

SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE		POLICY NUMBER 700-21	PAGE NUMBER 1 OF 4
		DISTRIBUTION:	Public
		SUBJECT:	Influenza Vaccine Control Plan
Related Standards:	None	EFFECTIVE DATE:	January 01, 2025
		SUPERSESION:	12/01/2023
DESCRIPTION: Clinical Services	REVIEW MONTH: November	 <b>KELLIE WASKO</b> <b>SECRETARY OF CORRECTIONS</b>	

## I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to adopt and enforce certain processes and procedures to reduce the risk of transmission of influenza within DOC institutions, and to protect staff and offenders from influenza infection. Processes and procedures shall include annual influenza vaccination and approved precautionary measures.

## II. PURPOSE

The purpose of this policy is to set forth requirements and expectations regarding influenza vaccination for all employees, temporary employees, seasonal employees/interns, contract workers, students, and volunteers who work or volunteer for and within State DOC facilities.

## III. DEFINITIONS

### Direct Contact:

Contact between individuals that is within six (6) feet for fifteen (15) minutes or longer.

### Face Covering:

A covering made of cloth or other material that covers the nose and mouth and is intended to help prevent people who may be ill from transmitting a virus to others. Face coverings help stop respiratory droplets from being spread by the person by creating a physical barrier between the mouth and nose.

### Flu Vaccine:

Also referred to as the flu shot. An inactivated or recombinant seasonal vaccine received by injection with a needle or nasal spray. Does not contain live influenza virus. Vaccination should optimally occur before the onset of influenza activity, typically during the month of October, and should be offered as long as influenza viruses are circulating, and vaccine supplies are available.

### Influenza:

A viral infection caused by influenza virus A or B. Symptoms include fever/chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Leads to mild to severe illness, and in certain cases, death. The risk of transmitting 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:

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An annually recurring time period characterized by the prevalence of outbreaks of influenza. Typically begins during the fall and concludes in early spring. The Department of Health provides regular influenza surveillance summaries to identify the onset and conclusion of influenza season.

## IV. PROCEDURES

### 1. Influenza Vaccine for Staff Members:

- A. Annual influenza vaccination for DOC employees, including temporary employees, is a condition of employment and shall be stated as a requirement in all posted job announcements and corresponding documents related to the recruitment. Staff entering the secure perimeter of a DOC facility must complete one (1) of the following requirements by December 1st of each year, unless contraindicated:
  1. Receive an annual influenza vaccination from a South Dakota Department of Corrections Clinical Services on site clinic, or
  2. Provide documentation showing receipt of the current vaccination from an outside or private provider, or
  3. Complete a request for exemption. This form is located on the Bureau of Human Resources and Administration (BHRA) influenza policy website: [Exemption of Influenza Vaccine Form](#) (also see attachment #1). If granted an exemption, the person shall wear an approved face covering, as directed.
- B. New staff members are required to provide an influenza vaccination record upon hire. If hired after December 1st the new employee is required to receive an influenza vaccination within the first week of employment/assignment to the DOC, provided the influenza vaccine is available. Documentation of vaccination will be provided to the direct supervisor.
- C. DOC staff assigned a workstation outside of the secure perimeter of a DOC facility, whose work duties does not include entering a DOC facility are exempt from the above requirements. However, if at any time the staff member is required to have direct contact with offenders housed in a DOC facility, the staff member shall comply with the requirements listed in A. above.

### 2. Administration and Documentation of the Influenza Vaccine:

- A. Administration:
  1. State employees are encouraged to receive annual influenza vaccination by attending state-sponsored influenza vaccination clinics. A schedule of state-sponsored influenza vaccination clinics may be accessed from the Department of Health (DOH) website: <https://doh.sd.gov/topics/maternal-child-health/community-health-offices/>. Influenza vaccination for DOC staff may be provided by clinical services staff at DOC institutions.
  2. Staff members who receive their vaccination through an onsite vaccination clinic, are required to obtain a copy or photo of their vaccination record. The original record is forwarded to the HR manager.
  3. Staff members receiving an influenza vaccination through a private doctor, outside provider, or non-state flu vaccination clinic are responsible for all charges/fees that may be assessed and for obtaining documentation from the provider, verifying receipt of the flu vaccination.
    - a. Documentation must be provided to their direct supervisor, prior to December 1<sup>st</sup>.
  4. Staff who have not received a flu vaccination in the past, 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.

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B. Documentation:

1. The security of sensitive and confidential data is of critical importance to the South Dakota Department of Corrections. All records and data associated with this policy will be collected, transmitted, and stored in a manner compliant with the state's data security policy.
2. Requesting proof of vaccination does not violate the health insurance portability and accountability act of 1996 (HIPAA).
3. In accordance with the Americans with Disabilities Act (ADA) as amended, the medical information provided by employees to BHRA is considered confidential. If the information is stored in paper format, it must be stored in a medical file separate and apart from personnel files.

