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FLU Policy

1. PURPOSE

The purpose of this policy is to protect the health and safety of patients, employees, patient and employee family members, and the community from influenza infection through annual immunization.

1. SCOPE

This policy applies to all Pediatric Healthcare Associates (XXXX) employees, management, temporary workers, student interns, and volunteers.

1. REFERENCES

References for this policy can be found at:

<https://www.cdc.gov/flu/about/qa/benefitpublications.htm>

1. POLICY

As a condition of employment, and continued employment, all personnel of XXXX are required to provide evidence that they have received a flu shot to their manager by December 31st of each year or request a qualifying exception.

1. EXCEPTIONS

Exceptions to the required immunization may be granted for (1) qualifying medical contraindications or (2) sincerely held religious or ethical beliefs. All granted exceptions will be valid for twelve months.

Personnel requesting an exception for certain medical contraindications must provide a completed declination form accompanied with documentation of medical contraindications by December 31st each calendar year to the Human Resources Manager. Medical exemption will be allowed if a physician or health care provider deems an immunization medically inadvisable. Upon receiving the proper documentation, the employee will be notified within ten (10) business days if the request has been granted.

Personnel declining immunization because it conflicts with a sincerely held religious or ethical belief must provide a completed declination form by December 31st each calendar year to the Human Resources Manager. Upon receiving the proper documentation, the employee will be notified within ten (10) business days if the request has been granted.

1. COMPLIANCE

All XXXX personnel who fail to comply with the requirements of this policy will not be permitted to enter any patient care, clinical or business area during Influenza Season.

Any XXXX employee who does not have an approved exemption and has failed either to receive a flu vaccine or to provide documentation of immunization by the end of the vacation period (12/31) will be considered ineligible for work until compliant with this policy and will be placed on a five (5) consecutive day unpaid suspension. Any XXXX employee who does not comply with this policy within the five (5) days after the vaccination period ends will be considered to have voluntarily resigned from his/her position.

Any XXXX employee who is not vaccinated due to a granted exception must wear a surgical mask within six feet of any patient and when entering a patient room during the influenza season.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received a copy

(Print Name)

of the XXXX Flu Policy.

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(Signature)