



INFLUENZA POLICY FOR HCOP EMPLOYEES

EFFECTIVE DATE:	July 21, 2025 (Revised)
RESPONSIBLE ADMINISTRATOR:	Associate Dean of Clinical Affairs and Outreach
APPLICABILITY:	HCOP Employees

I. BACKGROUND

Influenza is caused by a number of virus strains that are typically seasonally contracted between October and March (late fall through late spring) in the United States. Influenza is an airborne virus that can be spread from one person to another and can result in acute illness that can last up to 3 weeks, potentially leading to increased absenteeism among HCOP employees.

II. PURPOSE

The purpose of this policy is to outline the procedure to be followed by **ALL** HCOP employees to decrease the risk of contracting the flu and to outline steps to be taken for HCOP employees who have developed flu-like symptoms during flu season (October through March each year); have visited a health care professional and received a confirmed diagnosis of influenza ("flu"); or who are being treated by a health care provider for suspected influenza.

III. POLICY

- HCOP is committed to providing a safe and healthy work environment for employees and minimizing the risk of influenza transmission among employees, students, and visitors.
- It is very important that HCOP employees who interact with patients in clinical or research settings closely follow healthcare guidelines and practice site policies and procedures to safeguard patients from influenza transmission and possible infection.

IV. PROCEDURES

A. PREVENTION:

- **ALL HCOP EMPLOYEES** (part-time, full-time, and temporary employees, including work study students and student workers) are strongly encouraged to receive an annual seasonal influenza vaccination in the fall of each year when the seasonal influenza vaccination is made available.
- Employees who work in a clinical environment such as HCOP's Clinical Health Services (CHS) pharmacies and clinics; affiliated clinical practice sites; clinical research labs where

human research is conducted; or other practice settings will be required to strictly follow the policies and procedures of the practice or research site. Responsible party:
Department Heads

- HCOP clinical faculty must follow the policies and procedures of their practice site and **MUST ATTEST** compliance with their practice site's policies and procedures to the Department Head of Pharmacy Practice. If a faculty member declines vaccination and subsequently fails to follow the practice site's policies and procedures that pertain to healthcare providers who submit a declination (such as wearing a mask when in the patient care environment during designated months when the flu is prevalent- usually November through March), then this will be grounds for progressive discipline. This attestation must be provided **ANNUALLY**, and compliance with the practice sites policies and procedures is **MANDATORY**. Random audits may be conducted. Responsible party: Department Head of Pharmacy Practice
- Influenza vaccination will be the employee's responsibility including obtaining the vaccination from a healthcare provider (clinic, physician office, pharmacy, or other resource); paying for any patient-borne cost of the vaccine; obtaining documentation that shows the employee's name, date, vaccine administered, and authorized signature verifying that the vaccine was administered to the employee; and submitting this documentation to their supervisor and appropriate HCOP employees that are delegated to monitor employee compliance within the employee's division, department, or unit.
- Employees should exercise appropriate prevention measures as outlined by the Centers for Disease Control (CDC)¹ including frequent hand washing, covering mouth and nose with the arm or with a tissue when coughing or sneezing, and avoiding contact, whenever possible, with persons that are known or suspected of having influenza.
- It is the responsibility of the employee to take actions that will minimize the spread of influenza to other members of the Auburn University community, and particularly to patients.
- Employees are asked to self-isolate should they develop influenza-like symptoms until the symptoms are assessed by a healthcare professional and influenza is ruled out.
- If diagnosed with influenza, employees should follow the treatment plan for their illness that is provided by their healthcare provider, including instructions on when it is safe to return to work.

B. ATTENDANCE:

- Employees with influenza or influenza-like symptoms (fever, cough, sore throat, headache, muscle aches, extreme tiredness, and possibly diarrhea and/or vomiting) should self-isolate and not come to work until they are evaluated by a healthcare provider and influenza is ruled out as a cause of the symptoms.

- Employees with influenza-like symptoms should not return to work until they have no fever for at least 24 hours without the use of fever-reducing medications.
- Employees are to notify their supervisor of their illness and absence at the earliest possible time.
- Supervisors may ask employees with influenza-like symptoms to leave the building and return to their place of residence; employees are expected to comply with such a request.
- Employees with family members who have influenza, but are not ill themselves, will be expected to report for work and are not allowed to work from home. This does not preclude the use of sick leave by employees to care for sick individuals in their immediate families, as per Auburn University policy.

C. POLICIES FOR FACULTY MEMBERS AND PROFESSIONAL STAFF LOCATED AT AFFILIATED PRACTICE SITES:

- In addition to HCOP policies, faculty members based at practice sites are expected to adhere to the specific policies and procedures of the **PRACTICE SITE**.
- Return to the practice site will follow practice site policies and procedures, which should be based on CDC recommendations regarding length of time away from the health care setting.

V. POLICY MANAGEMENT

This policy will be reviewed by HCOP's Clinical Services Advisory Committee (CSAC) and the Associate Dean of Clinical Affairs and Outreach (ADCAO) at a minimum of every three (3) years, or more frequently if there is a substantive change to clinical guidelines / best practices; AU Risk Management policies, procedures, or processes; or HCOP policies, procedures, or processes that necessitate earlier review and revision.

VI. DEFINITIONS

Influenza or "Flu": A contagious respiratory illness that is caused by influenza viruses (A, B, C, or D) that is spread by airborne respiratory droplets that are dispersed when an infected individual talks, laughs, sneezes, or coughs **OR** when a person comes in contact with a contaminated surface and then touches their mouth, eyes, or nose.¹

Clinical Services Advisory Committee (CSAC): A standing HCOP committee composed of faculty, staff, and students who provide guidance for HCOP's clinical initiatives, oversight of clinical and regulatory compliance, input on HCOP's clinical outreach, and recommendations for pharmacy advancement and transformation.

VII. EXCLUSIONS

None

VIII. EFFECTIVE DATE

- Original September 21, 2012
- Revised July 16, 2013
- Revised September 21, 2014
- Revised June 14, 2019
- Revised October 29, 2020
- Revised November 9, 2023
- Revised July 21, 2025

IX. SANCTIONS

Failure to comply with this policy may result in progressive discipline.

X. INTERPRETATION

- Department Heads
- Associate Dean of Clinical Affairs and Outreach
- Executive Director of Clinical Health Services

XI. REFERENCES / RESOURCES

1. CDC: Influenza (Flu). Centers for Disease Control and Prevention (CDC). August 13, 2024.. Accessed July 21, 2025. <https://www.cdc.gov/flu/about/index.html#:~:text=How%20it%20spreads-,Most%20experts%20believe%20that%20flu%20viruses%20spread%20mainly%20by%20tiny,of%20people%20who%20are%20nearby.>