

### Summary

The 2017-2018 influenza season was one of the worst seasons in the United States since public health officials began tracking more than 10 years ago. It not only was severe in duration, degree of infection, but also in the type of influenza (H3N2). H3N2-predominant seasons are associated with more severe illness especially among people older than 65 years and children. Nursing homes in Louisiana were hit particularly hard, with over 30% reporting at least one influenza outbreak. CDC defines an influenza outbreak at a long term care facility as 2 patients with influenza-like illness within 72 hours of each other and at least one has laboratory-confirmed influenza. During the 2017-2018 season, Flu outbreaks in Louisiana nursing homes accounted for 1,271 cases, 152 hospitalizations, and 31 deaths.

Severe and even fatal influenza illness can be introduced by newly admitted residents, health care workers and by visitors. Preventing transmission of influenza viruses and other infectious agents in long-term care facilities, requires a multi-faceted approach that includes the following:

1. Vaccination of all persons, including residents, employees, and accessory staff
2. Testing
3. Infection Control
4. Antiviral Treatment
5. Antiviral Chemoprophylaxis

Influenza prevention requires planning and infection prevention education. Each nursing home should have influenza vaccination policies for residents and all staff members. According to the 2013 report from the National Vaccine Advisory Committee titled *Strategies to Achieve the Healthy People 2020 Annual Influenza Vaccine Coverage Goal for Health-Care Personnel*, a comprehensive influenza infection prevention plan includes 1) offering free influenza vaccination to all healthcare personnel (HCP) across varying work shifts, locations, and days; 2) providing targeted, interactive education programs annually to all HCP to explain the impact of influenza, particularly among high-risk patients, and to address misconceptions and concerns about the safety of influenza vaccination; and 3) educating HCP about the importance of influenza vaccination in promoting patient and employee safety.

Influenza vaccination should be provided routinely to all residents, health care workers, and accessory staff of long-term care facilities. Along with vaccination offered on site, influenza vaccination is also available from health care providers and community pharmacies.

This document is intended to provide guidance and information for developing a mandatory influenza vaccination program within individual nursing homes. This document does not provide an exhaustive list of all elements that should be considered when adopting a mandatory influenza vaccination program however it does provide a framework for major areas that should be considered. Materials included in this tool were adapted from Colorado Hospital Association's *Guidance for Developing a Mandatory Influenza Vaccination Program* ([http://www.immunize.org/honor-roll/cha\\_guidance\\_mandatory\\_influenza\\_policy\\_hcp.pdf](http://www.immunize.org/honor-roll/cha_guidance_mandatory_influenza_policy_hcp.pdf)).

## Getting Started

Several states have implemented employee influenza vaccination laws for long-term care settings (<https://www.cdc.gov/phlp/publications/topic/menus/lcinfuenza/index.html>). The breadth of considerations when implementing a mandatory influenza vaccination policy can be considerable; however, the purpose of this toolkit is to provide some examples and resources if your organization does consider implementing a mandatory influenza vaccination program.

One of the important keys to successful implementation is having executive leadership on board with a mandatory vaccination program. Leadership involvement will be essential and is key to ensuring that any policy that is put in place is supported and enforced at an organizational level. In addition, it is important to engage key stakeholders within the organization when initiating the policy development process. The composition of these stakeholders will widely vary depending on your unique facility, however some examples of individuals to consider may include:

- Chief Medical Officer
- Facility Administrator
- Director of Nursing
- Assistant Director of Nursing
- Infection Preventionist
- Human Resources
- Employee Health

## Drafting a Policy

It is incredibly important to have a policy in place regarding the requirement of mandatory influenza vaccination for all health care workers. A policy requiring mandatory influenza vaccination for all health care workers should be drafted following your organizational format. There are several things that should be considered for inclusion in the policy including:

- Justification of the policy: Background on why the policy is important to your organization and why the policy is being implemented.
- Definitions: The policy should clearly and definitively outline what mandatory vaccination means and who this is applicable to within the organization.

## Sample Employee Influenza Vaccination Policy

According to The Joint Commission, “Clear and effective policies are quality builders. A results-oriented policy structure guides provider and staff behaviors in the delivery of high-quality patient care.” Five ways in which policies and procedures can successfully impact health care practices are as follows:

1. Achievement of quality goals
2. Patient safety
3. Efficient operations and use of resources
4. Reliable information reporting
5. Compliance with standards and government regulations

Once implemented, your organizational influenza vaccination policy must be reviewed at least annually and when practice changes are implemented.

