

# **Recommendations of the Influenza Subcommittee for Public Reporting**

**Healthcare-associated Infections  
Advisory Committee  
November 29, 2007**

# Topics

- Employees vs. healthcare workers
- Language/timing of declination
- Use of an education module before the consent/declination phase to streamline the vaccination program.
- National Healthcare Safety Network (NHSN)
- Centers Medicare and Medicaid Services (CMS) and surveillance.

# Legislative Mandate for Influenza

## Vaccination of Healthcare Workers, 1288.7.

By July 1, 2007, each general acute care hospital, in accordance with the CDC guidelines, shall:

- (a) ***Annually offer onsite free vaccinations to all hospital employees.... shall require vaccination or written declination.***
- (b) Institute respiratory hygiene and cough etiquette protocols, develop and implement isolation precautions for influenza, and adopt a seasonal influenza plan.\*
- (c) Revise existing or develop new disaster plan that includes a pandemic influenza component and document any actual or recommended collaboration with local, regional, and state public health agencies or officials in the event of an influenza pandemic.\*

**\*Verified at time of DHS survey, tools available through CDC, CA-DHS**

# Surveillance of Healthcare Workers

- **Employees**
- Healthcare workers that would include: licensed independent practitioners (LIP), volunteers
- Vaccination rates by unit or service: target interventions more effectively.
- Stratification of patient contact: direct patient contact, contact with patient environment, no contact with patient or patient environment.
- Phase in approach

# Language/Timing of Declination

- Purpose: to provide documentation that each employee was approached and given the opportunity to receive the vaccine vs. “you have to sign this mandatory declination.”
- Accountability is enhanced if data on consent/declination is forwarded to unit or service line.
- Insert a clause to stipulate that declinations should only be obtained during influenza season vs. at the time of the annual employee review that might fall outside of the influenza period (merely complying with the law vs. following the intent of the legislation).

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# **Pandemic Influenza**

**&**

## **Other Highly Infectious Respiratory Transmitted Diseases**

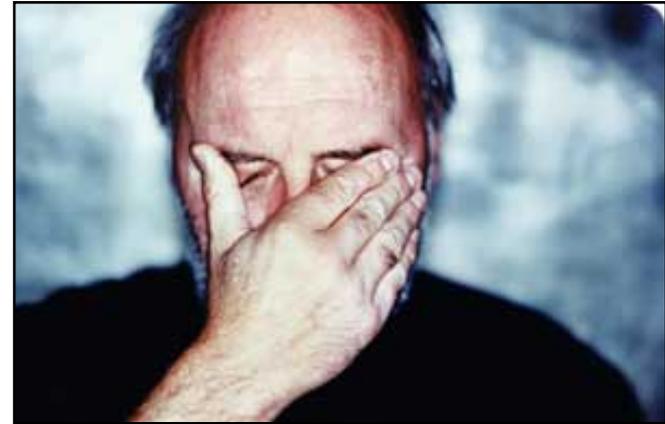
# Transmission

To prevent transmission of respiratory viruses now, *Respiratory Hygiene/Cough Etiquette* and *Hand Hygiene* should be implemented as standard practice year round, not just during “flu season”. During an outbreak or pandemic of influenza or other highly infectious respiratory viruses, the Infection Prevention Program will conduct a comprehensive campaign re-emphasizing the importance of the following strategies:

- Posting visual alerts to remind patients and/or visitors to inform health care personnel if they have symptoms of a respiratory infection

# Indirect Transmission

- Indirect transmission may lead to infection. For example, if you rub your eyes after touching a contaminated environmental surface, this could lead to an infection (indirect transmission).



- Keeping your hands off your face and performing hand hygiene is the best way to prevent transmission!
- Environmental cleaning and disinfection should be done daily and when the patient is discharged.
- Linen, laundry and eating utensils do not need special precautions.

# Prevention of Transmission

- Providing tissues or masks for those coughing and/or sneezing and instructing not to cough into bare hands
- Providing supplies for hand hygiene (soap and water or alcohol-based hand rubs)
- Encouraging coughing persons to sit at least 3 feet away from others, especially in the urgent care and ED settings
- Minimize visitation and if feasible exclude those ill from visiting

This should be applied year round, not just during “flu season”



# Respirators

Some believe that airborne influenza transmission could be a possibility especially during cough inducing procedures, e.g. intubation, suctioning, sputum induction, and bronchoscopy. Airborne transmitted microorganisms can remain suspended in the air for hours.

If the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO) designate that the “bird flu” has the potential of airborne transmission, then the Infection Prevention and Clinical Epidemiology Department will communicate this to applicable departments and **special masks (N95 respirators) will be provided for health care workers, especially for those that participate in cough inducing procedures.** Airborne infection isolation will be instituted per Public Health guidance.

# Bird Flu

Annual influenza vaccination will prevent acquisition of the circulating human influenza virus so that should a person be infected with the “bird flu”, there would not be the opportunity for the human influenza and “bird flu” to re-assort (i.e. for the “bird flu” to acquire the human gene from the human influenza virus).



