	<p>POLICY</p> <p>Number: 7311-30-016 Title: ANNUAL INFLUENZA IMMUNIZATION OF HEALTH CARE WORKERS</p>
<p>Authorization</p> <p><input type="checkbox"/> Authority <input type="checkbox"/> Senior Leadership Team <input checked="" type="checkbox"/> Vice President</p>	<p>Source: Director, Worksafe and Employee Wellness Cross Index: 7311-30-17 Date Approved: October 2007 Date Revised: December 9, 2008 Date Effective: December 9, 2008 Date Reaffirmed: Scope: SHR & Affiliates</p>

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1. PURPOSE

The purpose of this policy is to communicate the importance of influenza vaccination of all Saskatoon Health Region (SHR) employees and physicians¹ on a yearly basis.

2. PRINCIPLES

- 2.1 Health care workers (HCW) who choose not to be immunized pose a risk to patients and co-workers during facility influenza outbreaks. In the event of an outbreak in a health care facility the Medical Health Officer has the authority under section 38 of *The Public Health Act, 1994* to exclude any person who presents a risk to the health of the residents/patients.
- 2.2 This policy is one component of a comprehensive program to limit the harmful effects of seasonal influenza. *The Occupational Health and Safety Act, 1993* requires that SHR "...ensure, insofar as is reasonably practicable, the health, safety and welfare at work of all of the employer's workers." The provision of annual influenza immunization is an important component of the Saskatoon Health Region's infection control measures as required under section 85 of *The Occupational Health and Safety Regulations, 1996*.
- 2.3 SHR endorses the position of the National Advisory Committee on Immunization (NACI): "*NACI considers the provision of influenza vaccination for healthcare workers (HCWs) who have direct patient contact to be an essential component of the standard of care for influenza prevention for the protection of their patients. HCWs who have direct patient contact should consider that their responsibility is*

¹ Physicians credentialed by SHR, with privileges. Other credentialed practitioners with privileges in SHR (e.g. Dentists, chiropractors, midwives) will be treated the same as physicians.

to provide the highest standard of care, which includes undergoing annual influenza vaccination. In the absence of contraindications, HCWs who have direct patient contact and their refusal to be immunized for influenza implies failure in their duty to patient care.”

3. POLICY


- 3.1 SHR is committed to protecting patients, residents, employees and physicians from the complications related to infection with influenza and reducing the transmission of influenza in our health care facilities by providing annual influenza vaccination to all our employees and physicians and by expecting all employees and physicians to be immunized annually.
- 3.2 SHR expects that every SHR employee and physician receive the influenza immunization on an annual basis each fall. Any new employees or physicians that start work during the influenza season will be informed that they are expected to receive influenza immunization or provide proof they have already received it elsewhere.
- 3.3 SHR shall offer annual influenza immunization free of charge to all SHR employees, physicians and volunteers.
- 3.4 SHR recommends that every student, contract worker and external provider receive influenza immunization on an annual basis each fall.
- 3.5 SHR will schedule an annual immunization campaign each fall, promote the campaign and inform employees, physicians and volunteers about the expectation for annual immunization.
- 3.6 Written materials describing benefits of flu immunization and potential side effects or illnesses will be made available at time of immunization.
- 3.7 Occupational Health Nurses (or designate) will document and maintain employees' and physicians' annual influenza immunization status using the approved SHR format. These records will include: name, job position in the facility, the date of influenza vaccination and medical contraindications, if any.
- 3.8 Employees and physicians are to provide written documentation to Worksafe and Employee Wellness if they have received influenza vaccine in a non-SHR clinic (e.g. at their doctor's office).
- 3.9 Opportunities for influenza immunization should not be lost because of inappropriate deferral of immunization. Employees and physicians with mild non-serious febrile illness (such as mild upper respiratory tract infections) may be given influenza vaccine. Adults with serious acute febrile illness usually should not be vaccinated until their symptoms have abated.

- 3.10 Employees and physicians who decline annual influenza immunization due to medical contraindications must provide Worksafe and Employee Wellness with physician documentation indicating a valid medical contraindication.² Final decision regarding whether the contraindication is valid rests with the Chief Medical Health Officer (or designate).
- 3.11 Employees, physicians and volunteers who decline influenza vaccination in any given year should be offered vaccine in subsequent years.

² **Valid medical contraindications to influenza vaccine include:**

- severe allergic reaction to a previous dose of influenza vaccine (severe allergy means hives, swelling of the mouth and throat, difficulty breathing, hypotension and shock occurring minutes to hours after receiving a previous dose of vaccine)
- severe allergic reaction to a component of the influenza vaccine
- known IgE-mediated hypersensitivity to eggs (manifested as hives, swelling of the mouth and throat, difficulty in breathing, hypotension or shock) should not be routinely vaccinated with influenza vaccine
- previous diagnosis of Guillain-Barré syndrome (GBS) with onset up to 8 weeks after receiving a previous influenza vaccination

Note: Individuals who have an allergy to substances that are not components of the influenza vaccine, are not at increased risk of allergy to influenza vaccine.

