

<b>Clinical INFECTION CONTROL</b>	<b>Annual Influenza Vaccination</b>		
	<b>Effective Date: 10/10/2022</b>	<b>Last Reviewed: 11/16/2022</b>	<b>Last Revised: 10/10/2022</b>

### **Policy Statement**

All residents and employees who have no medical contraindications to the vaccine will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against influenza.

The facility shall provide pertinent information about the significant risks and benefits of vaccines to staff and residents (or residents' legal representatives); for example, risk factors that have been identified for specific age groups or individuals with risk factors such as allergies or pregnancy.

### **Process**

#### **Annual Influenza Immunization**

1. Between October 1st and March 31st each year, the influenza vaccine shall be offered to residents and employees as soon as available, unless the vaccine is medically contraindicated, or the resident or employee has already been immunized.
  - a. If Residents or Employees, obtain an influenza vaccination from their own physician, another health care facility, or another vaccination service available in the community, they must provide proof and a copy of immunization to facility management
2. Employees will be offered the influenza vaccine at no charge, at a location onsite.
3. Prior to the vaccination, the resident (or resident's legal representative) or employee will be provided information and education regarding the benefits and potential side effects of the influenza vaccine. (See current vaccine information statements at [Vaccine Information Statement | Current VISs | CDC](#) for educational materials.) Provision of such education shall be documented in the resident's/employee's medical record.
4. For those who receive the vaccine, the date of vaccination, lot number, expiration date, person administering, and the site of vaccination will be documented in the resident's/employee's medical record.
5. A resident's refusal of the vaccine shall be documented on the informed consent for influenza vaccine and placed in the resident's medical record.
6. If an employee refuses the vaccine for reasons other than medical contraindication, this shall be documented on the employee informed consent for influenza vaccine. The employee will be required to wear a surgical mask for the duration of the influenza season.

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7. The infection preventionist will maintain surveillance data on influenza vaccine coverage and reported rates of influenza among residents and staff. Surveillance data will be made available to staff as part of educational efforts to improve vaccination rates among employees.
8. Administration of the influenza vaccine will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendations at the time of the vaccination.

### **Infection Control Procedures**

1. All Employees are responsible for:
  - a. Monitoring their health status and reporting to work only when they are not in a status that would put others at risk of contracting an infection.
  - b. Reporting to his/her direct supervisor if he/she contracts the influenza virus.
  - c. Adhering to appropriate infection control standards to prevent risk to others and themselves. Including but not limited to, frequent hand washing, masking (if applicable), respiratory hygiene/cough etiquette, disinfecting equipment and workstations, and not reporting to work when ill.
    - a. If wearing a mask, using a new one at the beginning of each shift, if possible, or when mask becomes moist, torn, or soiled.

### **Potential Vaccine Shortage:**

1. In the event of a vaccine shortage, influenza vaccination will be offered to stakeholders and other select healthcare personnel at the facility, based on job function and risk of exposure to influenza, as determined by facility in its sole discretion, and with consultation from the Infection Control Committee as warranted.
2. Priority will be given to facility health care personnel who:
  - a. Provide direct, hands-on resident care with prolonged face-to-face contact with residents;
  - b. Care for residents at high risk of complications from influenza and/or have the highest risk of exposure to patients/residents with influenza;
  - c. Are at high risk for complications from influenza.
3. When a re-supply or appropriate substitute becomes available, remaining stakeholders will be required to be vaccinated.