

Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel

*Facility ID #: _____

*Date Entered: _____
Month/Year

*For Season: _____
(Specify years)

*Which personnel groups do you plan to include in your annual influenza vaccination program?

- All personnel who work in the facility
- All personnel who work in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g, physicians, nurses, respiratory therapists)

*Which of the following types of personnel do you plan to include in your annual influenza vaccination program? (check all that apply)

- Full-time personnel
- Part-time personnel
- Contract personnel
- Volunteers
- Others, specify _____

*At what cost will you provide influenza vaccine to your healthcare workers?

- No cost
- Reduced cost
- Full cost

*Will influenza vaccination be available during all work shifts (including nights and weekends)?

- Yes
- No

*Which of the following methods do you plan to use this influenza season to deliver vaccine to your healthcare workers? (check all that apply)

- Mobile carts
- Centralized mass vaccination fairs
- Peer-vaccinators
- Provide vaccination in congregate areas (e.g, conferences/meetings or cafeteria)
- Provide vaccination at occupational health clinic
- Other, specify _____

*Which of the following strategies do you plan to use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)

- No formal promotional activities are planned
- Incentives
- Reminders by mail, email or pager
- Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
- Require receipt of vaccination for credentialing (if no contraindications)
- Campaign including posters, flyers, buttons, fact sheets

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*Do you plan to conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?

Yes

No

**If you conduct formal educational programs on influenza and influenza vaccination, will your healthcare workers be required to attend?

Yes

No

*Will you require healthcare workers who receive off-site influenza vaccination to provide documentation of their vaccination status?

Yes

No

*Will you require signed declination statements from healthcare workers who refuse influenza vaccination?

Yes

No

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