

1.1. C.15 Influenza Vaccine Control Plan

I Policy Index:



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Office of Primary Responsibility: DOC Administration

I Policy:

The purpose of this policy is to reduce the risk of transmission of influenza within Department of Corrections (DOC) institutions and to protect staff and offenders from influenza infection through annual influenza vaccination and implementation of other approved precautionary measures.

II Definitions:

Direct Contact:

Being within 6 feet of an inmate.

Facemask:

A loose-fitting, disposable device cleared by the U.S. Food and Drug Administration for use as a medical device. This includes facemasks labeled as surgical, dental, medical procedure, isolation or laser masks. Facemasks help stop droplets from being spread by the person wearing them by creating a physical barrier between the mouth and nose of the wearer.

Flu Vaccine:

Also referred to the "flu shot". The vaccine is an inactivated or recombinant seasonal vaccine received by injection with a needle or as a nasal spray. Flu vaccines do not contain any live influenza virus. Vaccination should optimally occur before the onset of influenza activity within the community and are typically available by October. Influenza vaccinations should be offered as long as influenza viruses are circulating and supplies are available.

Influenza:

A viral infection caused by influenza viruses A or B. Symptoms include fever/chills, sore throat, muscle aches, fatigue, cough, headache and runny/stuffy nose. Influenza is a respiratory disease that can cause mild to severe illness and in certain cases, death. The risk of transmitting influenza to others can best be diminished through annual influenza vaccinations, hand washing with soap and water or use of hand sanitizer, covering coughs and sneezes and staying home when sick.

Influenza Season:

An annually recurring time period characterized by the prevalence of outbreaks of influenza. Influenza season typically begins during the fall (October) and concludes in early spring. The

Department of Health provides regular surveillance summaries to identify the onset and conclusion of influenza season.

State Employee:

Any employee of an agency of the State of South Dakota.

Staff Member:

For the purposes of this policy, a staff member is any person employed or contracted by the Department of Corrections (DOC), full or part time, including vendors, students and pink tag volunteers who provide services to inmates or have direct contact with inmates within a DOC facility.

III Procedure:

1. Influenza Vaccine for Staff Members:

- A. Staff members who enter the secure perimeter of a DOC institution, contract facility or other institution housing DOC inmates, must complete one of the following requirements by December 1st of each year:
 - 1. Receive an annual influenza vaccination from the South Dakota Department of Health; or
 - 2. Provide documentation showing receipt of the current vaccination from an outside or private provider; or
 - 3. Complete a request for exemption, and if granted exemption, wear a DOC approved facemask when directed.
- B. New staff members hired after December 1st are encouraged to receive an influenza vaccination within the first week of employment/assignment to the DOC, provided the influenza vaccine remains available. New hires after December 1st may be required to show documented proof of immunization from a healthcare provider.
- C. DOC staff assigned a work station outside of a DOC institution, whose work duties do not include entering a facility or institution housing inmates, are NOT required to receive the vaccination.

2. Receipt and Administering of the Influenza Vaccine:

- A. State employees enrolled in the South Dakota State Employee Health Plan are encouraged to receive annual influenza vaccination by attending a free, state-sponsored influenza vaccination clinic. A schedule of state sponsored influenza vaccination clinics may be accessed from the Department of Health's (DOH) website: <http://benefits.sd.gov/flu vaccination.aspx>. Influenza vaccination clinics may be provided by Health Services at DOC institutions. DOC staff is encouraged to attend these clinics.
 - 1. Staff members receiving an influenza vaccination through a private doctor, outside provider or flu vaccination clinic are responsible for all charges/fees assessed for the vaccination and for obtaining documentation from the provider verifying receipt of the flu vaccination. This documentation must be forwarded to the facility BHR representative.

2. State employees who have opted out of the State Employee Health plan or those not eligible for the State Health Plan, are not eligible for free influenza vaccinations administered at state employee vaccination clinics or by DOC Health Services.
- B. Staff members who have not received a flu vaccination in the past, or who may be allergic to eggs, or who have had a serious reaction to the flu vaccine in the past, should consult their doctor before receiving the influenza vaccine.
- C. The DOC may contact the DOH to verify or request a list of those staff members who have received an influenza vaccination through a state or DOC Health Service sponsored flu vaccination clinic.

