MANDATORY INFLUENZA VACCINATION OF STAFF IN LONG TERM CARE
AND ASSISTED LIVING FACILITIES

by

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Influenza vaccination rates of healthcare personnel in long-term care facilities continue to lag behind rates in other healthcare facilities. Long-term care facility residents are at particularly high risk of influenza-related complications and death, and the low vaccination rates of workers in this setting puts residents at even greater risk. Mandatory influenza vaccination policies have been shown to be the most effective means of increasing healthcare personnel influenza vaccination rates. Despite this, long-term care facility staff are the least likely to report working in an environment that requires them to receive influenza vaccination on an annual basis. The purpose of this project was to explore the current policies in place at long-term care and assisted living facilities within Flathead County, Montana, with the hope of continuing to bring awareness to effective means of increasing influenza vaccination rates. This project’s secondary goals were to continue cultivating a relationship between the local health department and the facilities and work toward creating sustainability in the annual collection of this data. The results of the surveys conducted showed that facilities with the strongest policy components achieved the highest vaccination rates. Continued support is necessary to assist facilities in strengthening their policies in order to achieve the desired healthcare personnel influenza vaccination rates.
CHAPTER ONE

INTRODUCTION TO THE PROJECT

Introduction

Influenza season occurs annually in the United States between the months of October and April (Centers for Disease Control and Prevention [CDC], 2017a). The CDC estimates that since 2010, influenza has resulted in between 9.3 million and 49 million illnesses, 140,000 to 960,000 hospitalizations, and 12,000 to 79,000 deaths annually (2019). Individuals at highest risk of influenza-related morbidity and mortality include those 65 years of age and older as well as individuals with comorbidities (Paules & Subbarao, 2017). While there is no universal policy or requirement for immunization of healthcare workers, mandatory influenza vaccination is supported by many leading organizations including: the American Academy of Family Physicians, American Academy of Pediatrics, American Hospital Association, American Public Health Association, Association for Professionals in Infection Control and Epidemiology, and Infectious Diseases Society of America (Immunization Action Coalition [IAC], 2018).

Background

The proportion of older adults in the United States (US) is projected to steadily increase to approximately 98 million people over age 65 by 2060 (Administration for Community Living, 2016). As of July 2015, there were 47.8 million individuals over age 65 in the US (United States Census Bureau, 2017a). In 2014, an estimated 1,369,700
individuals resided in nursing homes and 835,200 individuals lived in residential care communities (Harris-Kojetin, et al., 2016). The greatest burden of influenza-related hospitalizations and deaths is associated with individual’s ages 65 years and older, with 90% of influenza-related deaths occurring in this population (CDC, 2017a).

Influenza vaccination is shown to be the single most effective method for controlling and preventing influenza (Paules & Subbarao, 2017). Higher vaccination rates in healthcare personnel help prevent influenza outbreaks in long term care facilities (LTCF) and can reduce influenza-related death (Carman et al., 2000). This is especially important because those living in LTCF are at higher risk for complications and death associated with influenza (Carman et al., 2000).

National data indicate that influenza vaccination rates of healthcare personnel (HCP) in long-term care and assisted living facilities (LTCFs) continue to lag behind that of other healthcare settings (Black et al., 2018; CDC, 2017b). The overall rate of influenza vaccination in healthcare workers in the LTCF setting was 68% for the 2016-2017 influenza season and 67.4% for the 2017-2018 influenza season (CDC, 2017b; Black et al., 2018). This falls well below the Healthy People 2020 target goal of 90% annual influenza vaccination rate for healthcare workers (Office of Disease Prevention and Health Promotion, 2018).

For the seasons in which LTCF HCP influenza vaccination data were collected in Flathead County, the vaccination rates varied widely. During the 2014-2015 influenza, HCP influenza vaccination in LTCF in Flathead County ranged from 20%-98% with data showing the highest rates in facilities with mandatory policies (Majeski, 2015). During the 2015-2016 influenza season, the HCP influenza vaccination rate in Flathead County
ranged from 19%-100%, with the highest rates occurring at facilities with mandatory policies (see Appendix A).

Evaluators of a national poll of 2,007 Americans over the age of 50 conducted by the University of Michigan Institute for Healthcare Policy and Innovation (UMIHPI) found that almost three quarters of older Americans felt that LTCFs should require influenza vaccination for medical staff (2018). Respondents also indicated that the influenza vaccination rate of staff in these facilities would influence their choice of facility for themselves or a loved one (UMIHPI, 2018).

