

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children’s Hospital Stanford</i>	Date Written or Last Revision: July 2022
Name of Policy: SHC and LPCH Medical Staff Seasonal Influenza Plan	Page 1 of 4
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I. PURPOSE

In accordance with California law, all Medical Staff members and Advance Practice Professionals (APP’s) are offered the influenza vaccine free of charge. All Medical Staff members are required to receive the vaccine unless they notify the Medical Staff Services Department of a medical or religious exemption. Failure to receive the vaccine each year or to document an exemption will result in suspension of medical staff privileges for the duration of flu season. The Vaccine Information Statement (VIS) is provided to all who receive the vaccine onsite. The Influenza Vaccination Program is established annually and is based upon requirements identified in Senate Bill 739 and The Joint Commission.

II. POLICY

A. Each year during the flu season, Stanford Health Care (SHC) and Lucile Packard Children’s Hospital Stanford (LPCHS) offer influenza vaccinations to all Medical Staff and Advance Practice Professionals (APP’s).

1. Vaccinations are offered onsite to all staff and volunteers free of charge.
2. A current SHC/LPCHS identification badge must be presented for Medical Staff and APPs to receive vaccination.
3. Prior to vaccination, each Medical Staff member and APP who receives an influenza immunization is given an Influenza Vaccine Statement (VIS) and a consent form to sign.
4. After receiving the influenza vaccine onsite or presentation of evidence of vaccination obtained offsite, the member receives a sticker to be placed on the ID badge that identifies him/her as being vaccinated.
5. It is recommended that HCWs are vaccinated with injectable inactivated influenza vaccine. However, in restricted cases it is possible for HCWs to receive the Live Attenuated Influenza Vaccine (LAIV). This is restricted to staff who meet certain criteria:
 - a. Do not work in areas where patients require special air handling (e.g., The Blood and Marrow Transplant Unit, Oncology, ICUs).
 - b. All others on a case-by-case review.
6. Thimerosal free vaccine is available to all.
7. Vaccination rates and reasons for non-participation in the hospital’s immunization program are evaluated annually and compliance is reported to the California Department of Public Health.
8. Hospital-wide education and other methods are used to enhance participation in the program.

B. **Masking of Unvaccinated Staff:**

1. A Health Officer Order from the Santa Clara County Public Health Department (Appendix A) mandates that during the influenza season, all HCWs in hospitals or healthcare facilities in Santa Clara County who decline the influenza vaccination are required to wear a surgical style mask.
2. The start and end dates for requiring masks are determined by the County Public Health Officer.
3. Unvaccinated Medical Staff and APPs are required to wear a mask at all times upon entry to any patient care area for the duration of the influenza season.
4. Patient care areas are defined as any area outside of public hallways in which staff interface with patients and families such as:
 - a. Inpatient units.

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- b. Outpatient clinics.
 - c. Diagnostic and treatment areas (e.g., Radiology, MRI, Phlebotomy).
 - 5. Once the Hospital Epidemiologist has determined that influenza season has started, employees and physicians are notified, and those who have not received a vaccine must start wearing a surgical style mask while in patient care areas as defined above.
 - 6. Workforce Health and Wellness (WHW) routinely identifies staff who have not received the vaccine by generating routine reports to the Service Chief, Chief of Staff Office (SHC) and Vice President of the Medical Staff (LPCH).
 - 7. The designated physician leader is responsible for ensuring any unvaccinated staff wear a mask when in a patient care area.
 - a. All vaccinated individuals are identified by the sticker on the SHC/LPCHS badge.
 - b. *Failure to follow policy will result in suspension of medical staff privileges until the individual complies with the Flu Vaccination requirement or until the organization has declared that Flu season has ended.*
 - 8. Masks should be discarded and replaced with a new mask whenever they become moist or the individual leaves the unit (e.g., breaks, lunch, or meetings).
- C. Vaccine compliance rates are tracked by WHW throughout the season. Rates are reported to administration on a regular basis. Measures proven to improve compliance such as vaccine clinics and access during all shifts are utilized.
- D. Healthcare Personnel Education:
 - 1. Education for healthcare personnel include:
 - a. Epidemiology
 - b. Modes of transmission
 - c. Diagnosis
 - d. Means of preventing the spread of influenza
 - 2. Benefits of vaccination and the potential health consequences of influenza illness for themselves and their patients.
 - 3. Safety profile of the influenza vaccine.
- E. Infection Control Precautions for Influenza and other Respiratory Infections:

Influenza is spread by droplets that are coughed or sneezed by an infected person. The virus is easily spread when people are in close contact. The following measures are promoted as a strategy to prevent the spread of influenza in the facility.

