|  |  |
| --- | --- |
| **Infection Prevention and Control Policy and Procedure** | **Subject: Influenza Immunization and Outbreak Management - Residents** |
| **Approved by:** |  |
| **Effective:**  **Reviewed:** | **Revised:** 1/13/2023 |

**BACKGROUND**

Influenza viruses have been thought to spread from person to person (up to 6 feet away) primarily through large-particle respiratory droplet transmission (e.g. when an infected person coughs or sneezes near a susceptible person). These droplets can land in the mouths or noses of people or possibly be inhaled into the lungs. Less often, a person may contract flu by touching a surface or object that has the flu virus on it and then touch their own mouth, nose, or possibly eyes.

**POLICY**

In order to prevent the spread of infectious disease and to decrease the morbidity and mortality associated with influenza, this facility will offer annual flu vaccines to all residents. Residents and/or health care representative(s) will be provided with education (ex: by physician or licensed nurse and via the Vaccination Information Sheet) regarding influenza immunization annually and as appropriate. The facility will identify, treat and report any cases of influenza in accordance with NYSDOH guideline.

**PROCEDURE**

**Immunization**

1. Unless the vaccine is contraindicated for a specific resident, the facility will obtain a signed consent form for the administration of the flu vaccine from the resident or the resident’s designated health care representative(s). Telephone consent is acceptable with two nurses signing as witnesses.
2. For residents who are incapable of consenting for the flu vaccine and have no health care representative, the Medical Director may consent for and order the flu vaccine after reviewing the resident’s medical chart.
3. Flu consent will be obtained each flu season.
4. Influenza vaccine will be offered yearly, usually with the start of flu season and will continue to be offered throughout the flu season.
5. Physicians will evaluate residents for administration of vaccines, and if appropriate, will provide an order for the vaccine.
6. The preferred dose of the flu vaccine is 0.5mL into the deltoid muscle.
7. All new and re-admissions will be evaluated by the nurse and/or physician for previous immunization, and will be offered the vaccine if appropriate.
8. The vaccine will not be offered or administered to residents with a history of:
   * Guillain-Barre Syndrome
   * Allergy or hypersensitivity to any component of the vaccine

\*\**Egg-allergy is no longer a contraindication to receiving the flu vaccine* (CDC 9/2020)

1. Administration of the vaccine will be deferred in residents with acute respiratory disease, active infection, or acute febrile illness until resident has recovered.
2. Licensed nurse will administer the vaccine as ordered and document administration on the electronic Medication Administration Record (MAR).
   * Documentation will include name of vaccine, manufacturer information, lot #, expiration date (this can be found within the order itself), site, and date of administration.
   * The charge nurse/unit manager is responsible for updating the immunization record on the chart screen (acceptance/declination) and the immunization care plan (acceptance/declination).
3. After administration, the nurse will observe the resident for 3 days for potential side/adverse effects of the vaccine. Any side/adverse effects will be documented in the medical record with MD notification.
4. A list of residents who have refused the flu vaccination will be forwarded to the Director of Nursing Services (DNS)/Designee for review.

**Influenza Outbreak**

1. All Direct Care staff are responsible to observe and report any identification of influenza and/or influenza like symptoms to the Unit Nurse/RNS.
   * The Unit Nurse/RNS will assess the resident and notify the physician for follow up testing and orders for treatment as indicated.
     + Prophylaxis antiviral treatment should not be delayed while awaiting test results.
2. A cluster or outbreak of influenza-like illness (temperature ≥37.8°C [100°F] with cough or sore throat) in a health care facility is defined as:
   * One or more *health care facility-associated case(s)* of confirmed influenza in patient(s)/resident(s), or
   * Two or more cases of influenza-like illness among health care workers and patients/residents of a facility on the same unit within 7 days.
3. **Droplet precautions** (use of face mask and eye protection) will be implemented for residents with suspected or confirmed influenza **for seven (7) days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms**, whichever is longer.

* Adults may be able to infect others beginning 1 day before symptoms develop and up to 5-7 days after becoming sick.

1. The facility will implement the following infection control measures:
   * Offer influenza vaccine to unvaccinated patients/residents and staff.
   * Maintain standard precautions for *all* residents;
   * Confine residents with suspected or confirmed influenza to their rooms on droplet precautions
     + Staff will don a face mask and face shield/goggles when entering the room of a resident with suspected or confirmed influenza and doff before leaving resident’s room.

* Do not admit patients/residents to units housing patients with suspected and/or confirmed influenza or influenza-like illness.
  + Have PPE and hand hygiene supplies readily available.
  + Maintain appropriate signage on residents’ room doors, at the entrance of building, and at strategic places (e.g. common areas) to provide residents (and staff and visitors) about respiratory hygiene and cough etiquette, especially during periods when influenza virus is circulating in the community.
  + Provide education for staff to reinforce the concepts of standard and droplet precautions, cough etiquette and respiratory hygiene, hand hygiene, and cleaning and disinfection of equipment and the environment.
  + Alert visitors of influenza outbreak and advise not to visit if ill.

1. Every effort will be made to place residents with suspected or confirmed influenza in a private room. If a private room is not available, resident may be appropriately cohorted or kept in the same room with roommate based on a risk-benefit analysis.
2. If a resident under droplet precautions requires movement or transport outside of the room:
   * The resident will wear a facemask, as tolerated
   * Information about resident’s suspected or confirmed influenza will be shared with receiving personnel/facilities.
3. The Facility will notify  [NYSDOH Regional Epidemiologist](https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm) of the cluster/outbreak within 24 hours of recognition by submitting a report on the Nosocomial Outbreak Reporting Application (NORA) system located on the Health Commerce System (HCS;
4. The Facility IP/Designee will develop and maintain a respiratory line list ([http://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/docs/respiratory\_illness\_line\_list\_form.pdf](https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/docs/respiratory_illness_line_list_form.pdf)) to record as much information as possible about individual ill patients/residents.
   * A separate list should be maintained if ill staff members are identified.

**References**:

CDC (8/27/2018). How Flu Spreads. <https://www.cdc.gov/flu/about/disease/spread.htm>

CDC (9/22/2020). Flu Vaccine and People with Egg Allergies. <https://www.cdc.gov/flu/prevent/egg-allergies.htm>

CDC (01/22/2021). Influenza (Flu). Retrieved from <https://www.cdc.gov/flu/index.htm>

CDC MMWR (8/21/2020). Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2020-2021 Influenza Season. <https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6908a1-H.pdf>

CDC (5/13/2021). Prevention Strategies for Seasonal Influenza in Healthcare Settings. <https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

NYSDOH. Recommendations for Follow-Up Respiratory Disease Outbreaks of Influenza and Influenza-Like Illness in Healthcare Facilities. <https://www.health.ny.gov/diseases/communicable/control/respiratory_disease_checklist.htm>