

UNIVERSITY POLICY

Policy Name:	Influenza-Immunization Policy for Covered Individuals				
Section #:	100.3.1	Section Title:	Clinical, Compliance, Ethics, & Corporate Integrity: Clinical, Health, Safety, and Patient Care	Formerly Book:	N/A
Approval Authority:	Executive Vice President, for Health Affairs	Adopted:	12/23/2017	Reviewed:	09/21/2020 06/21/2021
Responsible Executive:	Executive Vice President, for Health Affairs	Revised:	09/10/2019; 09/21/2020; 06/21/2021		
Responsible Office:	Executive Vice President, for Health Affairs	Contact:	chancellorrbhs@rbhs.rutgers.edu 973-972-4400		

1. Policy Statement

This ~~policy~~ Policy is intended to enhance the safety of our patients, visitors, students, clinical faculty, and clinical staff and protect them from exposure to ~~Seasonal Influenza~~ specified Communicable Infectious Diseases while at our facilities, and to promote the public health of the University community. Under this ~~policy~~, a ~~Seasonal Influenza vaccine is~~ Policy, immunizations for the Communicable Infectious Diseases specified in this Policy are mandatory for all Covered Individuals unless such Covered Individual is an Exempted Individual. Additionally, each year, the Executive Vice President for Health Affairs will specify additional Communicable Infectious Diseases to be included under this Policy. Any Exempted Individual must wear a face mask ~~during the Flu Season~~ in Patient Care Areas and as Rutgers University otherwise directs. In addition to this ~~policy~~ Policy, Rutgers encourages and supports other methods for preventing the spread of ~~Seasonal Influenza~~ Communicable Infectious Diseases, including initiatives to promote good hand hygiene, encouragement for sick co-workers to stay home, and cleaning of ~~commonly shared items~~ high-touch surfaces (for example, counters, doorknobs, light switches, remote controls, doorknobs, and handles, stair rails, elevator buttons, desks, keyboards, phones, toilets, faucets, and sinks).

2. Reason for Policy

Certain Communicable Infectious Diseases, including Seasonal Influenza is and COVID-19, are contagious respiratory illness diseases caused by the ~~influenza~~ viruses. ~~It~~ These viruses can cause mild to severe illness, and ~~leads~~ lead to the hospitalization and death of ~~thousands of many~~ Americans ~~every~~ each year. The most effective way to prevent infection from ~~influenza~~ these viruses is through ~~annual~~ vaccination along with everyday preventative steps such as handwashing. This ~~policy~~ Policy is intended to reduce the risk of ~~influenza~~ these diseases being acquired in the University community, particularly in the University's clinical settings, by maximizing ~~influenza vaccination~~ immunization for Covered Individuals and making ~~provisions~~ provision for mandatory face mask usage for Exempted Individuals.

3. Who Should Read this Policy

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

1.4. 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><https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

Occupational Safety and Health Administration (OSHA) regulation 1910.134 (29 CFR) -6

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

COVID-19 Vaccination

University COVID-19 Information

New Jersey COVID-19 Information Hub

Coronavirus Disease 2019 (COVID-19) | Centers for Disease Control and Prevention (CDC) COVID-19 Advisory Committee on Immunization Practices (ACIP) Vaccine Recommendations | CDC

4.5. Definitions

Communicable Infectious Diseases: Contagious respiratory illnesses specified by the Executive Vice President for Health Affairs that lead to significant risk to the health and safety of patients, employees, and visitors, including but not limited to Seasonal Influenza, COVID-19, and other contagious respiratory illnesses.

Covered Individual:- All Health Care 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.

COVID-19:- A respiratory disease caused by SARS-CoV-2, a new coronavirus discovered in 2019.

COVID-19 Immunization: Administration of a complete series of any COVID-19 vaccine authorized or approved for use in the United States by the United States Food and Drug Administration (FDA) and recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). As of the date of this Policy, there are currently three COVID-19 vaccines authorized by the FDA for emergency use and recommended by the ACIP: two mRNA vaccines (Pfizer-BioNTech, Moderna) and one viral vector vaccine (Janssen [Johnson & Johnson]).

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.

Health Care Personnel: ~~Healthcare Personnel ("HCP") are defined as individuals~~ 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, 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 whose assignment requires or could require them to be in contact with patients for any amount of time.

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

5.6. The Policy

I. Seasonal Influenza

~~A. Under this policy~~ Policy, a Seasonal Influenza vaccine is mandatory for all Covered Individuals unless such Covered Individual is an Exempted Individual. Any Exempted Individual must wear a face mask over the Covered Individual's mouth and nose during the Flu Season in Patient Care Areas and as Rutgers University otherwise directs. Masks will generally be available, at no cost, 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. Each year, Covered Individuals must provide proof of influenza vaccination prior to the start date of Flu Season or submit any exemption request(s) by November 1 of the current Flu Season.

