

**SEASONAL INFLUENZA PREVENTION PROGRAM FOR VHA HEALTH CARE
PERSONNEL**

- 1. REASON FOR ISSUE:** To prevent and control seasonal influenza and its associated complications, 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 and The Joint Commission standard of annual seasonal influenza vaccination of 90 percent of health care personnel (HCP).
- 2. SUMMARY OF CONTENT:** This directive articulates the VHA policy requiring all HCP to participate in the seasonal influenza prevention 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 face mask throughout the influenza season.
- 3. RELATED ISSUES:** VHA Directive 1013, Prevention and Control of Seasonal Influenza with Vaccines; VHA Directive 7716, Occupational Health Record-Keeping System. Wherever this directive conflicts, it supersedes any prior local or national VHA policy related to influenza vaccination and influenza prevention in HCP.
- 4. RESPONSIBLE OFFICE:** The Chief Consultant, Occupational Health, Patient Care Services (10P4Z) is responsible for the contents of this VHA directive. Questions may be referred to the Clinical Occupational Health Program at VHAAskOccHealth@va.gov.
- 5. RESCISSIONS:** None.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of September 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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SEASONAL INFLUENZA PREVENTION PROGRAM FOR VHA HEALTH CARE PERSONNEL

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy and provides guidance for the prevention of seasonal influenza in VHA facilities through the vaccination or masking of health care personnel (HCP). **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b), 7318(b).

2. BACKGROUND

a. Influenza is particularly severe in certain populations, especially the elderly, frail, and immunosuppressed, and its transmission in healthcare settings is an underrecognized yet substantial safety concern. Every year in the United States, influenza results in up to 226,000 hospitalizations and 36,000 deaths.

b. Society and professional norms set the expectation that HCP “do no harm” to the patients they treat and serve. Accordingly, every reasonable step should be taken to prevent transmission of influenza in VHA facilities. This prevention effort is multipronged. It includes annual vaccination of patients and HCP, proper hand hygiene, respiratory hygiene, 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, thus reducing the risk of transmission to susceptible patients and coworkers.

d. In 2010 the Department of Health and Human Services (HHS) established a goal of 90 percent for HCP influenza vaccination in its *Healthy People 2020* and National Action Plan to Prevent Healthcare-Associated Infections. In 2012 The Joint Commission endorsed this goal and began requiring all accredited healthcare institutions to make progressive improvements to their influenza vaccination programs towards achieving that goal.

e. The Centers for Medicare and Medicaid (CMS) has also endorsed this standard and now expects 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, including VHA’s, have been largely unsuccessful in achieving increased vaccination rates.

g. Policies mandating 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 Epidemiology, and the National Patient Safety Foundation.

h. Members of the Council of Teaching Hospitals, including many leading academic medical institutions in the United States, have implemented policies for HCP influenza vaccination as have the Department of Defense, the Indian Health Service, and the National Institutes of Health Clinical Center.

3. DEFINITIONS

a. **Face Mask.** For purposes of this directive, a face mask is a surgical mask worn over the nose and mouth. 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).

b. **Health Care Personnel (HCP).** HCP are individuals who, during the influenza season, 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 hospitals and associated clinics, community living centers (CLCs), community-based outpatient clinics (CBOCs), domiciliary units, Vet centers and VA-leased facilities. HCP include all VA licensed and unlicensed, clinical and administrative, paid and unpaid, full- and part-time employees, intermittent employees, fee basis employees, VA contractors, students, researchers, volunteers, and trainees who work at these facilities. Trainees may be paid or unpaid including but not limited to are defined as residents, interns, and/or students. HCP also includes VHA personnel providing home-based care to Veterans and drivers and other personnel whose duties put them in contact with patients outside VA medical facilities.

This definition does not include 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.

c. **Influenza Season.** For the purposes of this directive, the influenza season is generally considered to span the four-month period from December 1 through March 31; however, it can vary from one season or geographic location to another.

Individual VHA facilities may expand (but not reduce) this time period based on local influenza activity and other epidemiological circumstances.

d. **Seasonal influenza prevention program for VHA HCP.** Participation in VHA's seasonal influenza prevention program as described in this directive requires that by November 30 of each year, all HCP as defined in this directive must sign and submit to the facility Employee Occupational Health staff the Health Care Personnel Influenza Vaccination Form (Appendix B) to indicate whether they have been vaccinated, provide necessary documentation if they have been vaccinated elsewhere, and acknowledge that they have read, understood, and agree to comply with the requirement that in the absence of vaccination they will be expected to wear a face mask throughout the influenza season when under conditions in the work environment described in Appendix A Section 5.

