

Policies and Procedures

SECTION: Administration	NO. 2.1.23.			
CHAPTER: General	ISSUED: 9/17/10	<i>REV. A</i>	<i>REV. B</i>	<i>REV. C</i>
POLICY: Influenza Vaccination Requirement	<i>PAGE 1 OF 3</i>			

PURPOSE

Influenza vaccination is the most effective method for preventing transmission of the influenza virus and its potentially severe complications. This policy has as its purpose to protect the health and well-being of faculty, staff, students, patients, families and the community at large.

POLICY

All University employees and students placed in health care settings or the University's child development center are required to be vaccinated for influenza by December 1 of each year.

University employees will be offered the influenza vaccine at University cost during scheduled clinics. Students will be offered the influenza vaccine during student clinics sponsored by the Center for Health and Counseling.

SCOPE

All Creighton University faculty, staff, and students.

DEFINITIONS

Medical Contraindication: A contraindication is a condition in a recipient that increases the risk for a serious adverse reaction.

PROCEDURES

- A. All University faculty, staff, and students shall be notified annually of the Creighton University Influenza Vaccination Requirements policy.
- B. Influenza vaccinations will be administered in accordance with:
 - a. National recommendations in effect at the time of vaccination
 - b. Manufacturer guidelines for administration
- C. If influenza vaccine supplies are not reasonably available, this policy may be suspended and/or the annual deadline may be extended.
- D. The influenza vaccine will be provided at no cost to the faculty, staff, or student.
- E. Healthcare and child care employees and students placed in clinical health care settings must receive their annual influenza vaccination no later than December 1st of each year.
 - a. New healthcare and child care employees and students placed in clinical health care settings, after December 1st, but before April 1st of each year shall have his or her status for influenza vaccination(s) determined at the time of hire/placement. If such individual has not had the influenza vaccination, the University shall arrange for the necessary vaccination at no cost to the new faculty/staff/student or he/she will arrange to receive the vaccination from a source other than the University, and will provide the University with proof of having received the vaccination.
- F. The University will maintain annual influenza vaccination status documentation in an employee health or student health file for all healthcare and child care employees and students in a clinical health care setting.

Policies and Procedures

SECTION: Administration	NO. 2.1.23.			
CHAPTER: General	ISSUED: 9/17/10	<i>REV. A</i>	<i>REV. B</i>	<i>REV. C</i>
POLICY: Influenza Vaccination Requirement	<i>PAGE 2 OF 3</i>			

- G. Healthcare and child care employees and students in a clinical health care setting may decline (see attachment 1) the influenza vaccination for the following reasons:
 - a. Documented medical contraindication according to the Guide to Contraindications to Vaccinations published by the CDC.
 - b. Documented receipt of the vaccine from a source other than the University.
 - c. Employees with a documented medical contraindication must wear an approved mask at all times at work during the influenza season.
 - d. Any failure to comply with appropriate mask wearing will be viewed as a violation of the vaccination requirements, and will be seen as the employee’s decision to voluntarily resign from his/her position.
- H. Employees who object to vaccination on religious grounds must complete the application request form (see attachment 2).
 - a. If an application is approved, the individual must wear an approved mask at all times at work during the influenza season.
 - b. Any failure to comply with appropriate mask wearing will be viewed as a violation of the vaccination requirement, and will be seen as the employee’s decision to voluntarily resign from his/her position.
- I. After the effective date of this policy, prospective healthcare employees and child care employees will be informed that it is a condition of employment that they get an influenza vaccination annually.

ATTACHMENTS

- Vaccination Declination Form
- Vaccination Request Form for Religious Exemption

Policies and Procedures

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POLICY: Influenza Vaccination Requirement	<i>PAGE 3 OF 3</i>			

ADMINISTRATION AND INTERPRETATIONS

This policy shall be administered by CMA Employee Health, the Division of Health Sciences, and Human Resources for employees. The Center for Health and Counseling will administer vaccinations for students. Employees' questions regarding this policy should be directed to Creighton Human Resources. Students' questions regarding this policy should be directed to their respective Dean's Offices or where applicable, the Director of Creighton's Child Development Center.

AMENDMENT/TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.

REFERENCES

Influenza Vaccination of Health-Care Personnel Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP), 2006

Centers for Disease Control and Prevention – Guide to Vaccine Contraindications and Precautions, February 2009

VIOLATIONS/ENFORCEMENT

Violations of this policy may result in corrective action in accordance with University procedures.

Declination of the Influenza Vaccination

Date: _____

Department: _____

Employee's Name _____

Date of Birth: _____

The Centers for Disease Control has recommended that I receive influenza vaccination in order to protect myself and the patients I serve.

I acknowledge that I am aware of the following facts:

- Influenza vaccination is recommended by the CDC for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I contract influenza, I will shed the virus for 24 -48 hours before influenza symptoms appear. Shedding the virus can spread influenza infection to patients in this facility.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- I cannot get the influenza disease from the influenza vaccine.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:
 - patients in this healthcare setting
 - my co-workers
 - my family
 - my community

I am choosing to decline influenza vaccination for the following reason:

- I have a medical contraindication (documentation attached), according to the Guide to Contraindications to Vaccinations published by the CDC
- I have already received the influenza vaccine for this season from another health care provider (documentation attached).

I understand that I will be required to wear an approved mask at all times at work during the influenza season.

I understand that any failure to comply with appropriate mask wearing will be viewed as a violation of the vaccination requirement and shall be seen as my decision to voluntarily resign from my position.

I have read and fully understand the information on this declination form.

Signature: _____

Print Name: _____

Witness Signature _____

Print Name: _____

**REQUEST FOR EXEMPTION FROM INFLUENZA VACCINATION
FOR RELIGIOUS REASONS**

Employee's Name: _____

Position: _____

Department: _____

By signing below, I state and affirm that I am refusing to get an influenza vaccine for religious reasons. I understand that I must provide a written statement signed by an authorized representative of the religion of which I am a member, identifying the conflicting religious doctrine that prevents me from being vaccinated.

I understand that if my request is granted, I must wear a mask (in accordance with CDC guidance) at all times while I am in the workplace. My failure to do so shall be seen as my decision to voluntarily resign from my position.

Employee's Signature

Date

ATTESTATION

The undersigned, being the _____ (title) of the
_____ (name of religious organization), does hereby state and attest that the employee
named above is a member of this religious organization. In our religious tradition, receiving an influenza
vaccination would violate the following religious doctrine/principle of our faith:

Signature

Printed Name and Title

This form must be returned to CU Human Resources Attn: _____

Request: Approved _____

Denied _____