### 3. Requesting Exemption Status:

A. Religious and medical exemptions and reasonable accommodation requests shall be addressed as required by law and pursuant to the Equal Employment Opportunity commissions vaccination guidance.

1. DOC Staff members to include vendors, students, interns, volunteers, red, and green tags who have direct contact with offenders, who wish to request an exemption from influenza vaccination, must complete the Exemption of Influenza Vaccination Form prior to November 15th.
  - a. Exemptions may only be requested for the following:
    - 1) Documented medical contraindication to the influenza vaccination. A physician signed statement is required.
    - 2) Sincerely held belief, practice, or adherence to an established religious doctrine whose teachings are opposed to immunization. Documentation may be required.
2. Staff requesting exemption must complete an exemption form annually.
3. Exemption requests will be submitted to and reviewed by the direct supervisor and forwarded to the BHRA manager.
4. Qualifying staff shall be granted an exemption, if doing so does not create undue hardship on the DOC.
  - a. Staff granted an exemption will be subject to additional precautionary measures, as set forth by the DOC.
5. Completed exemption forms will be retained by the employee's direct supervisor or the department supervisor.

B. Staff may appeal the denial of a request for exemption.

### 4. Face Covering:

- A. Staff who have not received the influenza vaccination are required to appropriately wear an approved face covering beginning December 1 through the remainder of the flu season or when it has dropped to or below the "sporadic" level. Control room staff shall notify the OIC who will ensure staff entering the facility wear a facemask.
- B. Staff must appropriately wear the face covering whenever having direct contact with offenders.
  1. Failure to appropriately wear the face covering may result in disciplinary action and/or suspension of access privileges to DOC institutions.
  2. Institutions are responsible for making approved face coverings available.

### 5. Records Retention:

- A. Designated staff shall maintain records of influenza vaccination compliance by staff assigned to each institution.
- B. During influenza season, each institution housing offenders shall maintain a list of staff who are required to wear masks when entering the institution.

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- C. The wardens, or designees, will be prepared to report the rate of staff compliance with the influenza vaccination for each institution under their supervision, as well as the number of offenders and staff known to be infected with influenza, as directed by the secretary of corrections (SOC).

## 6. Corrective Action:

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

## 7. Exceptions to this Policy:

- A. BHRA, or SD DOH, will notify the DOC when the flu season has officially ended or dropped to or below the “sporadic” level.
- B. If, after the flu season has officially ended for the season, the SD DOH determines flu activity has increased to a level exceeding “sporadic”, all or part of the DOC influenza control plan may be initiated as ordered by the SOC.

## V. RESPONSIBILITY

The director of Clinical and Correctional Services is responsible for the annual review and revision as needed of this policy.

## VI. AUTHORITY

None.

## VII. HISTORY

January 2025  
November 2023  
January 2022  
September 2020  
September 2019

## ATTACHMENTS

1. Exemption of Influenza Vaccine Form (found on BHRA website: [Electronic Exemption form](#))
2. DOC Policy Implementation / Adjustments

## Department of Corrections Exemption of Influenza Vaccination Form

**Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_

Yearly, influenza vaccination is required for certain DOC staff, as defined within DOC policy 700-21 *Influenza Vaccine Control Plan*. An exemption may be issued to staff who are required to receive the annual influenza vaccination when (1) the staff member has a medical contraindication to the influenza vaccination, as documented by their physician, or (2) the staff member adheres to a religious doctrine whose teachings are opposed to immunizations.

I acknowledge:

- Influenza is a serious respiratory disease that causes thousands of lost work hours each year.
- Influenza vaccination is recommended to help protect individuals from contacting some of the most serious forms of influenza. This is particularly true for those staff who are assigned to work in an institutional setting and those who provide direct health care to patients.
- If an individual contracts influenza, the virus may be spread to others up to twenty-four (24) hours prior the appearance of any influenza symptoms.
- My refusal to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact.

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 Clinic/Facility: \_\_\_\_\_

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

By declining the influenza vaccination, I understand I am required to wear an approved mask when in direct contact with inmates housed within a DOC institution. Refusal to adhere to the requirements specified in DOC policy 700-21 *Influenza Vaccine Control Plan* may lead to disciplinary action, up to and including suspension without pay or termination.

Return this form to your supervisor no later than November 15. If applicable, new hires must complete the form upon hire.

This form will be retained by the Bureau of Human Resources and Administration and is only valid for one (1) year from the date it is signed. I have read and fully understand the information on this exemption form.

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_