

## SEASONAL INFLUENZA CONTROL PROGRAM FOR VHA HEALTHCARE PERSONNEL

1. **REASON FOR ISSUE:** To prevent and control seasonal influenza, the Veterans Health Administration (VHA) requires a policy and implementation guidance that will ensure VHA achieves the Department of Health and Human Services (HHS) *Healthy People 2020* goal of annual seasonal influenza vaccination of 90% of healthcare personnel (HCP).
2. **SUMMARY OF CONTENT:** This Directive articulates the VHA policy requiring all HCP to participate in the influenza control program and outlines the key implementation steps. HCP covered by the policy are expected to receive annual influenza vaccination. Those HCP unable or unwilling to be vaccinated are required to wear a mask throughout the influenza season.
3. **RELATED ISSUES:** VHA Directive 1013, Prevention and Control of Seasonal Influenza with Vaccines; VHA Directive 2012-012, Occupational Health Record-Keeping System.
4. **RESPONSIBLE OFFICE:** The Under Secretary for Health is responsible for the contents of this VHA Directive. Questions may be referred to the XXXXXXXX at XXX-XXX-XXXX.
5. **RESCISSIONS:** None.
6. **RECERTIFICATION:** This VHA Directive is scheduled for recertification on or before the last working day of August 2021.

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Under Secretary for Health

**DISTRIBUTION:** E-mailed to the VHA Publication Distribution List on XX/XX/XXXX.



## SEASONAL INFLUENZA CONTROL PROGRAM FOR VHA HEALTHCARE PERSONNEL

### 1. PURPOSE

This Veterans Health Administration (VHA) Directive establishes policy and provides guidance for the prevention and control of seasonal influenza in VHA facilities through the vaccination or masking of healthcare personnel (HCP).

### 2. BACKGROUND

a. Influenza is particularly severe in certain populations, especially the elderly, frail, and immunosuppressed, and its transmission in healthcare settings is an under-recognized yet substantial safety concern. Within the United States, up to 226,000 influenza-associated hospitalizations and 36,000 deaths are attributed to influenza annually.

b. Prevention of influenza transmission in health care facilities is a multi-pronged effort that includes vaccination of patients and HCP, proper hand hygiene, respiratory hygiene and cough etiquette, and HCP self-exclusion from work during illness.

c. Annual vaccination is widely recognized as the best method for preventing disease and death related to influenza. Although vaccine effectiveness has varied from 10 to 60 percent during influenza seasons of the past decade, vaccination of both patients and HCP is a cornerstone of efforts to prevent healthcare-associated influenza transmission. Vaccination of HCP reduces the risk that HCP will become infected with influenza, potentially transmitting it to susceptible patients and coworkers.

d. Industry standards for HCP influenza vaccination were established in 2010 by the Department of Health and Human Services (HHS) in its *Healthy People 2020* and National Action Plan to Prevent Healthcare-Associated Infections. The published goal of annual seasonal influenza vaccination of 90% of HCP by 2020 was endorsed in 2012 by the Joint Commission, which began requiring all accredited healthcare institutions to make progressive and incremental improvements to their influenza vaccination programs towards achieving the 2020 goal.

e. The Centers for Medicare and Medicaid (CMS) has also endorsed the standards and now requires all participating facilities to report HCP influenza vaccination rates to the National Healthcare Safety Network (NHSN) as required by the Hospital Inpatient Quality Reporting Program and Hospital Outpatient Quality Reporting Program.

f. Voluntary HCP influenza vaccination programs have experienced great difficulty in achieving desired coverage rates. This has driven a shift toward more aggressive influenza HCP vaccination policies for many professional organizations, healthcare facilities, and state agencies.

g. Policies requiring influenza vaccination of HCP are supported or endorsed by many leading professional and healthcare consumer organizations, including the American Hospital Association, the American College of Physicians, the American Academy of Pediatrics, the American Nurses Association, the Society for Healthcare Epidemiology of America, the Infectious Disease Society of America, the Pediatric Infectious Disease Society, the Association of Professionals in Infection Control, and the National Patient Safety Foundation.

h. More than a third of the Council of Teaching Hospitals members, including most leading academic medical institutions in the United States, have implemented stricter HCP influenza vaccination policies, as have the Department of Defense, the Indian Health Services, and the National Institutes of Health.