Among HCP, the major barriers to influenza vaccination include: decreased feelings of professional/ethical obligation, misconceptions about influenza, and the influenza vaccine (Schmid, Rauber, Betsch, Lidolt, and Denker, 2017). These findings are consistent with other studies in which the common reason for refusing influenza vaccine among HCP was concern about side effects (Awali et al., 2014; Daugherty et al., 2015). The least-reported reason for vaccine hesitancy was inconvenience (Schmid et al., 2017). This information supports the finding that vaccine availability, HCP education, and no-cost influenza vaccinations are not enough to substantially increase vaccine uptake in HCP (Lam et al., 2010). Quan et al. (2012) suggested that mandatory policies are needed to reach vaccination rates of 90% or more.

Statement of the Problem

Low rates of HCP influenza vaccination in LTCF settings place residents at risk of influenza-related illness, complications, and death (CDC, 2017b).
The purpose of this project was to explore the current HCP influenza vaccination policies in LTCF in Flathead County, Montana through a partnership between the health department and LTCF. Secondary goals included supporting adoption of stronger policies in order to increase HCP influenza vaccination and building sustainability for the future. This project supported the Flathead City-County Health Department’s Strategic Plan for 2018-2020, which included increasing the number of LTCF with mandatory influenza vaccination policies to an additional three facilities by 2018 and an additional five facilities by 2020 (Flathead City-County Health Department, 2017).

Inquiry Questions

1. What strategies are the most effective at reaching HCP influenza vaccination rates of 90% or greater?
2. What are the challenges of adopting a mandatory HCP influenza vaccination policy both locally and nationally?
3. What type of written policy would best assure compliance with mandatory influenza requirements for HCP working in LTCFs based on the Kass Ethics Framework?

Conceptual Framework

Kass’s ethics framework for public health has been proposed as a conceptual framework to support the adoption of mandatory influenza vaccination policy (Antommaria, 2013). Kass (2001, p. 1777-1781) asks the following six questions: What are the public health goals of the proposed program, how effective is the program in
achieving its stated goals, what are the known or potential burdens of the program, can burdens be minimized, are there alternative approaches, is the program implemented fairly, and how can the benefits and burdens of a program be fairly balanced?

This framework is helpful in analyzing proposed changes to public health policy (Kass, 2001). As a result of this project, all six of Kass’s questions were answered in order to identify if the potential benefits of mandatory influenza vaccination policy outweigh the burden and possible risks of implementing these policies.

Definitions

1. Influenza vaccination. Includes all United States Food and Drug Administration licensed influenza vaccinations either trivalent or quadrivalent, inactivated (IIV), recombinant (RIV4), or live (LAIV4) (CDC, 2018a).

2. Long term care facilities. Long term care facilities include nursing homes, assisted living facilities, and long-term care facilities which provide medical and personal care services to individuals living in these facilities (CDC, 2017c).

3. Healthcare personnel. Healthcare personnel include all levels of employees of LTCFs such as nurses, certified nursing assistants (CNAs), physicians, medication aides, housekeeping staff, and food handlers.

Significance to Nursing and the DNP Role

The American Nurses Association (ANA) strongly supports immunizations of nurses against vaccine-preventable diseases (ANA, 2015). In the position statement, the ANA refers to its Code of Ethics that “Nurses should model the same health maintenance
and health promotion measures that they teach and research…” including immunizations (ANA, p.2, 2015). The ANA also acknowledges that voluntary immunization programs have failed to raise vaccination rates to the recommended levels, highlighting a need for mandatory influenza vaccination policies (ANA, 2015).

This project contains elements of all of the DNP Essentials but is particularly associated with Essentials V and VII. DNP Essential V: Health Care Policy for Advocacy in Health Care involves the design, implementation, and advocacy for ethical health policy (American Association of Colleges of Nursing [AACN], 2006). Across various levels, DNP’s serve in leadership roles to drive policy development (AACN, 2006). This project aimed to support LTCFs on a local level with adopting mandatory influenza vaccination policies in order to better protect the residents of these facilities from influenza. Several underpinnings of Essential V are supported in this project including analyzing health policy, demonstrating leadership in policy development, educating others on health policy and patient outcomes, and advocating for “ethical policies” (AACN, 2006, p. 14).