<b>MANUAL/DEPARTMENT:</b>	
<b>ORIGIN DATE:</b>	
<b>LAST DATE OF REVIEW/REVISION:</b>	
<b>APPROVED BY:</b>	

## **TITLE: INFLUENZA VACCINATION POLICY FOR HEALTHCARE PERSONNEL**

### **PURPOSE**

To help protect staff, non-employees, patients and families of **INSERT FACILITY NAME HERE** from acquiring seasonal influenza disease and to help prevent the unnecessary spread of the influenza virus between employees, non-employees, patients and families. This is accomplished through the requirement that all healthcare personnel receive annual influenza vaccination.

### **DEFINITION**

Healthcare personnel are defined as all persons whose occupation involve contact with patients or contaminated material in a healthcare, home healthcare, or clinical laboratory setting. Healthcare personnel are engaged in a range of occupations, many of which include patient contact even though they do not involve direct provision of patient care, such as dietary and housekeeping services. Healthcare personnel include but are not limited to: clinical and non-clinical employees, licensed independent practitioners, temporary workers, students, researchers, volunteers, clergy, physicians and contactors.

### **GENERAL INFORMATION**

On February 24, 2010, the Centers for Disease Control and Prevention (CDC) expanded the recommendations for influenza vaccination to everyone aged six months and older. The expanded recommendation went into effect in the 2010 - 2011 influenza season. The new recommendation seeks to remove barriers to influenza immunization and signals the importance of preventing influenza across the entire population. Within this priority population is the recommendation that all healthcare personnel are vaccinated annually with influenza vaccination. Historically, national rates for healthcare worker influenza vaccination have been low, 42% according to the CDC, despite recommendations for this population to be vaccinated. By having our healthcare personnel vaccinated against influenza, we continue to promote a culture of patient safety by helping to prevent healthcare-acquired influenza transmission to patients and families, as well as protecting staff against workplace transmission. Vaccination of **INSERT FACILITY NAME** staff will also reduce workplace absenteeism due to influenza illness, further reducing operational costs of providing care.

**INSERT FACILITY NAME** requires vaccination for healthcare personnel to provide immunity to certain communicable diseases prior to employment at **INSERT FACILITY NAME**. This policy will expand that protection to influenza virus and will be aligned with similar facility-wide employment and credentialing policies.

**POLICY**

As a condition of employment/medical staff privileges, **INSERT FACILITY NAME** requires annual influenza vaccination of all **INSERT FACILITY NAME** staff that has job duties or physical presence in the course of conducting their work.

**PROCEDURES****I. WHERE and WHEN TO GET THE VACCINE:**

- A. Staff must receive influenza vaccine provided by **INSERT FACILITY NAME** Employee Health Services (EHS) or provide written proof of receipt of required influenza vaccine(s) from another source. Vaccine received from a source other than **INSERT FACILITY NAME** may, or may not, be reimbursed to the staff member and payment will be at the discretion of administration. Immunization or proof of immunization must be completed annually.
- B. New hires will be required to present proof of influenza immunization, or will be given the influenza vaccine at their health screening if hire date is between **INSERT DATES HERE**. New hires hired outside of the months when influenza vaccine is available will be notified of the policy and will be expected to comply with vaccination the next influenza season.
- C. **INSERT FACILITY NAME** will set the relevant dates of the anticipated influenza season each year which will correspond to the dates for masking. In general, influenza season typically extends from December to March, but can start earlier or extend longer in certain years.
- D. Compliance with annual mandatory influenza vaccination will be required no later than **INSERT DATE HERE**.

**II. PRIORITIZATION:**

- A. Influenza vaccine provided by **INSERT FACILITY NAME** will be prioritized to staff employed by **INSERT FACILITY NAME**, physicians/providers working at **INSERT FACILITY NAME**, volunteers, and environmental services workers.
- B. Contractors and vendors will not be prioritized to receive **INSERT FACILITY NAME** - purchased influenza vaccines but must provide proof of annual influenza vaccination.
- C. Upon vaccination or verification of influenza vaccination received elsewhere, staff will receive a sticker to be worn on their badge to indicate they are in compliance with the influenza vaccination policy.

**III. COMMUNICATION/EDUCATION:**

- A. Prior to the annual onset of influenza season, the organization will inform staff of the requirement for vaccination, the dates when influenza vaccine(s) are available, and the fact that vaccines will be provided at no cost to them. Communication will be through normal information distribution. Education on influenza virus and the vaccine will be completed throughout the organization on an ongoing basis. Staff will also be informed of the procedures and approved reasons for declining vaccine and the consequences of refusing vaccination.
- B. The organization will continue to use strategies to provide for convenient vaccine access, including vaccination clinics, vaccination access during all work shifts through the use of "Vaccination Captains", and modeling and support by organizational leaders.