### 3. DEFINITIONS

a. **Healthcare Personnel (HCP):** HCP covered under this policy are defined as individuals who, between October 1 and March 31, work in VHA locations where patients receive care or who come into contact with VA patients as part of their duties. VHA locations include, but are not limited to, VA medical centers, community living centers (CLCs), community based outpatient clinics (CBOCs), domiciliary units, Vet centers and VA-leased facilities. Personnel include all licensed and unlicensed, clinical and administrative, paid and unpaid, full- and part-time employees, contractors, students, trainees, researchers, and volunteers who work at these facilities. They also include VA personnel providing home-based care to Veterans and drivers and other personnel whose duties put them in contact with patients outside VA medical facilities.

Individuals excluded are visitors to the medical facility, including individuals who enter to conduct occasional or sporadic services, such as occasional volunteers, surveyors, inspectors, political representatives, or media personnel. Also excluded are non-VA personnel providing home services through contracts with VA and private facilities providing care under contract with VA. However, the exclusion of contracted personnel and facilities from this policy does not preclude VA from requiring influenza vaccination of these personnel in their respective contracts; in fact, this practice should be strongly supported and encouraged.

b. **Face mask:** The term face mask in this policy refers to unfitted masks, also known as surgical masks. Fitted N95 respirators or other respirators are not required by this policy, but they should be used when appropriate to the task being performed (e.g. when caring for a patient on airborne infectious isolation precautions).

### 4. POLICY

As part of a comprehensive influenza prevention program, all VHA HCP as defined above are required to receive influenza vaccination annually or wear a face mask throughout the influenza season.

**5. RESPONSIBILITIES:**

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for the overall implementation of this Directive.

b. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services is responsible for:

(1) Providing the necessary authorities and guidance to implement this Directive through planning, training, evaluation, and oversight.

(2) Developing and approving communications pertaining to implementation, interpretation, and evaluation of this Directive.

(3) Collaborating with the Deputy Under Secretary for Health for Operations Management (DUSHOM) and the Deputy Under Secretary for Health for Organizational Excellence (DUSHOE) to establish measures to monitor, report, and evaluate the success at implementing this Directive.

c. **Deputy Under Secretary for Health for Operations Management.** The Deputy Under Secretary for Health for Operations Management (DUSHOM) is responsible for:

(1) Ensuring compliance with laws, regulations, policies, and VHA Occupational Health Service guidance related to this Directive.

(2) Ensuring the availability of resources for the training, evaluation, and oversight necessary to implement this Directive.

(3) Approving and distributing communications pertaining to implementation, interpretation, and evaluation of this Directive.

d. **Chief Consultant, Occupational Health Services.** The Chief Consultant, Occupational Health Services is responsible for:

(1) Providing leadership and oversight of the development, implementation, operation, administration, and evaluation of the policies and procedures for the VHA HCP seasonal influenza control program.

(2) Overseeing and interpreting policies, procedures, and guidance for the VHA HCP seasonal influenza control program.

(3) Administering a standardized program to measure HCP vaccination status and rates and compliance with this Directive across all VA medical facilities.

(4) Expediting VHA (a) use of existing systems, tools and technologies to manage the documentation and reporting of HCP seasonal influenza vaccination; and (b) where appropriate, adoption of tools and technologies that may improve documentation and reporting of HCP vaccination status.

(5) Serving as a liaison between various program stakeholders to relay seasonal influenza program compliance data as relevant to each individual stakeholder.

(6) Working closely with the National Seasonal Influenza Program about regulations, standards, and policy interpretations; procedural guidance; oversight and compliance findings; performance measures; education, training, resources materials; and data requests.

e. **VISN Director**. Each VISN Director is responsible for:

(1) Ensuring appropriate staffing, budget, and other necessary resources are available to implement and oversee the seasonal influenza control program for VHA HCP at all VA medical facilities in the VISN.

(2) Ensuring that regulations, policies, procedures, goals, objectives, and strategies relative to the VHA HCP seasonal influenza control program are carried out across the VISN.

