I. PURPOSE

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The most effective way to prevent infection from an influenza virus is through annual flu vaccination. Annual influenza vaccination protects our staff, our patients, and the integrity of the UCSF workforce. This policy is intended to maximize vaccination against influenza among all UCSF personnel, especially those whose work requires their presence in clinical settings at UCSF Medical Center or related clinical areas.

II. REFERENCES

Chapter 2 of Division 2 of the California Health and Safety Code Section 1288.5, Article 3.5 [Link to California Health and Safety Code]

Joint Commission Standard IC.02.04.01 – annual influenza vaccination program

III. DEFINITIONS

A. STAFF: All medical center employees, faculty, temporary workers, trainees, volunteers, students, and vendors, regardless of employer. This includes staff who provide services to or work in UCSF Medical Center patient care or clinical areas.

B. 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.

IV. POLICY

A. As a condition of employment, and in accordance with California law, UCSF Medical Center requires staff (see Definitions) to have annual influenza vaccination or complete a statement acknowledging the offer of the vaccination, declining the vaccination, and providing a reason for the declination. To protect the integrity of the workforce and for patient safety, declinations are strongly discouraged by any staff, especially those with duties or presence in patient care areas (see Definitions).

Annually, staff must do one of the following:

1. Receive the influenza vaccine(s) provided free of charge by UCSF through UCSF Occupational Health Services (OHS) to anyone with a UCSF badge.
2. Provide current written proof of receipt of required influenza vaccine(s) if not given at UCSF.
3. Complete the declination statement and wear a hospital-supplied paper (exam) mask over the mouth and nose at all times when in patient care or clinical areas (see Definitions), for the duration of the influenza season.

This policy applies to all influenza vaccines recommended by the San Francisco Department of Public Health (SFDPH), and may include vaccines recommended by California Department of Public Health (CDPH), the Centers for Disease Control and Prevention (CDC), regulatory, accreditation or legislative bodies.

B. Annually, the organization will develop, implement, and evaluate a program to require annual influenza vaccination or declination for UCSF staff. Other individuals may be offered vaccinations as determined by the organization. The exact timing of notification and vaccination will be based upon public health recommendations and the availability of the vaccine from suppliers. The program will have the following features:

1. Prior to the annual onset of flu season, and when additional vaccination recommendations are published by SFDPH, the UCSF Medical Center will inform staff about the following:
   a. Requirement(s) for vaccination
   b. Dates when influenza vaccine(s) are available
   c. Vaccine(s) will be provided at no cost to them
   d. Procedure for receiving vaccination
   e. Procedure for submitting written documentation of vaccine obtained outside UCSF
   f. Procedure for declining
   g. Consequences of refusing vaccination

2. Staff who decline the influenza vaccination (even for religious or medically justifiable reasons) will sign (electronically or written) documentation that he/she will wear a mask at all times while in any UCSF patient care areas (see Definitions) for the duration of the influenza season. A system for identifying staff that have or have not been vaccinated will be established.

3. Compliance with annual mandatory influenza vaccination or declination will be required no later than December 15th of each year, unless an alternate date is determined by the Chief Medical Officer in consultation with the Infection Control Officer(s) and the Medical Director, Occupational Health Services. Staff and students who fail to comply with this policy may be taken off work status and may be subject to applicable corrective action policies and procedures.

4. Listed below are the four justified reasons for declining influenza vaccine. Staff may decline for other reasons but are strongly encouraged to be vaccinated if one of these four are not present.
a. Moderate or severe allergies to eggs, vaccine components, or prior influenza vaccines.

b. History of Guillain-Barre Syndrome.

c. Declaration of another medical contraindication. Pregnancy is a high-risk condition for influenza illness and does not constitute an exception.

d. Declaration of a qualifying religious contraindication to vaccination.

5. The Chief Medical Officer in consultation with the Infection Control Officer(s) and the Medical Director, Occupational Health Services will determine the relevant dates of the influenza season each year. Generally, influenza season extends from November to March, but can be longer in certain years.

6. If any staff has a medically justifiable reason to decline but requests the influenza vaccine, he/she will be directed to discuss the matter with their his/her medical provider and have it administered by his/her medical provider.

7. The organization will continue to use strategies for convenient vaccine access during all work shifts. Examples of strategies include: vaccination outreach clinics, training RNs on units and in clinics to give flu shots, use of the discharge lounge clinical staff, and modeling and support by institutional leaders.

8. Staff will be educated on the following:

   a. Benefits of influenza vaccination
   b. Potential health consequences of influenza illness for themselves and patients
   c. Epidemiology and modes of transmission, diagnosis, and non-vaccine infection control strategies (such as the use of appropriate precautions & respiratory hygiene/cough etiquette), according to their level of responsibility in preventing healthcare associated influenza
   d. Safety profile of the influenza vaccine

9. Annually, the organization will evaluate vaccination rates of staff, will document and report on the reasons for declination of vaccine, and will report the number of and reason for exceptions.

V. RESPONSIBILITY

Direct questions about this policy to Occupational Health Services.
VI. HISTORY OF POLICY

Reviewed September 2009 by Senior Leadership Council

Approved September 2009 by Executive Medical Board and Chancellor Susan Desmond-Hellmann.

Appendix 1: Examples of non-clinical staff who provide services in clinical areas include but are not limited to:
Hospitality Services
Facilities Management
Food and Nutrition Services personnel who enter patient care areas
Sterile Processing and Material Services technicians who deliver equipment to patient care areas
Patient transporters
Campus research personnel who enter patient care areas

Appendix 2: Examples of Patient Care Areas:
Admissions and Registration
Patient rooms/cubicles
Patient exam rooms/areas
Hallways of units where patient rooms are located
Nursing stations of units where patient rooms are located
Procedural areas
Waiting areas
Hallways connecting waiting areas and exam areas
Visitor lounges (if patients also use for visiting)