

COLLEGE of CHARLESTON

OFFICIAL POLICY

8.4.1

COLLEGE OF CHARLESTON POLICY FOR MENINGITIS VACCINATION

8/01/11

Policy Statement

1.0 PURPOSE OF POLICY

Meningitis is a disease caused by the inflammation of the protective membranes covering the brain and spinal cord. The inflammation is usually caused by an infection of the fluid surrounding the brain and spinal cord. Meningitis is also referred to as spinal meningitis. Meningitis may develop in response to a number of causes, usually bacteria or viruses, but meningitis can also be caused by physical injury, cancer or certain drugs.

The severity of illness and the treatment for meningitis differ depending on the cause. Bacterial meningitis is usually more severe than viral, fungal, or parasitic meningitis. Although it can be very serious or even fatal, bacterial meningitis can be treated with antibiotics that can prevent severe illness and reduce the spread of infection from person to person.

Meningococcal vaccines protect against most types of meningococcal disease, but they do not prevent all cases. Nevertheless, among other groups, the Centers for Disease Control (“CDC”) recommend vaccinating pre-teens/adolescents from 11 through 18 year old. The CDC also recommends that adults who are college freshmen living in a dormitory also receive the vaccination (for a more detailed explanation, visit the CDC website at:

<http://www.cdc.gov/meningitis/index.html>). With Respect to college students, the CDC has stated:

College freshmen, especially those who live in dormitories, are at a slightly increased risk for bacterial meningitis caused by *Neisseria meningitidis* bacteria (meningococcal disease) compared with other persons of the same age. As of 2009, a total of 34 states have adopted legislation requiring colleges to provide information on risks of meningococcal disease to incoming students and/or students residing on campus, and 15 states have mandated vaccination for certain students, unless a vaccination waiver is provided.

<http://www.cdc.gov/meningitis/high-risk/college.html>)

South Carolina law provides as follows:

§ 59-101-290.

(A) A public institution of higher learning shall notify incoming students, or the parent or guardian of an incoming student under the age of eighteen, of the risk of contracting meningococcal disease and Hepatitis B if living in on-campus student housing.

(B) A public institution of higher learning shall include vaccination against meningococcal disease and Hepatitis B as recommended immunization in health and medical information provided to students or prospective students and parents or guardians.

(C) A private institution of higher learning may elect to be governed by this section and at any time may, in its sole discretion, remove itself from such governance.

Because of the potential severity of this disease, the methods by which it may be communicated to others, and the fact that many if not most of the College student population live in a community setting and are otherwise in close proximity while in class or participating in other activities on or around campus, the College believes it is necessary to affirmatively act on this matter beyond the provision of only providing information to students and their families.

2.0 POLICY STATEMENT

It is the Policy of the College of Charleston to require that certain students, as described in Section 3.0, timely receive the appropriate meningitis vaccine or execute a waiver acceptable to the College, as further provided for in this Policy.

3.0 APPLICABILITY

This Policy shall be applicable to all: (a) newly enrolled full time students who are less than 25 years of age on the date of enrollment; and (b) full time participants in the REACH Program. In subsequent sections of this Policy all such students and participants will be referred to collectively as “Students”.

4.0 EDUCATION AND INFORMATION DISSEMINATION

Student Health Services (“SHS”) shall cause this Policy to be published on the College’s Policy web page, with a link to the Policy on its own web page, and shall be responsible for taking such actions, consistent with this Policy that will –

- (a) urge Students to obtain the appropriate vaccination against meningococcal disease and Hepatitis B (hereinafter “Vaccination”); and
- (b) timely disseminate health and medical information to Students or prospective Students and parents or guardians relating to the nature of such diseases and generally acceptable preventive measures, as recommended by the CDC.

In addition to the foregoing, Student Health Services will provide Students and their respective parents or guardians with a copy of this Policy or a summary of its major provisions.