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1. PROCEDURE

- 1.1 Supervisors provide employees with standardized information on the importance of influenza immunization.
 - 1.2.1 Supervisors advise staff that if anyone declines influenza immunization, they must provide written physician documentation, using the declination form (see attachment A), indicating a valid medical contraindication.
- 1.2 Medical Affairs provides physicians with standardized information on the importance of influenza immunization.
 - 1.1.1 Medical Affairs advises physicians that if anyone declines influenza immunization, they must provide written physician documentation, using the declination form (see Appendix A), indicating a valid medical contraindication.
- 1.3 Employees and physicians forward the completed declination form (Appendix A) to the Director, Worksafe and Employee Wellness.

REFERENCES

National Advisory Committee on Immunization (NACI). *Statement on Influenza Vaccination for the 2006-2007 Season*. CCDR Volume 32, ACS-7, 15 June 2006.

Health Canada. *Prevention and Control of Occupational Infections in Health Care*, CCDR 2002; 28S1

**Information Sheet for Employees and Physicians
Who Decline Annual Influenza Immunization
(Revised December 2008)**

Prevention of influenza and the subsequent reduction of the morbidity and mortality associated with influenza is a priority for the Saskatoon Health Region (SHR). It is our duty to actively promote, implement, and comply with influenza immunization recommendations in order to decrease the risk of infection and complications in the vulnerable populations for which we care. Annual immunization with influenza vaccine protects staff, physicians, our residents, our patients and clients, our families and the community.

Annual immunization of health care workers (HCWs) is a key component of the annual influenza program. SHR expects **all** employees and physicians to receive influenza vaccination on an annual basis and provides vaccine free of charge to all SHR employees, physicians and volunteers.

The National Advisory Committee on Immunization “considers the provision of influenza vaccination for HCWs who have direct patient contact to be an essential component of the standard of care for the protection of their patients. HCWs who have direct patient contact should consider it their responsibility to provide the highest standard of care, which includes undergoing annual influenza vaccination. In the absence of contraindications, refusal of HCWs who have direct patient contact to be immunized against influenza implies failure in their duty of care to patients.”

To assist with the management of outbreaks (including the management of staff and physician coverage and exclusion of unimmunized staff and physicians and the use of antiviral prophylaxis and treatment) SHR will document any employee or physician declining to be vaccinated with influenza vaccine:

SHR promotes and encourages annual influenza immunization of all employees, physicians and volunteers. Participation in the SHR Annual Influenza Immunization Program will:

- Reduce the transmission of influenza in SHR health care facilities,
- Reduce influenza-related morbidity and mortality among patients, and
- Reduce staff illness and absenteeism thereby reducing both the direct medical costs and indirect costs from work absenteeism.

Influenza Vaccine:

- Cannot cause influenza because the vaccine does not contain live viruses.
- Prevents influenza illness among 70-90% of healthy adults when the vaccine viral strain and the circulating viral strains are similar.
- Prevents secondary complications related to influenza (e.g. bacterial pneumonia) and reduces the risk for influenza-related hospitalization and death for residents of long term care facilities.
- Can cause soreness at the injection site lasting up to 2 days but this rarely interferes with normal activities.
- Healthy adults receiving the influenza vaccine show no increase in the frequency of fever or other systemic symptoms compared with those receiving placebo.
- May rarely cause serious allergic reactions.

Research studies indicate that:

- Transmission of influenza between infected HCWs and their vulnerable patients results in significant morbidity and mortality. Up to 20% of infected residents may die from influenza.
- Vaccinated HCWs report 23% fewer influenza like illnesses.

- HCWs who are infected with influenza frequently continue to work (they often have no symptoms or very mild symptoms), thereby potentially transmitting the virus to both patients and co-workers.
- Absenteeism of HCWs who are sick with influenza results in excess economic costs and, in some cases, potential endangerment of health care delivery due to scarcity of replacement workers.
- Influenza outbreaks in long-term care facilities can lead to death rates ranging from 10% to 20% in residents infected with influenza. In one study, staff vaccination was associated with a 43% decrease in overall mortality among facility residents.

Any employee or physician who has initially chosen not to be immunized against influenza can at any point change their mind and still be vaccinated during the current influenza season.

Employee or Physician to Complete this Declination Form

The employee or physician has read the information above and wishes to **decline** the influenza vaccine.

If the employee or physician declines for any of the following reasons, they must provide written physician documentation indicating a valid medical contraindication:

- egg allergy (manifested as hives, swelling of the mouth and throat, difficulty in breathing, hypotension or shock).
- serious allergic reaction previously when immunized with influenza vaccine.
- serious reaction to a known component of the influenza vaccine.
- Other _____

Employee or physician Name: _____ **Work Unit:** _____

Employee or physician Signature: _____

Date: _____

Received by:

Worksafe & Employee Wellness:

(Name) _____ Date: _____

Employees and Physicians forward this signed document to the Director, Worksafe and Employee Wellness