

Leamington Mennonite Home  
Long Term Care

**INFECTION CONTROL  
POLICY AND PROCEDURE**

<b>CATEGORY:</b> Screening & Immunization	<b>SUBJECT:</b> Influenza Immunization Program	<b>SECTION:</b> D <b>POLICY:</b> 4
<b>DATE:</b> July 12, 2022	<b>Administrator's Signature:</b> _____ <i>J. M.</i>	
<b>REVISION DATES:</b> October 19, 2023	<b>IPAC Lead's Signature:</b> _____ <i>L. Coppola, RN.</i>	

**INFLUENZA IMMUNIZATION PROGRAM**

**POLICY:**

The Home shall provide an immunization program for residents, staff, and volunteers each year, and influenza immunization rates for residents and staff will be reported to the Infection Prevention & Control Committee, the Joint Health & Safety Committee, and the Public Health Unit (PHU) as requested.

**PROCEDURE:**

**Residents**

The IPAC Lead will:

- 1) Develop an Influenza Immunization plan specific to the Home and communicate this plan throughout the Home. This will be done by working with the Infection Prevention & Control Committee of the Home and using the resources available from applicable regional health authorities and the Canadian Healthcare Influenza Immunization Network. The plan will include:
  - the education of staff, residents, and families on the benefits of an influenza immunization program, hand hygiene, and outbreak protocols.
  - procurement of supplies for the program, such as: safety engineered needles, sharps containers, alcohol wipes, band aids, etc.
  - completion of serum creatinine of all residents (must be current within six months of October of each year or with a significant change in resident status within the six months prior to October and the pharmacy will complete the creatinine clearance levels for each resident), and documentation of creatinine clearance levels in individual residents' records.
  - obtaining of medical directives for influenza immunizations to residents, staff, and volunteers and for anaphylaxis.
  - monitoring of the procurement of up-to-date adrenalin for each floor and the immunization cart.
  - physician orders for each resident for administration of the vaccine.
  - work protocols for staff refusing to be vaccinated.
  - obtaining resident, volunteer, and staff lists for vaccinations.

- reporting of immunization statistics; and
  - summary of activities and statistics of the current year's campaign.
- 2) Liaise with the PHU to ensure that enough of the vaccine is ordered and received prior to the immunization program beginning.
  - 3) Compile a list of all residents who have signed Influenza consents that are completed upon admission. These consents carry over yearly.
  - 4) Begin giving influenza vaccinations starting in October-mid-November of every year unless otherwise advised by local Public Health.
  - 5) Administer the vaccine (provided by Public Health) according to the Medical Director's order.
  - 6) Document administration of the vaccine in the MARs and under the Immunization portal including the name of the vaccine, the date of administration, the lot number on the vaccine, and the administration site on the resident.
  - 7) Offer vaccination to residents who have moved in after the fall vaccination program and before the influenza season is over (late April), unless the person has already received the current season's vaccine.
  - 8) Order and administer anti-viral medication upon direction from the Medical Officer of Health in the event of a confirmed outbreak of Influenza A or B. Consent will be obtained from the resident/SDM.
  - 9) Offer the vaccine to all unvaccinated residents, staff, visitors, and volunteers during an influenza outbreak, noting that effectiveness takes approximately two weeks. This will involve coordinating with local PHU to ensure a sufficient supply of vaccine to offer.
  - 10) Ensure that any vaccination received by a resident before moving in is entered into the immunization section of the resident record.
  - 11) Ensure that education on influenza vaccination takes place annually for residents, their families, and staff.

**Notes:**

- I. Medical contraindications to receiving the vaccine include an allergy to any component of the vaccine or an anaphylactic or other allergic reaction to a previous dose of influenza vaccine.
  - II. Vaccination should be postponed in cases of febrile or acute illness. However, a minor afebrile illness, such as a mild upper respiratory infection, is not usually a reason to postpone vaccination.
  - III. Avoiding subsequent influenza vaccination of persons known to have had Guillain-Barre syndrome (GBS) within six weeks of a previous influenza vaccination appears prudent at this time.
- 1) Monitor the temperature in the vaccine refrigerator on each shift and immediately report any temperature variances.

**Note:**

- I. Refer to the Public Health Guidelines for the storage of vaccines requirements.

The Director of Care will:

- 1) Ensure that Medical Directives for administration of vaccines and for the use of adrenaline 1:1000, should the need arise, are in place. Adrenaline will be administered unless there is a resident specific written physician's order to contraindicate it being administered.
- 2) Ensure resident creatinine levels are recorded and communicated to the Pharmacy provider annually prior to the initiation of the annual influenza immunization program.
- 3) Ensure that a master list of staff who have received the current year's influenza vaccination is maintained and available in the event of an outbreak.

**Staff**

The Infection Prevention & Control Lead will:

- 1) Post vaccination clinic times in staff accessible areas at least one month in advance, listing the dates and times of vaccination clinics.
- 2) Obtain written consent from the staff.
- 3) Coordinate the administration of the vaccination.
- 4) Have Adrenaline 1:1000 readily available in case of an emergency and only to be administered under the direction outlined in the Medical Directive.
- 5) Inform staff to report any reactions to the vaccination to the IPAC Lead.
- 6) Ensure that any staff who has not received the vaccination receives written notification of reminder, a copy of which will be placed on their file.
- 7) Compile a list of all staff who did not receive the vaccination at the end of the vaccination program and give it to the appropriate department heads and the unit clerk responsible for staffing.

**Volunteers & Students**

The DNPC will:

- 1) Ensure that any educational agency using the Home as clinical placement for students is aware of their responsibility to ensure that these students receive the vaccine prior to beginning placement in the Home.

The Director of Social & Recreation Services/Volunteer Coordinator or designate will:

- 1) Inform volunteers of their responsibility to be immunized for influenza annually at the time of entering into an agreement with a volunteer.
- 2) Obtain proof of immunization during flu season and schedule volunteers with this in mind.
- 3) Invite volunteers to receive the flu vaccine at clinics offered in the Home. Written consent must be received before immunization can take place.