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

**BACKGROUND**

Influenza viruses have been thought to spread from person to person primarily through large-particle respiratory droplet transmission (e.g. when an infected person coughs or sneezes near a susceptible person. Transmission via large-particle droplets requires close contact between source and recipient persons because droplets generally travel only short distances (approx. ≤ 6 feet) through the air.

**POLICY**

In accordance with Federal regulations and CDC guidelines, employees will be encouraged to accept the influenza vaccine annually.

**EDUCATION REQUIREMENTS**

As per the regulatory requirements, all employees will be provided with instruction and education relative to influenza vaccination program. The education will be given during orientation and annually during flu vaccination season. All education provided will be documented on the Employee Consent/Declination Form and maintained in the employee folder.

**PROCEDURE**

1. Provide education and obtain consent or declination for the administration of the Seasonal Influenza vaccine
2. Maintain consent/declination record in the employee health folder
3. Document the distributor of Influenza vaccine administered, lot number, expiration date and vaccination date
4. The vaccine will not be offered or administered to staff 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. All influenza vaccines that have been administered will be reported to NYSIIS or CIR, as applicable, within 24 hours of administration.
2. Vaccinated employees will receive a colored sticker to display on their ID card/badge to distinguish from those who are unvaccinated.
3. Employees who refused vaccination against influenza, will be required to wear a surgical/procedure mask in all areas where residents may be present during influenza season, as directed by the Commissioner of Health when influenza is widespread, (ex: during resident care, in dining rooms, in recreation areas, rehab gym, etc.). Surgical/procedure masks will be placed in visible areas throughout building for easy access. Masks can be changed when becomes wet or soiled.

* \*\*Surgical/procedure masks are worn at all times during the Covid-19 pandemic, regardless of flu season.

1. All persons with symptoms of respiratory infection will be instructed on and encouraged to adhere to respiratory hygiene, cough etiquette and hand hygiene procedures
2. Visual alerts (e.g. signs, posters) will be posted in the entrance and at strategic places (e.g. common areas) to provide staff (and residents 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.
3. The infection preventionist (IP) and/or Department Head will monitor and manage ill healthcare personnel. Staff who develop fever and respiratory symptoms will be:
4. Instructed not to report to work, or if at work, to stop resident-care activities, don a face mask, and promptly notify their supervisor and/or the IP or RN Designee before leaving work
5. Reminded that adherence to respiratory hygiene and cough etiquette after returning to work is important
6. If symptoms such and cough and sneezing are still present, staff will wear a procedure mask during resident care activities. The importance of performing frequent hand hygiene will be reinforced.
7. **Excluded from work at least until 24 hours after they no longer have a fever** (without the use of fever-reducing medications).

**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>

**INFLUENZA VACCINE ADMINISTRATION RECORD 2020-2021**

**EMPLOYEE (Print Name) ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_**

**Influenza Vaccine Immunization Consent YES NO**

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| 1. | Are you sick right now with something more serious than a cold? |  |  |
| 2. | Do you have severe allergies or reactions to any chicken, egg, or egg products? |  |  |
| 3. | Are you allergic to Thimerosol (Methiolate, a preservative)? |  |  |
| 4. | Have you ever had a serious reaction or other problem with the influenza vaccine? |  |  |
| 5. | Are you allergic to natural latex rubber or sensitive to products containing latex? |  |  |
| 6. | Have you had a seizure, brain or other nervous system problem (ex: Guillain Barre Syndrome)? |  |  |

**\*If applicant answered YES to any of the above questions, do not administer vaccine. Refer to physician.**

I have received the CDC Influenza Information Fact Sheet.

I have had the opportunity to ask questions and have those questions answered by the Infection Prevention RN/Designee

**I give my consent to receive the Influenza Vaccine ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ season.**

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**SIGNATURE**  **DATE**

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| --- | --- | --- | --- | --- | --- | --- |
| **Review Consent** | **Influenza Vaccine** | **Date** | **Site** | **Manufacturer** | **Lot #** | **Expiration Date** |
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**Print Name of Licensed Nurse**

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**Signature**

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**License #**

**DECLINATION OF INFLUENZA VACCINE FOR HEALTH CARE PERSONNEL**

**EMPLOYEE (Print Name) ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_**

**I have been advised that I should receive the influenza vaccine to protect myself and the residents that I serve.**

**I have received the CDC Influenza Vaccine Information Fact Sheet.**

**I have had the opportunity to ask questions and have those questions answered by the Infection Prevention RN/Designee. I am aware of the following facts:**

Influenza is a serious respiratory disease that kills thousands in the United States each year.

Influenza vaccination is recommended for myself and all other healthcare personnel to protect this facility’s residents from influenza and related complications, and death.

If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding of the virus can spread influenza to residents in this facility.

If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild or non-existent.

I understand that I cannot get influenza from the influenza vaccine.

The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I contact, including all the residents in this facility, healthcare workers, my family, and my community.

**Because I have refused vaccination against influenza, I will be required to wear a surgical/procedure mask in all areas where residents may be present during influenza season (ex: during resident care, in dining rooms, in recreation areas, rehab gym, etc.). Surgical/procedure masks will be placed in visible areas throughout building for easy access. Masks can be changed when becomes wet or soiled.**

**If the reason for your declination is because you have received vaccination elsewhere, you must provide proof of same.**

**I acknowledge that I have read this document in its entirety and fully understand it. Despite these facts, I have decided to decline the influenza vaccine. I realize that I may re-address this issue at any time and accept vaccination in the future.**

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**SIGNATURE DATE**

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**LICENSED NURSE SIGNATURE DATE**