



# **Influenza Vaccine Program**

# **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.

### **Defninitions:**

"The Advisory Committee on Immunization Practices (ACIP)": 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 <a href="http://www.cdc.gov/vaccines/acip/index.html">http://www.cdc.gov/vaccines/acip/index.html</a> for further information.

"Medical contraindication": 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": 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 vaccine program begins approximately,October 1<sup>st</sup> through March 31<sup>st</sup> but is flexible depending upon recommendations from the Health Department, CDC for each vaccine year and the availability of the vaccine.





- 2. Obtain influenza vaccine information before the beginning of each flu season. (See cdc.gov for the most current Vaccine Information Sheet (VIS).
- 3. All new admissions will be screened and given the influenza vaccine unless specifically ordered otherwise by the Primary physician on admission orders.
  - a. Nursing staff does not need to contact the primary physician for orders about the administration of the vaccine for each resident unless orders were not obtained upon admission.
  - b. 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. disease or allergy history, history of receipt of the vaccine during the current influenza season).
- 4. Annually, the Medical Director will review the Standing Protocol and revise if necessary, and a master copy will be kept with Infection Control.
- 4. Every admission is screened using the criteria contained within the standing protocol and given the vaccine if indicated, after receiving education regarding the vaccine.
- 5. Licensed nursing staff performs the screening and vaccine administration.
- 6. A record of vaccination will be placed in the resident's medical record and their vaccination record.

## **Nursing Procedure**

- 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 Influenza Vaccine in September of each year.
- 2. Check to see if medical contraindications for influenza vaccine exist such as:
  - a. People with severe, life threatening allergies to flue 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)
  - b. If the resident has ever had Guillain-Barré Syndrome
  - c. 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. The resident or the resident's representative has the opportunity to refuse the immunization
- 7. Take resident temperature and evaluate for symptoms of illness
- 8. If a resident is afebrile and has no moderate to severe acute illness, give vaccine via the intramuscular (IM) route
- 9. Documentation in the resident's medical record will include:
  - a. That the resident or the resident's representative was provided education regarding the benefits and potential side effects of the influenza vaccine and
  - b. The resident received the influenza vaccine:
    - i. Temperature and symptoms
    - ii. Date and time of administration
    - iii. Lot Number, Manufacturer, Expiration date
    - iv. Site of administration
  - c. The resident did not receive the influenza vaccine and the reason:
    - i. Medical contraindication
    - ii. Refusal
- 10. Observe for side effects. The most common side effects are low-grade fever and tenderness at the injection site
- 11. Notify the primary physician if more serious complications occur.

#### **Resources:**

CMS State Operations Manual. Appendix PP-Guidance to Surveyors for Long Term Care Facilities https://www.cms.gov/Medicare/Provider-Enrollment-and-

<u>Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf</u>

CDC: A Toolkit for Long-Term Care Employers: <a href="https://www.cdc.gov/flu/toolkit/long-term-care/index.htm">https://www.cdc.gov/flu/toolkit/long-term-care/index.htm</a>

CDC: Vaccine Information Statement: Influenza (Flu) Vaccine: https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf