

Frequently Asked Questions
[FY21 Employee Occupational Health Services \(EOHS\) VHA Directive 1192.01](#)
[Seasonal Influenza Vaccination Program for VHA Health Care Personnel](#) by Dr.
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[1192.01 VHA Directive](#)



1192.01_VHA
Directive Mandatory

1. Overview

1.1 What does VHA Directive 1192.01 mean to me as an employee?

VHA Directive 1192.01 establishes policy and provides guidance for the prevention of seasonal influenza in VHA facilities through the vaccination of health care personnel (HCP). This policy requires all health care personnel (HCP) to receive an annual influenza immunization as a condition of employment. Only medical and religious exemptions are permitted and HCP must receive the vaccination or obtain an exemption by November 30 of each year or within two weeks of starting work/volunteering.

As a condition of employment, all VHA HCP must:

(1) Be vaccinated for influenza or, if exempt from vaccination, wear a face mask as prescribed in Appendix A to VHA Directive 1192.01

and

(2) Sign and submit to the VHA Employee Occupational Health staff the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B).

1.2 Why is VA's employee flu policy changing? And specifically, why now?

The 2020-2021 flu season will coincide with the COVID-19 pandemic. Annual vaccination is widely recognized as the best method for preventing disease and death related to influenza. Influenza vaccination will reduce the overall healthcare burden of respiratory illness within VHA, protect employees and vulnerable Veterans at risk for severe illness, and reduce surges that could threaten the healthcare system infrastructure during and after the COVID-19 pandemic.

1.3 Where can HCP get a flu vaccine?

VA will continue to provide easy access to flu vaccines for employees in VA medical facilities. As in past years, employees may also obtain vaccines from outside providers or submit a valid medical or religious exemption and still meet the requirements of VHA Directive 1192.01.

2. Healthcare Personnel Definition

2.1 Who is included in the definition of Healthcare Personnel (HCP)?

HCP are individuals who, during the influenza season, work in VHA locations or who come into contact with VA patients or other HCP 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 medical facilities. HCP include all VA licensed and unlicensed, clinical and administrative, remote and onsite, paid and without compensation, full- and part-time employees, intermittent employees, fee basis employees, VA contractors, researchers, volunteers and health professions trainees (HPTs) who are expected to perform any or all of their work at these facilities. HPTs may be paid or unpaid and include residents, interns, fellows and 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.

2.2 If you answer yes to any one of the below questions, then you are considered HCP:

- Do you work in a VHA location to perform all or part of your duties during the influenza season?
- Do you come into contact with VA patients as part of your duties during the influenza season?
- Do you come into contact with other HCP as part of your duties during the influenza season?

2.3 Who is not included in the definition of Healthcare Personnel (HCP)?

This definition does not include visitors to the medical facility, including individuals who enter to conduct occasional or sporadic services, 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 non-VA 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.

2.4 What if HCP do not “work in VHA locations where patients receive care” and they plan to “stay out of the medical center and other areas where patients receive care” during the flu season. Are they still required to get a mandatory influenza vaccination?

If employees enter *any* VHA locations where patients receive care or come in contact with other HCP as a part of their duties, to include common areas of those buildings, then they are covered by the policy. For example:

- Cafeterias
- Lobbies
- Elevators

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- Administrative Offices

2.5 How are “clinical and non-clinical areas” defined?

Due to the unique nature of each of our facilities, the definition of what constitutes a “clinical and non-clinical area” is defined by the local facility.

2.6 Does this policy apply to remote employees?

This policy applies to remote employees who meet this directive’s definition of Health Care Personnel (HCP).

2.7 Does the policy apply to CBOCs and Vet centers?

Yes. 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 medical facilities.

2.8 Does the VHA Directive 1192.01 apply to bargaining unit employees?

Yes, VHA Directive 1192.01 applies to all HCP, regardless of whether or not they are bargaining unit employees. Notification regarding the implementation of VHA Directive 1192.01 was provided at the national level to AFGE, NAGE, NFFE, and NNU on Monday, August 10, 2020. The VA Office of Labor Management Relations (LMR) has received demands to bargain from nationally recognized unions. All required bargaining with nationally recognized unions will take place at the national level. Bargaining below this level is not authorized at this time. Required bargaining for unions without national level recognition (SEIU, Teamsters, LIUNA, etc.) should take place at the local level.

Although bargaining has not been completed, facilities should not delay in implementing this new policy. Note, the policy does not mandate employee compliance until November 30. VACO LMR will attempt to complete any bargaining prior to November 30, but if bargaining is not complete by then, the Department will rely on management’s right under 5 USC 7106(a)(2)(D) to take whatever action is necessary during an emergency situation – i.e., COVID-19 Pandemic – and complete bargaining post-implementation.

