

Subject:	INFLUENZA IMMUNIZATIONS
Section:	PPG# 4200.23
Chapter:	Operations
Effective Date:	10/13/2011

1.0 POLICY

- 1.1** McLane Black Lake Fire Department is committed to ensuring a safe environment for staff and patients, and because influenza vaccination of health care workers is the most effective way to protect patients, HCP must provide annual documentation of influenza immunization or complete a declination form, complete a required training module and wear a mask when influenza like illness (ILI) levels are elevated in the community.

This policy applies to all McLane Black Lake Fire Department employees, volunteers, FEST students or other individuals who are involved in the delivery of health care services.

2.0 PURPOSE

- 2.1** Influenza vaccination is the most effective and important measure for preventing influenza virus infection and it's potentially severe complications. Healthcare personnel (HCP) are at high risk for acquiring influenza infection due to their exposure to ill patients as well as their exposure in the community. Patients that are at the greatest risk of developing complications of influenza are exposed to healthcare personnel in a variety of inpatient and outpatient settings. Annual influenza vaccination for HCP has been recommended by the Centers for Disease Control and Prevention (CDC) since 1981. Vaccination of HCP offers an important method for preventing transmission of influenza to high-risk patients. Evidence supports the fact that influenza vaccine is effective, cost efficient and successful in reducing morbidity and mortality. Requiring influenza vaccination of HCP is important to patient safety and quality of care. By increasing HCP vaccination rates, we can protect the health and well being of our patients, families, and the community at large.

3.0 DEFINITIONS

- 3.1** HCP persons include but are not limited to: firefighters, emergency medical service personnel, FEST students, temporary hires and trainees who are potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

4.0 PROCEDURE

- 4.1 All HCP shall provide annual documentation of influenza vaccination or sign an informed declination statement acknowledging the facts associated with not receiving the seasonal influenza vaccine (Appendix A). If HCP received a vaccination from their primary care provider or other source they will need to indicate the date and location on the declination form.
- 4.2 Annual education regarding the risks and benefits of influenza vaccination and the risk posed to patients who may become ill as a result of exposure to HCP infected with influenza will be available to all HCP workers and required for those that decline annual influenza vaccination.
- 4.3 **Non vaccinated staff will be required to wear a mask in designated clinical areas 100% of the time (i.e., patient homes and hospital ER) and in non designated areas such as waiting rooms if having contact with patients (within 6 feet).** This requirement will be in effect when flu is active in the community as determined by public health officials and the District MSO when the following occur:
- Greater than 5% of Emergency Center patients present with influenza like illness (ILI) symptoms and/or
 - The local Health Department indicates significant school absenteeism and/or
 - There is evidence of increasing ILI in the community and/or
 - Requested by the local Health Department
- 4.4 Masks may be removed during meals and breaks to allow staff to eat and drink without hindrance and must be taken in areas appropriately designated for those purposes.
- 4.5 Masks should be discarded, at a minimum, at the end of the shift and if they become soiled. It is recommended that the masks be changed approximately every 2 hours or more frequently if needed.
- 4.6 HCP who develop signs and symptoms of ILI or mask problems should notify your officer as soon as possible.
- 4.7 McLane Black Lake Fire Department will make all reasonable attempts to make the FREE vaccine readily accessible to all HCP.
- 4.8 If, after consulting with vaccine suppliers, public health officials, and hospital Infection Control; McLane Black Lake Fire Department may conclude a shortage of vaccine exists such that those who wish to receive the vaccine cannot, this policy may be suspended for a period of time not to exceed one year.
- 4.9 Employee and Volunteer immunization data will be reported to the Assistant Chief of Operations and Officers will be made aware of unvaccinated staff so infection prevention measures can be monitored and enforced

- 4.10** It is important to practice strict standard precautions when caring for ALL patients:
- Wash or gel hands before and after every patient contact
 - Gloves for all procedures and contact with mucous membranes or bodily secretions
 - Gowning when exposure to bodily fluids on clothing is likely
Masking when within three feet of a coughing patient and whenever performing cough-inducing or aerosol-generating procedures

5.0 REFERENCES

- 5.1** Infection Control Guidance for the Prevention & Control of Influenza in Acute-Care Facilities [.cdc.gov/](http://www.cdc.gov/)
- 5.2** Providence St. Peter Hospital- Policy Number: 86100-EHW-001 Influenza Immunization
- 5.3** Washington State Hospital Association Flu Immunization Policy Implementation Tool Kit, July 2010
- 5.4** Prevention and Control of Seasonal Influenza with Vaccines, Recommendations of the ACIP MMWR 58 (July 31, 2009)

Declination of Seasonal Influenza Vaccination

McLane Black Lake Fire Department has recommended that I receive influenza vaccination to protect the patients I serve. **By declining I realize I will also need to complete Influenza Awareness Training.**

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to protect our patients from influenza disease, its complications, and death.
- If I contract influenza, I will shed the virus for 24–48 hours before influenza symptoms appear. My shedding the virus can spread influenza disease to patients as well as all people I come in contact with who are in close proximity to me.
- If I become infected with influenza, even when my symptoms are mild or non-existent, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I understand that I cannot get influenza from the influenza vaccine.
- The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including
 - my patients and other patients in this healthcare setting
 - my coworkers
 - my family
 - my community

Despite these facts, I am choosing to decline influenza vaccination for the following reason (check one):

- ☐ Medical
- ☐ Religious objection
- ☐ other [**must fill in reason**]: _____

I already received the 2011 Seasonal Influenza vaccine at: _____
on this date: _____

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is available. **I have read and fully understand the information on this declination form.**

Signature: _____ Date: _____

Name (print): _____

Department: _____ DOB: _____