5.0 VACCINATIONS

Prior to the first day of class, or the first day of occupying student resident housing, whichever is sooner, each Student shall provide to Student Health Services either --

- (a) a proof of Vaccination in form and substance acceptable to the Center; or
- (b) an executed Release, as attached to this Policy.

6.0 STUDENT HEALTH SERVICES

Student Health Services may administer the Vaccination to any student upon request, provided that the student: (a) reimburses SHS for the costs incurred by SHS for obtaining and administering the Vaccination; and (b) if the student is under 18 years of age, s/he first provides a properly executed consent form from that student's parent(s) or legal guardian to Student Health Services.

7.0 RECORD KEEPING

Student Health Services shall keep and maintain appropriate medical records of all Students who have received the Vaccination and of all Students who have signed a release. The aggregate numbers of those Students, as well as those Students who have failed to comply with this Policy, shall be provided at least twice a year to the Executive Vice President of Student Affairs (the "Executive Vice President").

8.0 ASSESSING EFFECTIVENESS

From time to time the Director of Student Health Services shall report to the Executive Vice President on the effectiveness of this Policy and shall recommend such changes to this Policy that the Director believes appropriate to further its purpose.

9.0 EFFECTIVE DATE

This Policy shall be deemed effective as of the first day of the Fall 2011 semester.

10.0 AMENDMENTS

This Policy may be amended in accordance with the College's *Campus Wide Policy Making Procedures*.

11.0 RESPONSIBILITY

The Executive Vice President for Student Affairs shall be responsible for the maintenance of this Policy

STUDENT LIABILITY RELEASE AND WAIVER

1. I, the undersigned student, acknowledge that I have been urged by the College of Charleston, Office of Student Health Services, to obtain a vaccination against meningococcal disease and Hepatitis B (hereinafter collectively "Vaccination") and that I have received from such Office health and medical information relating to the nature of such diseases and generally acceptable preventive measures, as recommended by the Centers for Disease Control. I also acknowledge that I have received either a copy or a summary of the College of Charleston's Policy entitled **POLICY FOR MENINGITIS VACCINE**.

2. The benefits of receiving the Vaccination has been explained to me and I fully understand and appreciate the dangers, hazards, and risks that may arise from not being vaccinated. These dangers, hazards, and risks can result in impairment to my body, general health, well being, and could include serious or even fatal results.

3. Knowing the dangers, hazards, and risks of not receiving the Vaccination, on behalf of myself, my family, spouse, heirs, and personal representative(s) (the "Releasors"), I agree to assume all the risks and responsibilities surrounding my failure to be vaccinated. On behalf of myself and the Releasors I hereby covenant not to sue the College of Charleston, or its trustees, officers, representatives, and employees ("Releasees"), and I hereby release, waive, and forever discharge the Releasees from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releasor, arising out of, or related to, my failure to receive the Vaccination. It is my expressed intent that this **Liability Release and Waiver** shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a legally binding release, waiver, discharge and covenant not to sue the Releasees.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature: _____ Date: _____

Print Name of Student: _____

(IF STUDENT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST ALSO READ AND SIGN THIS FORM WHERE INDICATED BELOW.)

I am the parent or legal guardian of the above named student and have read and understand the foregoing STUDENT LIABILITY RELEASE AND WAIVER. I agree, for myself and for the student, to be bound by its terms and conditions.

x _____ Date: _____

Signature of Parent/Guardian

Printed Name: _____

Relationship to Student: _____

Permanent Street Address: _____

City, State, Zip: _____

Policy Manager and Responsible Department or Office

Executive Vice President for Student Affairs; Office of Student Health Services

Purpose/Reason for the Policy

Health and safety of students.

Departments/Offices Affected by the Policy

Office of Student Health Services

Procedures Related to the Policy

South Carolina Code Ann. § 59-101-290

Related Policies, Documents or Forms

None.

--

Review Schedule

Issue Date: 9/27/10	Next Review: 9/20/13
----------------------------	-----------------------------