(3) Ensuring that appropriate metrics are reported by each facility in the VISN, as determined by the DUSHOM.

f. **Director, VA Medical Facility**. Each medical facility Director is responsible for:

(1) Ensuring that all aspects of this Directive are implemented at the facility.

(2) Providing the necessary resources to effectively implement the requirements of this Directive.

(3) Designating one or more appropriate individuals to serve on an ad-hoc workgroup to respond to questions and adjudicate ambiguities about implementation that are not covered by this Directive. The designated individual(s) will advise the Director (or his/her designee) who will make the final decision on the issue at hand.

(4) Ensuring vaccination, declinations, and other data pertinent to compliance with the seasonal influenza control program are collected and reported, as determined by the DUSHOM in collaboration with the DUSHOE.

(5) Determining progressive disciplinary actions to HCP non-compliant with this Directive, up to and including dismissal from VA employment, in accordance to existing human resources procedures.

g. **Chief, Human Resources**. The Chief of Human Resources at each facility is responsible for:

(1) Notifying all employees and applicants about compliance with the VHA HCP influenza control program, as described in Appendix A.

(2) Implementing actions determined by the facility Director, in collaboration with the appropriate Service Chief and Supervisor, when HCP are not in compliance with this Directive.

h. **Chief, Voluntary Service.** The Chief, Voluntary Service at each facility is responsible for:

(1) Notifying volunteers about the requirement for participation in the VHA HCP seasonal influenza control program, and providing them with information about how to comply with this Directive.

(2) Providing and updating the roster of volunteers for Occupational Health.

(3) Counseling those volunteers who are not compliant with the requirements set by this Directive and implementing actions determined by the facility Director when volunteers are not compliant.

i. **Associate Chief of Staff (ACOS)/Education.** The ACOS/Education at each facility is responsible for:

(1) Informing academic affiliates about the VHA HCP seasonal influenza control program and providing them with information about how to comply with this Directive.

(2) Ensuring that trainees who work in a VHA facility during the influenza season are in compliance with this Directive.

(3) Counseling those trainees who are not compliant with this Directive and implementing actions determined by the facility Director when trainees are not compliant.

j. **Occupational Health.** Occupational/Employee Health staff at each facility are responsible for:

(1) Documenting influenza vaccination of HCP according to VHA Directive 2012-012, Occupational Health Record-keeping System (OHRs). (This responsibility also applies to other support staff who vaccinate HCP.)

(2) Documenting in OHRs influenza vaccination received outside the VA and reported by the HCP.

(3) Track participation in the influenza control program and identifying to the appropriate supervisors and/or Human Resources officials those individuals who have not fulfilled the requirements for participation in the program by the established deadline and are therefore not compliant with this Directive.

(4) Documenting, in collaboration with Human Resources and Volunteer Services, participation of all HCP in the influenza control program, including documentation of declinations in OHRs.

(5) Aggregating, analyzing, and reporting data to the medical facility director on participation in the influenza control program, as determined by the DUSHOM.

k. **Service Chief**. The Service Chief is responsible for:

(1) Ensuring that HCP who are working for the service and included in this Directive are compliant with it.

(2) Counseling and/or approving disciplinary actions, in collaboration with Human Resources and the Supervisor, for those HCP who not compliant with this Directive.

l. **Healthcare Personnel**. Healthcare personnel included in this VHA Directive are responsible for:

(1) Being in compliance with this VHA Directive.

(2) Supporting and encouraging unvaccinated coworkers to be vaccinated or to wear a mask according to this VHA Directive.

## 6. REFERENCES :

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b. CDC. Seasonal Influenza Vaccine Effectiveness, 2005-2015. <http://www.cdc.gov/flu/professionals/vaccination/effectiveness-studies.htm>. Accessed October 8, 2015.

c. Talbot TR et al. Revised SHEA Position Paper: Influenza Vaccination of Healthcare Personnel. *Infect Control Hosp Epidemiol* 2010; 31(10):987-995

d. Department of Health and Human Services. Healthy People 2020. Objective IID-12.13. <http://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>. Accessed October 7, 2015

e. Department of Health and Human Services. National Action Plan To Prevent Healthcare-Associated Infections: Road Map To Elimination. Chapter 7: Influenza Vaccination Of Healthcare Personnel. <http://health.gov/hcq/pdfs/hai-action-plan-hcp-flu.PDF>. Accessed October 7, 2015

