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| **Infection Prevention and Control Policy and Procedure** | **Subject: Influenza Immunization - Residents** |
| **Approved by:** |  |
| **Effective:**  **Reviewed:** | **Revised:** |

**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 upon admission and annually.

**PROCEDURE**

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. Unless rescinded, flu consent will be valid indefinitely, covering the resident’s entire stay at this facility. However, annual education will be provided to residents and/or healthcare representative(s) prior to influenza vaccination.
4. Influenza vaccine will be offered yearly, usually in October, upon delivery of the vaccines by the pharmacy, 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:
   1. Guillain-Barre Syndrome
   2. 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).
   1. Documentation will include name of vaccine, manufacturer information, lot #, expiration date (this can be found within the order itself), site, and date of administration.
   2. 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. All influenza vaccines that have been administered will be reported to NYSIIS or CIR, as applicable, within 12 hours of administration.
5. A list of residents who have refused the flu vaccination will be forwarded to the Director of Nursing Services (DNS) for review
6. All persons with symptoms of respiratory infection will be instructed on and encouraged to adhere to respiratory hygiene, cough etiquette and hand hygiene procedures throughout the duration of their stay:
   1. Procedures will be implemented during resident admission that facilitate adherence to appropriate precautions
   2. Facemasks will be provided to residents with S/S of respiratory infection
   3. Supplies to perform hand hygiene will be available to all residents (and visitors and staff) in common areas and in residents’ rooms
   4. Residents with symptoms of respiratory infections will be encouraged to stay in their rooms or sit as far away as possible from others
7. Visual alerts (e.g. signs, posters) will be posted in the entrance 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. Instructions will include how to use face masks or tissue to cover nose and mouth when coughing or sneezing and to dispose of contaminated items in waste receptacles.
8. **Droplet precautions** 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. 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. 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.
3. If a resident under droplet precautions requires movement or transport outside of the room:
   1. The resident will wear a facemask, as tolerated
   2. Information about resident’s suspected or confirmed influenza will be shared with receiving personnel

**Resources**:

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>

NYS (1/4/2021). Executive Order 202.88. <https://www.governor.ny.gov/news/no-20288-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>