

## **Flu Vaccinations - It's Optional!!**

CDCR is mandated by Title 8, Section 5199 to offer all of their employees free seasonal flu vaccinations.

All currently employed Unit 6 members should have already received a form notice asking if they would like to participate in CDCR's annual flu vaccination program. A form has been developed by CDCR to comply with Title 8 Regulations. The form offers three categories to consider:

- 1) You have already received the Flu vaccine.
- 2) You request the vaccine be given to you.
- 3) You decline the Flu vaccine.

Participation in this program is **STRICTLY VOLUNTARY**. You will **NOT BE DISCIPLINED** for declining your employers offer of a flu vaccination. However, Title 8 Sections 5199 requires you to fill out and return the form notice with your decision.

Title 8 , Section 5199 also requires the paperwork from those individuals who decline the vaccination, be kept in their medical file.

What happens if you have declined the vaccination and get the flu? Nothing, except you now have the flu. You will **NOT BE DISCIPLINED** for getting the flu.

Please call Suzanne Davis of our Labor staff in Sacramento (1-800-821-6443) with any questions.

California Department of Corrections and Rehabilitation (CDCR)  
Influenza Vaccine, 2009/2010

\_\_\_\_\_  
Institution/Facility Name

Please read this Influenza Vaccine Form and complete the information as appropriate.

Return completed forms to \_\_\_\_\_.

Employee Printed Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First Last 4 Digits Only

Job Post or Job Title: \_\_\_\_\_

I certify that I have already received the 2009/2010 Influenza vaccine.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Influenza vaccine consent I have read the "Influenza Vaccine Information Statement". I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of influenza vaccine. I hereby request that the influenza vaccine be given to me.

Signature of Consent: \_\_\_\_\_ Date: \_\_\_\_\_

**Influenza vaccine declination<sup>1</sup>**

I acknowledge that I am aware of the following facts:

- I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring seasonal influenza.
- I acknowledge I have been given the opportunity by my employer to be vaccinated against seasonal influenza at no charge to me.
- Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
- Influenza virus may be shed for up to 48 hours before symptoms begin; allowing transmission to others.
- Up to 30% of people with influenza have no symptoms, allowing transmission to others.
- Flu virus changes often, making annual vaccination necessary. Immunity following vaccination is strongest for 2 to 6 months. In California, influenza usually arrives around January through February or March.
- I understand that the flu vaccine cannot transmit influenza. It does not, however, prevent all illnesses.
- I acknowledge that the influenza vaccination is recommended by the Centers for Disease Control (CDC) to prevent infection from and transmission of influenza and its complications, including death, to employees and other persons in my workplace, my family and my community.
- However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at increased risk of acquiring influenza. If, during the season for which the CDC recommends administration of the influenza vaccine, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me if it is available.

Signature of Declination: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Written declination is required by California Code of Regulations, Title 8, Section 5199. Aerosol Transmissible Diseases.

**Memorandum**

Date : June 25, 2010

To : Wardens  
 Superintendents  
 Adult Parole Administrators  
 Juvenile Parole Administrators  
 Healthcare Managers/Chief Medical Officers

Subject: SEASONAL INFLUENZA DECLINATION FORMS - MANDATORY REQUIREMENT

Attached is a copy of the Influenza Vaccine, fiscal year (FY) 2009/10 form. This form has been developed by the California Department of Corrections and Rehabilitation (CDCR) in concert with the California Prison Health Care Services (CPHCS) Public Health Unit in order to ensure that employees located at all adult institutions, juvenile facilities, and parole operations report on the status of their Influenza vaccinations received or declined during FY 09/10 as required in Title 8, Section 5199 of the California Code of Regulations.

Completion of this form is mandatory for all CDCR and CPHCS employees at these locations. It is the responsibility of the Hiring Authority for each facility or operation to disseminate the forms and obtain a completed form with the employee's signature. Once these forms are signed, the Hiring Authority shall have the responsibility of retaining these records in a secure, centralized location for the indefinite future.

Both CDCR and CPHCS have collaborated on a joint software solution that will automate the data collection and retention process for vaccinations offered in FY 2010/11 and beyond, and these FY 2009/10 forms will be required to be added at that time. When that automated tool is functional, additional instructions will be given to transfer the records collected by each Hiring Authority to the centralized database.

If you have any questions concerning this process, please contact Dr. Steven Weyers, CDCR's Advisor on Public Health matters, at (916) 255-2581.

  
 GEORGE J. GIUBINO  
 Director  
 Division of Adult Institutions

  
 DENNY SALLADE  
 Director (A), Regional Administration  
 Division of Correctional Health Care Services

Attachment

cc: Dave Runnels  
 Steve Caruso  
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 Deborah Hysen  
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**Frequently Asked Questions  
Seasonal Influenza/H1N1 Influenza  
2009/10 Vaccination Declination Form**

**Question:** Why am I being asked to fill out the 2009/10 Vaccination Declination Form?

**Answer:** New Cal-OSHA regulations to improve workplace safety became effective in August 2009 that requires some employers to offer seasonal influenza vaccination to their employees, and obtain written declination from employees who choose to decline.