NOTE: Facility Employee Occupational Health staff may not identify individuals according to their vaccination status or otherwise indicate whether an individual has been vaccinated unless that individual has provided a qualifying authorization permitting the disclosure using VA Form 10-5345, Request For and Authorization To Release Medical Records or Health Information. Questions should be referred to the facility Privacy Office.

e. **Influenza Vaccine.** Influenza vaccine is any FDA approved, commercially available product recommended by the Centers of Disease Control and Prevention (CDC) for the prevention of influenza in a particular season. For the purposes of this directive, each VA facility may decide which formulation or formulations to purchase and offer at no cost to eligible HCP including those who are paid, work without compensation (WOC), volunteer, or fee basis but excluding contractors.

4. POLICY

It is VHA policy that medical facilities will increase their HCP influenza vaccination rates to 90 percent by 2020 as part of a comprehensive seasonal influenza prevention program. All HCP as defined above are required to receive seasonal influenza vaccination annually or to wear a mask throughout the influenza season when under conditions in the work environment described in Appendix A, Section 5.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for the overall authority 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 oversight to the VHA Occupational Health Service and ensuring that it maintains the resources necessary to implement this directive.

(2) Collaborating with the Deputy Under Secretary for Health for Operations and Management and the Deputy Under Secretary for Health for Organizational Excellence to support monitoring, reporting, and evaluation of the impact of this directive as guided by VHA Occupational Health Services.

c. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Facilitating consistent compliance across VISNs with the seasonal influenza prevention program as prescribed in this directive.

(2) Distributing communications pertaining to implementation, interpretation, and evaluation of this directive as developed by VHA Occupational Health Services.

(3) Collaborating with the Deputy Under Secretary for Health for Policy and Services and the Deputy Under Secretary for Health for Organizational Excellence to support monitoring, reporting, and evaluation of the impact of this directive as guided by VHA Occupational Health Services.

d. **Deputy Under Secretary for Health for Organizational Excellence.** The Deputy Under Secretary for Health for Organizational Excellence is responsible for collaborating with the Deputy Under Secretary for Health for Policy and Services and the Deputy Under Secretary for Health for Operations and Management to support monitoring, reporting, and evaluation of the impact of this directive as guided by VHA Occupational Health Services.

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

(1) Overseeing and consistently interpreting policies, procedures, and guidance for operation and implementation of the seasonal influenza prevention program for VHA HCP.

(2) Developing and administering a standardized program to measure HCP vaccination status and rates and compliance with this directive across all VA medical facilities.

(3) Promoting VHA use of existing or improved systems, tools and technologies to manage the documentation and reporting of HCP seasonal influenza vaccination.

(4) Serving as a liaison between those listed in Section 5 of this directive to relay seasonal influenza program compliance data as relevant to each individual stakeholder.

(5) Working closely with the National Seasonal Influenza Program Office, within the VHA Center for Health Promotion and Disease Prevention, to provide further guidance

on policies, procedures, education, and training resources; performance measures; oversight and compliance findings; and data requests.

f. **Veterans Integrated Services Network Director.** Each Veterans Integrated Services Network (VISN) Director is responsible for:

(1) Ensuring that necessary resources are available to implement and oversee the seasonal influenza prevention program for VHA HCP at all VA medical facilities in the VISN.

(2) Ensuring that all facilities within the VISN participate in oversight activities and measurements prescribed by VHA Occupational Health Services for the purposes of evaluating the seasonal influenza prevention program for VHA HCP.

(3) Reporting to the Chief Consultant, VHA Occupational Health Services, all metrics prescribed by VHA Occupational Health Services for the purposes of evaluating the seasonal influenza prevention program for VHA HCP.

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

(1) Ensuring that all aspects of this directive are implemented at the facility, including providing face masks and influenza vaccine at no cost to HCP including those who are paid, WOC, volunteer, or fee-basis but excluding contractors.

(2) Ensuring HCP have access to available training or education pertaining to proper use of masks and other mitigation strategies that reduce the spread of flu. This includes clarification on how to access face masks, when to wear a mask, type of mask to wear, when to replace a mask, and proper disposal of masks.

(3) Designating two or more individuals to serve on an ad-hoc workgroup to respond to questions and address matters of local implementation related to HCP participation, prescribed procedures and guidance from VHA Occupational Health Services. The adhoc workgroup will advise the Director or designee, whose decisions will be considered final. This process will not supersede any other established rules, regulations, or legal authorities available to the medical facility Director, such as reasonable accommodation policies.

(4) Ensuring all HCP are notified of the requirement to participate in the seasonal influenza prevention program, as described in Appendix A.

(5) Reporting to the VISN Director all metrics prescribed by VHA Occupational Health Services for the purposes of evaluating the seasonal influenza prevention program.