# **What the flu vaccine will NOT do:**

**An injection of flu vaccine will not give you the flu because the vaccine is made from killed viruses.**

**Any respiratory illness that develops after receiving the flu vaccine is NOT due to receiving the vaccine.**

**REMEMBER: There are many viruses circulating during flu season which can make you sick. The flu vaccine only protects against the flu viruses in the vaccine expected to be circulating for the year.**

# Standard Precautions

Health-care workers should adhere to **SP** during the care of any patient with symptoms of a respiratory infection and include the following:

- Wear gown and gloves for anticipated contact with respiratory secretions or contaminated surfaces
- Change gloves and gown after each patient encounter and perform hand hygiene
- Always perform hand hygiene before and after patient contact or contact with the patient's environment



# Droplet Precautions

In addition to SP, health-care workers should adhere to droplet precautions when caring for patients with known or suspected influenza for usually 5 days after the onset of illness:

- Place the patient in a private room if possible OR cohort suspected/confirmed influenza patients together
- Wear a standard mask when entering a patient's room. Protective eyewear may also be necessary if the patient has a productive cough or when performing cough inducing procedures
- If the patient is transported or moved within a facility a standard mask should be placed on the patient if possible.

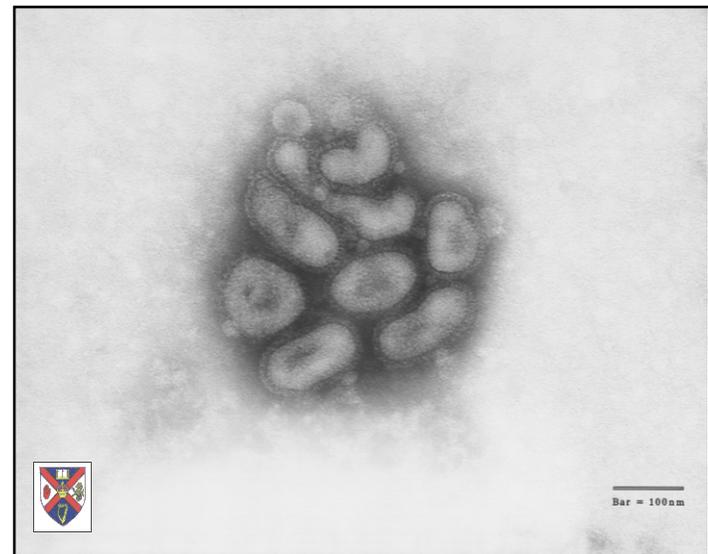


To review the content of this course click on menu for specific sections.

Click the ***Take Test*** button on the left side of the screen when you are ready to complete the requirements for this course.

Choose the ***My Records*** button to view your transcript.

Select ***Exit*** to close the Student Interface.



## Summary of 2007-08 Influenza (Flu) Information for Sharp Employees

Please indicate your understanding of the information below. (Complete influenza information is included in the pandemic influenza safety module. Please refer to the safety module for complete information.)

The flu is an annual respiratory illness with symptoms of fever, cough, achiness, and fatigue. Flu is transmitted from person to person by large droplets expelled into the air or by hands/objects contaminated with the virus that touch the face (nose, mouth, eyes). Flu is associated with 36,000 deaths each year in the U.S. Flu can be best prevented by annual vaccination which is available at no cost to Sharp employees on site each year through roaming carts/ buckets, employee flu clinics, and on a walk-in basis in EOHD.



Additionally, washing hands, covering the mouth/nose when coughing/sneezing, avoiding touching facial areas, and staying home when ill can also help protect patients, family and others from the flu and other illnesses.



Please click on the "Take Test" button on the left to indicate your understanding.

# NHSN Influenza Module

All healthcare facilities should complete the surveillance information included in NHSN forms (pre/post season survey and facility survey, the latter the first page only). Facilities will not receive credit for participation in the influenza module since not all the required forms will be completed, but each institution is encourage to



# Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0666  
Exp. Date: xx-xx-20xx

Page 1 of 2

Facility ID #: \_\_\_\_\_

Date Entered: \_\_\_\_\_

For Season: \_\_\_\_\_ - \_\_\_\_\_

Which personnel groups do you plan to include in your annual influenza vaccination program? (Month/Year) (Specify years)

- All personnel who work in the facility
- All personnel who work in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g, physicians, nurses, respiratory therapists)

Which of the following types of employees do you plan to include in your annual influenza vaccination program? (check all that apply)

- Full-time employees
- Part-time employees
- Contract employee
- Volunteers
- Others, specify: \_\_\_\_\_

At what cost will you provide influenza vaccine to your healthcare workers?

- No cost
- Reduced cost
- Full cost

Will influenza vaccination be available during all work shifts (including nights and weekends)?