2.9 Does this Directive apply to non-VHA employees who work at a VHA location (e.g., IT specialists, attorneys, etc.)?

Yes. This Directive applies to VA employees that meet the Directive definition of Health Care Personnel (HCP).

2.10 Due to the COVID-19 pandemic, many employees are teleworking for the foreseeable future. It is likely that many employees will not return to a VHA location until after the flu season. Do employees still have to get vaccinated unless there is an exemption?

Regardless of whether employees telework or not, all employees who answer yes to any of the following questions are considered HCP and must get vaccinated unless they have an exemption:

- Do you work in a VHA location to perform all or part of your duties during the influenza season?
- Do you come into contact with VA patients as part of your duties during the influenza season?
- Do you come into contact with other HCP as part of your duties during the influenza season?

2.11 Are without compensation employees and volunteers required to complete Appendix B form? Are VISN or VHA Program Office employees who are stationed on a VAMC campus, but not administering clinical care considered Health Care Personnel (HCP)?

See the Directive HCP definition in the VHA Directive 1192.01.

3. Health Professions Trainees (Residents and Students)

3.1 Explain the term “trainees or HPTs.”

Health professions trainees or trainees include residents, medical students, nursing students and other students that rotate through the VA during the seasonal influenza season.

VHA Health Professions Trainees (HPTs) are onboarded and covered for the duration of their program by a Trainee Qualifications and Credentials Verification Letter (TQCVL). Via the TQCVL the training Program Director verifies initial and ongoing VA appointment eligibility, including health and vaccination status, for all HPTs under their purview. **Therefore, the TQCVL ensures HPT compliance with VHA Directive 1192.01. NOTE: Appendix B may be used for documentation but is not required for HPTs.**

4. Compliance

4.1 What if I am unwilling to be vaccinated for influenza as required under VHA Directive 1192.01?

Compliance with this directive is a condition of employment. Those in violation of this directive may face disciplinary action up to and including removal from federal service.

4.2 What if an employee refuses to receive an influenza vaccine and does not qualify for an exemption?

Compliance with VHA Directive 1192.01 requires that HCP be vaccinated for influenza or, if exempt from vaccination, wear a face mask as prescribed in Appendix A to VHA Directive 1192.01. Those in violation of this Directive may face disciplinary action, up to and including removal from federal service. In the event of a non-compliant HCP, supervisors should consult with Human Resources and, if needed, District Counsel.

4.3 What are the risks of not complying with the VHA Directive 1192.01?

Employees risk becoming sick and using sick leave, being hospitalized or even contracting the flu and COVID-19 simultaneously. They will also risk disciplinary action if they are not vaccinated or do not submit a medical or religious exemption.

As an organization, VA risks additional staff becoming sick with the flu and placing stress on healthy co-workers who have to perform extra duties. VA also risks increased infection of Veterans who are being cared for by unvaccinated staff.

4.4 What are the benefits of complying with VHA Directive 1192.01?

Employees benefit in several ways. Immunized employees minimize their risk of getting the flu. If employees do become sick with the flu, they often have a stronger immune response to influenza illness. Immunized employees are less likely to get or spread the flu to others. Immunized employees will also protect vulnerable Veterans, co-workers, and family who have a high risk of flu complications.

Employees who are immunized against the flu also contribute to the VA's health care mission by:

- 1) Reducing employee absenteeism during the pandemic, which in turn reduces the stress on healthy employees with extra duties;
- 2) Limiting the serious health risk of employees, Veterans, co-workers and family getting COVID-19 and the flu at the same time- a much more dangerous situation; and,
- 3) Protecting the health and safety of our Veterans by reducing transmission of influenza.

4.5 What happens to HCP who forget or refuse to submit the Healthcare Personnel Influenza Vaccination Form, VA Form 10-9050 (Appendix B) to EOH by Nov 30?

HCP compliance with VHA Directive 1192.01 is a condition of employment. HCP who refuse to comply with this policy and do not have an approved medical or religious exemption are subject to disciplinary action up to and including removal from federal service.

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After November 30, Employee Occupational Health staff will identify to facility executive leadership those employees who have not signed and submitted the Health Care Personnel Influenza Vaccination Form, VA Form 10-9050 (Appendix B).

4.6 What if an employee refuses to wear a face mask after receiving an approved religious or medical exemption or an approved temporary exemption under VHA Directive 1192.01?

Compliance with VHA Directive 1192.01 requires those that are exempt from vaccination, wear a face mask as prescribed in Appendix A to VHA Directive 1192.01. Those in violation of this Directive may face disciplinary action up to and including removal from federal service.

