



UNIVERSITY POLICY

Policy Name:	Influenza Immunization Policy for Covered Individuals				
Section #:	100.3.1	Section Title:	Clinical, Health, Safety, and Patient Care	Formerly Book:	N/A
Approval Authority:	Executive Vice President for Health Affairs		Adopted:	12/23/2017	Reviewed: 09/10/2019
Responsible Executive:	Executive Vice President for Health Affairs		Revised:	09/10/2019	
Responsible Office:	Executive Vice President for Health Affairs		Contact:	chancellorrbhs@rutgers.edu 973-972-4400	

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 Patient Care 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 Covered Individuals (as defined below) who are employed by and/or affiliated with Rutgers University.

4. Resources

The Joint Commission, CAMH IC 02.04.01. 2014
 CDC. "Prevention Strategies for Seasonal Influenza in Healthcare Settings," 2014.
<https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

Occupational Safety and Health Administration (OSHA) regulation 1910.134 (29 CFR)
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=12716

All policies are subject to amendment. Please refer to the Rutgers University Policy Library website (policies.rutgers.edu) for the official, most recent version.

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: All Healthcare Personnel (defined below) and all Rutgers University Public Safety Personnel (defined below), at all locations, regardless of whether they have routine presence in Patient Care Areas (defined below) or have routine contact with patients.

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.

Healthcare Personnel: Healthcare Personnel ("HCP") are defined as individuals who work directly with patients or who handle material that could spread infection. This includes, but is not limited to, the following: physicians, nurses, emergency medical personnel, dental professionals, laboratory technicians, pharmacists, individuals who volunteer in Patient Care Areas, and administrative staff.

Patient Care Areas: All areas in which care is provided to patients, even if the Covered Individual is not providing patient 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.

Public Safety Personnel: Employees of Rutgers University under the command of the Rutgers University Executive Director of Public Safety/Chief of University Police.

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 Patient Care Areas during Flu Season. This requirement shall not apply to Public Safety Personnel in a) emergencies or other exigent circumstances which would not allow the employee time to obtain and wear the mask without impeding the employee's actions; or b) situations where the employee already is wearing a mask in connection with her/his duties which would not permit the additional wearing of a surgical mask. Masks will be available generally in Patient Care 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 Patient Care Areas during Flu Season. This requirement shall not apply to Public Safety Personnel in a) emergencies or other exigent circumstances which would not allow the employee time to obtain and wear the mask without impeding the employee's actions; or b) situations where the employee already is wearing a mask in connection with her/his duties which would not permit the additional wearing of a surgical mask. Masks will be available generally in Patient Care Areas and should be changed when overly moist.

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The University will provide a Covered Individual the opportunity to receive the required influenza vaccination at a convenient location on campus, at no cost to the Covered Individual. 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, 2018-2019): _____

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, 2018-2019): _____

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: _____

Forms should be returned to employee's supervisor.