

## 2010 – 2011 INFLUENZA VACCINATION/DECLINATION SURVEILLANCE FREQUENTLY ASKED QUESTIONS (FAQs)

### Influenza surveillance forms and webinar

Q: *Where can I download influenza forms and presentation slides?*

A: You can download the influenza forms and presentation slides on the Healthcare Associated Infections Program (HAI) website, [www.cdph.ca.gov/programs/hai/](http://www.cdph.ca.gov/programs/hai/) which will take you to the home page. Click on the link, "Current Reporting and Data Collection Forms" located under the "Resources for Infection Prevention Programs" banner.

Q: *Is the surveillance form the only required form this year?*

A: Yes, the surveillance form is the only required form for the 2010-2011 influenza season. Pre- and post-season surveys are not part of the reporting requirements for the 2010-2011 influenza season.

Q: *The forms I downloaded have "sample" printed in the background. Can you explain how this can be removed so we don't have to create new forms?*

A: The forms are Word documents so you can click on Format →Background →Printed Watermark →No Watermark to remove.

Q: *Why are there no questions to determine possible contraindications to the influenza vaccine on the sample Consent form? Are they not required?*

A: Each facility can use these sample forms as a template to create facility-specific forms including the contraindications for receiving influenza vaccination. Each hospital should decide what additional information/data they want to collect as part of vaccine consent and administration.

Q: *Why doesn't the Influenza Vaccination Consent Form include a statement about having received the Vaccine Information Sheet (VIS)?*

A: Each facility can use these sample forms as a template to create facility-specific forms including VIS information. Each hospital should decide what additional information/data they want to collect as part of vaccine consent and administration.

Q: *Is a line listing-type consent where an employee signs next to their name that they have received education and consent to vaccine (lot# and expiration date documented) acceptable?*

A: CDPH cannot give recommendations for what should be written on consent forms. We have provided a sample consent form that you can use to create a facility-specific form.

Q: *Will CDPH provide declination forms in Spanish?*

A: Not at this time. We will explore this for future years.

Q: *Will we be able to fill out the influenza surveillance report online?*

A: Not at this time.

- Q: *Why don't you provide us with a form for the personnel you want us to track that can be tallied by a machine?*
- A: At this time, CDPH does not have the technology to collect these data using a Scantron machine. We are exploring the option to use NHSN to collect influenza vaccination data at some point in the future.
- Q: *Do the flu education/flyer and or documents have to be distributed by a nurse?*
- A: No.
- Q: *When is the Influenza Vaccination/Declination Surveillance Form due?*
- A: The influenza surveillance form is due to CDPH by April 30, 2011.

### **Reporting guidelines**

- Q: *Should we count the number of beds on March 31, 2011?*
- A: Yes, count the number of beds as of March 31, 2011.
- Q: *Do we count the number of individuals that have been employees or non-employees since September 1<sup>st</sup> or on March 31, 2011?*
- A: Count the number of employees or non-employees on March 31, 2011.
- Q: *For a department providing vaccine for all staff within two affiliated institutions do we report separately or as a whole?*
- A: If two general acute care hospitals (GACHs) operate under the same license, those GACHs can choose to report influenza vaccination data as one facility or as two separate hospitals. If the two GACHs operate under *separate* licenses, they must be reported separately.
- Q: *Our facility is a licensed acute care hospital. We have a 10-bed acute psych unit and a 239-bed distinct part SNF. Do we have to submit data for the whole building or just the acute unit?*
- A: You wouldn't have to submit data on any of these healthcare personnel because none of these beds are general acute care. Data should be submitted for all general acute care employees and non-employee personnel (not acute psych units or SNFs). Data should include personnel who work in the acute psych unit or the SNF if they also work in general acute care areas.
- Q: *We are a mixed GACH and skilled nursing facility (SNF). Some SNF employees float to acute floors. Should all employees be included in the data reported to CDPH?*
- A: Yes, if SNF employees also work in general acute care areas and are paid by the facility or are in one of the non-employee groups, they should be included in the data reported to CDPH.
- Q: *I am from a general acute care hospital that has four outpatient clinics. Do I need to report information in regard to employees from these clinics?*
- A: Yes, if the clinics operate under the GACH license then the clinic employees should be included in the reporting requirements for the 2010-2011 influenza season.

- **Specific information on paid employees**

Q: *If hospitals pay faculty physicians, what category do they fall under?*

A: Physicians employed and paid by your facility would be counted in the “Paid Employees” category.