Essential VII: Clinical Prevention and Population Health for Improving the Nation’s Health is also applicable to this project as it pertains to the development of “health policy, standards of care, and/or other scholarly products” (AACN, 2006, p. 15). This project was a collaborative effort between the DNP, local board of health, health officer, LTCF administrators, LTCF staff, and other stakeholders.
CHAPTER TWO

LITERATURE REVIEW

Introduction

A review of literature was conducted with the assistance of the Montana State University librarians and included a search of the following databases: Google Scholar, CINAHL, Cochrane, Joanna Briggs, Web of Science, and PubMed. Initially the search was limited to the past ten years, but this was expanded to include research from the past 25 years, so that two significant studies from 1997 and 1999 could be included. Only articles written in English were included. Search terms included long term care facility vaccination policy, mandatory influenza vaccination, mandatory influenza vaccination policy, ethics of mandatory influenza vaccination, mandatory health care worker vaccination, and vaccination long term care facility staff.

Based on the inquiry questions, five areas of importance were uncovered. These included: influenza vaccine recommendations, rationale for mandatory influenza vaccination policy, barriers to influenza vaccine uptake, ethical issues surrounding mandatory influenza vaccination of HCP, and legal and regulatory issues of mandatory influenza vaccination for HCP. From this search, 41 relevant articles were found that included five systematic reviews, five randomized controlled trials, and two position papers.
Influenza Vaccine Recommendations

Influenza vaccination is the single most effective way to prevent influenza (Paules & Subbarao, 2017). The Advisory Committee on Immunization Practices (ACIP) recommends that all individuals age 6 months and older receive an annual influenza vaccination, with special emphasis on HCP (Grohskopf, Alyanak, Broder, Walter, Fry, & Jernigan, 2019). Vaccination of HCP benefits patients who cannot receive the influenza vaccine as well as those that do not build robust immunity, such as elderly and individuals with chronic health conditions (Grohskopf et al., 2019). It is estimated that during the 2017-2018 influenza season, the influenza vaccine prevented 7.1 million illnesses, 109,000 hospitalizations, and 8,000 deaths (Rolfes et al., 2019).

Not only is there loss of life associated with influenza, but there is also cost in terms of lost productivity and absenteeism from work (National Vaccine Advisory Committee, 2013). A landmark study by Molinari et al. (2007) estimated that influenza-related medical costs added up to $10.4 billion annually and resulted in up to $16.3 billion in lost earnings. The authors of a systematic review and meta-analysis found that HCP influenza vaccination significantly reduced the number of days absent from work due to influenza-like illness (Imai, Toizumi, Hall, Lambert, Halton, & Merollini, 2018). The authors also reported that all included studies of economic savings showed that HCP influenza vaccination was a cost saving measure (Imai et al., 2018).

Rationale for Mandatory Influenza Vaccination Policy

A 2014 systematic review by Ahmed, Lindley, Allred, Weinbaum, and Grohskopf identified four cluster randomized trials and four observational studies exploring the
effect of HCP influenza vaccination on patient mortality and influenza-like illness. The authors used the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) methodology and determined that the studies yielded moderate and low-quality evidence (Ahmed et al., 2014). There was moderate evidence to suggest that HCP vaccination reduces mortality in residents of both LTCF and hospitals and low-quality evidence to suggest reduction in influenza-like illness. The pooled risk for influenza-like illness was 0.58 (95% CI, .46-.73). The authors concluded that influenza vaccination of HCP decreased all-cause mortality of LTCF residents by 29% and reduced influenza-like illness by 42% (Ahmed et al., 2014).

The authors of four randomized controlled trials found a decrease in patient mortality in facilities with higher HCP influenza vaccination rates (Carman et al., 2000; Hayward et al., 2006; Lemaitre et al., 2009; Potter et al., 1997). Potter, et al. (1997) found the following:

Vaccination of HCW’s was associated with reductions in total patient mortality from 17% to 10% (odds ratio [OR], 0.56; 95% confidence interval [CI], 0.40-0.80) and in influenza-like illness (OR, 0.57; 95% CI, 0.34-0.94). Vaccination of patients was not associated with significant effects on mortality (OR, 1.15; 95% CI, 0.81-1.64). (p.4)

Three of these randomized controlled trials also found decreases in influenza-like illness in facilities with higher rates of HCP influenza vaccination (Hayward et al., 2006; Lemaitre et al., 2009; Potter et al., 1997). While Carman et al. (2000) did not conclude that HCP vaccination was associated with lower rates of influenza-like illness in residents, vaccination uptake in the HCP was low at 50%.
Wendelboe, Avery, Andrade, Baumbach, and Landen (2011) conducted active surveillance of 75 LTCFs during the 2006-2007 and 2007-2008 influenza seasons and found that increased influenza vaccination coverage among HCP was associated with fewer outbreaks of influenza and ILI. In addition to this, the authors also found that residents in the LTCFs had high vaccination rates which demonstrates that this in itself is not enough to prevent influenza outbreaks (Wendelboe et al., 2011). This contrasted findings of a systematic review by Rainwater-Lovett, Chun, and Lessler (2014) in which vaccination of both residents and HCP did not decrease influenza attack rates during outbreaks (2013). One possible limitation of the Rainwater-Lovett et al. study was that HCP vaccination rate was low at 48% across studies.

