

Policy # CW EH 201	Policy Name Influenza Vaccine
Policy Location Company Wide	Responsible Department COE Total Rewards Employee Health
Policy Owner/Executive Owner Cynthia Buckman	Original Creation Date 11/30/2018
Policy Effective Date 8/15/23	Policy Review Date 5/11/23

I. SCOPE: This policy applies to all workforce members (WFM), as defined in Policy CW HR 001 Workforce Definitions, who work on site at an AdventHealth place of business, have a hybrid work arrangement, or work in patient-facing roles outside of an AdventHealth facility. AdventHealth WFM must also adhere to the Standard Operating Procedure (SOP) accompanying this policy, CW EH 201 An Influenza Vaccine, as well as all relevant facility companion standard operating procedures while engaged at those locations. Facility SOPs may not conflict with this company-wide policy or the associated SOP. In the case of inadvertent conflicts, the information in this company-wide policy and associated SOP supersedes facility SOPs.

This policy does not apply to WFM who have a fully remote work arrangement. This policy does not cover patients or visitors.

II. PURPOSE: The CDC recommends the Influenza vaccine annually for protection against the influenza virus during Influenza Season. This policy reflects AdventHealth's commitment to providing a safe environment protecting the health of patients, WFM and their respective families, as well as the community from seasonal influenza infection.

III. POLICY: Compliance with this policy will be required annually for all WFM of AdventHealth who are employed or contracted to provide services at or on behalf of an AdventHealth facility during influenza season.

All WFM, employed team members, medical staff, contract, agency, vendors, volunteers, and students are eligible for vaccines offered through AdventHealth at no cost.

For AdventHealth team members, the time required to receive the vaccine will be paid time when the vaccination is offered on site and administered during their regular working schedule.

Compliance Requirements

WFM compliance is based on one of the following actions taken during Influenza Season:

1. Consent to and receive an influenza vaccination:
 - a. Receive an influenza vaccination offered through AdventHealth, or
 - b. Submit proof of influenza vaccination obtained outside of AdventHealth
2. Decline the influenza vaccine by submitting a declination based on one of the following:
 - a. Medical: Declination to influenza immunization is granted for certain medical contraindications including:
 - i. Allergy to the influenza vaccine or any of its components as defined by the most current recommendations from the CDC. Refer to [Influenza \(Flu\) | CDC](#)
 - ii. History of Guillain-Barre syndrome
 - b. Religious Belief and Practice: A sincerely held practice or observance including moral or ethical beliefs as to what is right and wrong, most commonly in the context of the cause, nature, and purpose of the universe. Religion includes not only traditional, organized religions, but also religious beliefs that are new, uncommon, not part of a formal religious institution or sect, or only subscribed to by a small number of people. Social, political, or economic philosophies, as well as mere personal preferences, are not considered to be religious beliefs under Title VII Civil Right Act [Title VII of the Civil Rights Act of 1964 | U.S. Equal Employment Opportunity Commission \(eoc.gov\)](#)
 - c. Strongly Held Personal Belief: A belief that a person holds as truth when applied to his/her personal life and adopts it as part of their individual belief system (this option is available only for locations in which state legislation permits)

WFM who wish to decline the Influenza vaccine must complete and submit either an electronic or paper Declination Form based on an approved reason.

Declination Form Attestation

WFM who submit a Declination Form will attest that they:

1. Have provided accurate information to the best of his/her knowledge
2. Understand that AdventHealth reserves the right to evaluate and/or deny a WFM declination request, and
3. Will wear a surgical mask and/or other appropriate personal protective equipment (PPE) at all times while on duty at any AdventHealth place of business during the Influenza Season

WFM who work in an office or cubicle space are permitted to remove their mask when not within six (6)-feet of another individual.

Documentation of Influenza Vaccinations

Team Members, Volunteers, and Non-employed Medical Providers:

For team members, volunteers and non-employed medical providers, documentation of influenza vaccination status is required in the Employee Health Electronic Medical Record or other electronic record specified for their workforce category.