**Question:** Where can I get a copy of the Vaccine Information Sheet?

**Answer:** The form can be downloaded from this website, [www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf](http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf)

**Question:** Why are we getting a form issued by both the Receiver's Office and CDCR?

**Answer:** The Receiver's Office and CDCR collaborated on creating one common format to record the vaccination information for employees located at adult male and female institutions and it was addressed to each respective hiring authority. For instance, in the case of CDCR employees working for the Receiver's Office, the Hiring Authority is the Chief Executive Officer/Healthcare Manager. In the case of all other CDCR employees, it is the Warden.

**Question:** I am the Hiring Authority and I received vaccination declination forms for seasonal influenza and H1N1 influenza. Do I have employees fill out both?

**Answer:** The H1N1 Influenza vaccination was offered to healthcare workers assigned to either a Central Treatment Clinic (CTC) or a General Acute Care Hospital (GACH). Employees assigned to these areas should sign both forms.

**Question:** If I am the Hiring Authority, who should I assign to distribute and collect the forms?

**Answer:** There is no special classification of staff or special training required to distribute and then collect the forms from each employee. Medical forms are routinely handled by many clerical staff that is informed of the need for confidential treatment of such forms and individuals assigned to this task should handle these forms with the same degree of treatment.

**Question:** If I am the Hiring Authority, what should I do with the forms once they are collected?

**Answer:** These forms are considered medical records; however, unlike other records, the flu vaccination forms do not need to be retained after one year from the date the vaccine was offered. For that reason, it would be ideal to have the forms batched and tallied and then sealed as a group and stored confidentially until the next flu season.

**Frequently Asked Questions**  
**Seasonal Influenza/H1N1 Influenza**  
**2009/10 Vaccination Declination Form**

**Question:** As the Hiring Authority, what should I do if an employee refuses to sign the declination? If we require declinations, does that mean that we require employees to sign these documents?

**Answer:** If an employee refuses to sign the declination, note on the form that the employee has refused to sign. As a best practice, we suggest you also keep a list of employees who refused to sign.

**Question:** Do I need to do anything else with the forms after they are collected?

**Answer:** Each Hiring Authority will be expected to have all of the forms completed by August 31. Each Hiring Authority will be issued a summary form to fill out for their respective employees for each type of vaccine offered (i.e. seasonal influenza, H1N1 Influenza (if applicable) denoting number of employees that accepted the vaccination (s), declined, or unknown. This last category should be used to record the number of persons that refused to complete this form as requested. The "unknown" category could also be used for employees that are on long term leave during the Calendar Year 2009/10 and are not present during the months in which this form is being distributed. This form will include a total and it shall be the responsibility of each Hiring Authority to reflect a total that matches its total number of active employees working under its jurisdiction.

**Question:** I am an employee who has just filled the influenza declination form out and returned it to the Hiring Authority or his/her designee. I am curious what will be done with the declination forms?

**Answer:** The forms will be used to determine the total number of employees that were vaccinated and the total number of employees that declined vaccination. The forms will be kept confidential and stored until the next flu season at which time they will be destroyed and a new declination form will have to be filled out.

**Question:** I am an employee and I choose not to fill out these forms, what are the ramifications for me?

**Answer:** The spread of infectious disease is a serious public health issue and has significant health implications for inmates, staff, and the public. It is advisable that employees take advantage of influenza vaccinations when they are offered; however, we recognize this is a personal choice. The purpose of this form is to capture either the acceptance or declination of the vaccination to satisfy the Regulations. There are no repercussions from an employee discipline standpoint if you elect to denote on these forms that you have declined the vaccination.

**Question:** If I did not get the 2009 Influenza vaccine can I get it now?

**Answer:** The Influenza season for 2009 is over and the vaccine is being updated for the coming flu season. The 2010 vaccine should be available in October or November 2010.

**Frequently Asked Questions**  
**Seasonal Influenza/H1N1 Influenza**  
**2009/10 Vaccination Declination Form**

**Question:** Where can I get the 2010 Influenza Vaccine?

**Answer:** Employees that have occupational exposure to influenza from working in prisons and work areas such as healthcare settings are required to be offered influenza vaccination by their employers at employer expense. Flu Vaccination dates will be scheduled for these employees. Office employees and those working in the community that wish to obtain vaccination will need to contact their physician or visit a community vaccine provider for vaccination at their own expense. Many health insurance plans offer the vaccination free of charge.

**Question:** Can the Vaccine Declination form for 2009/10 be modified?

**Answer:** No, the form should not be modified. The contents of the form have been set by Cal OSHA regulation.

**Question:** Do employees at headquarters or field offices (non-institution setting) need to fill out a declination form?

**Answer:** The influenza declination forms need to be distributed to all employees that were offered Influenza Vaccine for the 2009-10 influenza season (October 2009 - May 2010). Only employees that are assigned to an institution are presumed to have occupational exposure to influenza and should have been offered influenza vaccination. HQ employees and any field offices do not have the same occupational exposures as employees in the institution and were not offered vaccination, so there is no need to fill out the declination form.