Influenza Working Group Objectives (May 2017- May 2018)

- **Objective 1:**
  Update and continue to promote the Checklist of Best Practices, the Pledge, and accompanying resources.

- **Objective 2:**
  Develop partnerships and materials to improve influenza vaccination coverage among healthcare personnel (HCP) in long-term care facilities (LTCF).
Objective 1: Update and Continue to Promote the Checklist of Best Practices, the Pledge, and Accompanying Resources

• **Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations:**
  The “Checklist” is a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation.

• **Pledge for Organizations Implementing Vaccination Clinics Held at Satellite, Temporary, or Off-site Locations:**
  This pledge is for organizations that conduct satellite, temporary, or off-site vaccination clinics to sign annually affirming that they will adhere to best practices, including using the Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations. Organizations that sign the pledge will be recognized on the Summit website for their commitment to provide safe and effective vaccine clinics.

• **10 Principles for Safe Vaccination Clinics in Non-Traditional Settings**
  
  https://www.izsummitpartners.org/naiis-workgroups/influenza-workgroup/off-site-clinic-resources/

The ways we worked towards achieving this objective:

• Checklist was cleared by CDC and currently being co-branded with CDC and NAIIS logos

• Checklist was presented to CDC’s Division of State and Local Readiness for use in preparedness exercises

• Checklist will soon be available as a PDF fillable document

• Checklist was translated into Spanish during the fall Hurricane Maria Response

• Updating checklist to incorporate changes with respect to LAIV (new ACIP recommendations as of Feb 2018)
# Updated Checklist

**CHECKLIST**

## Before the Clinic (Please complete each item before the clinic starts)

### Vaccine Storage

1. **Date of expiration:**
   - If the vaccine is expired, it should not be used.

2. **Temperature range:**
   - The vaccine should be stored within the recommended temperature range.

3. **Labeling:**
   - The label should be legible and not damaged.

4. **Expiration date:**
   - The expiration date should be visible.

5. **Anesthesia:**
   - Anesthesia should be available for any necessary procedures.

6. **Safety equipment:**
   - Safety equipment such as gloves, masks, and aprons should be available.

7. **Monitoring equipment:**
   - Monitoring equipment should be available and functioning properly.

8. **Record-keeping:**
   - Records should be kept of all transactions, including doses administered and adverse reactions.

9. **Emergency procedures:**
   - Emergency procedures should be available and known by all staff.

10. **Infection control:**
    - Infection control practices should be followed.

11. **Adequate lighting:**
    - Adequate lighting should be available in the vaccination area.

12. **Patient information:**
    - Patient information should be available and accessible.

13. **Additional supplies:**
    - Additional supplies such as bandages, antiseptics, and sterile dressings should be available.

14. **Disposal of waste:**
    - Proper disposal of waste should be planned.

15. **Water supply:**
    - A water supply should be available for cleaning purposes.

16. **Ventilation:**
    - Adequate ventilation should be provided.

17. **Emergency contact:**
    - Emergency contact information should be available.

18. **Communication:**
    - Effective communication should be maintained.

19. **Security:**
    - Security measures should be in place.

20. **Documentation:**
    - Documentation should be kept for all transactions.

### Vaccine Handling

1. **Labeling:**
   - The label should be legible and not damaged.

2. **Expiration date:**
   - The expiration date should be visible.

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**National Adult and Influenza Immunization Summit**
Objective 2: Develop Partnerships and Materials to Improve Influenza Vaccination Coverage among HCP in Long-Term Care Facilities (LTCF).

The ways we worked towards achieving this objective:

- Partnered with Gerontological Society of America and participated in the May 2, 2018 meeting focused on increasing influenza vaccination rates of HCP in LTCFs
- Planning a meeting with LTCF Executives and Stakeholders for Oct 2018
- Partnering with CMS and are scheduled to present on a call to all QIN/QIOs on June 19, 2018 about influenza vaccination coverage of HCP in LTCFs
- Reviewed medical literature on patient outcomes improved by raising HCP influenza vaccination rates in LTCFs and effective interventions to improve HCP influenza vaccination rates
- Developing a guidance document for administration/leadership in LTCFs who are interested in or plan to implement an influenza vaccination policy as a condition of employment for HCP in their facilities

Why Focus on Long-Term Care Facilities (LTCFs)?

- During the 2015–16 influenza season, influenza vaccination coverage was lowest among HCP working in long-term care settings (69%), compared with HCP working in hospitals (91%).
  - Healthy People 2020 annual target goal for influenza vaccination among HCP is 90%
- Since at least the 2010–11 influenza season, HCP in long-term care settings have had the lowest reported influenza vaccination rates among all HCP.
- Influenza outbreaks in LTCFs have been associated with low vaccination rates among HCP.

Why Focus on Long-Term Care Facilities (LTCFs) (continued)?

- CDC recommends that HCP should be vaccinated annually against influenza.
  - This recommendation includes a special emphasis on vaccinating HCP who work in LTCFs, because their patient population is at high risk for serious complications from influenza, and due to the risk of influenza outbreaks in these facilities.

