

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i>	<i>Review Date</i>	3/16/12
Mandatory Influenza Vaccination	<i>Page</i>	1 of 18

The Johns Hopkins Institutions recognize its responsibility to provide employees a workplace free of recognized hazards.

Influenza (“the flu”) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness and, at times, can lead to death. The most effective way to prevent infection from an influenza virus is through annual influenza vaccination.

Annual influenza vaccination protects patients and staff and the integrity of the Johns Hopkins workforce. This policy is intended to maximize vaccination rates against influenza among the personnel of the Johns Hopkins Institutions, especially those whose work requires their presence in clinical settings. The goal is to protect patients, employees, employees’ family members, others affiliated with Johns Hopkins, and the broader community from influenza infection through annual immunization.

DEFINITIONS

- A. *Health Care Personnel (HCP):* All employees, faculty, residents, fellows, temporary workers, trainees, volunteers, students, vendors, and medical staff, regardless of employer, who provide ongoing services or work in patient care or clinical care areas. For the purposes of this policy, HCP includes others traditionally considered “non-clinical” but who fulfill the above criteria. See Appendix 1 for examples of HCP. All such persons are covered by this policy.
- B. *Patient care or clinical care area:* These include the physical or recognized borders of inpatient and outpatient areas where patients may be seen, evaluated, treated, or wait to be seen. Appendix 2 provides examples of such areas.
- C. *Patient:* an individual undergoing medical assessment or active treatment.

POLICY

The Johns Hopkins Institutions’ Joint Committee for Health Safety and Environment approves the following policy:

- A. As a condition of employment or appointment to the medical staff or access to patient care or clinical care areas covered by this policy, as appropriate to each covered person’s circumstances and in accordance with patient safety standards, The Johns Hopkins Institutions require HCP (see Definitions) to have annual influenza vaccination or possess an approved medical or religious exception (see Appendices 3-6).
- B. Influenza vaccination shall be provided free of charge through Occupational Health Services (OHS) to anyone with a Johns Hopkins or other relevant entity badge.
- C. Prior to the annual onset of influenza season and when the most current vaccination recommendations are published by the Centers of Disease Control and Prevention (CDC), The Johns Hopkins Institutions Health, Safety, and Environment Department (Occupational Health Services) will inform personnel about the following:
 1. Requirement(s) for vaccination
 2. Dates when influenza vaccine(s) are available
 3. Procedure for receiving vaccination

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i>	<i>Review Date</i>	3/16/12
Mandatory Influenza Vaccination	<i>Page</i>	2 of 18

4. Procedure for submitting written documentation of vaccine obtained outside Johns Hopkins
5. Procedure for declining due to a qualified exception
6. Consequences of refusing vaccination

D. Annually, HCP must do one of the following:

1. Receive the influenza vaccine(s) by December 1, which will be provided free of charge through Occupational Health Services (OHS).
2. Provide OHS with proof of immunization if an HCP is vaccinated through services other than OHS (e.g., private physician office, public clinics) by December 1. Proof of immunization must include a copy of documentation indicating the vaccine was received.
3. Comply with the designated procedure for obtaining a permissible exception by December 1, as described in this policy.

EXCEPTIONS

A. Medical

1. Exceptions to required immunization may be granted for certain medical contraindications. Standard criteria will be established and include:
 - a. Severe allergy to the vaccine or components as defined by the most current recommendations of the CDC's Advisory Committee on Immunization Practices (ACIP) (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e0818a1.htm?s_cid=mm60e0818a1_e&source=govdelivery, Appendix 4).
 - b. Guillain-Barré within six weeks of a prior influenza vaccine.
2. Personnel requesting exception must submit a declination form (Appendix 3) and provide documentation of medical contraindications (Appendices 5A and 5B) to Occupational Health Services (OHS) by November 1.
3. A request for medical exception will be evaluated individually by OHS within twenty (20) business days after the request is presented to OHS. If the exception is for allergy to eggs, the most current CDC ACIP recommendations will be followed by OHS.
4. If exceptions are granted for a temporary condition, the HCP must resubmit a request for exception each year. If exception is granted for a permanent condition (e.g., significant vaccine allergy or history of Guillain-Barré after a previous influenza vaccine), the exception does not need to be requested each year unless vaccine technology changes to eliminate the issue regarding allergies.