~~†~~

~~A.B.~~ A Covered Individual who has received the seasonal influenza Seasonal Influenza vaccination at a non-Rutgers facility, pharmacy, or physician's office must provide proof of immunization (by completing and submitting the form contained in Appendix A).

~~B.C.~~ Following the effective date of this Policy, any new Covered Individual, upon commencement of their 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. COVID-19

A. Under this Policy, COVID-19 Immunization is mandatory for all Covered Individuals unless such Covered Individual is an Exempted Individual. Covered Individuals must provide proof of COVID-19 vaccination or submit any exemption request(s) by the date specified by the Executive Vice President for Health Affairs.

B. A Covered Individual who has received a COVID-19 Immunization at a non-Rutgers facility, pharmacy, or physician's office must provide proof of immunization. Proof of COVID-19 Immunization must be uploaded to <https://rtr.ipo.rutgers.edu/vaccines/>.

~~—Following the effective date of this Policy, any new Covered Individual, upon commencement of their his/her relationship with Rutgers, will be required to provide proof of COVID-19 Immunization, receive a COVID-19 Immunization, or furnish any exemption request(s).~~

C.

III. Additional Immunizations

~~A. From time to time, the Executive Vice President for Health Affairs, working in conjunction with the University leadership, may specify additional Communicable Infectious Diseases for which Covered Individuals must be immunized or receive an exemption. The Executive Vice President for Health Affairs will determine the date by which immunizations must be completed and determine the date by which exemption requests must be submitted. The immunization requirements will be communicated with sufficient lead time to enable Covered Individuals to obtain immunizations or to request an appropriate exemption. Proof of immunization for any such Communicable Infectious Diseases must be provided by completing and submitting the form contained in Appendix A.~~

II.IV. 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

- ~~4.—Covered Individuals may be eligible for a medical exemption in accordance with applicable law and on a case-by-case basis, if they meet any of have a medical condition which precludes them from being vaccinated against the following conditions and request an exemption:~~
 - ~~a.—A severe allergy to influenza vaccine or components of specified Communicable Infectious Disease(s), and if the vaccine.~~
 - ~~b.—Diagnosis with Guillain-Barré Syndrome within six (6) weeks of a prior influenza vaccination.~~
- ~~e.1. Other medical conditions condition is supported by appropriate documentation from a treating physician on a case-by-case basis health care provider.~~
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 prior to the current Flu Season to flumedical exemption@rbhs.rutgers.edu date(s) specified in this Policy for Seasonal Influenza and COVID-19 and/or specified by the Executive Vice President for Health Affairs for other Communicable Infectious Diseases. 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 flumedical exemption@rbhs.rutgers.edu. The form for influenza vaccine exemptions must be submitted to FluMedicalExemption@rbhs.rutgers.edu. The form for COVID-19 vaccine exemptions must be submitted to CovidMedicalExemption@rbhs.rutgers.edu. If the Executive Vice President for Health Affairs specifies additional Communicable Infectious Diseases for which Covered Individuals

must be immunized, the Executive Vice President for Health Affairs will specify how exemption requests can be submitted.

B. Religious Exemptions

1. Covered Individuals may be eligible for a religious exemption in accordance with applicable law.
2. 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 prior to the current Flu Season to flureligiousexemption@rbhs.rutgers.edu date(s) specified in this Policy for Seasonal Influenza and COVID-19 and/or specified by the Executive Vice President for Health Affairs for other Communicable Infectious Diseases. 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 The form for influenza vaccine exemptions must be submitted to flureligiousexemption@rbhs.rutgers.edu. FluReligiousExemption@rbhs.rutgers.edu. The form for COVID-19 vaccine exemptions must be submitted to CovidReligiousExemption@rbhs.rutgers.edu.

C. Exempted Individuals

1. For Exempted Individuals, it is mandatory to wear properly wear a face mask (available from Rutgers University) over the mouth and nose during the entire Flu Season in Patient Care Areas and, in any other areas designated by Rutgers University, and as Rutgers otherwise directs. Masks will be available generally, at no cost, in Patient Care Areas and should be changed when they are overly moist, become ripped, or otherwise deteriorate. Exempted Individuals may be subject to additional requirements as deemed appropriate by the Executive Vice President for Health Affairs.
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 Seasonsthe future.
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 Seasonsthe future.
4. If approval of an exemption is limited, an exemption is only valid for the then current Flu Season, and period of time during which the medical condition exists. The Covered Individual must will be required to receive an appropriate vaccination(s) or reapply for an exemption for each subsequent Flu Season in order to obtain an exemption after the expiration date of the medical condition.

