UNIVERSITY POLICY

Policy Name: Influenza Immunization Policy for Covered Individuals

Section #: 100.3.1 | Section Title: Clinical Health, Safety and Patient Care

Approval Authority: Executive Vice President for Health Affairs

Adopted: 12/23/2017

Reviewed:

Responsible Executive: Executive Vice President for Health Affairs

Revised:

Responsible Office: Executive Vice President for Health Affairs

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1. Policy Statement

This policy is intended to enhance the safety of our patients, visitors, clinical faculty, and clinical staff and protect them from exposure to Seasonal Influenza while at our facilities. Under this policy, a Seasonal Influenza vaccine is mandatory for all Covered Individuals with an option to opt out if a surgical mask is worn while in Clinical Areas during Flu Season. In addition to this policy, Rutgers encourages and supports other methods for preventing the spread of Seasonal Influenza, including initiatives to promote good hand hygiene, encouragement for sick co-workers to stay home, and cleaning of commonly shared items (light switches, remote controls, doorknobs, and faucets).

2. Reason for Policy

Seasonal Influenza is a contagious respiratory illness caused by the influenza viruses. It can cause mild to severe illness, and leads to the hospitalization and death of thousands of Americans every year. The most effective way to prevent infection from influenza is through annual vaccination along with everyday preventative steps such as handwashing. This policy is intended to reduce the risk of influenza being acquired in the university’s clinical settings by maximizing influenza vaccination for Covered Individuals.

3. Who Should Read this Policy

All clinical faculty and clinical staff who are employed by Rutgers University and who have any contact with patients.

4. Resources

The Joint Commission, CAMH IC 02.04.01. 2014

https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm
OSHA regulation 1910.134 (29 CFR)

Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP)
http://nj.gov/health/cd/topics/flu.shtml

RWJBarnabas Health, Influenza Immunization Program, Administrative Policy & Procedure

University Hospital, Prevention of Hospital Acquired Influenza, Infection Control Policy

5. Definitions

Seasonal Influenza: A contagious respiratory illness caused by the influenza viruses.

Covered Individual: A Rutgers University clinical faculty or clinical staff member who has contact with a patient in a Clinical Area.

Flu Season: Typically December 1st through March 31st, but exact annual Flu Season shall be determined by Rutgers University’s Executive Vice President for Health Affairs.

Clinical Area: All patient care areas, even if the Covered Individual is not providing clinical care. These areas may include, but are not limited to, outpatient offices and clinics, patient waiting rooms, patient rooms, and meeting rooms used for patient/family consults.

6. The Policy

The influenza vaccine is mandatory for all Covered Individuals with an option to decline vaccination pursuant to the standards of this Policy. All Covered Individuals declining mandatory vaccination shall sign a declination form (Appendix A). If vaccination is declined a protective surgical mask must be worn over the Covered Individual’s mouth and nose while the Covered Individual is in Clinical Areas during Flu Season. Masks will be available generally in Clinical Areas and should be changed when overly moist.

New hires who are Covered Individuals will be required to present proof of influenza immunization, or will be given the opportunity to receive the influenza vaccine at their health screening if hire date is between October 1st and March 31st. If the new hire opts out by declining the vaccine they will be required to sign a declination form (Appendix A) and will be provided a protective surgical mask which must be worn over the Covered Individual’s mouth and nose while the Covered Individual is in Clinical Areas during Flu Season. Masks will be available generally in Clinical Areas and should be changed when overly moist.

Any Covered Individual who does not receive the influenza vaccine at Rutgers University must present acceptable proof (Appendix B) to their supervisor of a current influenza vaccination from another vaccination source.

Any Covered Individual who fails to comply with this Policy may be subject to discipline up to and including termination of employment. In the event the supply of available influenza vaccine is insufficient to vaccinate all eligible Covered Individuals in any year, administration of the vaccine will be prioritized to the highest risk groups as identified by the CDC and the ramifications for non-compliance with this policy shall be modified as appropriate.
Appendix A

INFLUENZA VACCINATION DECLINATION FORM:

Name: __________________________________________

Work Email Address: __________________________________________

Phone Number: __________________________________________

School or Institute: __________________________________________

Department: __________________________________________

Supervisor: __________________________________________

Applicable Flu Season (for example, 2017-2018): __________________________________________

I understand that I may be at risk of acquiring infection. In addition, I may spread influenza to
patients, other healthcare workers, and my family, even if I have no symptoms. This can result in
serious infection, particularly in people at high risk for influenza complications. I attest that I will wear
a mask in accordance with the Rutgers Health Policy “Influenza Immunization Policy for Covered
Individuals.”

Signature: ___________________________ Date: __________

Forms should be returned to employee’s supervisor.
APPENDIX B

PROOF OF INFLUENZA VACCINATION FORM:

Name: _______________________________________________________

Work Email Address: ____________________________________________

Phone Number: ________________________________________________

School or Institute: ____________________________________________

Department: ___________________________________________________

Applicable Flu Season
(for example, 2017-2018): _______________________________________

Acceptable proof for influenza immunization is as follows:
• Document signed by the licensed healthcare practitioner or receipt from whoever
  administered the vaccine indicating the name of the employee and date of administration.

I CONFIRM THAT I HAVE RECEIVED THE INFLUENZA VACCINATION AT A NON-RUTGERS
FACILITY. I AM SUBMITTING PROOF OF IMMUNIZATION AS REQUIRED.

Signature: __________________________________________ Date: __________