4.7 What if an employee cannot tolerate wearing a face mask the entire time he or she is within the VHA facility (e.g., for an entire tour of duty; for example, due to a pre-existing health condition)?

If an employee has difficulty wearing a face mask during his or her entire tour of duty, this needs to be discussed with their Supervisor. The Supervisor may need to engage in the Reasonable Accommodation process, with assistance from HR and Employee Occupational Health.

4.8 Can EOH staff disclose who has submitted VA Form 10-9050 (Appendix B) form and to whom?

EOH staff may report to VHA facility executive leadership those individuals who have not signed and submitted the Health Care Personnel Influenza Vaccination Form, VA Form 10-9050 (Appendix B). However, VHA EOH 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 on VA Form 10-5345 Request for and Authorization to Release Health Information. Questions should be referred to the local Privacy Office.

4.9 Can we put stickers on badges that show an employee has completed the Appendix B form?

No. All HCP are expected to comply with the directive and receive the influenza vaccination and provide documented proof or request a medical and/or religious exemption and sign Appendix B. HCP may voluntarily wear a sticker with a phrase such as "I got my flu shot", but this is not a requirement of HCP.

5. Exemptions

5.1 What is a valid medical exemption?

If HCP decline to receive the seasonal influenza vaccine because of a medical contraindication, they must complete the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B) declaring an exemption for medical contraindication, with a personal physician's signature and the physician's National Provider Identification number. The reasons for contraindication must be recognized contraindications and precautions by the Centers for Disease Control and Prevention, found here: <https://www.cdc.gov/flu/prevent/whoshouldvax.htm>. HCP need not disclose the reason for medical contraindication to their supervisor, but they must obtain their immediate supervisor's signature on the VA Form 10-9050. HCP must submit the completed VA Form 10-9050 to the facility Employee Occupational Health staff by November 30 each year, or within two weeks of beginning employment.

5.2 The VA Form 10-9050 (Appendix B) form says only a physician with a National Provider Identification Number must sign and acknowledge the medical exemption. May an Advanced Practice Registered Nurse or a Physician Assistant sign the form?

No. VA Form 10-9050 (Appendix B) must be signed by the employee, the physician, and the employee's supervisor. The signature of an Advanced Practice Registered Nurse or a Physician Assistant instead of a physician will not meet the requirements of the Directive.

5.3 Can my medical or religious exemption be denied?

EOH staff will accept properly completed exemption requests that satisfy the requirements of the Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B).

5.4 What should a supervisor do if he or she doubts that an employee's religious belief is deeply held?

Generally, an employee's written and signed representations about their religious restrictions are not questioned; however, managers or supervisors who have an objective basis for questioning either the religious nature or the sincerity of a particular belief or practice may contact their servicing Human Resources office or District Counsel prior to signing VA Form 10-9050 (Appendix B).

5.5 Is there a standardized exemption form?

The Health Care Personnel Influenza Vaccination VA Form 10-9050 (Appendix B) is the standardized form for VHA HCP to acknowledge this directive and its contents. The form must be accompanied by medical documentation of vaccination administration, or the form must contain a medical or religious exemption request. All documentation must be submitted by November 30 annually for review.

5.6 Are HCP who receive an exemption required to wear masks?

Yes. Unvaccinated HCP with medical or religious exemptions must wear a face mask when working in patient care areas or other areas frequented by patients or other HCP in the healthcare facility during the influenza season as a part of their duties. The influenza season is generally considered to span the four-month period from December 1 through March 30. Influenza season may include other periods of increased local activity as determined by the Centers for Disease Control and Prevention or state or local public health authorities.

5.7 What is a face mask?

For the purposes of this directive a face mask is a loose-fitting disposable mask, provided by VHA, that covers the nose and mouth. Face masks should be worn as outlined in local and national policies. Fitted N95 respirators or other respirators are not required by this policy, but they should be used when appropriate to the task (e.g., when caring for a patient on airborne infection isolation precautions); if N95 or higher respirators are used, they also serve the purpose of being considered a face mask for this directive.

5.8 For those employees exempted from vaccination, are face coverings to be worn the entire time an employee is within a VHA facility?

Yes. However, an HCP may remove their 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 or at least six feet of distance between the unvaccinated HCP and any other HCP, patient; or other person; for example, when working in a cubicle with its open side at least six feet from anyone else.

5.9 Can an employee bring their own face mask if they are granted an exemption?

A face mask is a loose-fitting disposable mask, provided by VHA, that covers the nose and mouth. Alternatives to face masks, such as face coverings, may be considered under limited conditions with the guidance of infection control professionals (e.g. in non-clinical areas during a pandemic) as outlined in local and national policies.

