

UNIVERSITY POLICY

Policy-Name:	Influenza Immunization Policy for Covered Individuals				
Section #:	100.3.1	Section Title:	<u>Clinical, Compliance, Ethics, & Corporate Integrity: Clinical, Health, Safety, and-Patient Care</u>	Formerly Book:-	N/A
Approval-Authority:	Executive Vice President, for Health Affairs	Adopted:-	12/23/2017	Reviewed:	09/10/2019 <u>09/21/2020</u>
Responsible-Executive:	Executive Vice President, for Health Affairs	Revised:-	<u>09/10/2019; 09/21/2020</u>		
Responsible-Office:	Executive Vice President, for Health Affairs	Contact:	chancellorrbhs@rutgers.edu 973-972-4400		

4. 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-unless such Covered Individual is an option to opt-out if~~ Exempted Individual. ~~Any Exempted Individual must wear a surgical face mask is worn-while during the Flu Season in Patient Care Areas during Flu Season and as Rutgers University otherwise directs.~~ 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 (for example, light switches, remote controls, doorknobs, and faucets).

2. 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 ~~u~~University's clinical settings by maximizing influenza vaccination for Covered Individuals- and making provisions for mandatory face mask usage for Exempted Individuals.

3. 3. Who Should Read this Policy

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

4. 4. Resources

Annals of Allergy, Asthma & Immunology, "Administration of influenza vaccines to egg allergic recipients: A practice parameter update 2017"

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

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>

<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. 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.-

Exempted Individual: A Covered Individual who receives an approved medical exemption or religious exemption from Rutgers University.

Flu Season: Typically December 1st through March 31st, but exact starting and ending dates of the 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 or have other close contact with patients or who handle material that could spread infection, in a Patient Care Area. 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 patient reception areas, meeting rooms used for patient/family consults, any location where a patient is evaluated or treated; and all hallways and similar passages that connect such areas to the outside or non-Patient Care Areas.

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

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

6. 6. The Policy

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

~~The influenza. Under this policy, a Seasonal Influenza vaccine is mandatory for all Covered Individuals with unless such Covered Individual is 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 Exempted Individual. Any Exempted Individual must wear a protective surgical face mask ~~must be worn~~ over the Covered Individual's mouth and nose ~~while during the Covered Individual is Flu Season~~ 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. as Rutgers University otherwise directs. Masks will generally be available generally, at no cost, 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.~~

~~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.~~

- A. A Covered Individual who has received the seasonal influenza vaccination at a non-Rutgers facility, pharmacy, or physician's office must provide proof of immunization (Appendix A).
- B. Following the effective date of this Policy, any new Covered Individual, upon commencement of his/her relationship with Rutgers, will be required to provide proof of influenza vaccination, receive an influenza vaccine, or furnish any exemption request(s), if the relationship begins during Flu Season or when influenza vaccines are available if the relationship begins before Flu Season.

II. Exemptions

Any Covered Individual who wants to apply for an exemption must complete either a medical exemption or religious exemption form for consideration. All Covered Individuals applying for an exemption must complete an attestation statement and submit proof of an approved exemption consistent with the requirements below. The University will review all completed and submitted exemption request forms. Covered individuals will be notified of the outcome of their requests. All decisions will be final.

A. Medical Exemptions

- 1. Covered Individuals may be eligible for a medical exemption if they meet any of the following conditions and request an exemption:
 - a. A severe allergy to influenza vaccine or components of the vaccine.
 - b. Diagnosis with Guillain-Barré Syndrome within six (6) weeks of a prior influenza vaccination.
 - c. Other medical conditions supported by a treating physician on a case-by-case basis.
- 2. Any Covered Individual requesting a medical exemption shall complete and submit a Request for Medical Exemption From Influenza Vaccination Form, attached hereto as Appendix B. The Form must be submitted no later than November 1 of the current Flu Season to flumedicalexemption@rbhs.rutgers.edu. Following the effective date of this Policy, any new Rutgers University employee hired during Flu Season who is a Covered Individual and who requests a medical exemption must complete and submit a Request for Medical Exemption Form within ten (10) days of the individual's date of hire. The Form must be submitted to flumedicalexemption@rbhs.rutgers.edu.

B. Religious Exemptions

- 1. Covered Individuals may be eligible for a religious exemption in accordance with applicable law. Any Covered Individual requesting a religious exemption must complete and submit a Request for Religious Exemption From Influenza Vaccination Form, attached hereto as Appendix C. The Form must be submitted no later than November 1 of the current Flu Season to flureligiosexemption@rbhs.rutgers.edu. Following the effective date of this Policy, any new Rutgers University employee who is a Covered Individual and who requests a religious exemption must complete and submit a Request for Religious Exemption from Influenza Vaccination Form within ten (10) days of the individual's date of hire. The Form must be submitted to flureligiosexemption@rbhs.rutgers.edu.