Agency, Contracted, and Student Workforce Members:

For agency, contracted, and student WFM, the contracted entity must retain records, available for AdventHealth audit. The entity must provide AdventHealth confirmation the individuals assigned to provide services, engage in a rotation, or perform tasks, have proof of vaccination or a declination on record. The entity will provide notification to AdventHealth of each individual's vaccinated status for the purpose of AdventHealth's required reporting in the Centers for Disease Control's National Healthcare Safety Network (NHSN).

Vendors:

Vendors will be required to comply with this policy, with proof of vaccination or declination recorded in the vendor management system.

IV. PROCEDURE/GUIDELINES:

Compliance Due Date:

Either an Influenza vaccine or an influenza vaccine declination is due by November 1st annually, unless a modified due date is communicated at the sole discretion of AdventHealth, based on CDC guidelines and vaccine availability.

Beginning on Nov 1st, unvaccinated WFM will be required to wear a surgical mask, where allowed by state regulations, as well as any other PPE deemed necessary for the WFM's role, throughout the duration of Influenza Season and in accordance with the CW EH 201 A– Influenza Vaccination SOP.

Non-Compliance Action Plan:

Team Members:

Beginning Dec 1st, team members who are non-compliant (have not either received an Influenza vaccine or completed an Influenza Vaccine Declination Form) will be subject to corrective action measures, up to and including termination, in accordance with the corrective action policy. (CW HR 274 - Corrective Action).

Non-Employed Workforce Members:

Should non-employed WFM violate AdventHealth policies, procedures, rules, and/or SOPs, AdventHealth has the right to take action up to and including dismissal and/or discontinue contracted services, according to the governing department's policies, contracts and/or bylaws.

New Hires:

During influenza season, newly hired team members will receive influenza vaccine, provide proof of vaccine received elsewhere, or decline influenza vaccination at the time of their onboarding medical screening. New hires will not begin employment until they have met the compliance requirement.

Leave of Absence – Return to Work:

Team Members returning from an approved leave of absence must receive an Influenza vaccine or complete a Declination Form for influenza vaccine upon their return to work.

V. DEFINITION(S):

1. **Workforce Members (WFM):** Refer to policy CW HR 001 – Workforce Definitions for definitions of the workforce groups identified in this policy
2. **Influenza Season:** A recurring period characterized by the prevalence of outbreaks of influenza. The season usually occurs annually during the fall and winter months between October 1st through March 31st but may be extended by either a CDC or a Public Health concern for continued transmission.

VI. EXCEPTION(S):

1. All WFM who work fully remote are exempt of this policy and its requirements.
2. States not allowing a declination from the influenza vaccine based on strongly held personal beliefs, such as Illinois, do not have the option to decline the influenza based on that that reason. They may only decline for medical or religious reasons.
3. While all unvaccinated WFMs are encouraged to wear a mask for both their safety and the safety of others, WFMs in the state of Florida, may opt out of wearing a mask (reference CW AHC 0036 – Face Coverings).

VII. REFERENCE(S):

[Influenza \(Flu\) | CDC](#)

[ACIP Influenza Vaccine Recommendations | CDC](#)

[Recommended Vaccines for Healthcare Workers | CDC](#)

[Title VII of the Civil Rights Act of 1964 | U.S. Equal Employment Opportunity Commission \(eoc.gov\)](#)

[House Bill 1013 \(2023\) - The Florida Senate \(flsenate.gov\)](#)

VIII. RELATED DOCUMENT(S) / ATTACHMENT(S):

CW HR 001 – Workforce Definitions

CW HR 0206.0 – Leave of Absence

CW EH 201 A – Influenza Vaccine SOP

CW HR 274 – Corrective Action

CW AHC 0036 – Face Coverings

[Florida Face Covering Opt-Out Form Employee](#)

[Florida Face Covering Opt-Out Form Non-Employed](#)