

Sample: Policy for the Administration of Influenza Vaccine Employees in Health Care Settings

1.0 PURPOSE

The purpose of this policy is to minimize transmission of the influenza virus in the workplace by providing occupational protection to employees and thus preventing transmission to members of the community, which we serve.

Annual influenza vaccination has been found to be both safe and effective in reducing the risk of influenza and health-care related transmission. The Centers for Disease Control and Prevention (CDC) recommend vaccination of all workers in health care settings. Research, however, has shown that vaccination programs restricted to those who actively seek the vaccine have limited penetration and, thus, effectiveness in protecting patients and employees. This policy is intended to maximize the protection offered to our employees and clients.

2.0 POLICY

All employees of the (name of workplace) shall be provided the influenza vaccine during the annual influenza vaccination campaign. Employees will be required to obtain vaccination by December 1 of each calendar year or sign a declination. Vaccine will be offered free of charge at various times and locations. Records will be maintained documenting vaccinations and declinations. If vaccine shortages occur or if CDC recommendations are altered, the (Health Officer, CEO, or head of agency/facility) may suspend or revoke all or part of this policy.¹

3.0 DEFINITIONS

3.1 Employee—any person that receives financial compensation for work performed at (name of workplace), whether merit, contractual, or consultants. Although consultants are not considered employees by definition, for the purpose of this policy, consultants will be included in this category.

¹ Whether shortages occur at the national level or agency/facility level, the vaccination campaign will depend on vaccine availability.

- 3.2 Influenza (flu)**—a mild to severe contagious illness caused by viruses that infect the respiratory tract.
- 3.3 Influenza vaccine**—a preparation of influenza antigens (live or killed virus), which stimulate the production of specific antibodies when introduced to the body. These antibodies provide protection against influenza virus infection.
- **TIV**—also known as the Trivalent Inactivated Influenza Vaccine, is made with killed virus and is administered through the muscle.
 - **LAIV**—also known as the Live Attenuated Influenza Vaccine, is made with live, weakened viruses that do not cause the flu and is administered through a nasal spray.
- 3.4 Annual influenza vaccination campaign**—Each year during the months when maximum benefit is provided by influenza vaccination, the name of (vaccination campaign organization) conducts a major vaccination campaign including mass vaccination clinics and community outreach. The campaign usually starts on (date) and ends (date).

4.0 PROCEDURES

4.1 GENERAL REQUIREMENTS

- 4.1.1** All employees will be required to obtain the influenza vaccine or sign the declination on the *Influenza Vaccination Employee Statement* (Attachment 1) each year.

4.2 IMPLEMENTATION

- 4.2.1** (Name of workplace) will provide the influenza vaccination annually at no cost to all employees.
- 4.2.2** The Live Attenuated Influenza Vaccine (LAIV) or the Trivalent Inactivated Influenza (TIV) will be administered to employees based on vaccine availability and published CDC guidelines.

4.3 RESPONSIBILITIES

4.3.1 Employees shall be responsible for:

- 1) Familiarizing themselves with this Administrative Policy and Procedure and signing and returning the *Acknowledgement of Receipt* form (Attachment 2) to the Office of Human Resources.

- 2) Annually, completing and signing the *Influenza Vaccination Employee Statement*, whether consenting to or declining vaccination by the established deadline.
- 3) Taking one of the above actions by **December 1** or, if hired during the annual influenza vaccination campaign, within 1 month of employment.
- 4) Annually, submitting the signed form to (office designated to receiving consents statements) (if consenting) or to (Office designated to receive declined statements) (if declining) by the established deadline.

4.3.2 Supervisors shall be responsible for:

- 1) Allowing employees time to attend a vaccination clinic.
- 2) Assuring that employees comply with this Administrative Policy and Procedure.

4.3.3 Office of Human Resources shall be responsible for:

- 1) Providing copies of this Administrative Policy and Procedure to employees and maintaining copies of the *Acknowledgement of Receipt* form in employees' personnel files.
- 2) Providing each employee annually with a reminder of this policy and a copy of the *Influenza Vaccination Employee Statement* for that year's influenza vaccine campaign.
- 3) Providing new employees with information about the annual influenza vaccine policy during orientation and where to obtain the vaccine if employment begins during the influenza campaign.
- 4) Notifying supervisors regarding those employees who are not in compliance with this policy.
- 5) Taking any appropriate personnel action.

4.3.4 (Office designated to coordinate flu vaccination clinics) shall be responsible for:

- 1) Offering employees influenza vaccination at various locations and times.

- 2) Providing influenza vaccine (LAIIV, TIV) (type of locations) for employees.
- 3) Receiving a signed *Influenza Vaccination Employee Statement* from all employees.
- 4) Maintaining electronic records of employees who have received or declined influenza vaccination.
- 5) Providing information to the Office of Human Resources regarding those employees who are not in compliance with this policy.
- 6) Reviewing annual employee influenza vaccination rates.
- 7) Developing and recommending strategies including revisions to this policy to enhance and improve influenza vaccination rates in the Department.

5.0 **EFFECTIVE DATE**

The effective date of this Administrative Policy and Procedure is (date).

Date

Name

Signature of
CEO, Health Officer or
head of agency/facility

**Employee Influenza Vaccination Policy
Acknowledgement of Receipt**

Please print your name and division and then sign and date the form to indicate that you have received a copy of the (name of workplace) *Policy for the Administration of Influenza Vaccine to (name of workplace) Employees*, dated (date of policy). You are responsible for reading and adhering to the policy.

Print Name

Signature

Division

Date

Please send signed Acknowledgement of Receipt form to: Office of Human Resources.

SAMPLE

Influenza Vaccination Employee Statement

I am aware of the influenza policy and have had a chance to have my questions answered about influenza vaccination. * I understand the benefits and risks of the vaccine, and:

- I **agree** to have the influenza vaccine for the [redacted] influenza season. *If you have already received the influenza vaccine for this influenza season, please specify the date_____.*
- I **decline** influenza vaccination for the [redacted] influenza season. I understand that I may rescind this declination at any time. *Please specify reason(s) for the declination (optional)_____.*

Signature

Date

Printed Name

Division/Program

Did you receive the influenza vaccine during last year's influenza season?

- Yes
- No

***For questions about influenza vaccination, please call [redacted].**

Administration of Vaccine:

- LAIV
- TIV

Vaccine Type

Date

(RN) Signature

Please send to the(specific office), attention "Employee flu" at 1(address).