

## **Influenza Immunization for Credentialed Staff Members/LIPs**

**Approved PSHMC and PHFH MEC 10/12**

### **POLICY**

1. Patient safety is improved when the entire health care team is vaccinated annually. The hospital will provide vaccination at times and places accessible to those identified in this policy.
2. Providence Spokane urban hospitals participate in the Centers for Medicare & Medicaid Services' Inpatient Prospective Payment System (IPPS) and are required to submit summary data on influenza vaccination of healthcare personnel, including LIPs, via the National Healthcare Safety Network beginning on January 1, 2013. Reporting is based on healthcare personnel physically working in the facility for at least 30 days between October 1 and March 31. Providence Spokane urban hospitals will track influenza vaccine status of active staff physicians, ARNP's, and PA's.
3. If after consulting with vaccine suppliers, public health officials, hospital employee health and infection control staff, Providence Spokane urban hospitals conclude that a shortage of influenza vaccine exists such that individuals who wish to receive the vaccine cannot, the hospitals may suspend vaccinations for a period of time not to exceed one year.

### **Purpose**

Influenza is a serious illness that causes thousands of deaths nationwide annually. Providence is committed to providing a safe environment for our patients, staff and visitors. Prevention of hospital acquired infections, including influenza is an important aspect of assuring a safe environment. These infections pose an increased risk to people who are sick, the elderly and children. The Centers for Disease Control & Prevention (CDC) has recommended vaccination for Healthcare Workers (HCWs) since 1981.

### **Areas of Responsibility**

Employee Health Service – provide annual influenza immunizations, track participation and facilitate unit-based vaccine administration by non-EHS personnel trained to give immunizations.

Pharmacy – order and store adequate vaccine supply for all employees and licensed independent practitioners.

Infection Prevention Staff and Medical Director, Employee Health Service – review Advisory Committee on Immunization Practices (ACIP) Recommendations for Prevention & Control of Influenza with Vaccines guidelines yearly for updates.

## **Definitions**

Flu Season – the season begins when the Spokane Regional Health District (SRHD) in consultation with Epidemiology & Infection Control determine that cases of influenza are widespread in the local community and/or state. The season ends when SRHD and Epidemiology & Infection Control determine that the number of influenza cases are consistently below baseline.

Licensed Independent Practitioners (LIPs) – these include physicians, advanced practice nurses, and physician assistants affiliated with the hospital but not on the payroll.

## **Vaccine Administration**

The hospitals provide influenza vaccine at sites and time accessible to credentialed staff. The Medical Staff Office will communicate the Providence offer for vaccination to all credentialed staff members and provide sites and times for vaccinations.

## **Documentation of Influenza Vaccination**

Record of influenza administration at a Providence entity will be provided to Medical Staff Services for entry into credentialed staff management software, which is shared among the four PHC hospitals. The Medical Staff Office will seek attestation/declination information, using an approved form, for those who were not vaccinated at a Providence facility.

## **Declination of Influenza Vaccination**

Active Staff physicians, ARNP's and PA's who decline influenza vaccination will wear a procedure or surgical mask when in patient care areas during times when flu is active in the community.

All Active Staff physicians, ARNP's and PA's who decline influenza vaccination and who have symptoms of respiratory infection or who have had a known exposure to influenza will wear respiratory protection, in the form of a mask. Healthcare workers with respiratory symptoms and temperature 101 degrees F or greater should not work.

## **Proper Mask Use**

- To be fully functional the mask must fit snugly, cover the nose and mouth and be secured to the face with ties or elastic. The metal nasal piece should be molded securely to the nose.
- The mask should be discarded, at a minimum, at the end of the shift and immediately replaced if it becomes soiled or moist. It is recommended that the mask be changed approximately every 2 hours or more frequently if needed.
- **All Personnel in clinical areas must continue to follow any and all additional appropriate Infection Control guidelines for isolation practices depending on the type of patient they are caring for.**

## References

Centers for Disease Control & Prevention. Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2012 – 2013 Influenza Season. MMWR 61 (August 17, 2012).

Effectiveness of Influenza Vaccine in Health Care Professionals, JAMA March 10, 1999-vol. 281, No.10.

[Infection Control Guidance for the Prevention & Control of Influenza in Healthcare Facilities  
www.cdc.gov/flu](http://www.cdc.gov/flu)

The Joint Commission Standard IC.02.04.01, Influenza Vaccination Program, July 1, 2012.

WAC 246-320-176. Infection Control Program. Develop and implement infection control policies and procedures consistent with the guidelines of the Centers for Disease Control & Prevention (CDC) and other nationally recognized professional bodies or organizations.

Washington State Hospital Association Model Policy on Influenza Vaccination for Health Care Workers, 2010.