**IV. EXEMPTIONS:**

- A. Only healthcare personnel meeting the medical contraindications listed below will be exempt from annual influenza vaccination. Contraindications are limited to specific medical circumstances.
- B. Healthcare personnel who meet the requirements of contraindication for influenza vaccination must complete a written medical declination form.
- C. Staff who do not receive influenza vaccination due to a medical contraindication must wear a mask at all times during the duration of the scheduled shift for the duration of the influenza season, when providing services at all **INSERT FACILITY NAME** facilities and clinics. (See Consequences and Non-Compliance below).

**V. APPROVED CONTRAINDICATIONS TO INFLUENZA VACCINATION:**

Any person declining vaccine must have one of the valid contraindications, as listed below.

- A. Persons with severe (life-threatening) allergies to eggs or to other components of the influenza vaccine. Documentation from a licensed healthcare provider is required (see *Verification of Contraindications*).
- B. A history of Guillain-Barre Syndrome within six weeks following a previous dose of influenza vaccine is considered to be a precaution for use of influenza vaccines by the CDC. Documentation is required from a licensed healthcare provider.
- C. Additional contraindications may exist if the live attenuated influenza vaccination (LAIV) is offered. Medical contraindications against LAIV include:
  - a. Adults 50 years of age or older
  - b. Pregnant woman
  - c. Persons with asthma
  - d. Adults who have immunosuppression (including immunosuppression caused by HIV or medications)
  - e. Adults and children who have chronic pulmonary, cardiovascular (except isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic or metabolic disorders
- D. If a person has a contraindication, but still desires to get the influenza vaccine, they should discuss it with their primary healthcare provider. If the primary healthcare provider administers the influenza vaccination, the staff member must provide documentation of vaccination to **INSERT FACILITY NAME**.

**VI. VERIFICATION OF CONTRAINDICATIONS and MASK USE:**

- A. For declination based on medical contraindication, the Declination of Influenza Vaccination for Medical Contraindications form must be completed and signed by a licensed healthcare provider. This document will then be reviewed and verified by **INSERT DEPARTMENT HERE**, or assigned designee, with follow up as needed to the licensed healthcare provider.
- B. Upon verification of contraindications, all persons with approved contraindications to vaccination will be required to provide signed written documentation which states that he/she will wear a mask at all times during the scheduled shift. Healthcare personnel are not required to wear the mask during scheduled breaks.
- C. Names of persons required to wear masks will be provided to the worker's supervisors and managers, including department leadership.
- D. Persons with valid and verified contraindications to influenza vaccination will be given a sticker that will be worn on their identification badge.

**VII. CONSEQUENCES FOR NON-COMPLIANCE:**

- A. Healthcare personnel without documentation of vaccination or valid declination by **INSERT DATE HERE** will be considered noncompliant with annual influenza vaccination requirements.
- B. If vaccination has not occurred by **INSERT DATE HERE**, healthcare personnel will receive a written warning from their supervisor that they are not in compliance with the **INSERT FACILITY NAME** influenza vaccination policy.
- C. Healthcare personnel will then have 15 days to be in compliance (either through vaccination or proof of valid medical contraindication).
- D. If healthcare personnel is not in compliance within 15 days of the written warning issuance, the worker will be suspended for 3 days without pay. After the three day suspension, if the worker is still not in compliance, the healthcare personnel will be terminated. If the healthcare personnel is a physician, medical staff privileges will be revoked from **INSERT FACILITY NAME**.
- E. If persons who have a documented medical declination are not in compliance with wearing a mask at all times during the schedule shift with the exception of during scheduled breaks, the worker will receive written warning from their supervisor that they are not in compliance with the **INSERT FACILITY NAME** influenza vaccination policy.
- F. On a second offense, the disciplinary process through the healthcare supervisor will be initiated, and may include termination.

**VIII. CONTINGENCY PLAN:**

- A. If there is a shortage of influenza vaccine supply that affects the supply of influenza vaccine for **INSERT FACILITY NAME** staff use, Administration will develop a contingency plan. This plan will include vaccine prioritization and distribution based on the influenza vaccine supply shortage faced and recommendations from the CDC and the Louisiana Department of Health.
- B. Communication about mask use and compliance with the influenza vaccination plan will be sent to healthcare personnel in the event of an influenza vaccine shortage or delay.

