

Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel

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*required for saving

Facility ID #: _____

*Date Entered: _____

(Month/Year)

*For Season: _____ - _____

(Specify years)

*1. Which personnel groups are included in your facility's annual influenza vaccination campaign? (*check all that apply*)

☐ Full-time employees

☐ Part-time employees

Licensed independent practitioners:

☐ Non-employee physicians

☐ Non-employee advanced practice nurses

☐ Non-employee physician assistants

☐ Students and trainees (for example, interns, residents)

☐ Adult volunteers

☐ Other contract personnel

☐ Other, specify: _____

*2. Are healthcare personnel at your facility required to pay out-of-pocket costs for influenza vaccination received at your facility?

☐ Yes

☐ No

If yes, how much do each of the following groups need to pay for influenza vaccination?

Full-time employees: \$ _____

Part-time employees: \$ _____

Non-employee physicians: \$ _____

Non-employee advanced practice nurses: \$ _____

Non-employee physician assistants: \$ _____

Students and trainees: \$ _____

Adult volunteers: \$ _____

Other contract personnel \$ _____

Other, specify: _____

*3. Which of the following methods is your facility using this influenza season to deliver vaccine to your healthcare personnel? (*check all that apply*)

☐ Have mobile vaccination carts

☐ Provide vaccination in Occupational/Employee Health

☐ Provide vaccination in wards, clinics, cafeterias, or common areas

☐ Provide vaccination during nights and weekends

☐ Provide vaccination at any meetings or grand rounds

☐ Provide visible vaccination of any key personnel/leadership

☐ Other, specify: _____

☐ None of the above

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*4. Which of the following strategies does your facility use to promote/enhance healthcare personnel influenza vaccination at your facility? *(check all that apply)*

- ☐ Send vaccination reminders by mail, e-mail, and/or pager
- ☐ Coordinate vaccination with other annual programs (for example, tuberculin skin testing)
- ☐ Require receipt of vaccination for credentialing (if no contraindications)
- ☐ Require receipt of vaccination as a condition of employment
- ☐ Advertise vaccination with a campaign including posters, flyers, buttons, and/or fact sheets
- ☐ Provide education on the benefits and risks of vaccination
- ☐ Track unit-based vaccination rates for some or all units/departments
- ☐ Plan to provide feedback on vaccination rates to facility administration
- ☐ Provide incentives for vaccination
- ☐ Track vaccination on a regular basis for targeting purposes
- ☐ Other, specify: _____
- ☐ No formal promotional activities are planned

*5. What is your facility's influenza vaccination policy for healthcare personnel? *(check one)*

- ☐ Influenza vaccination is required; unvaccinated personnel are terminated from employment
- ☐ Influenza vaccination is required with consequences other than termination for unvaccinated personnel
- ☐ Influenza vaccination is recommended but not required
- ☐ My facility does not have a specific influenza vaccination policy for personnel
- ☐ Other, specify: _____

*6. Which personnel groups are covered by your facility's influenza vaccination policy? *(check all that apply)*

- ☐ Full-time employees
- ☐ Part-time employees

Licensed independent practitioners:

- ☐ Non-employee physicians
- ☐ Non-employee advanced practice nurses
- ☐ Non-employee physician assistants

- ☐ Students and trainees (for example, interns, residents)
- ☐ Adult volunteers
- ☐ Other contract personnel
- ☐ Other, specify: _____

*7. Does your facility require healthcare personnel who receive off-site influenza vaccination to provide documentation of their vaccination status?

- ☐ Yes
- ☐ No

If yes, what type of documentation is acceptable? *(check all that apply)*

- ☐ Receipt or other proof of purchase from pharmacy or other vaccinator
- ☐ Insurance claim for receipt of influenza vaccination
- ☐ Note from person or organization that administered the vaccination
- ☐ Handwritten statement or e-mail from healthcare worker
- ☐ Signature of healthcare worker on standard facility form attesting to vaccination

☐ Other, specify: _____

*8. What does your facility require from healthcare personnel who refuse influenza vaccination? (*check one*)

- ☐ Standardized paper or electronic declination form completed by healthcare worker
- ☐ Reading a statement about the risks of non-vaccination (no signature required)
- ☐ Verbal declination of vaccination by healthcare worker
- ☐ Facility does not track vaccine declinations
- ☐ Other, specify: _____

*9. Does your facility require healthcare personnel who refuse influenza vaccination to wear a mask or other personal protective equipment (PPE)?

- ☐ Yes
- ☐ No