Influenza Vaccine Control Plan

I Policy Index:

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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 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 medical devices. 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 offenders, 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 the staff member received a flu vaccination; or
      3. Wear a DOC approved facemask upon entrance into a DOC institution, contract facility or other facility housing DOC offenders; or
   B. New staff members hired by the DOC after December 1st are encouraged to receive a flu vaccination within the first week of employment/assignment, 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 do not meet the criteria requiring them to be vaccinated, in accordance with Executive Order 2014-11.
      1. All state employees/state employed personnel, including contract staff, vendors, students, or volunteers who provide direct health care services to offenders in a DOC institution, are required to complete one of the requirements listed in 1. A. (1-3).
   D. DOC staff assigned a work station outside of a DOC institution, whose work duties do not involve entering an institution housing DOC offenders, are encouraged by the DOC to receive an annual influenza vaccination.

2. Receipt and Administering of the Influenza Vaccine:
   A. State employees covered by 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 non-state sponsored flu vaccination clinic, are responsible for all charges/fees incurred and for providing documentation showing receipt of the flu vaccination.
   B. Staff members who have not received a flu vaccination in the past, may be allergic to eggs, or have had a serious reaction to the flu vaccine in the past, should talk to their doctor before receiving the influenza vaccine.
C. DOC Health Services staff may administer influenza vaccine to state employees and/or staff members assigned to the DOC based on availability of resources, and in accordance with DOH policy, procedures or directives.

1. Contractors, vendors, volunteers, students, interns and others not issued a current state health insurance card, are generally not eligible for free influenza vaccinations administered and provided for by DOC Health Services staff.

D. Staff members entering an institution housing offenders will receive the influenza vaccine, or wear an approved mask, starting December 1st and continuing to the end of the flu season, as determined by the South Dakota DOH.

1. Designated DOC staff may be tasked with contacting the DOH to verify those staff members who have received an influenza vaccination at a state sponsored flu vaccination clinic.

3. Requesting Exemption Status:

A. Staff members, who provide direct health care services to offenders and are required to receive the influenza vaccination through 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 will complete an exemption form (See Attachment 1) for each year they are requesting exemption.

2. During influenza season, the DOC shall be responsible for making approved facemasks available for staff with exemption status upon entrance to an institution housing DOC offenders.

3. Staff that has exemption status is subject to implementation of precautionary measures, as recommended by the Centers for Disease Control (CDC) or DOH and implemented and/or required by the Secretary of Corrections.


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 in accordance with DOC policy 1.1.C.4 Staff Grievances.

4. Records Retention:

A. The DOC will assign a staff member(s) to maintain electronic records of influenza vaccination compliance for all staff members under its authority, including proof of vaccination or approved exemption status.

B. The Warden, Superintendent, Director or designee will be prepared to provide institutions with a list of staff members who are required to wear a mask when they enter an institution housing DOC offenders, by December 2.

C. The Warden, Superintendent or Director or designee will report the staff influenza vaccination rate as directed by the Secretary.
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 from 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, level one individuals, and others who are escorted and/or supervised by staff while in a DOC institution, are exempt from the requirements listed in Section 1 A. of this policy.

B. The DOC shall be responsible for notifying all affected staff when the flu season has ended and the requirements set forth in Section 1 A. of this policy no longer apply.

IV Related Directives:

- DOC policy 1.1.C.1 Code of Ethics
- DOC policy 1.1.C.4 Staff Grievances

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.
- 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.
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: __________________________