Q: *Has the question “how to count guards in correctional facility hospitals” been clarified?*

A: Guards employed by a correctional facility hospital would be counted in the “Paid employees” category. If guards are not paid by the correctional facility hospital, they would not be included in any of the reporting categories for the 2010-2011 season.

Q: *We have UC residents paid by the UC System. Are they considered non-employees?*

A: If the residents are paid by UC they would be considered paid employees and should be included in the “Paid employees” category on the surveillance form.

Q: *Nursing Assistants are categorized as paid employees since they provide hands-on patient care. However, why are they (and LVNs) not counted as care providers?*

A: For the 2010-2011 influenza season we are collecting data on all paid employees and three specific non-employee healthcare personnel groups: physicians, advanced practice nurses, and physician assistants. Nursing assistants, LVNs and RNs should be included as paid employees only if they are paid by the reporting hospital.

- **Specific information on non-employee categories**

Q: *What is the rationale behind separating physician assistants from nurse practitioners and physicians?*

A: Each of these licensed independent practitioners (non-employee advanced practice nurses, physician assistants and physicians) are distinct groups that were added to the data surveillance form for the 2010 – 2011 influenza reporting season. We received information from many sources indicating that medical staff offices have different systems in place for tracking these groups, so CDPH decided to track them as separate, distinct groups for the 2010-2011 season.

Q: *Why do we have three different non-employee groups?*

A: Hospitals are mandated to require paid employees to be vaccinated or declare in writing that they decline vaccination. We have added three distinct non-employee licensed independent practitioner groups and a hospital volunteer group for the 2010-2011 season as part of our phase-in reporting plan to obtain data on healthcare personnel and hospital volunteer groups as indicated in SB 739.

Q: *How should contract physicians be reported?*

A: Contract physicians are non-employee physicians and should be reported as “Non-employee physicians” on the surveillance form.

Q: *According to our medical staff assistant, all physicians are contracted; however, some do receive a "direct" paycheck from the hospital. How best do I distinguish for the purpose of reporting?*

A: Contract physicians should be reported in the "Non-employee physicians" category on the surveillance form.

Q: *Are physicians who are on staff but do not regularly visit the facility also required to complete flu status documentation?*

A: If a physician visits your facility, regardless of frequency, s/he is required to complete the influenza status documentation.

Q: *We have a huge medical roster but only about 80 physicians that are active. Are we supposed to make contact with the ones who do not even come to the hospital and offer them with the vaccine?*

A: If physicians do not come to your hospital (and therefore do not have patient contact) but are still on the medical roster, it is the facility's discretion as to whether or not to count these physicians on the surveillance form, offer vaccinations or obtain declinations.

Q: *Are non-employee HCPs, such as physicians and NPs, required to sign a declination if they do not want the vaccine?*

A: No, signed declinations are required only for *paid* hospital employees. However, CDPH encourages GACHs to obtain a signed declination for the targeted non-employee groups as well for ease of data collection and reporting since non-employee physicians and NPs are included in the reporting requirements for the 2010-2011 influenza season.

Q: *How do we classify contract employees, corporate employees who are not on payroll, or vendors? Are we still required to collect declinations from them or just to offer them vaccinations?*

A: If contract employees are in one of the three non-employee personnel groups (physicians, advanced practice nurses, physician assistants) then they should be included on the surveillance form in those categories. Otherwise, contract employees, corporate employees, and vendors should be considered non-employee personnel and are not included in the reporting requirements for the 2010-2011 influenza season. GACHs are not required to offer vaccine or collect declinations for these groups; however, CDPH strongly encourages GACHs to obtain vaccine status for all healthcare personnel, as they may be included in subsequent reporting seasons.

Q: *Do we collect data on non-employee RNs, LVNs, RTs, etc?*

A: These groups are not included in the reporting requirements for the 2010-2011 season. However, CDPH encourages GACHs to collect data on non-employee personnel since they may be included in subsequent reporting seasons.

Q: *Is it true that you don't want our contracted personnel, such as food service, housekeeping, security, etc.?*

A: We do not require data on contracted personnel such as food service workers, housekeeping, and security for the 2010 -2011-flu season. However, we

encourage hospitals to offer and obtain vaccine status for all personnel, including all contracted personnel.

Q: *How do we treat on-site construction personnel employed by outside contractors?*

A: Unless paid directly by the hospital, site construction workers are not included in reporting requirements for the 2010-2011 influenza season.

