

Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel

Facility ID #:	*required for sav
Date Entered:	*For Season:
(Month/Year)	(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, resid	lents)
 Adult volunteers Other contract personnel Other, specify:	
2. Are healthcare personnel at your facility required to pa	ay out-of-pocket costs for influenza vaccination received at your facility?
□ Yes	
□ No	
If yes, how much do each of the following groups no	eed 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:	\$
	his influenza season to deliver vaccine to your healthcare personnel? (che
all that apply)	

USC 242b, 242k, and 242m(d)). CDC 57.215 Rev. 1, NHSN v7.1



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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

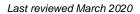
Licensed independent practitioners:

- Non-employee physicians
- $\hfill\square$ 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)
 - $\hfill\square$ 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