5.10 What if an employee has religious beliefs that precludes him or her from wearing a face covering?

Such needs should be evaluated on a case-by-case basis as a religious accommodation, and would best be discussed with the employee's supervisor, local Human Resources and District Counsel.

5.11 What if an employee has a medical condition that precludes him or her from wearing a face covering?

Such needs should be evaluated on a case-by-case basis as a reasonable accommodation, and would best be discussed with the employee's supervisor, local Human Resources and District Counsel.

5.12 If EOH staff already documented a reaction in the employee's medical record or the employee-Veteran's medical record demonstrates a reaction, does the Appendix B form need to be signed every year?

An employee's ability to receive or be exempt from the seasonal influenza vaccination must be assessed on an annual basis and the employee must submit the Appendix B form annually.

5.13 Discuss what is meant by "does not need to know the reason for the exemption" and are we invading an employee's privacy rights?

HCP need not disclose the reason for medical or religious exemption to their supervisor.

5.14 Should exemptions be tracked for reporting purpose?

Yes. Inpatient Evaluation Center (IPEC) data submitted by VHA requires aggregate reporting of medical and religious exemptions.

5.15 Why is the supervisor signing the Appendix B and not EOH staff?

Supervisors only sign VA Form 10-9050 (Appendix B) if the employee is claiming an exemption from vaccination. This facilitates enforcement of this policy by identifying exempt employees who are required to wear a face mask.

6. Documentation and Tracking

6.1 Who is responsible for tracking employee and volunteer vaccinations and their status and who follows up after the November 30 date?

VHA Facility Employee Occupational Health staff are responsible for documenting and monitoring influenza vaccination compliance of HCP and identifying to the VHA facility executive leadership those individuals who have not signed and submitted the Health Care Personnel Influenza Vaccination Form, VA Form 10-9050 (Appendix B) by November 30 and thereafter of new employees on-boarding. The VA medical facility director is responsible for addressing non-compliant HCP, in conjunction with the HCP's supervisor and Chief Human Resources Officer, as necessary.

6.2 Is there a recommended process for letting management and supervisors know which employees have not submitted VA Form 10-9050 (Appendix B)?

VHA facilities can develop their own procedures. The following steps are offered as a permissible way for Employee Occupational Health (EOH) to notify facility leadership and supervisors which employees have not submitted VA Form 10-9050:

- Prior to the end of September, HR sends an Excel report from HR Smart by facility and by service line to EOH at each facility.
- EOH notes who has not submitted a Form 10-9050 (Appendix B) on the report and forwards it to their executive leadership team (ELT).
 - EOH should bundle forms received from personnel who do not appear on the facility list and work with HR to resolve.
- EOH sends an initial report to ELT no later than the end of October, and then an updated report each week thereafter.
- Upon receipt of the initial report, VAMC Director personally sends email to all staff reminding them they must comply with VHA Directive 1192.01.
- Immediate supervisors instruct their staff that they must comply with VHA Directive 1192.01.
- During the second week of November, supervisors sends an email to each employee who has not yet submitted Form 10-9050 (Appendix B) to notify them compliance is a condition of employment.
- EOH submits a list of non-compliant HCP to ELT after November 30.
- Supervisors works with HR to address non-compliant HCP.

6.3 Does everyone have to complete VA Form 10-9050 (Appendix B) even if they are an enrolled Employee-Veteran?

Yes. Every HCP is required to complete Appendix B and submit documented proof of vaccination or request a medical or religious exemption. The purpose of Appendix B is for each employee to annually acknowledge that they understand the information on the form, to confirm they have they have been given the opportunity to ask questions, and to confirm that they understand that violation of the directive may result in disciplinary action up to and including removal from federal service.

6.4 Can we alter the VA Form 10-9050 (Appendix B)?

No. This is a legal form and the Privacy Office has stated changing a form by adding to it or otherwise altering it is not permitted. Please visit [VA Forms, Department of Veterans Affairs to locate a copy of the form.](#)

6.5 Can HCP submit a completed electronic VA Form 10-9050 (Appendix B)?

Secure electronic submission is permissible. Please visit [VA Forms, Department of Veterans Affairs to locate a copy of the form.](#)

6.6 Is a verbal report of a receipt of an influenza vaccine adequate?

No. Verbal report of receipt of a flu vaccine does not meet the requirements of the Directive. All HCP must provide written proof of vaccination. Acceptable documentation includes a signed record of immunization from a health care provider or pharmacy, or a copy of medical records documenting the vaccination.

