

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Hospital and Clinics</i> <input type="checkbox"/> <i>Lucile Packard Children's Hospital</i>	Date Written or Last Revision: October 2009
Name of Policy Medical Staff Influenza (Flu) Vaccination Policy	<p style="text-align: center;">Page 1 of 3</p>
Departments Affected: All Medical Staff Members and Advance Practice Professionals	

I. PURPOSE and RATIONALE

The purpose of this policy is to ensure that all Medical Staff and Advanced Practice Professionals (APP's) at SHC receive vaccinations against both seasonal and novel influenza strains promptly once vaccines are available. This is to protect their own health (health care workers are significantly more at-risk for flu exposure than the general public) and the health of their co-workers. It is also important as a public health measure - to improve SHC's ability to function well in the event of a public health disaster due to a severe flu epidemic. But it is primarily intended to protect our patients, many of whom are especially vulnerable to the potentially fatal effects of influenza infection.

The SHC Medical Executive Committee (MEC) elected to implement this policy after consideration of the costs, risks and benefits of vaccination. We recognize that some individuals, often due to lack of current knowledge of the science and epidemiology of influenza and vaccination, but also occasionally due to personal preference or philosophy, may wish to not receive flu vaccination. However, all responsible and knowledgeable public health experts agree that the scientifically documented benefits of flu vaccination greatly exceed the risks for all who are recommended to receive it. Further, there is ample precedent for vaccination requirements in the interest of public health (measles, mumps, rubella, hepatitis B, etc.). Therefore, the MEC believes that it is not appropriate for us, as a self-governing medical staff, to allow members to refuse vaccination - and thus put our patients at risk - based solely on personal preference.

II. POLICY

The organized medical staff is responsible for monitoring compliance for all Medical Staff and Advanced Practice Practitioners' influenza requirements mandated by federal and state regulations, working closely with the Occupational Health Department of SHC, Department of Public Health, the state of California and the Environmental Health and Safety Department. The requirement for vaccination or declination is annually to be monitored through Occupational Health Services.

We are required to meet certain minimal state and federal standards, but we may as a self-governing medical staff elect to enforce more stringent requirements based on recommendations from the CDC, other public health officials, and our own Infection Control Committee. The CDC recommends that all healthcare workers be vaccinated to prevent influenza and its complications, including death, to patients, coworkers, family, and the community.

III. PROCESS/PROCEDURE

Medical Staff members are required to obtain influenza vaccinations annually. The time frame for compliance will be announced annually with reasonable advance notice. Influenza vaccinations are available without charge to all Medical Staff and other Advanced Practice Practitioners. Medical Staff members who have recently been vaccinated elsewhere may satisfy the SHC requirement by providing written documentation of the vaccination. Members with a religious objection may be excused from vaccination. Members with a severe allergy to eggs, prior history of Guillan-Barre syndrome or certain other neuro-degenerative disorders may be exempted from this requirement. Members who feel they have any other compelling reason for exemption should contact the Chief of Staff directly.

IV. CONSEQUENCES OF NON-COMPLIANCE

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The medical staff reserves the right, at its discretion, or as necessary to comply with evolving federal and state public health agency mandates and guidance on influenza prevention, to take whatever actions are considered necessary for patient safety. Actions may include restricted access to certain patient care areas, mandatory wearing of a protective mask, other measures designed to protect patients, or administrative suspension of medical staff privileges pending vaccination, at the discretion of the Chief of Staff or designee.

A. Suspension of Privileges:

- Unless qualifying for one of the exemptions listed in section III above, or being exempted by the Chief of Staff for some other compelling reason, medical staff members or APP's who are non-compliant with the influenza vaccination requirement will have their privileges suspended. This suspension would be considered administrative in nature is not reportable to any regulatory agencies.
- Once privileges are suspended, the practitioner will not be able to schedule, admit, evaluate or treat patients in the hospital or clinics.
- Medical staff members will be given a reasonable opportunity to obtain immunization before any administrative suspensions are instituted. The timing will necessarily be based on availability of vaccine and will be established by the Chief of Staff, with the approval of the Medical Executive Committee.

B. Reinstatement of Privileges

- Privileges will be immediately reinstated once evidence of compliance has been confirmed by the Medical Staff Services Department.
- The Chief of Staff or designee reserves the right to lift the privilege suspension for any given individual at any time if patient care is seriously adversely impacted.

C. Seasonal Nature of Policy

This policy will be activated seasonally by the Chief of Staff, with the approval of the Medical Executive Committee, based on recommendations of public health officials and/or the Infection Control committee. The policy will be deactivated, also with MEC approval, when the threat of influenza has declined to a level where vaccination no longer is considered indicated as a public health measure.

V. RELATED DOCUMENTS

- Stanford Hospital and Clinics Medical Staff Bylaws, Rules and Regulations
- Lucile Packard Children's Hospital Medical Staff Bylaws, Rules and Regulations
- Credentials Policies and Procedures

VI. DOCUMENT INFORMATION

A. Legal Authority/References

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B. Author/Original Date

This Policy was authored by the Director, Medical Staff Services and SHC Chief of Staff – Oct 2009

C. Gatekeeper of Original Document

The Director of Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Credentials Policy and Procedure Manual, a copy of which is kept in the Medical Staff Office.

D. Distribution and Training Requirements

The distribution and training requirements for this Policy will be handled through the Medical Staff Services Department.

E. Requirements For Review and Renewal

This Policy will be reviewed and/or revised every three years or as required by change of law or practice.

F. Local Approvals

Credentials and Privileges Committee

G. MEC and Hospital Board Approvals

SHC – MEC
SHC – Hospital Board

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SHC and LPCH