B. Religious

If candidates decline immunization because it conflicts with sincerely held religious beliefs, they must complete and submit to their manager a declination form and a request for religious accommodation form (Appendices 3, 6A, and 6B). Upon receipt of an employee's request, the employee's manager will forward the request for religious accommodation form to the Department of Human Resources and the declination form to OHS. These requests must be received by November 1 and will be reviewed by the Department of Human Resources as a request for religious accommodation. Requests for religious accommodations for Johns Hopkins University employees will also be reviewed by the Office of Institutional Equity.

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i>	<i>Review Date</i>	3/16/12
Mandatory Influenza Vaccination	<i>Page</i>	3 of 18

C. Requirements Upon Receiving Exception

If the exception is granted, the individual will sign either electronically or by written documentation attesting that he/she will wear a mask at all times while in any Johns Hopkins Institutions' patient care or clinical care areas (see Definitions) when within six (6) feet of a patient (see Definitions) during the influenza season (as identified by JHHS Epidemiology and Infection Prevention in consultation with the JHHS Medical Microbiology Laboratories).

COMPLIANCE

- A. Beginning with the 2011-2012 influenza season, any HCP who is not vaccinated must wear a surgical mask within six (6) feet of any patient and when entering a patient room during the influenza season. The effective dates for influenza season will be identified by the Johns Hopkins Health System (JHHS) Epidemiology and Infection Prevention Office.
- B. Beginning with the 2012-2013 influenza season, influenza vaccination becomes a condition of employment or appointment to the medical staff or access to patient care or clinical care areas covered by this policy, as appropriate to each covered person's circumstances. Any HCP covered by this policy who fails to comply with the vaccination requirement will be subject to the relevant disciplinary procedures established by their respective Institution that relates to condition of employment or appointment or access.
- C. Also beginning with the 2012-2013 influenza season, all covered individuals who fail to comply with the requirement of this policy will not be permitted to enter patient care or clinical care areas (see Definitions) during the influenza season (as defined above).

RESPONSIBILITIES

Health Care Personnel (see Definitions)

Responsibility to receive influenza vaccination by the stated deadline or to complete the designated process for a permissible exception

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i>	<i>Review Date</i>	3/16/12
Mandatory Influenza Vaccination	<i>Page</i>	4 of 18

JHHS EIP

Establish annual vaccination requirements. Define the influenza season

Human Resources

Accept, evaluate, and approve requests for religious accommodations through their appropriate institutional office. Initiate disciplinary procedures for HCPs who do not comply with this policy. Answer questions related to this policy.

Occupational Health Services

Administer and track vaccinations. Accept, evaluate, and approve requests for medical exception. OHS will notify Human Resources about the individuals granted medical exceptions. OHS will evaluate organizational HCP vaccination rates, and frequency and reasons for vaccine declinations monthly between September and January. This information will be reported to The Joint Committee for Health Safety and Environment and HEIC. The Joint Committee for Health Safety and Environment and JHHS HEIC will be provided lists of HCPs not compliant by December 1 of each year.

Supervisors and Managers

Ensure that all Health Care Personnel are vaccinated against influenza each year unless exception has been granted as described in this policy. Enforce mask-wearing provision of this policy as a patient safety standard.

VACCINE SHORTAGE CONTINGENCY

In the event of an influenza vaccine shortage, JHHS HEIC and the Office of Critical Event Preparedness and Response (CEPAR) will determine an appropriate distribution plan for the resources available. OHS, HEIC, Human Resources, Pharmacy, and Administration will conduct the evaluation with other departments across all entities included as needed when vaccine shortages occur. Influenza vaccine will be offered to personnel based on risk to patient population cared for, job function, and risk of exposure to influenza. Priority will be given to those who provide hands-on patient care with prolonged face-to-face contact with patients and/or have highest risk of exposure to patients with influenza. Those who are prioritized to receive vaccine will be held to the mandatory standard. Those who are not prioritized to receive vaccine will not be held to the mandatory standard for the duration of the vaccine shortage period, and recommendations will be provided to those who do not receive vaccine by JHHS HEIC in conjunction with the institutional Infection Control entities.