A randomized controlled trial (RCT) conducted by Wilde, McMillan, Serwint, Butta, O’Riordan, and Steinhoff (1999) found that HCP vaccinated for influenza had fewer days absent from work and fewer reported febrile respiratory illness. The authors also concluded that HCP who chose not to receive influenza vaccine had a 14% risk of getting influenza A or B infection and their risk of developing a febrile respiratory infection or missing work increased by 4-fold if they were unvaccinated (Wilde et al., 1999).

In light of these data, comprehensive influenza vaccination programs are recommended (National Vaccine Advisory Committee, 2013). These programs should include a multifaceted approach with components of HCP education, visible support of leadership, removal of any barriers to vaccination, and tracking of vaccination rates (National Vaccine Advisory Committee, 2013). ACIP also recommends that HCP influenza vaccination rates be tracked as a measure of quality of care in health care
facilities (CDC, 2011). A 2016 systematic review and meta-analysis by Lytras, Kopsachilis, Mouratidou, Papamichail, & Bonovas found that including consequences such as termination within mandatory policies is the single most effective way to increase HCP influenza vaccination rates. In addition to this, the authors found that written declination forms also improved vaccination rates. A 2018 survey by the Centers for Disease Control and Prevention also found that HCP vaccination rates were highest in individuals working in facilities with a policy requirement (Black et al., 2018). HCP working in long-term care facilities were least likely to report an employer mandate. Other strategies associated with higher HCP vaccination rates included: on site vaccination at no cost for one or more days and active promotion of influenza vaccination (Black et al., 2018).

**Barriers to Influenza Vaccine Uptake**

Barriers to HCP influenza vaccination are multifaceted. A 2017 systematic review by Schmid, Rauber, Betsch, Lidolt, and Denkern explored the various factors that contribute to vaccine hesitancy. Among HCP, the greatest barriers to influenza vaccination included lack of confidence in the vaccine, low perceived risk of influenza illness, and concerns about safety of the vaccine. The least cited reason for vaccine refusal was inconvenience (Schmid et al., 2017). This highlights the importance of robust educational programs for HCP but also indicates that simply providing vaccine at no cost and on-site may not be enough to achieve the desired vaccination rate.

Lam et al. (2010) conducted a systematic review of influenza vaccination campaigns and found that education and promotion of influenza vaccination was only
associated with small increases in vaccine uptake. Further, interventions such as mandatory influenza vaccine policy and legislative requirements resulted in higher rates of influenza vaccination than the educational and promotional campaigns (Lam et al., 2010). Researchers found that the most effective way to improve influenza vaccination uptake in HCP is through mandatory influenza vaccination policies (Lam et al., 2010; Quan et al., 2012; Talbot et al., 2010).

Ethical Issues Surrounding Mandatory Influenza Vaccination of HCP

Ethical concerns about mandatory immunization policy center on the idea that these types of requirements infringe upon personal liberty (Cortes-Penfield, 2014). As Cortes-Penfield argues, “Central to medical ethics are the principles of beneficence and nonmaleficence, which oblige medical professionals to practice in a manner that both (a) promotes the patient’s well-being, and (b) does not harm the patient’s well-being.” (2014, p. 11). Concerns about the burden of mandatory influenza policy, both financially and from a personal safety standpoint, are also central to the ethics discussion (Cortes-Penfield, 2014). The American Academy of Pediatrics argues that “Mandatory influenza vaccination for all health care personnel is ethical, just, and necessary to improve patient safety.” (AAP, 2015, p. 809).

Legal and Regulatory Issues of Mandatory Influenza Vaccination for HCP

Individual states have created various types of administrative requirements with regard to the vaccination of HCP. Montana currently does not have any administrative rules requiring vaccination rates to be tracked or vaccine to be offered to HCP (CDC,
The state of Rhode Island requires annual influenza vaccination for all HCP at no cost to the HCP (CDC, 2014b). Should a HCP decline, they are required to wear a surgical mask during direct patient contact if influenza activity is widespread. The state of California also has requirements for HCP vaccination. Facilities must offer onsite influenza vaccination at no cost and any employee that declines influenza vaccination must sign a declination statement (CDC, 2014b). Colorado statutes contain legal provisions regarding influenza vaccination of HCP. Not only are hospitals, ambulatory surgical centers, and long-term care facilities required to have written policies regarding annual influenza vaccination, but HCP must either provide proof of immunization or a medical exemption that has been signed by a physician, physician’s assistant, or advanced practice nurse stating that influenza vaccine is medically contraindicated for that individual (CDC, 2014b).

