**Influenza Vaccine Program Policy and Procedure**

**Influenza Vaccine Program Policy**

# **Policy**

It is the policy of this facility that annually residents are offered immunization against influenza. This facility follows the recommendations of the Center for Disease Control and Prevention (CDC) and the ***(add any State Department of Health recommendations)*** for Influenza vaccinations in the facility including each resident is offered an influenza vaccine October 1 through March 31 annually unless the immunization is medically contraindicated, already immunized or after the provision of education on risks and benefits chooses to refuse. It is recognized that influenza is a serious risk for the elderly; therefore residents will be encouraged to have the vaccine. The policy is based on current recommendations of the CDC’s Advisory Committee on Immunization Practice and the medical staff of this facility.

# **Purpose**

To reduce the incidence of influenza and the morbidity and mortality attributed to this infection.

**Definitions – Centers for Medicare and Medicaid Services1:**

“**The Advisory Committee on Immunization Practices (ACIP)”:** refers to a group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States. ACIP’s recommendations stand as public health advice that will lead to a reduction in the incidence of vaccine preventable diseases and an increase in the safe use of vaccines and related biological products. See <http://www.cdc.gov/vaccines/acip/index.html> for further information.”

**“Medical contraindication”:** refers to a condition or risk that precludes the administration of a treatment or intervention because of the substantial probability that harm to the individual may occur.”

**“Precaution”:** refers to a condition in a potential recipient that might increase the risk for a serious adverse reaction or that might compromise the vaccine’s induction of immunity. For example, as a result of the resident’s condition, complications could result, or a person might experience a more severe reaction to the vaccine than would have otherwise been expected. However, the risk for this happening is less than expected with medical contraindications.”

**Procedure**

**General Procedure for Influenza Immunization Program**

1. The facility’s Medical Director will annually review and approve the influenza vaccination standing order policy.
2. The vaccine program begins approximately, October 1st through March 31st but is flexible depending upon recommendations from the Health Department, CDC for each vaccine year and the availability of the vaccine.
3. Obtain influenza vaccine information before the beginning of each flu season. (See cdc.gov for the most current Vaccine Information Sheet (VIS).
4. All new admissions will be screened, assessed for contraindications and offered the influenza vaccine unless contraindicated or specifically ordered otherwise by the primary physician on admission orders.
	1. Nursing staff does not need to contact the primary physician for orders about the administration of the vaccine unless standing order is not in place
	2. Nursing staff will communicate with the primary physician if they have questions or concerns that cannot be answered by the resident or their medical decision maker about the criteria listed in the Standing Protocol for Influenza Vaccine (e.g. contraindications, disease or allergy history, history of receipt of the vaccine during the current influenza season)
	3. In the event that a precaution exists that may warrant a delay in vaccination, the physician will review the benefits and risks of receiving the vaccine and this will be discussed with the resident or resident representative
	4. Residents in the end stages of a terminal illness on comfort or palliative care may refuse the vaccine (Resident representative may refuse)
5. Annually, the Medical Director will review the Standing Protocol and revise if necessary.
	1. A master copy will be kept with the Infection Preventionist.
6. Every new admission resident is screened using the criteria contained within the standing protocol and offered the vaccine if indicated, after receiving education regarding the benefits and potential side effects of the vaccine.
7. Licensed nursing staff performs the screening, education and vaccine administration.
8. A record of vaccination will be placed in the resident’s medical record and their vaccination record.