DISSEMINATION

This policy will be disseminated by:

1. Emergency management sessions and training sessions
2. In-services and grand rounds
3. Johns Hopkins Institutions intranet site and publications

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i> Mandatory Influenza Vaccination	<i>Review Date</i>	3/16/12
	<i>Page</i>	5 of 18

4. Committees of JHU and JHHS
5. New employee orientation (Appendix 7)
6. HSE web site
7. HSE broadcast communication through email
8. Statement of Attestation – JHU (Appendix 8)

REFERENCES

- http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e0818a1.htm?s_cid=mm60e0818a1_e&source=govdelivery
- Talbot TR, Bradley SE, Cosgrove SE, Ruef C, Siegel JD, Weber DJ. Influenza vaccination of healthcare workers and vaccine allocation for healthcare workers during vaccine shortages. *Infect Control Hosp Epidemiol* 2005;26(11):882-890.
- Talbot TR. Improving rates of influenza vaccination among healthcare workers: educate; motivate; mandate? *Infect Control Hosp Epidemiol* 2008;29(2):107-110.
- Centers for Disease Control and Prevention(CDC); Advisory Committee on Immunization Practices (ACIP). Prevention and control of influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2011. *MMWR Recomm Rep*. 2011; <http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf>.
- Babcock HM, Gemeinhart N, Jones M, Dunagan WC, Woeltje KF. Mandatory influenza vaccination of health care workers: translating policy to practice. *Clin Infect Dis*. 2010;50(4):459-464.
- Rakita RM, Hagar BA, Crome P, Lammert JK. Mandatory influenza vaccination of healthcare workers: a 5-year study. *Infect Control Hosp Epidemiol*. 2010;31(9):881-888.

REVIEW CYCLE

Annual

APPROVAL

Chair, Joint Committee for Health Safety and Environment

Date

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i> Mandatory Influenza Vaccination	<i>Review Date</i>	3/16/12
	<i>Page</i>	6 of 18

APPENDICES

APPENDIX 1: EXAMPLES OF HEALTH CARE PERSONNEL AS DEFINED IN AND COVERED BY THIS POLICY

Examples of health care personnel who may provide services in patient care or clinical care areas (see Definitions, section B) include but are not limited to:

1. Physicians
2. Nurses
3. Pharmacists
4. Allied Health Professionals
5. Hospitality Services personnel
6. Facilities Management personnel
7. Food and Nutrition Services personnel
8. Sterile Processing and Material Services technicians
9. Patient transporters
10. Environmental Services personnel
11. Clerical personnel
12. Students
13. Vendors
14. Volunteers

As indicated above, personnel traditionally considered as “non-clinical” are also included in this policy’s definition of Health Care Professionals (HCPs).

APPENDIX 2: EXAMPLES OF PATIENT CARE OR CLINICAL CARE AREAS

Per Definitions, section B included in this policy, examples of patient care or clinical care areas include but are not limited to:

1. The Johns Hopkins Hospital
2. The Johns Hopkins Outpatient Center
3. Green Spring Station Medical Facility
4. White Marsh Medical Facility
5. Odenton Medical Facility

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i>	<i>Review Date</i>	3/16/12
Mandatory Influenza Vaccination	<i>Page</i>	7 of 18

APPENDIX 3: VACCINE DECLINATION FORM TEMPLATE

INFLUENZA VACCINE DECLINATION STATEMENT
PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____ Date of Birth: ____/____/_____
 E-mail address: _____ Phone/Pager No.: _____
 Department: _____ Unit/Service Where You work _____
 Identification No.: _____ Do you have any direct patient contact? YES ____ NO ____
 [Note: Direct patient contact is anyone working within 6 feet of a patient.]

PLEASE CHECK THE CORRECT AFFILIATION:

JHH ____ JHU/SOM ____ SOM student ____ JHU/SON ____ SON student ____ JHCP ____
 JHU/BSPH ____ BSPH student ____ JHU/ASE ____ ASE student ____ Volunteer ____
 Other ____

If other, explain: _____

DECLINATION of Annual Influenza Vaccination:

- I understand that due to my occupational exposure, I may be at risk of acquiring influenza infection. In addition, I may spread influenza to my patients, other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for influenza complications.
- I have received education about the effectiveness of influenza vaccination as well as the adverse events. I have also been given the opportunity to be vaccinated with influenza vaccine, at no charge to myself. However, I decline influenza vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring influenza, potentially resulting in transmission to my patients. If in the future I want to be vaccinated with influenza vaccine, I can receive the vaccine at no charge to me.
- I attest that I will wear a mask anytime I am within six feet of a patient for the duration of the influenza season if I do not receive the influenza vaccination.

Reason for declining: (Please check all that apply.)