- Absenteeism in LTCFs is associated with reduced quality of care (measured by physical restraint use, catheter use, pain management, and pressure sores)


Why Focus on a “Condition of Employment” Policy?

- Voluntary measures have generally NOT been successful in raising HCP influenza vaccination coverage to the Healthy People 2020 goal of ≥90% coverage

- In a national survey, HCP vaccination rates by employer vaccination policy:
  - Work requirement (88.4%)
  - Recommended by an employer (65.1%)
  - No employer requirement or recommendation for vaccination (29.8%)


AMDA’s Policy and Other Professional Societies

**AMDA’s Policy:**
AMDA, dedicated to Long Term Care Medicine, supports a mandatory annual influenza vaccination for every long-term health care worker who has direct patient contact unless a medical contraindication or religious objection exists.

**Other Professional Societies that Support Mandatory Vaccination of HCP:**

- American Academy of Family Physicians (AAFP)
- American College of Physicians (ACP)
- American Hospital Association (AHA)
- American Nurses Association (ANA)
- American Pharmacists Association (APhA)
- American Public Health Association
- Infectious Diseases Society of America (IDSA)
- National Foundation for Infectious Diseases
- National Patient Safety Foundation (NPSF)
- Society for Healthcare Epidemiology of America (SHEA)
- Association for Professionals in Infection Control and Epidemiology (APIC)

Guidance Document for Developing a Vaccination Policy as a Condition of Employment for HCP in Long-Term Care Facilities

**Purpose of this document:**
To provide guidance and information for developing an influenza vaccination policy as a condition of employment for healthcare personnel (HCP) in long-term care facilities (LTCFs).

This document provides a framework for major areas that should be considered (but not an exhaustive list) when adopting an influenza vaccination policy as a condition of employment.
In-Depth Discussion of the Guidance Document

• Exemptions (medical and religious)
• Employee education/ Resources available
• Ideas on tracking/ compliance
• Negotiating and establishing a relationship with unions
• Engaging staff in vaccination clinics
• Sample templates to facilitate implementation
• FAQs
• How can the Summit at large help with distribution of the document/ spread the word?

Exemptions (Medical and Religious)

• We would like feedback from the Summit on the best way to address exemptions in this resource guide.

• What are your thoughts?
Employee Education Resources

- The employee education resources that we have included thus far have predominantly been CDC and IAC resources.

- We are looking to add additional employee education resources.

- Do you have a useful resource we should include?

Tracking and Compliance

- Tracking employee immunization records is a vital component to a successful employee vaccination program.

- However, depending on the infrastructure of an organization this can be challenging.

- Do any Summit members have resources or best practice ideas for those seeking to implement a system to track employee vaccination status?
Negotiating and Relationships with Unions

• Employers and unions have a shared interest in the health and wellness of employees.

• However, requiring employee participation in any program, including employee vaccination programs, tend to be controversial and often do not have the support of union leadership.

• There is a lack of literature around fostering successful relationships with unions.

• We are opening this topic up to the Summit for ideas or your experiences navigating union negotiations and fostering positive relationships?

Engaging Staff in Employee Vaccination Clinics

• Staff buy-in enhances the success of policy change.

• We included some suggestions for engaging employees in our resource guide.

• However, we wanted ideas from the Summit on ways you engage your staff in employee vaccination programs.
Frequently Asked Questions

• Our resource includes an FAQ section to help facilities as they navigate the transition from a voluntary vaccination program to a program that requires vaccination as a condition of employment.

• What are frequently asked questions that Summit members receive about the flu vaccine?

How Can the Summit at Large Help with Distribution of the Document/ Spread the Word?

Once the document is complete, how can you help share this resource guide with:
  • Decision makers at long-term care facilities?
  • Professional organizations?
  • Union leaders?
  • Other stakeholders?
Potential New Projects for the Influenza Working Group

• Work with businesses/Fortune 500 companies to encourage/promote influenza vaccination of their employees (outside of the healthcare sector). We would view this through the lens of pandemic preparedness.
• Put together a speakers bureau of sources who have a specific area of expertise and slides for presenters for national conferences.
• Create clear communication information around vaccine confidence/effectiveness in influenza vaccine.
• Do more to support Influenza Vaccination Week in December.
• Research the return policy of the influenza vaccine. Providers may not restock vaccine because they fear they will be stuck with inventory.

Potential New Projects for the Influenza Working Group (Continued)

• Work to increase influenza (and Tdap) vaccination among pregnant women.
• Work to decrease disparities among different sociodemographic groups with respect to influenza vaccination.
• Create a guide for organizations that are planning to implement a vaccination clinic that have never done so before (This would be a document to use months before the actual clinic and would include items such as: Order the vaccine no later than February. Do you have a standing order in place? Where will the standing order be filed at the end of the clinic?)
• Other ideas?
Questions?

Interested in joining the Influenza Working Group? Email Amy Parker Fiebelkorn dez8@cdc.gov