

MARKLUND
HUMAN RESOURCES POLICY AND PROCEDURE

POLICY NO: 3.3.10

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SUBJECT: Vaccinations

DEPARTMENTS AFFECTED: ALL

APPROVED BY:

ISSUE/REVISION DATE: 10/01/10

EFFECTIVE DATE: 10/01/10

PURPOSE:

To ensure that employees are offered the opportunity to be vaccinated against seasonal influenza and other novel/pandemic influenza viruses as vaccines become available.

POLICY:

Marklund will make available to all employees, the opportunity to become vaccinated against seasonal, novel, and pandemic influenza during the influenza season, between September 1st and March 1st of every year, as long as the vaccine is available.

PROCEDURE/GUIDELINES:

- 1) Each year at the beginning of the influenza season, notice will be given to all employees that the vaccine is available and what days and times it will be administered at each facility.
- 2) Prior to receiving the vaccine, each employee will receive education about the benefits of the influenza vaccine, potential consequences of the influenza illness and possible side effects. This information shall also include the epidemiology, mode of transmission, diagnosis, treatment and non-vaccine infection control strategies.
- 3) Every employee must fill out and sign an Influenza Declination Form indicating if they intend to receive the vaccine. Any employee may decline to accept the offer of vaccination for reasons including the following:
 - A) The vaccine is medically contraindicated, which means that administration of influenza vaccine to that person would likely be detrimental to the person's health.
 - B) Vaccination is against the person's religious beliefs.
 - C) The person has already been vaccinated, or
 - D) For any other reasons documented by the person as the basis of the refusal.
- 4) Marklund will maintain a tracking system to ensure that every employee receives the opportunity to be vaccinated.
- 5) If Marklund is unable to provide or arrange for the influenza vaccination to be available, the reasons must be documented.
- 6) All documentation will be maintained for at least three years.



Influenza Declination Form

1. _____ (initials) I have read the “Influenza Vaccine Information Statement). I have had an opportunity to ask questions, which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine.

I INTEND TO BE VACCINATED.

Print name _____ Facility _____

Signature _____

2. _____ (initials) I have already had an influenza vaccination this year.

Location where vaccinated _____ Date vaccinated _____

3. I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
- Influenza virus may be shed for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with influenza have no symptoms, allowing transmission to others.
- Influenza virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months.
- I understand that influenza vaccine cannot transmit influenza. It does not, however, prevent all disease.
- I have declined to receive the influenza vaccine for the _____ season. I acknowledge that influenza vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all health care employees to prevent infection from and transmission of influenza and its complications, including death, to patients/residents/clients, my co-workers, my family and my community.

4. I decline the offer of vaccination for the following reasons (please initial all that apply):

_____ My philosophical or religious beliefs prohibit vaccination.

_____ I have a medical contraindication to receiving the vaccine.

_____ Other reason _____

_____ I do not wish to say why I decline.

5. Knowing the facts set forth above, I choose to decline vaccination at this time. I may change my mind and accept vaccination later, if vaccine is available. I have read and fully understand the information of this declination form.

Print name _____

Facility _____

Signature _____

Date _____