- ___ I received the vaccine from another facility (Documentation must be provided to Occupational Health).
 ___ I request a medical exception (The Medical Exception Form must be completed and returned to Occupational Health).
 ___ I request a religious accommodation (The Religious Accommodation Form must be completed and returned to Occupational Health).

Employee Signature: _____ Date: _____

PLEASE FAX OR MAIL THIS TO OCCUPATIONAL HEALTH SERVICES

.Homewood Campus

 The Johns Hopkins University
 Occupational Health Services
 3400 North Charles Street
 W-601 Wyman Park Building
 Baltimore, MD 21218
 Office 410.516.0450
 Fax 410.516.0452

East Baltimore Campus

 Johns Hopkins Medicine
 Occupational Health Services
 The Church Home Professional Office Building
 98 North Broadway, Room 421
 Baltimore, MD 21231
 Office 410.955.6211
 Fax 410.955.1617

DESIGNATED OFFICE USE ONLY:

Declination Statement Received on: ____/____/_____
 Approving Staff Signature: _____

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i>	<i>Review Date</i>	3/16/12
Mandatory Influenza Vaccination	<i>Page</i>	8 of 18

APPENDIX 4: CRITERIA FOR MEDICAL EXCEPTION

Medical exceptions include:

1. Severe allergy to eggs or vaccine components;
2. Guillain-Barré within six weeks of receiving an influenza vaccine.

OHS will evaluate the allergy history and determine a course of action based on the severity.

- Those patients who are able to eat eggs, cake or foods with egg protein without reaction may receive the vaccine.
- Individuals who have experienced less severe reactions to egg (e.g., hives only) may receive influenza vaccine with the following additional measures:
 1. Killed influenza vaccine formulation (TIV) should be used; preferably vaccines with less than 0.12 mcg of egg protein should be administered.
 2. Patients should be observed for 20-30 minutes for signs of a reaction following administration of each vaccine dose.

If OHS determines that there is a history of a severe allergic reaction to the vaccine or its components, an allergy consultation can be offered. (Other measures, such as dividing and administering the vaccine by a two-step approach and skin testing with vaccine are not necessary.) This should include persons who report having had serious reactions to egg involving such symptoms as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or, who required epinephrine or other emergency medical intervention, particularly those that occurred immediately or within a short time following egg exposure (minutes to hours). Such individuals are more likely to have a serious systemic or anaphylactic reaction upon re-exposure to egg proteins. Prior to receipt of vaccine, such individuals will be referred to an allergy specialist for further risk assessment. Preferably vaccines with less than 0.12 mcg of egg protein should be administered.

If the patient reports a history of Guillain-Barré from any cause in the past six weeks, the individual may be referred to a neurologist with expertise in this area.

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i>	<i>Review Date</i>	3/16/12
Mandatory Influenza Vaccination	<i>Page</i>	9 of 18

APPENDIX 5A: JHH VACCINE MEDICAL EXCEPTION FORM TEMPLATE



Please print information below:	
Employee Name: _____	Date of Birth: ____/____/____
Employee E-mail: _____	Employee Phone #: _____
Department: _____	Manager: _____
Physician Name: _____	Physician Phone #. _____

Dear Physician:

Johns Hopkins Hospital requires influenza vaccination similar to other required vaccinations such as MMR and varicella. For decades influenza vaccinations have been recommended for healthcare workers because they have been shown to be effective in reducing the incidence of influenza in inpatient populations. Influenza vaccination has also been recommended in pregnancy by the Centers for Disease Control to protect pregnant women (who are at increased risk of severe disease) and to protect the baby after it is born. The above named employee is requesting an exception from this vaccination requirement. A medical exception from influenza vaccination is allowed for certain recognized contraindications (CDC MMWR Early Release 2011; Vol. 60. Available online: <http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf>). Please complete the form below and return to Occupational Health Services, 98 N. Broadway, Baltimore, MD 21231. Should you have any questions, please contact Occupational Health Services at (410) 955-6211 or fax: (410) 955-1617. Thank you.

The above employee should not be immunized for influenza for the following reason:

- History of previous severe allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine.
- History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine. Please provide a detailed narrative that describes the event.
- Other – Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on a case-by-case basis).

Clarification from the requesting employee and physician may be requested.

I certify that _____ has the above contraindication and request a medical exception from influenza vaccination.