**Nursing Procedure**

1. Review Standing Protocol - Since vaccination will begin approximately October 1 of each year or, when notified to begin Influenza vaccination by the Center for Disease Control or State Health Department, review the Standing Protocol for Influenza Vaccine in September of each year.
	1. It is recommended to administer the vaccine when it becomes available each season
	2. Residents admitted late in the influenza season (i.e., February or March) should be offered the influenza vaccine as late season outbreaks do occur
2. The nurse will identify if medical contraindications for influenza vaccine exist such as:
	1. People with severe, life threatening allergies to flu vaccine or any ingredient in the vaccine (For residents with egg allergies, discuss with physician-CDC special consideration regarding egg allergies as most but not all types of flu vaccines contain a small amount of egg protein)
	2. If the resident has ever had Guillain-Barré Syndrome
	3. If resident has moderate to severe acute illness, postpone administration of vaccine until acute illness resolves.
3. Consult physician if contraindications present
4. Before offering the influenza vaccine, each resident or the resident’s representative will receive education regarding the benefits and potential side effects of the vaccine.
5. Each resident, unless already immunized or if medically contraindicated, will be offered an influenza vaccine between October 1 through March 31 annually
6. Self-reported doses of influenza vaccine by the resident and/or resident representative is acceptable if consistent with State law
7. The resident or the resident’s representative has the opportunity to refuse the immunization after education is provided
	1. Document education and refusal
8. Take resident temperature and evaluate for symptoms of illness
9. If a resident is afebrile and has no moderate to severe acute illness, administer the vaccine via the intramuscular (IM) route
10. Documentation in the resident’s medical record will include:
	1. That the resident or the resident’s representative was provided education regarding the benefits and potential side effects of the influenza vaccine and
	2. The resident received the influenza vaccine:
		1. Temperature and symptoms
		2. Date and time of administration
		3. Lot Number, Manufacturer, Expiration date
		4. Site of administration
	3. The resident did not receive the influenza vaccine and the reason:
		1. Medical contraindication
		2. Refusal and education provided
11. Observe for side effects. The most common side effects are low-grade fever and tenderness at the injection site
12. Notify the primary physician if more serious complications occur.

**NOTE:** If a national shortage of influenza vaccine exists, the Infection Preventionist or designee should:

* Order the vaccine from the pharmacy and keep documentation on the confirmation of the order and any shipping details
* Prepare a plan on how the vaccines will be administered
* Screen residents to identify how many and which residents are eligible and wish to receive the vaccine
* Implement education on the benefits and potential side effects and document

**Employee Influenza Vaccination Program**

It is recommended that all employees, unless contraindicated, receive an annual influenza vaccination.

1. Since vaccination will begin approximately October 1 of each year or, when notified to begin Influenza vaccination by the Center for Disease Control or State Health Department, review the Standing Protocol for Employee Influenza Vaccine in September of each year.
	1. It is recommended to administer the vaccine when it becomes available each season
	2. New employees hired late in the influenza season (i.e., February or March) should be offered the influenza vaccine as late season outbreaks do occur
2. The nurse screening the employee will identify if medical contraindications for influenza vaccine exist such as:
	1. People with severe, life threatening allergies to flu vaccine or any ingredient in the vaccine (For employees with egg allergies, have employee discuss with their physician for approval-CDC special consideration regarding egg allergies as most but not all types of flu vaccines contain a small amount of egg protein)
	2. If the employee has ever had Guillain-Barré Syndrome
	3. If employee has moderate to severe acute illness, postpone administration of vaccine until acute illness resolves.
3. Have employee consult physician if contraindications present and provide facility with written permission to receive the influenza vaccine
4. Before offering the influenza vaccine, each employee or parent/legal guardian if under 18 years of age, will receive education regarding the benefits and potential side effects of the vaccine.
5. Each employee, unless already immunized or if medically contraindicated, will be offered an influenza vaccine between October 1 through March 31 annually
6. Self-reported doses if influenza vaccine by the employee is acceptable if consistent with State law
7. The employee has the opportunity to refuse the immunization after education is provided
	1. Document education and refusal
8. Take employee temperature and evaluate for symptoms of illness
9. If a employee is afebrile and has no moderate to severe acute illness, administer the vaccine via the intramuscular (IM) route
10. Documentation in the employee’s medical file will include:
	1. That the employee was provided education regarding the benefits and potential side effects of the influenza vaccine and
	2. The employee received the influenza vaccine:
		1. Temperature and symptoms
		2. Date and time of administration
		3. Lot Number, Manufacturer, Expiration date
		4. Site of administration
	3. The employee did not receive the influenza vaccine and the reason:
		1. Medical contraindication
		2. Refusal and education provided
11. Observe for side effects. The most common side effects are low-grade fever and tenderness at the injection site
12. Instruct employee to notify their physician promptly if more serious complications occur.
13. A log of employee influenza vaccinations will be kept by the infection preventionist.

**Resources**

* 1Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>
* Centers for Disease Control and Prevention. Vaccine Information Statements (VISs): Inactivated Influenza VIS, 8/6/2021: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.htm>
* Centers for Disease Control and Prevention. Post-acute and Long-term Care Facility Toolkit: Influenza Vaccination among Healthcare Personnel for Long-Term Care Employers: <https://www.cdc.gov/flu/toolkit/long-term-care/index.htm>