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g. CMS. Reporting Requirements and Deadlines in NHSN per CMS Current & Proposed Rules. <http://www.cdc.gov/nhsn/pdfs/cms/cms-reporting-requirements-deadlines.pdf>. Accessed October 8, 2015.

h. Immunization Action Coalition. Influenza Vaccination Honor Roll. Position Statements. <http://www.immunize.org/honor-roll/influenza-mandates/>. Accessed October 8, 2015

i. CDC. Influenza Vaccination Coverage Among Healthcare Personnel — United States, 2014–15 Influenza Season. *MMWR Morb Mortal Wkly Rep* 2015;64(36):993-999

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**PROCEDURES FOR IMPLEMENTING THE SEASONAL INFLUENZA CONTROL PROGRAM AT VHA FACILITIES**

**1. NOTIFICATION OF REQUIREMENT FOR PARTICIPATION IN THE INFLUENZA CONTROL PROGRAM**

a. Facility leadership will notify all HCP that they are required to participate in the influenza control program. They can fulfill this requirement in any of several ways:

(1) HCP may be vaccinated against influenza at the VA by designated personnel who will enter the appropriate information into OHRS.

(2) HCP who are Veterans may be vaccinated against influenza as patients, with the appropriate information to be entered into CPRS.

(3) HCP may be vaccinated against influenza by a non-VA provider.

(4) HCP may decline to be vaccinated against influenza for any reason. They will be asked to sign a statement acknowledging that they have read, understood and agree to comply with all of the elements of the control program, including the requirement that in the absence of vaccination they will be expected to wear a mask throughout the influenza season.

b. The notification shall also contain a description of possible actions that may be taken for non-participation by refusal of both vaccination and masking.

c. Each facility shall provide multiple notifications prior to the deadline:

(1) Initial notification will take place within one month of publication of this VHA Directive, and subsequently on or before August 15 of each year.

(2) Monthly prior to October 15

(3) Every 2 weeks between October 15 and November 15

(4) Weekly between November 15 and November 30. These notifications will repeat the requirements as well as the description of possible actions that may be taken for refusing both vaccination and masking.

d. HCP who start work after November 30 will receive written notification included in their initial appointment/orientation documents. Trainees who are not directly appointed by VHA will be notified through their respective institutions.

**2. VACCINATION**

a. Vaccination of HCP for VHA begins when the vaccine becomes available and continues through November 30 of each year. While vaccine may continue to be

available through VHA, after that date, any unvaccinated HCP will have to follow the procedures listed in section 5 of this Appendix.

b. New HCP whose entry on duty (EOD) date fall between the date the vaccine becomes available and March 31 of any fiscal year are required to receive the influenza vaccine licensed for that season. Vaccination should occur before starting work at the facility, within 5 days thereafter, or within 5 days after notification by Human Resources to Occupational Health of HCP employment, whichever comes first.

c. Prior to November 30 of each year, HCP vaccinated by non-VA providers must notify Employee/Occupational Health of their vaccination.

(1) For the 2016-2017 season, this obligation to notify may be fulfilled by HCP signature on the form provided (Appendix B) or through an appropriate electronic method (e.g., Flu Icon), if available.

(2) Starting with the 2017-2018 season, HCP vaccinated by non-VA providers will be required to provide documentation signed by the provider who administered the vaccine. Acceptable documentation includes a signed record of immunization from a healthcare provider or pharmacy or a copy of medical records documenting the vaccination.

d. OH (or designee) will provide HCP vaccinated at the facility and those who attest to vaccination outside VA with visible markers to be worn in an observable location on their PIV card holder. HCP vaccinated by the facility would receive the marker at the time of vaccination. Those vaccinated as Veterans and those vaccinated by non-VA providers would be expected to disclose their vaccination status to OH voluntarily and provide written consent for OH to access their health record or proof of immunization outside of VA as described in paragraph 2.c. of this Appendix, respectively. Once vaccination has been documented, the marker would be provided.

e. The colored marker shall be worn with the HCP's VHA identification badge for the duration of the influenza season, typically from date established as the beginning of the influenza season through March 31, although it may be extended depending of the epidemiological circumstances.