Physician Signature _____ Medical License #: _____ Date: _____
(Note: Signature Stamp Not Acceptable)

DESIGNATED OFFICE USE ONLY:

Medical Exception Approved on: ____/____/____	Approving Staff Signature: _____
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Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i>	<i>Review Date</i>	3/16/12
Mandatory Influenza Vaccination	<i>Page</i>	10 of 18

APPENDIX 5B: JHU VACCINE MEDICAL EXCEPTION FORM

REQUEST FOR MEDICAL EXCEPTION FROM INFLUENZA VACCINATION

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____	Date of Birth: ____/____/____
E-mail address: _____	Phone/Pager No.: _____
Department/School: _____	Supervisor/Manager _____
Physician Name: _____	Physician Phone No.: _____

Dear Physician:

Johns Hopkins University requires influenza vaccination similar to other required vaccinations such as MMR and varicella. For decades influenza vaccination has been recommended for healthcare workers because they have been shown to be effective in reducing the incidence of influenza in inpatient populations. Influenza vaccination has also been recommended in pregnancy by the Centers for Disease Control to protect pregnant women (who are at increased risk of severe disease) and to protect the baby after it is born. The above named person is requesting an exception from this vaccination requirement. A medical exception from influenza vaccination is allowed for certain recognized contraindications (CDC MMWR Early Release 2011; Vol. 60. Available online: <http://www.cdc.gov/mmwr/pdf/wk/mm60e0818.pdf>. Please complete the form below. Should you have any questions, please contact Johns Hopkins Medicine Occupational Health Services at 410-955-6211. Thank you.

The above person should not be immunized for influenza for the following reasons (Please check all that apply.):

- ___ History of previous allergic reaction and documented allergy testing to indicate an immediate hypersensitivity reaction to the influenza vaccine or a component of the vaccine.
- ___ History of Guillain-Barre Syndrome within six weeks of receiving a previous vaccine. Please provide and attach a detailed narrative that describes the event.
- ___ Other – Please provide this information in a separate narrative that describes the exception in detail (these requests will be reviewed on a case-by-case basis).

I certify that _____ has the above contraindication and request a medical exception from influenza vaccination.

Physician Signature: _____ Date: _____

Physician Medical License No.: _____

**PLEASE FAX OR MAIL THIS TO
OCCUPATIONAL HEALTH SERVICES AT THE JOHNS HOPKINS UNIVERSITY**

.Homewood Campus

The Johns Hopkins University
Occupational Health Services
3400 North Charles Street
W-601 Wyman Park Building
Baltimore, MD 21218
Office 410.516.0450
Fax 410.516.0452

East Baltimore Campus

Johns Hopkins Medicine
Occupational Health Services
The Church Home Professional Office Building
98 North Broadway, Room 421
Baltimore, MD 21231
Office 410.955.6211
Fax 410.955.1617

DESIGNATED OFFICE USE ONLY:

Medical Exception Approved on: ____/____/____ Approving Staff Signature: _____

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i>	<i>Review Date</i>	3/16/12
Mandatory Influenza Vaccination	<i>Page</i>	11 of 18

APPENDIX 6A: JHH/JHHS SAMPLE RELIGIOUS ACCOMMODATION FORM



Request for Religious Workplace Accommodation

The Johns Hopkins Institutions are committed to diversity and inclusiveness of all our employees. A reasonable religious workplace accommodation is a change in the work environment or in the way tasks or responsibilities are customarily done that enables an employee to participate in his/her religious practice or belief without undue hardship on the conduct of Johns Hopkins Institution’s business or operation. To consider your request for a religious workplace accommodation, please provide the following information:

Part 1 – To Be Completed by Employee (additional sheets may be used, if necessary)

Name: _____ **Date of Request:** _____

Department: _____ **Immediate Supervisor:** _____

Reason for Request (i.e., time to pray, leave for religious observance, religious attire, etc.):

Suggested reasonable accommodation to meet your requirements or limitations: _____

Is this a temporary or permanent accommodation (i.e., annual religious event, daily religious requirement)?

Length of Time:

Days: _____ **Shifts:** _____

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i>	<i>Review Date</i>	3/16/12
Mandatory Influenza Vaccination	<i>Page</i>	12 of 18

If you have requested this religious accommodation before, please state approximately when the prior request was made, the name of the individual who responded and the outcome of the request:

Religion Tenet(s) Documentation

In some cases, JHHSC/JHH will need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an accommodation.

If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice or belief?

