



A Union of Professionals

AFT Healthcare 

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Lawrence + Memorial Registered Professional Nurses

Public Health Committee

March 4, 2015

HB 5448 An Act Requiring Health Care Providers to be Vaccinated against Influenza

Good afternoon Sen. Gerratana, Rep. Ritter and members of the Public Health Committee. My name is Dale Cunningham. I am a Registered Nurse actively working in the Neonatal Intensive Care at Lawrence and Memorial Hospital. I have worked at Lawrence + Memorial Hospital since 1990. I also hold the position of Treasurer in AFT Local 5049 representing over 500 Registered Nurses. I am a member of the Healthcare Council at AFT and sit as a delegate to the State HAI committee representing AFT. I am also presently a member of the Infection control committee at Lawrence + Memorial Hospital.

I am here to discuss **HB 5448 An Act Requiring Health Care Providers to be Vaccinated Against Influenza**. I strongly disagree with this bill being enacted. This proposed bill is very vague and gives no reason for this mandatory enforcement.

Instead, I am in favor of having an employee Influenza vaccination program that gives the choice to the employee, to either have the Influenza vaccination or use preventive methods, such as, wearing a mask when doing patient care. This is the program that we have done successfully at Lawrence + Memorial Hospital. The Union and the hospital partnered with this program. We have presently 100% participation, meaning all employees were either vaccinated by our employer or obtained vaccination in other facilities or the employee who chose to not receive the vaccine wears a mask throughout the flu season while doing patient care. This includes all staff that does direct patient care.

Why do I feel this way? Is it right that an employee be terminated because they choose not to have the Influenza vaccination? They may have had a bad reaction to previous vaccination; they may have true allergies to what is in the Influenza vaccine each year. Each year is a different vaccine.

Employers should be more vigilant in prevention of the spread of Flu by having employees stay home with symptoms of Influenza. Our Hospital does have a policy in

place for employees who have contracted the Flu and follow employees until they return to work. Despite having the vaccination, several employees became ill with Flu. The vaccine changes every year so evaluation of literature should be the employees, right to have or not have this vaccine.

I urge you to not pass this bill in the State of Connecticut and allow our healthcare workers to make an educated decision on receiving this vaccine.

Thank you for your time.

Respectfully,
Dale Cunningham

LAWRENCE + MEMORIAL HOSPITAL EMPLOYEE HEALTH SERVICES
FLU VACCINE CAMPAIGN PARTICIPATION FORM for 2014-2015

- I understand that L&M Hospital recommends all employees to be vaccinated against influenza on an annual basis.
- *I acknowledge that I have read and understand the following facts:*
- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other employees to protect myself, my family, my coworkers, and my patients from influenza disease, its complications, and death.
- ~~I am likely to be exposed to the influenza virus through the community, and bring the illness into the hospital setting and my home.~~
- ~~If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread the influenza disease to my family, my co-workers, and to patients in this facility.~~
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my not being vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including: my family, my community, my co-workers, and patients in this health care facility.

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons:

Masking Requirements for Unvaccinated Employees During the Flu Season

~~All employees who have NOT been vaccinated against influenza or are unable to receive the vaccine for documented medical reasons will be required to wear a surgical mask within six feet of a patient or while on any inpatient clinical unit from November 15, 2014 to April 1, 2015. Since we will be following the CDC recommendations, the end date may change.~~

Please initial the following statements in acknowledgement of the masking requirements:

To be fully functional the mask must fit snugly, cover the nose and mouth, and be secured to the face with ties or elastic. The metal nasal piece should be molded securely to the nose. Masks are to be used one time only and then discarded. Masks should never be worn around the neck. (Initials) _____

The mask should be discarded if it becomes soiled or moist. It is recommended that the mask be changed approximately every 2 hours or more frequently if needed and discarded immediately upon leaving the patient care area. (Initials) _____

Employees in clinical areas need to continue to follow appropriate Infection Control guidelines for isolation practices depending on the type of patient they are caring for. (Initials) _____

I understand that I can change my mind at any time and accept influenza vaccination. (Initials) _____

I have read and fully understand the information on this form.

Signature: _____

Date: _____

Name (print): _____

Date of Birth: _____

Department: _____

Job Title: _____