6.7 What do EOH staff do with a VA Form 10-9050 (Appendix B) that doesn't have supporting documentation or has not been completed fully or properly?

HCP are responsible for turning in VA Form 10-9050 (Appendix B) and appropriate documentation of vaccination to Employee Occupational Health services at the same time. Employees are not compliant with the VHA Directive 1192.01 unless both have been submitted to EOH staff.

6.8 Is there a Release of Information (ROI) an employee can sign for EOH to release employee name and vaccination status?

VHA 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 on VA Form 10-5345 Request for and Authorization to Release Health Information. Questions should be referred to the local Privacy Office.

6.9 Does the employee need to fill out a NOPP or a ROI with each Appendix B form?

A Notice of Privacy Practices (NOPP) must be completed for each employee occupational health visit including when employees receive an influenza vaccination from employee occupational health staff. A Release of Information form is not required for an employee to receive an influenza vaccination. Only Appendix B and documented proof of influenza vaccination are required for compliance with this VHA Directive.

6.10 Can EOH document in CPRS the influenza vaccination of an employee who is also a Veteran?

No. Employee medical records and the Employee-Veteran record must remain electronically separate. If an Employee-Veteran is vaccinated in EOH or by staff acting on behalf of EOH staff, he/she must ensure they notify their PCP of the influenza vaccination.

6.11 Some facilities have locked drop boxes to collect Appendix B forms, is this allowed?

Locked drop boxes are permissible to use to so long as there are reasonable safeguards employed in the use.

It has been used in the past for Release of Information forms and in some other areas of VAMCs.

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Some things to consider:

1. Who will have access to the key to retrieve forms?
2. Where will the drop box be located?
3. How frequently will the drop box be checked and by whom?

7. Employee Occupational Health Specific

7.1 May VA clinical staff vaccinate each other?

Only licensed health care workers who are approved to administer vaccinations may vaccinate other HCP. HCP are responsible for turning in Appendix B and appropriate documentation of vaccination to Employee Occupational Health services.

7.2 Can Employee Occupational Health services have other approved health care workers vaccinate other employees?

Only licensed health care workers who are approved to administer vaccinations may do so, subject to approval by facility leadership.

In general, Employee Occupational Health services will be provided under the direction of a licensed physician with knowledge of occupational medicine practice. Services such as vaccination may be provided by licensed physicians, physician assistants, nurses, pharmacists, and other health-related practitioners with the appropriate clinical training, subject to approval by facility leadership.

7.3 Can the EOH provider serve as the employee's personal provider to sign the VA Form 10-9050 (Appendix B) form?

No. The Employee Occupational Health provider may not serve as an employee's personal health care provider. An employee's ability to receive or be exempt from the seasonal influenza vaccination must be assessed on an annual basis and the employee must submit the Appendix B form annually.

8. General Questions

8.1 Can VA employees can get free flu vaccinations at Walgreens this year?

Some Walgreens may permit this, but not all. Listen to the recording from our national call on July 28, 2020. You can access the slides and recordings from the 2020-21 flu season national calls [here](#).

8.2 For the over 65 population, which do you recommend for the quadrivalent high dose vaccine and which for the quadrivalent adjuvanted vaccine; both are recommended for elderly?

The most important thing is for all people 6 months and older to get a flu vaccine every year. Fluzone High-Dose and Fluzone Quadrivalent are both injectable influenza vaccines made to protect against the flu viruses most likely to cause illness for that particular flu season. Fluzone High-Dose contains four times the amount of antigen (the part of the vaccine that prompts the body to make antibody) contained in standard-dose inactivated influenza vaccines. The additional antigen is intended to create a stronger immune response (more antibody) in the person getting the vaccine. If you have questions about which vaccine is best for you, talk to your doctor or other health care professional.

9. Occupational Health Recordkeeping System (OHRs) 2.0

9.1 Will licensed HCP who work on behalf of EOH staff to administer vaccinations be able to have access to the Occupational Health Recordkeeping System (OHRs) 2.0?

Currently, OHRs 2.0 is being developed and a role-based access will be established so licensed HCP, such as influenza vaccine champions, may have limited access to an employee's medical record to document influenza vaccination.

9.2 Will the OHRs 2.0 and CPRs communicate with one another so vaccines can be viewed in both the employee and the Veteran medical record?

Once OHRs 2.0 is established, employee medical records and Veteran medical records must remain electronically separate. OHRs 2.0 users will be able to access CPRs for viewing results.

9.3 Will OHRs 2.0 be able to upload Appendix B and support uploading other documents?

Currently, OHRs 2.0 is being developed to explore an electronic upload and complete feature.