Q: *How do we classify students? Are we still required to collect declinations from them or just to offer them vaccinations?*

A: Data on students are not included in the reporting requirements for the 2010-2011 influenza season. GACHs are not required to offer vaccine or collect declinations for students; however, CDPH strongly encourages GACHs to obtain vaccine status for all personnel, as they may be included in subsequent reporting seasons.

Q: *For a skilled nursing facility with one acute floor, are we required to provide the vaccine or collect declination data from nursing students that have a 2-week rotation through the hospital?*

A: Nursing students are not included in the reporting requirements for the 2010-2011 season. However, offering vaccine or collecting declinations is not dependent on *how long* non-employee personnel spend time in the hospital but *if* they are working during the influenza season. Additionally, CDPH encourages GACHs to offer vaccine and obtain consents or declinations from all non-employee personnel.

Q: *Health professional students are not employees, nor are they volunteers. How should they be categorized?*

A: Health professional students should be categorized as students. CDPH is not requesting data on students for the 2010-2011 influenza season; however, we encourage GACHs to offer vaccine to students or to obtain a declination.

### **Influenza vaccinations in non-employees**

Q: *Do we have to offer contract physicians the vaccine?*

A: Hospitals are required to **offer** vaccine to paid hospital employees and are required to **report** on non-employee personnel. We encourage GACHs to offer vaccine to or obtain declinations from *all* non-employee personnel, including physicians.

Q: *Are we required to provide flu vaccines to students that do rotations at our hospital if they rotate to other facilities?*

A: No, you are not required to provide flu vaccines to students; however, CDPH strongly encourages general acute care hospitals (GACHs) to offer the vaccine and track vaccine status for all personnel, including students, as this may be required in the near future.

Q: *Do we need to offer the vaccine to our junior auxiliary volunteers who are under 18 years old?*

A: You are not required to offer flu vaccine to junior auxiliary volunteers; however CDPH encourages GACHs to offer the vaccine to all healthcare personnel. Hospital volunteers are included in the 2010-2011 reporting requirements.

### **Influenza vaccination elsewhere**

Q: *Why do we need to differentiate if an employee receives the influenza vaccination elsewhere?*

A: Obtaining data for employees that received an influenza vaccination elsewhere allows your facility to count them as vaccinated, which would improve your vaccination rate and decrease the percentage of employees with unknown vaccination status. This also helps you to more accurately track and follow-up on employees who have neither received nor declined the vaccine. Additionally, CDPH wants to ensure that employees who are vaccinated elsewhere are not counted as declined.

Q: *If vaccinated elsewhere, do we have to provide documentation as to where the Influenza vaccination was given?*

A: No, CDPH is not collecting these data.

Q: *Do we have to verify with the vaccinating (external) entity that the individual was, in fact, vaccinated when they complete Attachment C?*

A: No.

### **Cal/OSHA Aerosol Transmissible Disease (ATD) Standard**

Q: *Can CDPH and Cal-OSHA get together and align the requirements so they are clearly identified?*

A: This would require new legislation.

Q: *The Cal/OSHA ATD declination form is specifically worded as well. Do we need to include both in the declination?*

A: No, use the wording as recommended in AFL 10-29.

Q: *How many years are we required or do you recommend we keep employee influenza vaccine consent and declination forms?*

A: Please refer to the ATD Standards for record keeping. The HAI program cannot make recommendations regarding length of record retention.

Q: *Even though CDPH does not require vaccination/declination of non-employee physicians is it required because of the ATD standards?*

A: CDPH does require the following non-employee physician data: 1) vaccinated by facility 2) vaccinated elsewhere 3) declined 4) unknown 5) total. Your hospital is not required to use the three sample templates (consent, vaccinated elsewhere and declination forms) but CDPH encourage hospitals to obtain a signed declination for ease of data collection and reporting of non-employee physicians, non-employee advanced nurses, non-employee physician assistants, and hospital volunteers.

Q: *Can you provide the link to the Cal OSHA standards?*

A: <http://www.dir.ca.gov/dosh/dosh1.html>

### **Influenza data utilization**

Q: *Will hospital licensing surveyors check influenza vaccination status as part of their regular audit?*

A: Yes; however, no data collected by the HAI Program are shared with Licensing & Certification, or its surveyors.

Q: *Will CDPH publish the vaccination/declination numbers for other facilities so that we will be able to compare our results?*

A: Yes, hospital-specific staff vaccination/informed declination rates gathered from the 2010 – 2011 influenza season will be publicly posted per legislative requirements.