### **3. DECLINATIONS**

a. In compliance with the Directive HCP may decline to receive the influenza vaccine by signing a form (Appendix B) declaring the reason for declination (medical, religious, personal, other) and acknowledging the requirement to wear a face mask throughout the influenza season as detailed in Section 5 of this Appendix. The signed form must be returned to the Employee Occupational Health Office prior to November 30 each year.

#### 4. TRACKING AND DOCUMENTATION

a. Documentation of vaccination will be done in the Occupational Health Record-keeping System (OHRS). The person administering the vaccine shall document the administration of the vaccine. Employee/Occupational Health staff or designated nursing staff with appropriate OHRS access will document vaccination outside VA as reported by the HCP. Employee/Occupational Health staff, will collect the Influenza Vaccination Forms (Appendix B) and, in coordination with Human Resources, will track compliance or non-compliance with the VHA HCP influenza control program.

#### 5. MASKING FOR UNVACCINATED HCP

a. HCP not wearing a marker (i.e., those who decline or are unable to receive a seasonal influenza vaccine and those who choose not to request or wear a marker) must wear a face mask while in any VHA facility, including both clinical and non-clinical areas. In addition, unvaccinated HCP are required to wear a face mask when performing duties that put them in contact with patients outside VA medical facilities, such as driving a van or conducting home visits.

b. The face mask shall be worn beginning December 1 until one of the following requirements:

(1) HCP demonstrate vaccination within or outside VA as described in paragraph 2.c. of this Appendix and receive a colored marker, or

(2) The end of influenza season (usually March 31, although it may be extended depending of the epidemiological circumstances).

c. HCP may remove the face mask only under the following circumstances:

(1) When eating or drinking.

(2) When working in an enclosed office alone.

(3) When there are physical barriers (walls, curtains) or at least 3 feet of distance between the unvaccinated HCP and any other HCP or patient; for example, when an HCP is working in a cubicle with its open side at least 3 feet from anyone else.

(4) When exiting a VHA facility

d. Masks will be made available in each department by requesting them from Logistics.

e. Masks need to be replaced when they become wet, visibly soiled, torn, or damaged.

**6. HCP IN VIOLATION OF THIS DIRECTIVE**

a. HCP will be in violation of this Directive if:

(1) HCP do not participate in the influenza control program by the established deadline, typically November 30 each year. That would mean they have not a) been vaccinated by VA, b) been vaccinated elsewhere and presented proof as specified above in 2.c, or c) signed a declination form as specified above in 1.a.

(2) HCP who refuses to wear a marker or a mask.

b. All workers are encouraged to monitor for patient and worker safety in the workplace. HCP who observe a coworker without a marker or a mask should remind that individual to put on a mask. HCP who are repeatedly observed non-compliant or are unwilling to comply should be reported using the Report of Contact system.

c. Progressive disciplinary actions up and including dismissal from VA employment, will be undertaken by the facility in accordance with existing Human Resources procedures for violation of VHA policy.

**INFLUENZA VACCINATION FORM**

**This form is to be used by healthcare personnel (HCP) receiving influenza vaccine outside of the VA Healthcare System or by HCP who choose not to receive the vaccine.**

I have received seasonal influenza vaccine outside the VA healthcare system. Required documentation is attached.

I choose to decline influenza vaccination at this time for the following reason(s):

**Check all that apply.**

- I do not like needles.
- I have personal or religious reasons for not receiving the vaccine.
- I have an allergy or other medical reason for not receiving the vaccine.

(List) \_\_\_\_\_

- I am concerned about the side effects/safety.
- I never get the flu.
- I choose not to provide a reason
- I have another reason. (Please explain) \_\_\_\_\_

I acknowledge that VHA policy requires HCP to receive the influenza vaccine every year. I understand that if I decline to receive the vaccine and/or to provide proof of vaccination by November 30, I must wear a mask according to requirements and guidelines within the VHA Seasonal Influenza Vaccination of VHA Healthcare Personnel Directive.

I have read and fully understand the information on this form and have been given the opportunity to have my questions answered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Last 4 SS# \_\_\_\_\_

Dept/Serv: \_\_\_\_\_

***Provide this form to Employee/Occupational Health.***