- 1. Respiratory Hygiene/Cough Etiquette:
 - a. Staff, patients and visitors are educated on the importance of preventing the spread of respiratory viruses.
 - b. Signs with instructions to “Cover Your Cough” are posted throughout the facility.
 - c. Use source control, for example, covering the mouth and nose with a tissue when coughing, disposing soiled tissues in appropriate receptacles, and using the mask on the coughing person if tolerated.
 - d. Hand hygiene after contact with respiratory secretions.
 - e. Maintain special separation, ideally greater than 3 feet of persons with respiratory infections.

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2. Other means to prevent the spread of influenza include:
 - a. Avoid close contact, especially with people who are sick and keeping your distance from others to protect them from getting sick.
 - b. *Do not come to work with a febrile respiratory illness.*
 - c. Cleanse your hands often with soap and water or an alcohol-based hand sanitizer, before and after patient contact and after contact with items likely contaminated.
 - d. Avoid touching your eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.
 - e. Daily enhanced environmental cleaning should occur for commonly touched surfaces.
 - f. Patients with medical appointments who must visit should comply with respiratory hygiene measures, including wearing a mask.

F. Isolation Precautions:

1. Patients are placed on Droplet Precautions (see section 5.41 of the *Infection Control Manual*).
2. During a high census, patients may be cohorted based upon symptoms and laboratory results.

G. Outbreak Procedures for Influenza and Influenza like Infections:

1. Suspect an outbreak when 2 or more cases of seasonal influenza occur on the same unit within 48-72 hours, particularly in patients or staff in close proximity to each other.
2. Data is collected and analyzed. The county health department and the DHS local district office are notified accordingly.
3. Treatment with antiviral medications of those symptomatic and influenza vaccination of those unvaccinated is implemented in consultation with the local health department.

References:

1. [Immunization of HCW: Recommendations of ACIP. MMWR. 2011;60\(RR07\):1-45.](#)
2. [HCW resources from Immunization Action Coalition](#)
3. Recommendations for the Prevention, Detection and Control of Influenza in California Long-term Care Facilities, 2006- 2007, CA DHS.
4. Influenza Vaccination of Health Care Personnel, MMWR, 2/26/2006.
5. California Senate Bill 739, 9/08
6. Santa Clara PHD Memorandum January, 2012

Appendix A: Health Officer Order from Santa Clara County Public Health Department

Approved by: Infection Control Committee, 6/12
 Lucile Packard Children’s Hospital, Policy Committee, Oct 12, 2/16, 12/18
 Lucile Packard Children’s Hospital Medical Executive Committee, Oct 12, 2/16, 12/18
 Lucile Packard Children’s Hospital Board Credentials, Policies and Procedures Committee Oct 12, 2/16, 12/18
 Stanford Hospital & Clinics Medical Executive Committee, Oct 12, 2/16, 1/19, 7/22
 Stanford Hospital & Clinics Board Credentials, Policies and Procedures Committee, Oct 12, 2/16, 1/19, 7/22
 Workforce Health and Wellness, Jul. 22

Original Date:
 Reviewed Date:
 Revised Date: 9/12, 11/15, 2/16, 12/19

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**County of Santa Clara
Public Health Department**

Health Officer
 976 Lenzen Avenue, 2nd Floor
 San José, CA 95126
 408.792.3798

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Feb*



MEMORANDUM

Date: January 26, 2012

To: Hospitals, Ambulatory and Community Clinics, Long-term and Other Healthcare Facilities

From: Marty Fensterheib, MD, MPH
Health Officer

Subject: Notification of Health Officer Order for Upcoming 2012 – 2013 Influenza Season

I am writing to urge healthcare worker influenza vaccination or masking this season, and to inform you of **my intention later this year to issue a Health Officer order for next year's influenza season. The order will mandate masking during the flu season for all healthcare workers in hospitals or healthcare facilities in Santa Clara County who decline influenza vaccination.**

I know we share a common goal: to protect our community and our patients by preventing spread of communicable diseases like influenza. The good news is that influenza activity has been light thus far this year. So even if influenza vaccination rates are below your goal for this year, there is still time to improve vaccination rates and protect your patients.

Influenza infection is a serious illness, accounting for an estimated 36,000 excess deaths in the US each year, 90% of which are in persons > 65 years of age. Healthcare workers are both at risk for influenza AND can transmit the virus to their vulnerable patients. An influenza outbreak in one of our local long-term care facilities several years back resulted in two deaths and four hospitalizations despite the fact that the patient vaccination rate was near 100%. Ill staff – only 17% of whom were vaccinated – introduced influenza into the facility, where it then spread to patients.

Influenza vaccination of healthcare workers saves money by reducing employee absenteeism during influenza season, and the current law in California requires acute care hospitals to offer the influenza vaccine to employees at no cost. We know that immunization requirements increase immunization rates. However, under the current law, a high proportion of hospital healthcare workers sign a declination statement in lieu of vaccination, so actual vaccination rates of healthcare workers in many facilities are below that which will blunt spread of infection. Mandatory vaccination or masking policies may increase healthcare worker vaccination rates to > 95%.