- Yes
- No

Which of the following methods do you plan to use this influenza season to deliver vaccine to your healthcare workers? (check all that apply)

- Mobile carts
- Centralized mass vaccination fairs
- Peer-vaccinators
- Provide vaccination in congregate areas (e.g, conferences/meetings or cafeteria)
- Provide vaccination at occupational health clinic

Other, specify: \_\_\_\_\_

Assurance of Confidentiality: Information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.75HH (Front) Effective date xx/xx/200x

# Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel

Page 2 of 2

Which of the following strategies do you plan to use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)

- No formal promotional activities are planned
- Incentives
- Reminders by mail, email or pager
- Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
- Require receipt of vaccination for credentialing (if no contraindications)
- Campaign including posters, flyers, buttons, fact sheets
- Other, specify:

Do you plan to conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?

- Yes
- No

If you conduct formal educational programs on influenza and influenza vaccination, will your healthcare workers be required to attend?

- Yes
- No

Will you require healthcare workers who receive off-site influenza vaccination to provide documentation of their vaccination status?

- Yes
- No

Will you require signed declination statements from healthcare workers who refuse influenza vaccination?

- Yes
- No



# Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel

OMB No. 0920-0666  
Exp. Date: xx-xx-20xx

Page 1 of 2

Facility ID #: \_\_\_\_\_

Date Entered: \_\_\_\_\_

For Season: \_\_\_\_\_ - \_\_\_\_\_

(Month/Year)

(Specify years)

Which personnel groups did you include in your annual influenza vaccination program this past season?

- All personnel who work in the facility
- All personnel who work in clinical areas, including those without direct patient care duties (e.g., clerks, housekeepers)
- Only personnel with direct patient-care duties (e.g, physicians, nurses, respiratory therapists)

Which of the following types of employees did you include in your annual influenza vaccination program this past season? (check all that apply)

- Full-time employees
- Part-time employees
- Contract employee
- Volunteers
- Others, specify: \_\_\_\_\_

At what cost did you provide influenza vaccine to your healthcare workers?

- No cost
- Reduced cost
- Full cost

Did you provide influenza vaccination during all work shifts (including nights and weekends)?

- Yes
- No

Which of the following methods did you use during influenza season to deliver vaccine to your healthcare workers? (check all that apply)

- Mobile carts
- Centralized mass vaccination fairs
- Peer-vaccinators
- Provide vaccination in congregate areas (e.g, conferences/meetings or cafeteria)
- Provide vaccination at occupational health clinic

Other, specify: \_\_\_\_\_

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Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57.7511 (Front) Effective date xx/xx/200x

# Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel

Page 2 of 2

Which of the following strategies did you use to promote/enhance healthcare worker influenza vaccination at your facility? (check all that apply)

- No formal promotional activities are planned
- Incentives
- Reminders by mail, email or pager
- Coordination of vaccination with other annual programs (e.g., tuberculin skin testing)
- Require receipt of vaccination for credentialing (if no contraindications)
- Campaign including posters, flyers, buttons, fact sheets
- Other, specify:

Did you conduct any formal educational programs on influenza and influenza vaccination for your healthcare workers?

- Yes
- No

If you conduct formal educational programs on influenza and influenza vaccination, did you require your healthcare workers to attend?

- Yes
- No

Did you require healthcare workers who received off-site influenza vaccination to provide documentation of their vaccination status?

- Yes
- No

Did you require signed declination statements from healthcare workers who refused influenza vaccination?

- Yes
- No



# Healthcare Personnel Safety Component Facility Survey

OMB No. 0920-0666  
Exp. Date: xx-xx-20xx

Tracking#: \_\_\_\_\_

Facility ID#: \_\_\_\_\_

\*Survey Year: \_\_\_\_\_

* Facility Information	* Number of:
Acute care beds	
Patient admissions	
Inpatient days	
Outpatient visits	
Total number of part-time personnel	
Total number of full-time personnel	

Procedure Data		
	* Inpatient	* Outpatient
*Total number of surgeries		

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 5 hours 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).



# Healthcare Personnel Safety Component Facility Survey

OMB No. 0920-0666  
Exp. Date: xx-xx-20xx

Page 2 of 2

Selected Healthcare Worker Occupational Groups		
Occupation	Number of HCWs	Number of FTEs
Registered nurse		
Licensed practical nurse		
Nurse practitioner/clinical nurse specialist		
Nursing assistant/patient care technician		
Nurse midwife		
Nurse anesthetist		
Attendant/orderly		
Respiratory technician/therapist		
Phlebotomist		
IV team		
Clinical laboratory technician		
OR/surgical technician		
Dental assistant/technician		
Dental hygienist		
Dentist		
Housekeeper		
Laundry staff		
Maintenance/engineering service		
Central supply staff		
Physician assistants		
Intern/resident		
Fellow		
Attending physician		

## Legislative Mandate for Influenza Vaccination of Healthcare Workers, 1288.8

**(b)** On and after January 1, 2008, each general acute care hospital shall implement and annually report to the department on its implementation ...infection prevention process measures..... Initially, these process measures shall include.... and **influenza vaccination of patients and healthcare personnel....** pursuant to Section 1288.5, the department shall make this information public **no later than six months** after receiving the **data.**

Recommend. use CMS influenza screening for patients to avoid duplication of efforts.