DIVISION OF PUBLIC AND BEHAVIORAL HEALTH 
CLINICAL SERVICES

Control # Rev. Title: Effective Date: 9/17 
New Seasonal Influenza Vaccine Program 

Next Review: 9/19

1.0 POLICY:

It is the policy of the Department of Public and Behavioral Health (DPBH) Clinical Services Branch to have an annual influenza vaccination program for the prevention and control of seasonal influenza.

2.0 PURPOSE:

To maintain a safe and healthy environment for employees, patients, visitors, and the general public by using vaccination as a potential means to minimize the spread of influenza.

3.0 SCOPE: DPBH Clinical Service Branch

4.0 DEFINITIONS:

4.1 Influenza: ("flu") is a mild to severe contagious disease caused by a virus that causes an average of 36,000 deaths each year in the U.S., mostly among the elderly. Influenza spreads from an infected person to the nose and throat of others and can cause fever, sore throat, cough, chills, headache and muscle aches. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions.

4.2 Influenza Season: The time period (generally between October and March) when influenza is most prevalent in the United States.

4.3 Influenza Vaccine: A preparation of Influenza viruses (live or inactivated virus), which stimulate the production of specific antibodies when introduced into the body.

4.4 Personnel: All SNAMHS employees and contracted staff, students, residents, trainees, and volunteers.

4.5 Personnel with Client Contact: All personnel who routinely (Medical Staff, Nurses, CNs, MHTs) perform work tasks or intermittently (Maintenance, Food Service Staff, AT staff) within six (6) feet of patients or who have contact with their environment in the performance of their duties.
5.0 PROCEDURE:

5.1 The State Health Officer prescribes a standing order and protocol for the administration of an annual influenza vaccination for DPBH clinical Service Branch staff.

5.1.1 Vaccine will be offered free of charge at various times and locations, as soon as the vaccine becomes available. Vaccines will be offered throughout the flu season or our allotment of vaccines has been depleted (whichever occurs first).

5.2 All individuals covered by this protocol must be immunized within six (6) weeks after the vaccine becomes available to employees.

5.2.1 If individuals covered by this protocol are immunized through services other than Employee Health Services (i.e. private physician office, public clinics, or other employers) they must provide proof of immunization to Employee Health Services.

5.2.2 Proof of immunization must be provided within six (6) weeks after the vaccine becomes available to SNAMHS employees.

5.2.3 Proof of immunization must include:
   1) Name of the individual immunized
   2) Date of the immunization
   3) Immunization type

5.3 Every year, a log will be maintained documenting how many people (staff, volunteers, and independent licensed contractors) receive the vaccine, as well as the numbers who refused and the reason for declination. These data will be shared with the infection prevention committee and the executive committee during monthly meetings.

5.4 All staff shall be provided with information explaining the influenza vaccine, its risks, and the risks versus benefits of vaccination.

5.4.1 Documentation must show that specific education was provided, that the staff either received influenza vaccine or did not receive the vaccine, and whether a refusal was due to medical contraindications.
5.4.2 The Infection Control Practitioner or designated Registered Nurses employed by DPBH Clinical Services Branch are authorized to administer influenza vaccine and anaphylaxis treatment agents, including epinephrine for the emergency of treatment of anaphylaxis as set forth below to all agency employees.

5.4.3 DPBH nurses are authorized to administer the influenza and anaphylaxis treatment agents only in the course of their employment.

5.4.4 Any Personnel who decline (regardless of reason) to be vaccinated must complete a declination form.

5.4.5 Personnel who decline immunization and who have patient contact are required to wear a surgical mask when within six (6) feet of a client or when they enter a client area such as a unit, waiting room, exam room, treatment area, reception area or an outpatient clinic area.

5.4.5.1 The surgical mask must be changed every four (4) hours with a fresh new surgical mask.

5.5 The exact dates for the requirement to wear respiratory protection will be determined annually when influenza is identified in the community.

5.5 These dates will be communicated DPBH staff via email and/or other rapid means of communications.

5.6 If a non-immunized DPBH employees, contracted staff, students, residents, trainees, and volunteers who have submitted a declination fails to comply with the requirement to wear a mask, they will be subject to progressive corrective action, up to and including termination.

5.7 Criteria for Influenza Vaccine for DPBH Clinical Services Branch Employees:

5.7.1 All healthcare workers who qualify for vaccination based on CDC recommendations.

5.7.2 All persons will be screened for contraindications to influenza vaccine which can include:

5.7.2.1 Serious allergic reaction to chicken, feathers, eggs or egg products;

5.7.2.2 Allergies to dry rubber, rubber products or latex;

5.7.2.3 Allergies to thimerosal (a preservative) or gelatin;

5.7.2.4 History of anaphylactic reactions to the influenza vaccination or
any vaccination;

5.7.2.5 History of Guillian-Barre Syndrome within six (6) weeks of any influenza vaccination

5.7.2.6 Illness at the time of inoculation, including acute respiratory infection, other active infection, or serious febrile illness;

5.7.2.7 Acute evolving neurological disorder;

5.7.2.8 Bleeding disorders such as hemophilia or thrombocytopenia;

5.7.2.9 Anticoagulant therapy (e.g. Warfarin); and

5.7.2.10 Use of Theophylline, and Phenytoin

5.8 The Infection Preventionist and/or designated Registered Medical Nurse Shall:

5.8.1 Ensure that all recipients of the vaccine is provided with the current seasons Vaccine Information Sheet (VIS) from the CDC.

5.8.2 Ensure that the potential recipient is assessed for contraindications to immunization.

5.8.3 Confirm each recipient of the vaccination has received a copy of the appropriate Vaccine Information Statement and has been informed of the potential side effects and adverse reactions, orally and in writing, before administering the immunization.