3. Requesting Exemption Status:

- A. Staff members (does include vendors, student and pink tag volunteers who provide services to inmates or have direct contact with inmates) seeking an exemption for the influenza vaccination must complete the *Exemption of Influenza Vaccination* form (See [Attachment 1](#)) prior to November 15 of each year.
 1. Exemptions may be requested only for the following:
 - a. Documented medical contraindication to the influenza vaccination. A physician signed statement shall be required.
 - b. Adherence to an established religious doctrine whose teachings are opposed to immunization. Documentation of the doctrine's opposition to immunization by its followers shall be required.
 2. Staff requesting exemption must complete an exemption form annually. The form is also available online at <http://benefits.sd.gov/flu vaccination.aspx>. Exemptions are valid for one year only.
 3. Exemption requests will be reviewed by the staff member's supervisor and forwarded to the Warden, Director or Secretary of Corrections for final approval.
 4. Staff granted an exemption may be subject to additional precautionary measures while inside a DOC facility, as recommended by the Centers for Disease Control (CDC) or DOH and directed by the Secretary of Corrections.
- B. Completed exemption forms will be retained in the staff member's personnel file by BHR staff.
- C. Staff may appeal the denial of exemption status in accordance with DOC policy 1.1.C.4 [Staff Grievances](#).

4. Facemasks:

- A. Staff required to wear an approved facemask shall wear the mask when the SD DOH reports influenza activity has reached the "local, regional or widespread" level.
- B. Staff shall appropriately wear the facemask whenever having direct contact with an inmate.
 1. Failure to appropriately wear the facemask will result in disciplinary action and may result in suspension of access privileges to the institution and inmates.

2. During the official influenza season, the DOC shall be responsible for making approved facemasks available for staff granted an exemption.

5. Records Retention:

- A. The DOC may assign a staff member(s) to maintain records of influenza vaccination compliance for all staff members under its authority, including proof of vaccination or approved exemption status.
 1. DOH staff may maintain records of the number of inmates who received the influenza vaccination at each facility.
- B. During the influenza season, each institution housing DOC inmates shall maintain a list of staff required to wear masks when entering the institution. The list shall be available to Control Room staff after December 2 each year.
- C. The Warden, Director or designee will be prepared to report the rate of staff compliance with the influenza vaccination for their facility, as well as the number of inmates and staff infected with confirmed influenza, as directed by the Secretary.

6. Corrective Action:

- A. Staff members who are non-compliant with the requirements set forth in this policy may be subject to disciplinary action, pursuant to BHR Disciplinary Action rules.

7. Exceptions to this Policy:

- A. Contractors not assigned to the DOC, emergency personnel visitors, and others directly escorted and supervised by staff while in a DOC institution housing inmates, are exempt from the requirements listed in Section 1 A. of this policy.
- B. The Bureau of Human Resource (BHR) or Department of Health (DOH) will notify the DOC when the flu season has officially ended for the season.
- C. If, after the flu season has officially ended for the season, the DOH determines flu activity has increased to a level exceeding "sporadic", all or part of the influenza control plan/policy may be reinitiated as ordered by the Secretary of Corrections.

IV Related Directives:

DOC policy 1.1.C.4 [Staff Grievances](#)

Copy of the executive order doh.sd.gov/documents/order2014-11.pdf

BHR Mandatory Influenza Vaccination Policy for Specific State Personnel

V Revision Log:

October 2014: New policy.

September 2015: **Added** definition of "Staff Member" and **Deleted** definition of "DOC Institution" **Added** "Facemasks help stop droplets from being spread by the person wearing them" and **Deleted** "Facemasks will be properly disposed of after a single use" in definition of Facemask. **Deleted** "Direct Contact" definition. **Deleted** "As a condition of employment" and **Added** "who enter the secure perimeter of a DOC institution, contract facility or other institution housing DOC offenders and **Deleted** "whose routine work duties bring them into direct contact with offenders housed in a DOC institution, contract facility or other facility with an influenza vaccination requirement" and **Deleted** "all staff

