WASHINGTON UNIVERSITY MANDATORY INFuenZA VaccINATION POLICY

Effective July 1, 2013
Revised September 1, 2017

Influenza poses serious health risks in healthcare and workplace settings. Numerous organizations, including the American Medical Association, have recognized the vital role of vaccination in mitigating those risks:

For vaccine-preventable diseases, the most effective way to reduce transmission from health care worker to patient is immunization. Immunizing health care workers has the double benefit of directly protecting the health care worker and indirectly protecting the patients with whom they come in contact. For example, studies continue to show that immunizing health care workers for influenza reduces patient morbidity and mortality in both acute and long-term care settings. Immunization also creates herd immunity, protecting patient and health care workers who cannot be vaccinated or for whom vaccine is unlikely to trigger a sufficient antibody response. Immunization helps to maintain the critical workforce during disease outbreaks, during which health care workers are the first line of defense. In addition, by being vaccinated, physicians and other health care workers set an example to their peers, patients, and the public concerning the importance of immunization.

This policy is intended to maximize influenza vaccination rates among healthcare personnel at the Washington University, with the goal of minimizing the incidence and adverse effects of the illness on patients and workers.

Policy

As a condition of employment and/or access to patient care or clinical care areas, all healthcare personnel (HCP) who provide patient care services or work in patient care or clinical care areas must receive an annual influenza vaccination by December 15th, unless granted an exemption for medical contraindications or religious beliefs. Individuals who assume positions as covered HCP after December 15th but before March 31 (or a later date as determined by Occupational Health Services/Student Health Services) will be required to receive an influenza vaccination or be granted an exemption within 10 days of commencing such roles.

HCP include all Washington University employees, faculty, staff, residents, fellows, students, trainees, independent contractors, temporary agency personnel, non-appointees, volunteers, and

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2 For purposes of this policy, patient/clinical care services and areas includes activities and locations involving interaction with human research subjects.
vendors who provide patient care services or work in patient care or clinical care areas. Patient care or clinical care areas include the physical or recognized borders of inpatient and outpatient areas where patients may be seen or wait to be seen, evaluated, treated, and/or studied. Examples of patient care or clinical care areas include but are not limited to the following: Barnes-Jewish Hospital, St. Louis Children’s Hospital, Center for Advanced Medicine, Barnes-Jewish West County medical office buildings, The Orthopedic Center in Chesterfield, and Siteman Cancer Center South County.

Influenza vaccination will be provided free of charge to all University-employed and University-enrolled HCP through Occupational Health Services/Student Health Services. HCP who obtain influenza vaccination through other providers will be required to provide documentation of vaccination that is acceptable to the University in its sole discretion.

Prior to the annual onset of influenza season and when the most current vaccination recommendations are published by the Centers for Disease Control and Prevention, the University will inform applicable personnel about (1) vaccination requirements; (2) dates when vaccination is available; (3) procedures for receiving vaccination; (4) procedures for submitting written documentation of vaccination obtained outside of the University; (5) procedures for requesting an exemption; and (6) consequences of failing to obtain vaccination.

For the safety of patients and others, HCP covered by this policy (including those who have received an influenza vaccination and those who have received an exemption) who contract influenza will be expected to remain home from work.

University schools, departments, divisions and programs may establish policies requiring mandatory influenza vaccination for personnel who are not otherwise covered by this policy (e.g., Medical Surveillance Plan for individuals working directly with or around pathogenic organisms in research laboratories).

**Exemptions**

**Medical:** Exemptions to mandatory vaccination may be granted based on certain medical contraindications, including history or documented test indications of severe allergy to the vaccine or its components and history of Guillain-Barré syndrome. HCP seeking a medical exemption must submit an exemption request form and documentation of medical contraindications (see Appendix 1) by December 15th. Unless otherwise determined by the University, medical exemptions are valid only for the flu season in which they are granted. If HCP who have received a medical exemption subsequently choose to receive the vaccination, they must provide acceptable medical certification before receiving vaccination from the University.

**Religious:** Exemptions to mandatory vaccination may be granted based on sincerely held religious beliefs, practices or observances. HCP seeking a religious exemption must submit an

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3 BJC HealthCare employees (including residents), contracted clinical personnel and volunteers are covered by that organization’s Influenza Immunization Policy.
exemption request form and any requested documentation (see Appendix 2) by December 15th. Unless otherwise determined by the University, religious exemptions are valid only for the flu season in which they are granted.

**Infection control procedures**: For the safety of patients and others during influenza season, HCP who are granted an exemption may be required to wear a surgical or isolation mask in patient care or clinical care areas and may be denied access to certain patient care or clinical areas.

**Denial of exemption**: In certain circumstances, it may be necessary to deny a requested exemption where performance of the HCP’s duties without vaccination would pose an undue hardship or require substantial alterations to essential job or program requirements.

**Compliance**

HCP who are University employees and who fail to obtain an influenza vaccination or exemption by December 15th will be placed on an unpaid suspension for a period of up to 45 days. HCP who are University students and who fail to obtain an influenza vaccination or exemption by December 15th will not be allowed to participate in patient care or clinical activities or to access patient care or clinical care areas, restrictions which may adversely impact course performance and completion of course and program requirements. HCP other than employees and students who fail to obtain an influenza vaccination or exemption by December 15th also will be placed in a restricted status for a period of up to 45 days.