Yes _____ No _____

Verification and Accuracy

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

Signature: _____ Date: _____

Print Name: _____

Summary of Next Steps

1. This request will be reviewed with you and acknowledged by your supervisor.
2. Your supervisor will then submit your request to the appropriate Human Resources representative for consideration.
3. You will be notified of the decision and/or the proposed accommodation.
4. If you disagree with the decision or proposed accommodation, please contact the Department of Human Resources, for assistance.

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i> Mandatory Influenza Vaccination	<i>Review Date</i>	3/16/12
	<i>Page</i>	13 of 18

Part 2 – To be completed by immediate supervisor (and additional managers, if applicable)

Interactive Discussion Date:

Employee’s Suggested Accommodation: _____

Results of Interactive Discussion: _____

Evaluation of Impact (if any): _____

Accepted: _____ **Not Accepted:** _____ **If Not Accepted, Why?:** _____

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i> Mandatory Influenza Vaccination	<i>Review Date</i>	3/16/12
	<i>Page</i>	14 of 18

Alternative Accommodations (list in order of preference):

1. _____
2. _____
3. _____

Effective Date of Accommodation: _____

Duration Period of Accommodation: _____

Document reason denying request for a reasonable accommodation: _____

Immediate Supervisor's Signature: _____ Date: _____

Department Head's Signature: _____ Date: _____

HR, EEO Officer or Designee: _____ Date: _____

CC: Employee

Department of Human Resources

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i>	<i>Review Date</i>	3/16/12
Mandatory Influenza Vaccination	<i>Page</i>	15 of 18

APPENDIX 6B: JHU SAMPLE RELIGIOUS ACCOMMODATION FORM

Request for Exemption from Influenza Vaccination for Religious Reasons

Johns Hopkins University is committed to diversity and inclusiveness of all our employees. Johns Hopkins University has mandated that all personnel who provide direct patient care or work in patient care areas be vaccinated against influenza (the flu), for the 2011-2012 flu season. If you have declined to receive the flu vaccine for religious reasons, please provide the following information:

Name: _____ **Date of Request:** _____
Department: _____ **Immediate Supervisor:** _____

“Because the mandatory vaccination conflicts with my sincerely held religious beliefs and practices or membership in a church or religious body, I decline the influenza vaccination at this time.”

Name of Religious Belief, Church or Religious Body: _____

Signature: _____ **Date:** _____

Religion Tenet(s) Documentation

In some cases, JHU will need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exemption.

If requested, can you obtain documentation or other authority to support the need for an exemption based on your religious practice or belief? **Yes** _____ **No** _____

If no, explain why:

Verification and Accuracy

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

Signature: _____ **Date:** _____

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i>	<i>Review Date</i>	3/16/12
Mandatory Influenza Vaccination	<i>Page</i>	16 of 18

Print

Name: _____

Summary of Next Steps

1. This request will be reviewed with you and acknowledged by Human Resources, Occupational Health or the Office of Institutional Equity.
2. You will be notified of the decision regarding your requested exemption.
3. If you are granted a religious exemption, you may be required to wear a surgical mask during the influenza season when working directly with patients, working in patient areas, or coming within 6 feet of patients.
4. If you disagree with the decision regarding your request, please contact the JHU Office of Institutional Equity for assistance at 410-516-8075.

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i> Mandatory Influenza Vaccination	<i>Review Date</i>	3/16/12
	<i>Page</i>	17 of 18

APPENDIX 7: SAMPLE NEW EMPLOYEE ORIENTATION ACKNOWLEDGEMENT

Influenza Vaccination Requirement

The Johns Hopkins Institutions requires influenza vaccination similar to other required vaccinations such as MMR and varicella as a condition of employment for all healthcare workers.

Acknowledgement

I have received and read a copy of [HSE Policy #] requiring influenza vaccination for all healthcare workers.

Employee Name (Print)

Employee Signature

Date

Johns Hopkins Safety Manual	<i>Policy Number</i>	HSE 048
<i>Subject:</i> Mandatory Influenza Vaccination	<i>Review Date</i>	3/16/12
	<i>Page</i>	18 of 18

APPENDIX 8: STATEMENT OF ATTESTATION FORM

[Entity Letterhead]

Influenza Vaccination Requirement

I understand that Johns Hopkins University requires influenza vaccination similar to other required vaccinations such as MMR and varicella as a condition of employment for all its healthcare workers.

Acknowledgement

I have received and read a copy of Johns Hopkins University's Mandatory Seasonal Influenza Vaccination Policy requiring influenza vaccination for all healthcare workers, and agree to abide by it.

Employee Name (Print)

Employee Signature

Date