5.8.4 Confirm that each recipient as completed the Influenza Consent/Declination form prior to the administration of the vaccine.

5.8.5 The Infection Preventionist will be responsible for the record of all persons immunized including the recipient’s name, date, address of immunization, administering nurse, immunization agent, manufacturer, lot number, expiration date, recommendations for future immunization and standing order and protocol is maintained and reviewed/revised annually.

5.8.5.1 These records will be kept for up to 30 years as part of the employees health records.

5.8.6 The Infection Preventionist will be responsible to maintain a record of all personnel declining the influenza vaccination. These records will be kept for 2 years.

5.9 Any designated RNs involved in the administration of immunizing agents in accordance with standing order and protocol must be currently certified in CPR
by the American Red Cross, American Heart Association or an equivalent organization.

6.0 Administration of Influenza Vaccine (Multidose Vial):
6.1 A separate sterile syringe and needle will be used for each injection to prevent possible transmission of infectious agents from one person to another.
6.1.1 The expiration date of the vaccine will be noted on the vial using an auxiliary label. The expiration date will be 28 days from the date the vial was first opened and used. Any expired vaccine will not be used.
6.1.2 Shake the container vigorously each time before withdrawing vaccine.
6.1.3 Never remove the stopper from the container. Moisten the stopper with a sterile alcohol wipe, allowing the antiseptic to act for a few moments.
6.1.4 Draw into the syringe 0.5 ml of air.
6.1.5 Shake the vaccine container vigorously then pierce the center of the stopper with the sterile needle attached to the syringe. Turn the vial upside down and inject the air from the syringe. Keeping the point of the needle immersed in the vaccine, withdraw immediately into the syringe 0.5 ml vaccine.
6.1.6 Primarily: Disinfect the skin at the site of injection (deltoid muscle) with a suitable antiseptic wipe. Inject 0.5 ml of vaccine intramuscular (never IV), aspirating to ensure that the needle has not entered a blood vessel before injection.
6.1.7 Secondary: Disinfect the skin at the site of the injection (deltoid muscle) with a suitable antiseptic wipe. Remove bandage from package and apply safe barrier bandage to skin. Make injection through center of bandage and remove. Inject 0.5 ml of vaccine intramuscular (never IV), aspirating to ensure that the needle has not entered a blood vessel before injection. Suggest that this should read aspirating BEFORE injecting.
6.1.8 Dispose of safety syringe in appropriate sharps container.
6.1.9 All vaccinated persons should be observed for about fifteen (15) minutes after vaccinations.
6.2 Alternate Administration Prefilled Syringe:
1. Use of prefilled syringes to deliver a single dose.
2. Each prefilled syringe will be used once, and then discarded into a puncture resistant container.

6.3 Anaphylaxis Reactions

6.3.1 All addresses, clinic areas and units where immunizations are administered will be supplied with anaphylaxis treatment agents and will be equipped with appropriate syringes, needles and supplies for treatment administration.

6.3.2 In the event that a person who received an influenza vaccine develops signs and symptoms consistent with anaphylaxis, (e.g. but not limited to: difficulty in breathing, hives, swelling of face, throat or airway and loss of consciousness), the nurse is to administer one (1) adult dose of EPI-PEN IM or epinephrine 0.3 mg [USP 1:1000, 0.3 ML] subcutaneous and CALL 911 IMMEDIATELY.

6.3.3 The RN shall ensure that a record of all persons to whom they administered an anaphylaxis treatment agent, including the recipient’s name, date, address of administration, administering nurse, anaphylaxis treatment agent, manufacturer, and lot number is kept in the medical record in the person’s medical file.

6.3.4 The RN shall report to the local emergency medical system or other provider equivalent follow-up care information regarding the administration of the anaphylaxis treatment agent, including when it was administered, the dosage, strength, and route of administration.

6.3.5 The nurse shall also report information to the person’s primary care provider if one exists, unless the patient is unable to communicate the identity of his or her primary care provider.

6.3.6 The Infection Preventionist is responsible to report adverse reactions of immunizations to Vaccine Adverse Event Reporting System, (VARES).

7.0 Data and Tracking:

7.1 The Infection Preventionist/Employee Health program will be responsible for tracking seasonal influenza rates.

7.2 Rates will be calculated as a percentage (%).

7.2.1 Numerator will be all staff receiving vaccinations.

7.2.2 Denominator will be all staff within the agency between the start
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of the flu season and the end of the flu season.

7.2.3 Declinations will be recorded for all staff declining the vaccine/all staff within the agency between the start of the flu season and the end of the flu season.

7.2.3.1 Declinations will be further calculated based on reason for declination.

7.2.4 Data will be presented to the Agency Infection Control Committee and Executive Leadership Committee annually at the end of each flu season.

7.2.4 The Agency Infection Preventionist/Employee Health coordinator will be responsible for entering the vaccine information into the State of Nevada’s vaccination tracking system, WebIZ.

### REFERENCES:

8.2 Centers for Disease Control “Immunization Recommendations for Health Care Workers”

8.3 Recommendations of the Advisory Committee of Immunization Practices (ACIP) 2007-2008

8.4 New York State Department of Education: NYC Department of Health and Mental Health

8.5 CDC, FDA Fact Sheet for Vaccine Information Statements, current year

8.6 FluLaval™ Full Prescribing Information: Glaxo Smith Kline Pharmaceuticals, 2007-2008

8.7 Link [http://injectsafebandages.com](http://injectsafebandages.com) / Quick reference

### ATTACHMENTS:

### IMPLEMENTATION OF POLICY:

Each Division agency shall implement this policy and may develop specific written protocols and procedures as necessary to do so effectively.

### EFFECTIVE DATE:

DATE APPROVED BY DPBH ADMINISTRATOR:
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