct. App. 2013);
- *Head v. Adams Farm Living, Inc.*, 775 S.E.2d 904, 906-13 (N.C. Ct. App. 2015);
- *Edwards v. Elmhurst Hospital Center*, 2013 WL 839535 * 1-4 (E.D.N.Y. Feb. 15, 2013) (RRM).

VIII. ATTACHMENTS: N/A