(6) Ensuring HCP have access to information on: the existence, role, and procedures related to the facility ad-hoc workgroup; the current CDC Vaccination

Information Sheet (VIS); the package inserts for flu vaccines used by the facility that year; available training or education pertaining to flu, flu vaccine, and flu prevention, including proper use of masks and other mitigation strategies that reduce the spread of flu.

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

(1) Notifying all applicants/prospective employees, in vacancy announcements, of the requirement to participate in the seasonal influenza prevention program, as described in Appendix A.

(2) Aggregating and reporting all administrative actions resulting from violations of this directive to the facility Director as prescribed by VHA Occupational Health Services for the purposes of evaluating the seasonal influenza prevention program.

i. **Chief, Voluntary Service.** The Chief, Voluntary Service or other designated official at each facility is responsible for:

(1) Notifying all current and prospective volunteers about the requirement for participation in the seasonal influenza prevention program, and providing them with information about how to comply with this directive.

(2) Providing and updating the roster of volunteers for facility Employee 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 for volunteers found to be in violation of this directive.

j. **Designated Education Officer (DEO) or Other Responsible VA Medical Facility Official.** The DEO or his/her designee at each VA medical facility is responsible for:

(1) Ensuring academic affiliates' awareness about the VA seasonal influenza prevention program through the Trainee Qualifications and Verification Letters (TQCVLs).

(2) Receiving and maintaining trainee compliance information from the affiliates.

(3) Communicating with individuals at the academic affiliate and other appropriate individuals at the VA medical facility about the necessity of trainees following the VHA Directive 1192 on Seasonal Influenza Prevention Program for VHA Health Care Personnel.

k. **Facility Employee Occupational Health Staff.** Employee Occupational Health staff at each facility is responsible for:

(1) Ensuring appropriate entry and maintenance of all documentation involving vaccination of, or declination by, HCP into the Occupational Health Recording-Keeping System (OHRS).

(a) Documenting and tracking influenza vaccination status of all HCP and identifying to the facility executive leadership those individuals who have not signed and submitted the Health Care Personnel Influenza Vaccination Form (Appendix B) by November 30.

NOTE: Facility Employee Occupational Health staff may not identify individuals according to their vaccination status or otherwise indicate whether an individual has been vaccinated unless that individual has provided a qualifying authorization permitting the disclosure using VA Form 10-5345, Request For and Authorization To Release Medical Records or Health Information. Questions should be referred to the facility Privacy Office.

(b) Documenting influenza vaccination of HCP, whether administered by a facility Employee Occupational Health employee, by another VHA provider (for VHA enrollees), or outside the VA and reported by the HCP, according to VHA Directive 2012-012, Occupational Health Record-keeping System (OHRS), or successor policy. (This responsibility also applies to other staff that vaccinate HCP).

(2) Aggregating, analyzing, and reporting to the facility Director all metrics prescribed by VHA Occupational Health Services for the purposes of evaluating the VHA HCP seasonal influenza prevention program.

I. **Facility Health Care Personnel (HCP).** HCP are responsible for compliance with this directive.

6. REFERENCES

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d. Department of Defense. Branch policies may be found at <http://www.health.mil/Military-Health-Topics/Health-Readiness/Immunization-Healthcare/Vaccine-Preventable-Diseases/Influenza-Seasonal?page=1#pagingAnchor>

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

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

a. Facility executive leadership or designee, Volunteer Services, and the Designated Education Officer, will notify all health care personnel (HCP) that they are required to participate in the seasonal influenza prevention program. Trainees who are not directly appointed by VHA will be notified through their respective institutions.

b. Each facility shall provide multiple notifications by November 30, including that HCP in violation of this directive may face disciplinary action.

c. HCP who begin work after November 30 will receive written notification of the requirement to participate in the seasonal influenza prevention program in their initial appointment/orientation documents.

d. HCP can contact the facility ad-hoc workgroup regarding matters of local implementation related to HCP participation, and application of procedures and guidelines of this directive.

2. VACCINATION

a. All HCP must:

(1) Be vaccinated for influenza or, if declining vaccination, wear a mask as prescribed in this Appendix; and

(2) Sign and submit to the facility Employee Occupational Health staff the Health Care Personnel Influenza Vaccination Form (Appendix B) acknowledging:

(a) Vaccination against influenza as a VHA enrolled Veteran patient;

(b) Vaccination against influenza by a non-VA provider; or

(c) Declination of influenza vaccination for any reason.

b. Employees and volunteers vaccinated by non-VA providers or their personal VHA providers must provide documentation of their vaccination, in addition to the Health Care Personnel Influenza Vaccination Form (Appendix B), to facility Employee Occupational Health staff by November 30 of each year or within two weeks of starting work/volunteering. Acceptable documentation includes a signed record of immunization from a health care provider or pharmacy, or a copy of medical records documenting the vaccination.

c. Vaccination of HCP for VHA begins when the vaccine becomes available. While vaccine may continue to be available through VHA, after November 30, any unvaccinated HCP must follow the procedures listed in paragraph 5 of this Appendix.

d. New HCP whose entry on duty date fall between the date the vaccine becomes available and the end of the influenza season (see paragraph 1.a (2)) are required to participate in the seasonal influenza prevention program. HCP should be vaccinated before starting work at the facility or within two weeks thereafter or they will be required to wear a mask.

e. Trainee vaccinations are the responsibility of academic affiliates. However, VHA may choose to offer vaccine to trainees, to document vaccinations using the form in Appendix B, and to return the form to the Designated Education Officer (DEO).

