
Ocean City Fire Department
Standard Operating Guidelines

Health and Safety

Subject: Influenza Vaccinations
Revised: 05-23-2019
Approved: 06-20-2019
Effective: 06-24-2019
Section: 702.0

702.01 Purpose

To ensure that all Rapid Sequence Intubation (RSI) qualified personnel receive an annual influenza vaccination in order to protect the patients in our care, as well as preserve the health of the department's workforce.

702.02 Policy

- A. All RSI qualified personnel will be offered the seasonal influenza vaccination, free of charge.
- B. The vaccination will be offered on site, at Fire Headquarters, on a date that is coordinated between the department and Atlantic General Hospital's employee health office.
- C. Personnel who are unable to attend the scheduled date at Fire Headquarters may choose to have the vaccination completed elsewhere, however, they must provide proof of vaccination (see the attached Verification of Vaccination form), or they may receive the vaccination at Atlantic General Hospital's employee health office.
- D. Personnel who wish to apply for a medical or religious exemption must complete the Declination of Vaccination form (attached).
 - 1. Personnel requesting exemption on the grounds that the vaccination is medically contraindicated must provide supporting documentation from their health care provider.
- E. Personnel who fail to either receive the vaccination, provide documentation of vaccination, or to have completed the Declination of Vaccination form by November 15th of each year, shall be placed on an administrative assignment for one week. During this administrative assignment, the employee will be required to either receive the vaccination or complete the appropriate paperwork. Failure to do so would result in Suspension without pay.
- F. Individuals who produce a documented medical exemption, or decline the vaccination based on religious beliefs may be required to wear a mask or other protective gear during influenza season. The decision to require masks or other protection will be made in conjunction with the Worcester County Health Department, and/or Atlantic General Hospital and will be based on disease prevalence in the community, as well as in our employees. Once required, a

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mask or other protection will be worn whenever in contact with a patient, and shall not be removed until out of contact with the patient.



Declination of Influenza Vaccination

Employee Name (printed)

_____ I decline the influenza vaccination on the grounds that it violates my sincerely held religious beliefs.

_____ I decline the influenza vaccination on the grounds that it is medically contraindicated. Supporting documentation from my health care provider is attached.

Employee Signature

Date

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Verification of Vaccination

Employee Name (Printed)

Date

I verify that the individual named above received an influenza vaccination on the date indicated.

Healthcare Provider Name (Printed)

Healthcare Provider Name (Signature)

Name of Healthcare Facility