members assigned a primary work location within a DOC institution” in Section 1 A. **Added** “from the SD DOH” to Section 1 A. 1. **Deleted** “current” and **Replaced** with “the staff member received” in Section 1 A. 2. **Deleted** “Receive or provide documentation of current exemption status from the BHR and **Replaced** with “Wear an approved facemask upon entrance into a DOC institution, contract facility or other facility housing DOC offenders” in Section 1. A. **Deleted** “whose conditions of employment include the criteria listed in 1 A.” in Section 1 B. **Added** “for any staff member assigned to the DOC who does not meet the criteria requiring vaccination as described in Executive Order 2014-11” in Section 1 C. **Deleted** E. in Section 1. **Added** “and/or staff member” in Section 2 C. **Added** 1. to Section 1 C. **Deleted** “having direct contact with offenders housed in a DOC institution, contract facility or other facility requiring influenza vaccination must provide documentation in accordance with this policy verifying “ and **Replaced** with “entering an institution housing offenders will” in Section 1 D. and 2 D and 4 B. **Added** “within their unit” in Section 1 E. **Added** “and for providing documentation showing receipt of the flu vaccination” in Section 2 A. 1. **Added** “provide direct health care services to offenders” and **Added** “through the Executive Order” in Section 3 A. **Deleted** B. in Section 3. **Deleted** “may be” and **Replaced** with “will be” in Section 3 B. 2. **Deleted** “staff requesting exemption status must submit” in Section 3 C. **Added** E. to Section 3. **Deleted** “Warden, Superintendent, Director or designee” and **Replaced** with “DOC” in Section 4. A. **Deleted** “assigned staff member(s) will provide the” and **Added** “Will be prepared to provide control room staff with a list of staff who are required to wear a mask when they enter the facility” and **Deleted** “with a list of staff who have not received the influenza vaccination or exemption status in Section 4 B. **Deleted** “to the Secretary of Corrections by January 1 of each year” in Section 4 C. **Added** “or as directed by the Secretary of Corrections” in Section 4 C. **Deleted** 1. in Section 6 A. **Added** B. to Section 6.
October 2016: **Deleted** “Superintendent” in Section 4 C. **Added** C. to Section 6.
October 2017: **Added** definition of “Direct Contact” and revised definition of “Staff Member”. **Added** “Complete a request for exemption and” and **Added** “when directed” to Section 1 A. 3. **Deleted** C. and C. 1. in Section 1. **Added** “NOT required to complete 1-3 in Section 1 A. of this policy” to Section 1 C. **Deleted** C. in Section 2. **Deleted** “Who provide direct health care services to inmates are required to receive the influenza or be granted exemption status based on a documented medical contradiction to the influenza vaccine or adherence to a religious doctrine whose teachings are opposed to immunization.” in Section 3 A. **Added** 1. a. and b. to Section 3 A. **Added** 2. to Section 3 A. **Deleted** “staff exempted from the vaccination shall wear a mask upon entrance to an institution housing inmates” in Section 3 A. 3. **Added** “DOH staff may maintain records of the number of inmates who received the influenza vaccination at each facility” in Section 4 A. **Added** “as well as the number of inmates and staff inflicted with confirmed influenza” in Section 4 C. **Deleted** “volunteers” in Section 6 A.

Denny Kaemingk (original signature on file)

Denny Kaemingk, Secretary of Corrections

10/24/2017

Date

Attachment 1: Exemption of Influenza Vaccination Form

The **Exemption of Influenza Vaccination form** is located on the state's WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **Exemption of Influenza Vaccination form** by:
 - a. Placing mouse on the word "here" above
 - b. Press and hold the "Ctrl" key on the keyboard
 - c. Click the left button of mouse.
2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Exemption of Influenza Vaccination form**.

**State of South Dakota
Exemption of Influenza Vaccination Form**

Name: _____ Employee Number: _____

Department/Division: _____

Yearly, influenza vaccination is required for specific state personnel, as defined within the Mandatory Influenza Vaccination Policy. An exemption may be issued to any person who: (1) has a physician signed, documented medical contraindication to the influenza vaccination; or (2) adheres to a religious doctrine whose teachings are opposed to immunizations. If applicable, new hires must complete the form upon hire.

I acknowledge:

- Influenza is a serious respiratory disease. Each year thousands of deaths are caused by flu in the United States.
- Influenza vaccination is recommended for me and all other healthcare workers to protect patients, my family, and myself from influenza, its complications, and death.
- If I contract influenza, I can spread influenza to patients and my family 24 hours prior the appearance of any influenza symptoms.
- If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread influenza to others who may become seriously ill.
- I understand the vaccination against influenza is recommended each year due to varying strains of the virus and a decline in my immunity over time.
- My refusal to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including: patients, co-workers, my family, and my community.

I am declining influenza vaccination for the following reason(s):

Medical exemption to influenza vaccination:

Signed: _____ Date: _____
(Licensed Physician per SDCL Chapter 36-4)

Printed Signature: _____

Address of Facility: _____

I adhere to a religious doctrine whose teachings are opposed to immunizations

By declining the influenza vaccination, I am required to wear a mask throughout the flu season, as determined by the South Dakota Department of Health. Refusing to wear a mask may lead to disciplinary action taken against me, up to and including suspension without pay or termination. At any time and if available, I may accept influenza vaccination if I change my decision.

Return this form to your supervisor no later than November 15. This form will be retained by the Bureau of Human Resources.

I have read and fully understand the information on this exemption form.

Signature: _____ Date: _____

Program Manager: _____ Date: _____

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