~~III.V.~~ Identification for Approved Influenza Vaccination Exemptions

~~Any Covered Individual who has an approved medical or religious exemption~~ Exempted Individuals 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 Cardthe entire Flu Season. The Covered Individual must display their RU ID Card

~~with the~~ 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.VI. Non-Compliance

Any Covered Individual who fails to be vaccinated by the applicable deadline, fails to have an approved medical or religious exemption by ~~December 1 of the then-current Flu Season~~the applicable deadline, or who otherwise fails to comply with the ~~policy~~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~~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 who seek a vaccination from Rutgers, the University reserves the right to prioritize the administration to highest risk groups as identified by the CDC, and modifications to the non-compliance section above may be made as appropriate.~~

VI.VII. Limited Scope

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 A:

PROOF OF ~~INFLUENZA~~COMMUNICABLE INFECTIOUS DISEASE VACCINATION FORM:

Name: _____

Work Email Address: _____

Phone Number: _____

School or Institute: _____

Department:- _____

Name of Disease(s)
(e.g., Influenza): _____

Applicable Time Period, If Any
(e.g., 2021-22 Flu Season (for):
example, 2020-2021): _____

Acceptable proof for ~~influenza~~communicable infectious disease immunization is as follows:

- Document signed by a licensed health care practitioner or receipt from whomever administered the vaccine indicating the name of the employee and date of administration.

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

Signature: _____ **Date:** _____

Proof of Communicable Infectious Disease Vaccination Form (Appendix A) should be returned to employee's supervisor or other unit representative who is tracking vaccine compliance. Covered Individuals should upload COVID vaccination documentation to: <https://rtr.ipo.rutgers.edu/vaccines/>.



APPENDIX B:

**REQUEST FOR MEDICAL EXEMPTION FROM INFLUENZA COMMUNICABLE
INFECTIOUS DISEASE VACCINATION FORM**

Rutgers Influenza Immunization Program

Must be completed by the individual requesting exemption and their physician/health care provider

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 Season (for example, 2020-2021): _____
_____2022): _____

School/Institute: _____

Department: _____

Immediate Supervisor: _____

Please check any that apply: Seasonal Influenza COVID-19 Other

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 a communicable infectious disease, such as influenza or COVID-19, to patients, other health care workers, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for influenza communicable infectious disease complications. I have also been given the opportunity to be vaccinated with influenza a communicable infectious disease vaccine at no charge to myself. However, I request a medical exemption from the Rutgers University Influenza Communicable Infectious Disease Immunization Policy for Covered Individuals at this time. I understand that I continue to be at risk of acquiring influenza a communicable infectious disease, potentially resulting in transmission to patients and other personnel. If in the future I want to be vaccinated with influenza a communicable infectious disease 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 Communicable Infectious Disease 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: _____

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

Dear ~~Physician~~Health Care Provider,

We are committed to protecting our patients from exposure to ~~influenza~~communicable infectious diseases 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.a communicable infectious disease vaccination is allowed for disabilities which prevent the person from receiving a vaccination.

Please complete the form below 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~~the following communicable infectious diseases (Please check all that apply):

- Seasonal Influenza**
- COVID-19**

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

- A severe allergy to ~~influenza~~(Please indicate communicable infectious disease) _____ vaccine or components of the vaccine. Required: What is the severe allergy? Please provide detail and attach additional page if more space is needed.**
- Diagnosed with Guillain-Barre syndrome within six (6) weeks of a prior influenza vaccination. (Seasonal Influenza only)**
- 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~~communicable infectious disease vaccine(s) indicated above.

~~Physician~~Health Care Provider Signature: _____ Date: _____

~~Physician~~Health Care Provider Name: _____

~~Physician~~Health Care Provider Phone #: _____

~~Physician~~Health Care Provider e-mail address: _____

~~Physician~~Health Care Provider Address: _____

~~Physician~~Health Care Provider Medical License #: _____



To Rutgers Employee or Volunteer: Scan and email this form to FluMedicalExemption@rbhs.rutgers.edu for influenza vaccine exemptions and CovidMedicalExemption@rbhs.rutgers.edu for COVID-19 vaccine exemptions 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: _____

Approved Medical Exemption Forms (Appendix B) should be returned to employee's supervisor or other unit representative who is tracking vaccine compliance.

APPENDIX C:

**REQUEST FOR RELIGIOUS EXEMPTION FROM
INFLUENZA COMMUNICABLE INFECTIOUS DISEASE
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 communicable infectious diseases 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-a communicable infectious disease. In addition, I may spread influenzaa communicable infectious disease 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 influenzaa communicable infectious diseases complications.

- ❖ I have also been given the opportunity to be vaccinated with influenzaa communicable infectious disease 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 influenzaa communicable infectious disease, potentially resulting in the transmission to patients and other personnel. If in the future I want to be vaccinated with influenzaa communicable infectious disease 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: _____

Please check any that apply: Seasonal Influenza COVID-19 Other

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 influenzaa communicable infectious disease vaccination conflicts with your religious beliefs. If there is other information supporting your exemption application, which you would like the exemption committee University 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 for influenza vaccine exemptions and CovidReligiousExemption@rbhs.rutgers.edu for COVID-19 vaccine exemptions 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: _____

Approved Religious Exemption Forms (Appendix C) should be returned to employee's supervisor or other unit representative who is tracking vaccine compliance.