**RELATED DOCUMENTS / REFERENCES**

- A. ACIP Provisional Recommendations for the Use of Influenza Vaccine: Date of ACIP vote: February 24, 2010 Date of posting of provisional recommendations: March 2, 2010 Accessed at [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0729a1.htm?s\\_cid=rr59e0729a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0729a1.htm?s_cid=rr59e0729a1_w)
- B. Centers for Disease Control and Prevention (CDC). Prevention and Control of Seasonal influenza with Vaccines. Recommendations of the Advisory Committee on Immunization Practices (ACIP) 2010. August 6, 2010; 59 (rr08); 1-62. <http://www.cdc.gov/media/pressrel/2010/r100224.htm>
- C. APIC, Association of Professionals in Infection Control (APIC) Position Paper: Influenza Immunization of Healthcare Personnel.
- D. Declination of Influenza Vaccination for Medical Contraindications form

**REVIEWED BY:**

**INSERT DEPARTMENT NAMES HERE**

## **Sample Declination Form**

Your organization should clearly outline the types of declinations that the facility will allow. See Section IV of the Policy for definitions of medical exemptions. A sample declination form is available to provide guidance for developing your own form. See below to view a copy of this sample declination form.

## Declination of Seasonal Influenza Vaccination for Medical Contraindications for Medical Contraindications

Seasonal influenza vaccination is a condition of employment for all health care workers. Depending on type of vaccination offered, specific medical contraindications may exist for certain individuals. Only evidence-based medical contraindication against seasonal influenza vaccination confirmed by a licensed health care provider will be accepted as an exception to the mandatory influenza policy. Medical contraindication must be re-assessed each year and on updated declination form should be placed in the employee's file yearly.

This Medical Declination Form must be completed by the employee's primary healthcare provider and returned to Employee Health Services.

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My employer, **INSERT FACILITY NAME HERE**, has recommended that I receive seasonal influenza vaccination in order to protect myself and the patients I serve.

I understand that because I work in a health care environment that I may place patients and co-workers at risk if I work while infected with the influenza virus.

I understand that since I have an evidence-based medical contraindication to influenza vaccination that I will be required to wear a mask at all times during a schedule shift through the duration of the influenza season (**INSERT DATES HERE**).

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Employee Name (print)

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Employee ID Number

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Employee Signature

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Date

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**THIS SECTION SHOULD BE COMPLETED BY THE EMPLOYEE'S HEALTH CARE PROVIDER**

I have evaluated \_\_\_\_\_ and can verify that this employee has a medical contraindication to influenza vaccination.

This employee has one or more of the following contraindications:

- Documented severe allergy to eggs or egg products
- Personal history of Guillain-Barre' Syndrome within 6 weeks of receiving influenza vaccine
- Severe allergic reaction to previous influenza vaccine
- Other: (please explain – only evidence-based medical contraindications):

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Healthcare Provider Name (print)

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Date

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Healthcare Provider Signature

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Phone Number



## Religious Exemptions

The Louisiana Department of Health did not include a religious exemption. Per the resolution outlined on page 3, only evidence-based medical contraindications are valid exemptions. Anecdotal reports have indicated that some religious faiths such as Christian Scientists or Native Americans that have specific ties to certain tribes and their shaman may be religiously opposed to vaccines. If your organization does decide to allow a religious exemption, it is recommended that your organizational policy is clear on the documentation that needs to be provided as well as the specific steps that should be taken to discuss religious declination. The following things should be considered for inclusion in your organization policy should religious exemptions be included:

- Valid documentation from an individual's religious faith outlining the specific faith-based concerns against influenza vaccination
- Counsel between the individual and your organization's chaplain or other faith-based support services to discuss these concerns

## Employee Education

Education of facility staff is an important component to any mandatory influenza vaccination policy. Unfortunately, there is a tremendous amount of misinformation about the influenza vaccine and misperceptions about both the vaccine and medical contraindications are common in both the healthcare community as well as in the general public.

There are a multitude of various resources available to help educate your healthcare personnel. Most are available at no charge and are readily available on the internet. Some tools that you may find useful include:

- [Influenza Vaccination Fact Sheet for Health Care Professionals](#)
- [Understanding the Differences Between Influenza Vaccine](#)
- [Centers for Disease Control and Prevention Informational Posters](#)

## Tracking Compliance

Organizations that have a mandatory influenza vaccination policy in place must also have a good system for tracking compliance within your facility. Depending on the sophistication of some internal facility systems, human resource tracking systems or employee health might be a good mechanism to track annual influenza vaccination. However, it is important to have a record of annual influenza vaccination or medical declination in each employee's file.

## Additional Resources

- Centers for Disease Control and Prevention (CDC) Information for Health Professionals:  
<http://www.cdc.gov/flu/professionals/>
- [www.flu.gov](http://www.flu.gov)
- [www.immunize.org](http://www.immunize.org)

## Questions

If you have any questions regarding this document or clarification regarding this tool kit, please contact Erica Washington, Healthcare-Associated Infections Program Coordinator for the Louisiana Department of Health, at 504-568-8319 or by email at [Erica.Washington@LA.gov](mailto:Erica.Washington@LA.gov).

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