

1.1. C.15 Influenza Vaccine Control Plan

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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:

Staff Member:

For the purposes of this policy, a staff member is any person employed by the Department of Corrections (DOC), full or part time, including an individual under contract assigned to the DOC or an employee of another State agency assigned to the DOC.

State Employee:

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

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 surveillance summaries to identify the onset and conclusion of influenza season.

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.

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.

III Procedure:

1. Influenza Vaccine for New Hires:

- 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. Wear a DOC approved facemask.
- B. New staff members hired after December 1st are encouraged to receive a flu vaccination within the first week of employment/assignment with the DOC, provided the influenza vaccine is available.
- C. The Secretary of Corrections has full discretion to waive the vaccination requirement for staff members assigned to the DOC who are not required to receive the vaccination in accordance with Executive Order 2014-11, which states:
 - 1. All state employees/state employed personnel, including contract staff, vendors, students, or volunteers, who provide direct health care services to inmates in a DOC institution, are required to complete one of the requirements listed in Section 1. A. (1-3) of this policy.
- D. DOC staff assigned a work station outside of a DOC institution, whose work duties do not include entering an institution housing inmates, are encouraged to receive an annual influenza 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 an annual influenza vaccination by attending a free, state-sponsored influenza vaccination clinic. A schedule of state sponsored influenza vaccination clinics can be found at the Department of Health's website: <http://benefits.sd.gov/fluvaccination.aspx>.
 - 1. Staff members receiving an influenza vaccination through a private doctor or provider sponsored flu vaccination clinic, are responsible for all charges/fees incurred and for obtaining documentation verifying receipt of the flu vaccination.
- 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. DOC Health Services staff may administer the influenza vaccine to state employees and/or staff members assigned to the DOC based on availability of resources, in accordance with DOH policy, procedures and directives.
 - 1. Contractors, vendors, volunteers, students, interns and others who are not enrolled in the South Dakota State Employee Health Plan are generally not eligible for free influenza vaccinations administered and provided for by DOC Health Services staff or state-sponsored flu clinics.
- D. Beginning December 1st and continuing to the end of the flu season, DOC staff entering the secure perimeter of a DOC institution, contract facility or other institution housing DOC inmates is required to have received the current influenza vaccine or wear a DOC approved mask. The end of the flu season is determined each year by the South Dakota DOH.
 - 1. The DOC may contact the DOH to verify or request a list of those staff members who have received an influenza vaccination through DOC Health Services or through a state sponsored flu vaccination clinic.

3. Requesting Exemption Status:

- A. Staff members who provide direct health care services to inmates are required to receive the influenza vaccination, in accordance with the Executive Order 2014-11. Staff required to receive the vaccination in accordance with the Executive Order may only be granted exemption status based on documented medical contradictions to the influenza vaccine, or adherence to a religious doctrine whose teachings are opposed to immunization.
 - 1. Staff must complete an exemption form (See [Attachment 1](#)) for each year they are requesting exemption.
 - 2. During the official influenza season, the DOC shall be responsible for making approved facemasks available for staff with exemption status. Staff exempted from receiving the vaccination shall wear a mask upon entrance to an institution housing inmates.
 - 3. Staff with exemption status may be subject to additional precautionary measures when having direct contact with inmates, as recommended by the Centers for Disease Control (CDC) or DOH and implemented and/or required by the Secretary of Corrections.
- B. Completed exemption forms must be submitted to the Bureau of Human Resources (BHR). The form is available at <http://benefits.sd.gov/fluvaccination.aspx>.
- C. The completed exemption forms will be retained in the staff member's personnel file.
- D. Staff may appeal the denial of vaccination exemption status by the DOC (See DOC policy 1.1.C.4 [Staff Grievances](#)).

4. 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.
- B. During the flu season, each institution housing DOC inmates may produce a list of DOC staff members who have not received the influenza vaccination and thereby are required to wear a

DOC approved mask. The list should be available to the main 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 unit/facility, as directed or ordered by the Secretary. The rate of staff compliance should be available by December 2 of each year.

5. Corrective Action:

- A. Staff members who are non-compliant with the requirements set forth in this policy may be subject to disciplinary action, including and up to termination of employment (See DOC policy 1.1.C.1 [Code of Ethics](#)).

6. Exceptions to this Policy:

- A. Contractors not assigned to the DOC, emergency personnel, visitors, volunteers and others escorted and/or 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 requirements of the influenza control plan may be reinitiated/required by the Secretary of Corrections.

IV Related Directives:

DOC policy 1.1.C.1 [Code of Ethics](#)

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

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

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.

Denny Kaemingk (original signature on file)

Denny Kaemingk, Secretary of Corrections

12/08/2016

Date

Attachment 1: Exemption or Refusal of Flu Vaccination Form

My employer or affiliated health facility, _____, is requiring that I receive influenza vaccination.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to protect this facility's patients from influenza, its complications, and death.
- If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to patients in this facility.
- If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread it to others and they can become seriously ill.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.

The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including

- all patients
- my coworkers
- my family
- my community

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons:

I understand that I must return this form to my supervisor and the form will be retained by the Bureau of Human Resources in my personnel file.

Furthermore, by declining the flu vaccination I understand that I will be required to wear a mask beginning December 1, through the remainder of the flu season and refusing to wear a mask may lead to being placed on furlough and/or subject to further disciplinary action.

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is still available.

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

Signature: _____ Date: _____

Name (print): _____ Department: _____