C. Exempted Individuals

1. For Exempted Individuals, it is mandatory to properly wear ~~properly~~ a face mask (available from Rutgers University) over the mouth and nose during the entire Flu Season in Patient Care Areas and any other areas designated by Rutgers University.
2. In general, once Rutgers University approves a religious exemption, a Covered Individual will not be required to submit requests for exemption in subsequent Flu Seasons.
3. In general, once Rutgers University approves a medical exemption based on the Centers for Disease Control and Prevention criteria, unless otherwise limited, a Covered Individual will not be required to submit requests for exemption in subsequent Flu Seasons.
4. If approval of an exemption is limited, an exemption is only valid for the then-current Flu Season, and the Covered Individual must reapply for an exemption for each subsequent Flu Season in order to obtain an exemption.

III. Identification for Approved Influenza Exemptions

Any Covered Individual who has an approved medical or religious exemption shall wear an indicator as deemed appropriate by Rutgers on his/her Rutgers University ID Card ("RU ID Card"). The indicator must be placed on the front of the RU ID Card and remain affixed to the RU ID Card the entire Flu Season. The Covered Individual must display their RU ID Card with exemption indicator in a location where it is easily visible to others at all times while in Patient Care Areas. Covered Individuals will receive an indicator when they receive their approved exemption.

IV. Non-Compliance

Any Covered Individual who fails to be vaccinated, fails to have an approved medical or religious exemption by December 1 of the then-current Flu Season, or who otherwise fails to comply with this Policy ~~may be the policy,~~ will not be permitted to work in a Patient Care Area. If such a Covered Individual fails to be vaccinated, fails to qualify for a valid exemption, or fails to otherwise become compliant with the policy, that individual will be subject to discipline, up to and including termination of employment.–

V. Vaccine Availability

In the event ~~that~~ the supply of available influenza vaccine is insufficient to vaccinate all eligible-Covered Individuals ~~in any year,~~ who seek a vaccination from Rutgers, the University reserves the right to prioritize the administration of the vaccine ~~will be prioritized to the~~ highest risk groups as identified by the CDC, and ~~modifications to~~ the ~~ramifications for non-compliance with this policy shall~~ section above may be modified made 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: _____

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Forms should be returned to employee's supervisor.

VI. Limited Scope

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

The provisions of this Policy are limited to the requirements set forth above and are not intended to, and shall not, change any requirements regarding the use of face masks or any other personal protective equipment, or other immunizations, required by other University Policy or University directive, with regard to any member of the Rutgers community, either in a Patient Care Area or in other locations.



APPENDIX BA:

PROOF OF INFLUENZA VACCINATION FORM:

Name: _____

Work Email Address: _____

Phone Number: _____

School or Institute: _____

Department: _____

Applicable Flu Season (for example, 2018-2019): _____

Name: _____

Work Email Address: _____

Phone Number: _____

School or Institute: _____

Department: _____

Applicable Flu Season (for example, 2020-2021): _____

Acceptable proof for influenza immunization is as follows:

- Document signed by ~~the~~ licensed healthcare practitioner or receipt from ~~whoever~~ whomever 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:** _____



APPENDIX B:

REQUEST FOR MEDICAL EXEMPTION FROM INFLUENZA VACCINATION FORM

Rutgers Influenza Immunization Program

Must be completed by the individual requesting exemption and their physician

To be completed by the Rutgers Employee or Volunteer (please print):

Please check one: Employee Volunteer

Name: _____ **Employee ID:** _____

Date of Request: _____ **Email Address:** _____

Applicable Flu Season (for example, 2020-2021): _____

School/Institute: _____

Department: _____

Immediate Supervisor: _____

Confirmation:

I verify that the information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. 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.

Forms should be returned to employee's supervisor.

This can result in serious infection, particularly in persons at high risk for influenza complications. I have also been given the opportunity to be vaccinated with influenza vaccine at no charge to myself. However, I request a medical exemption from the Rutgers University Influenza Immunization Policy for Covered Individuals at this time. I understand that I continue to be at risk of acquiring influenza, potentially resulting in transmission to patients and other personnel. If in the future I want to be vaccinated with influenza vaccine, I can receive it at no charge to me. I attest that if granted this exemption, I will wear a face mask in accordance with the Rutgers Influenza Immunization Policy for Covered Individuals. I also understand that my request for an exemption may not be granted if it is not reasonable.