If an an influenza vaccination or exemption has not been obtained by the end of the 45-day period, or by December 15th for students, the HCP will be subject to further remedial and disciplinary action, including but not limited to denial of access to patient care or clinical areas; referral to the appropriate Associate Dean and/or Committee on Academic and Professional Evaluation of Students; suspension or dismissal from applicable programs; and/or termination of employment or service contracts.

**Vaccine Shortage Contingency**

In the event of an influenza vaccine shortage, the University will determine an appropriate distribution plan for the available vaccine. Influenza vaccine will be offered to personnel based on risk to patient population cared for, job function, and risk of exposure to influenza. Priority will be given to those who provide hands-on patient care with prolonged face-to-face contact with patients and/or have the highest risk of exposure to patients with influenza. Those who are prioritized to receive vaccine will be held to the mandatory standard of this policy, while others will be excused from that standard for the duration of the vaccine shortage period.
Appendix 1: Medical Exemption Form

REQUEST FOR MEDICAL EXEMPTION FROM INFLUENZA VACCINATION

Please print the following information and provide this form to your personal care physician:

Name: ______________________  Employee ID number: ______________________

Date of request: ______________________

Email address: ______________________  Phone No.: ______________________

Department/School/Company: ______________________

Position/Title: ______________________  Supervisor/Manager: ______________________

Physician Name: ______________________

Physician Phone No.: ______________________

I agree that Occupational Health Services/Student Health Services may contact the physician completing this form to obtain clarification of the information provided by the physician.

Signature: ______________________

Dear Physician:

Washington University requires healthcare personnel who provide patient care services or work in patient care or clinical care areas to receive an annual influenza vaccination. Leading healthcare authorities and organizations recommend influenza vaccination for healthcare workers because it has been shown to be effective in minimizing the incidence and adverse effects of the illness on patients and workers (https://www.cdc.gov/flu/healthcareworkers.htm). The above-named person is requesting a medical exemption from this vaccination requirement. A medical exemption is allowed only for certain recognized contraindications (www.cdc.gov/flu/protect/whoshouldvax.htm). Please complete this form if you conclude that the above-named person requires a medical exemption.

Thank you.

Sincerely,
Washington University Occupational Health Services/Student Health Services
I certify that ______________ should not receive the following [check appropriate selection(s)]:

_____ Influenza vaccine shot (QIV)
_____ Influenza vaccine shot (Flublok)
_____ Influenza vaccine nasal spray (LAIV)

Note: Information concerning the differences between vaccines can be found at https://www.cdc.gov/flu/professionals/vaccination/index.htm

The above-named person should not receive the vaccination(s) identified above for the following reason(s) [check all that apply]:

_____ History or documented test indications of severe allergy to the vaccine or its components
_____ History of Guillain-Barré syndrome
_____ Other medical contraindication [please provide detailed information below or on separate page as necessary]:

______________________________________________________________________________________________________________
______________________________________________________________________________________________________________
______________________________________________________________________________________________________________

Physician Signature: ____________________________ Date: ________________

Medical License No.: __________________________

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**Students:** Please submit this completed form by December 15th to Student Health Services
WUSM Campus: 4525 Scott Avenue, East Building, Room 3420, or email to studenthealthservice@wusm.wustl.edu

**Danforth Campus:** Campus Box 1201, One Brookings Drive, St. Louis, MO 63130, fax (314) 935-8515.

**All others:** Please submit this completed form by December 15th to Occupational Health Services
4525 Scott Avenue, East Building, Room 3420 or email to WUSMflushots@wustl.edu.

**Designated Washington University Office Use Only:**
Exemption approved/denied [circle one] Date: ________________
Appendix 2: Religious Exemption Form

REQUEST FOR RELIGIOUS EXEMPTION FROM INFLUENZA VACCINATION

Please print the following information:

Name: ______________________  Date of request: ______________

Email address: ________________  Phone No.: __________________

Department/School/Company: ______________

Position/title: _________________  Supervisor/Manager: ______________

Washington University requires healthcare personnel who provide patient care services or work in patient care or clinical care areas to receive an annual influenza vaccination. Leading healthcare authorities and organizations recommend influenza vaccination for healthcare workers because it has been shown to be effective in minimizing the incidence and adverse effects of the illness on patients and workers (www.cdc.gov/flu/protect/vaccine/index.htm).

To apply for an exemption from the required influenza vaccination based on a sincerely held religious belief, practice or observance, please (1) identify the religious belief practice or observance, and (2) explain why it precludes you from receiving the influenza vaccination.

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In some cases, Washington University will need to obtain documentation or other authority regarding your identified religious belief, practice or observance. The University may need to discuss the nature of the religious belief, practice or observance with a spiritual leader or scholar of your religion (if applicable) to address your request for an exemption. If requested, can you obtain documentation or other authority to support the need for a religious exemption?

Yes ______  No ______
If no, please explain why:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Signature: __________________________              Date: ____________________

Students: Please submit this completed form by December 15th to Student Health Services
WUSM Campus: 4525 Scott Avenue, East Building, Room 3420, or email to
studenthealthservice@wusm.wustl.edu

Danforth Campus: Campus Box 1201, One Brookings Drive, St. Louis, MO 63130, fax (314) 935-8515.

All others: Please submit this completed form by December 15th to WUSM Human Resources (4480 Clayton
Avenue, Suite 101, Campus Box 8002, St. Louis, MO 63110, or email to WUSMflushots@wustl.edu.

Designated Washington University Office Use Only:
Exemption approved/denied [circle one]              Date: _____________________