3. DECLINATIONS

In compliance with the directive, HCP may decline to receive the influenza vaccine by completing the Health Care Personnel Influenza Vaccination Form (Appendix B) declaring the reason for declination and acknowledging the requirement to wear a face mask throughout the influenza season when under conditions in the work environment described. (See Appendix A, paragraph 5, and Appendix B.) **NOTE:** For the definition of "influenza season," see paragraph 3.c. Employees and volunteers must provide a signed form to facility Employee Occupational Health, trainees to the Designated Education Officer (DEO), by November 30 each year or within two weeks of beginning employment if after November 30.

4. TRACKING AND DOCUMENTATION

a. When the HCP is vaccinated at a VA medical facility, the person administering the vaccine must document the vaccination in OHRS. When the HCP is vaccinated as a Veteran patient or is vaccinated by non-VA providers, Occupational Health staff or designated nursing staff with appropriate OHRS access must document the vaccination as reported by the HCP. Facility Employee Occupational Health staff will collect the Health Care Personnel Influenza Vaccination Forms (Appendix B) for employees and volunteers and notify facility executive leadership of those individuals who have not signed and submitted the Health Care Personnel Influenza Vaccination Form (Appendix B) by November 30. **NOTE:** Facility Employee Occupational Health staff may not identify individuals according to their vaccination status or otherwise indicate whether an individual has been vaccinated unless that individual has provided a qualifying authorization permitting the disclosure using VA Form 10-5345, Request For and Authorization To Release Medical Records or Health Information. Questions should be referred to the facility Privacy Office.

b. Trainee tracking and documentation is the responsibility of the Designated Education Officer.

5. MASKING FOR UNVACCINATED HEALTH CARE PERSONNEL

a. HCP who do not receive flu vaccine must designate this on the Health Care Personnel Vaccination Form (Appendix B) and wear a face mask while in any VHA facility, including both clinical and non-clinical areas. In addition, HCP are required to wear a face mask during performance of their assigned duties and responsibilities, that put them in contact with patients outside VA medical facilities such as driving a van or conducting a home visit.

b. The face mask shall be worn throughout the influenza season (see paragraph 3.c.) or until the individual HCP receives a flu vaccination and completes the Health Care Personnel Vaccination Form (Appendix B).

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 working in a cubicle with its open side at least 3 feet from anyone else.

(4) When exiting a VHA facility.

d. Face masks will be made available at all facility entrances and throughout medical facilities (within floors and clinic areas) to insure ease of access by all HCP. A face mask must be replaced when it becomes wet, visibly soiled, torn, or damaged.

6. HEALTH CARE PERSONNEL IN VIOLATION OF THIS DIRECTIVE

a. HCP will be in violation of this directive if they:

(1) Have not signed and submitted to the facility Employee Occupational Health staff the Health Care Personnel Influenza Vaccination Form (Appendix B) by November 30 of each year; or

(2) Are required to wear a mask pursuant to paragraph 5 but refuse to wear it as prescribed within the policies and procedures of this directive.

b. HCP in violation of this directive may face disciplinary action.

HEALTH CARE PERSONNEL INFLUENZA VACCINATION FORM

I am a VA: ___Employee ___ Volunteer ___ Trainee (residents, interns and students)

I received the seasonal influenza vaccine this flu season (required documentation is attached.)

I decline to receive seasonal influenza vaccine at this time for the following reason:

Select the single answer that best fits your reason:

- I do not like needles.
- I have a philosophical or religious reason for not receiving the vaccine.
- I have an allergy to the vaccine or one of its components.
- I am concerned about the side effects/safety of the vaccine.
- I have never had the flu and don't think I will this season.
- I have another reason. (Please explain)

I acknowledge that VHA policy requires health care personnel 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 or within two weeks of beginning employment if after November 30, I must wear a face mask according to requirements and guidelines within the Directive 1192, Seasonal Influenza Prevention Program. I understand that violation of the directive may result in disciplinary action.

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: _____ Supervisor: _____

Employees and volunteers provide this form to the facility Employee Occupational Health Office. Trainees provide this form to the Designated Education Officer.