Applicant Signature: _____ **Date:** _____
.....

To be completed by the healthcare provider of the Rutgers Employee or Volunteer:

Dear Physician,
We are committed to protecting our patients from exposure to influenza at our facilities and therefore adopt the Centers for Disease Control and Prevention (CDC) recommendations.

The above-named individual is requesting an exemption from this vaccination requirement. A medical exemption from

the influenza vaccination is allowed for only the listed recognized contraindications as the CDC notes on its site: https://www.cdc.gov/flu/professionals/vaccination/vaccine_safety.htm. Please complete the form on the next page and verify whether your patient has at least one of the contraindications for a medical exemption.

Thank you.



The above individual should not be immunized for influenza for the following reason (Please check all that apply):

- A severe allergy to influenza vaccine or components of the vaccine.**
- Diagnosed with Guillain-Barre syndrome within six (6) weeks of a prior influenza vaccination.**
- Other – please provide a separate narrative that describes the reason for exemption in detail. These requests will be reviewed on a case-by-case basis.**

I certify that _____ has the above contraindication and therefore request a medical exemption from the influenza vaccine.

Physician Signature: _____ Date: _____

Physician Name: _____ Physician Phone #: _____

Physician e-mail address: _____

Physician Address: _____

Physician Medical License #: _____

To Rutgers Employee or Volunteer: Scan and email this form to FluMedicalExemption@rbhs.rutgers.edu or as otherwise identified in writing by Rutgers. Incomplete forms will NOT be accepted. For those who do not have the ability to email and/or scan, please mail a copy to:

For Staff Employees:
RBHS Office of Clinical Affairs
Child Health Institute
89 French Street, Suite 4100
New Brunswick, NJ 08901

For Faculty Employees:
The Office of Academic Labor Relations
Rutgers University
178 Ryders Lane, Suite 308
New Brunswick, NJ 08901-8556

DESIGNATED OFFICE USE ONLY:

Medical Exception Approved on: _____ Approving Signature: _____



APPENDIX C:

REQUEST FOR RELIGIOUS EXEMPTION FROM INFLUENZA VACCINATION FORM

Rutgers Influenza Immunization Program

Must be completed by the individual requesting exemption

Rutgers University is committed to protecting our personnel and patients from exposure to influenza at our school/institutes and therefore adopts the Centers for Disease Control and Prevention (CDC) recommendations.

- ❖ I understand that I may be at risk of acquiring influenza. In addition, I may spread influenza to patients, other health care personnel, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for influenza complications.

- ❖ I have also been given the opportunity to be vaccinated with influenza vaccine, at no charge to myself. However, I request a religious exemption from the Rutgers University Influenza Immunization Policy for Covered Individuals at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring influenza, potentially resulting in the transmission to patients and other personnel. If in the future I want to be vaccinated with influenza vaccine, I can receive the vaccine at no charge to me.

- ❖ I attest that if granted this exemption, I will wear a mask in accordance with the Rutgers University Influenza Immunization Policy for Covered Individuals.

Part 1: TO BE COMPLETED BY RUTGERS EMPLOYEE OR VOLUNTEER

Please check one: Employee Volunteer

Name: _____ **Employee ID:** _____

Date of Request: _____ **Email Address:** _____

School/Institute: _____

Department: _____

Immediate Supervisor: _____

Part 2: REQUIRED DOCUMENTATION

In order for us to process your request, please provide a description, in your own words, of the specific ways in which an influenza vaccination conflicts with your religious beliefs. If there is other information supporting your exemption application, which you would like the exemption committee to consider, please submit that information with your description.

Part 3: VERIFICATION AND ACCURACY

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I understand that I may be contacted and I authorize my religious leader (if identified) to be contacted to provide further clarification. I also understand that my request for an exemption may not be granted if it is not reasonable.

I have attached the required documentation as outlined in Part 2 of this form.

Signature: _____ **Date:** _____

Print Name: _____



Scan and email to FluReligiousExemption@rbhs.rutgers.edu or as otherwise identified in writing by Rutgers. Incomplete forms will NOT be accepted. For those who do not have the ability to email and/or scan, please mail a copy to:

For Staff Employees:
RBHS Office of Clinical Affairs
Child Health Institute
89 French Street, Suite 4100
New Brunswick, NJ 08901

For Faculty Employees:
The Office of Academic Labor Relations
Rutgers University
178 Ryders Lane, Suite 308
New Brunswick, NJ 08901-8556

DESIGNATED OFFICE USE ONLY:

Religious Exception Approved on: _____ Approving Signature: _____