



Manual: Nursing Department Policy & Procedure

Section: Student Number: 012.0

Management

Policy Procedure

Title: Student Influenza Vaccine Policy

Originator: Beverly Heath, MSN, RN – Curriculum Committee, Member	
<i>Beverly Heath</i> (signature)	4/12/11 (Date)
Curriculum Committee: Cur. Comm. Member	Date Approved:
<i>Beverly Heath</i> (signature)	4/12/11 (Date)
Current Content Expert: NA	Nursing Director: Sheila Scroggins, Interim
(signature)	<i>Sheila Scroggins</i> (signature)
(Date)	4/12/2011 (Date)
	Effective Date: Spring 2011
	<input checked="" type="checkbox"/> New <input type="checkbox"/> Reviewed (no changes) <input type="checkbox"/> Revised
	Replaces:

I. **Purpose:** To set a policy for student influenza vaccination that meets Joint Commission and agency standards.

II. **Policy:**

- a. To comply with the Joint Commission standard and clinical agency policy, all YCCD nursing program students must receive an annual influenza vaccination prior to the start of the Fall semester, or complete a declination statement (see attached). Students who begin the program in the Spring semester must provide proof or declination prior to starting, and continued proof or declination every Fall thereafter.
- b. Vaccination Verification must be received by the Nursing Department before students can begin clinicals. Nursing office or faculty will check individual files to determine if student either has proof of a current annual influenza vaccination or a signed declination statement on file. If not, student will be reminded of this requirement. If they refuse the vaccination, Nursing will have them sign the Declination Form and place it in their file.

CONTINUATION

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Student Influenza Vaccine Declination Statement

I understand that working in the healthcare setting may increase my risk of becoming infected with the virus that causes influenza (the flu), a potentially serious illness. I also understand that I may spread the virus to patients, co-workers, family, friends, and other contacts prior to developing symptoms of this illness. I have been informed that receiving the flu vaccine significantly decreases the risk of becoming infected with the influenza virus.

Yuba College Nursing Department has informed me of the risk. I understand that by declining vaccination, I continue to be at an increased risk of acquiring the influenza virus and could be the vehicle by which this infection is passed on to others.

With this knowledge, I choose to decline vaccination with the influenza vaccine:

Printed Name: _____ Date of Birth: _____
Signature: _____ Date: _____
Student ID#: _____

Please check your primary reason for declining the flu vaccine:

CONTRAINDICATED:

- My physician states the vaccine is not recommended for me
- Allergy to eggs, chicken feathers or chicken dander
- History of Guillain Barre (neurological condition)
- Past severe reaction to vaccine, please describe: _____
- Immunocompromised status (current chemotherapy treatment, corticosteroid use, transplant patient, disease of or effecting the immune system)
- Current fever > 100.4 (vaccination is recommended when fever resolves)
- Latex allergy (ask your Employee Health Nurse about other options available)

OTHER REASONS:

- I am concerned about side effects
- I always get sick when I get the vaccine
- I do not feel it is necessary
- I don't get sick/ I have a strong immune system
- Religious belief
- Fear of receiving vaccines
- Fear of needles
- I received the flu vaccine already *this season* (Fall/Winter 2008/09)
 - From my physician From my other employer
 - From my school From a local clinic or other location

Declination Statements must be returned to the Department of Nursing prior to starting clinical.