The Centers for Medicaid and Medicare Services (CMS) requires that annual influenza vaccination data be collected and reported to CDC’s National Healthcare Safety Network (NHSN) for the following types of facilities: acute care hospitals, long-term acute care hospitals, inpatient rehabilitation facilities, and ambulatory surgical centers (CDC, 2014a). This tracking is done under the National Quality Forum (NQF) # 0431 which measures the percentage of HCP who receive the influenza vaccination between October 1 and March 31 of a given influenza season (NQF, 2017). HCP are defined as employees, licensed independent practitioners, adult students, trainees, and volunteers who work in the healthcare facility for at least one working day during the influenza season (NQF, 2017). This highlights the gap in reporting of HCP influenza vaccination data for HCP working in LTCF.
Influenza vaccination is an effective strategy for prevention of influenza, and it is recommended that all HCP receive annual influenza vaccine (Paules & Subbarao, 2017; CDC, 2011). Higher rates of influenza vaccination of HCP have been shown to reduce resident mortality in LTCFs (Ahmed et al., 2014; Carman et al., 2000; Hayward et al., 2006; Lemaitre et al., 2009; Potter et al., 1997). Mandatory vaccination policies have been shown to be the most effective way of increasing influenza vaccine uptake in HCP (Lam et al., 2010; Quan et al., 2012; Talbot et al., 2010). From an ethics standpoint, it can be argued that mandatory influenza vaccination for HCP is both fair and necessary for the welfare of patients (AAP, 2015). In Montana, there is not a current administrative requirement for vaccination of HCP, but other states have developed legal provisions for the vaccination of HCP (CDC, 2014b). The lack of CMS reporting requirements for influenza vaccination rates illustrates a gap in the tracking and reporting of this information for LTCF (NQF, 2017).
CHAPTER THREE

METHODS

Introduction

The purpose of this project was to explore the current influenza vaccination policies for HCP in LTCF in Flathead County, Montana. This chapter will discuss an overview of the history of the project including targeted population, procedures, and data analysis.

Design

The design of this project was a policy exploration that blended retrospective data with the generation of new approaches to a mandatory influenza policy for HCP at LTCFs in Flathead County. Groundwork for this project was laid by health department staff beginning with the 2014-2015 influenza season. Retrospective immunization rate data and immunization policy data were collected in collaboration with the Flathead City-County Health Department. Mandatory policy examples were provided to LTCF administrators in 2016 via a toolkit that was created prior to this project.

Setting and Population

This project was implemented in Flathead County, Montana after review by the MSU Institutional Review Board (HK032619-EX). As of July 1, 2017, Flathead County had an estimated population of 100,000 people (United States Census Bureau, 2017b). Flathead County has 13 assisted living facilities and six long term care facilities.
Procedures

The Flathead City-County Health Department’s strategic plan includes a goal of increasing the number of facilities with mandatory influenza vaccination policies (Appendix B). As a precursor to this project, the Flathead City-County Long-term Care and Assisted Living Facility Health Care Personnel Seasonal Influenza Vaccination Toolkit (Toolkit) was created and distributed to the administrators or directors of nursing (DON) at each LTCF. This project sought to explore the current policies in place at LTCF in Flathead County with a goal of increasing future adoption of mandatory influenza vaccination policy. A secondary goal was sustainability of this project in collaboration with the Flathead City-County Health Department.

The Toolkit was reviewed, updated, and will be made available online for all LTCF and the general public to access (Appendix C). The Flathead City-County Board of Health vetted the updated Toolkit through signing off on a letter included in the Toolkit. Through careful review of the literature, the mandatory policy example within the Toolkit was updated and simplified with the hopes of increasing adoption of this or a similar policy by LTCF. A survey was updated based upon previous surveys conducted by the health department (Appendix D). This survey was distributed to all LTCF in Flathead County. In order to ensure sustainability of this project and the future tracking of HCP influenza immunization at LTCF in Flathead County, a protocol was created (Appendix
E) and two local public health nurses were educated on the process of working with LTCF on this project.
CHAPTER FOUR

RESULTS

Characteristics of Population

The target population was HCP in LTCF. The size of LTCF in Flathead County ranged from 8 employees to 180 and did not include staff on contract from another agency. There were six facilities specifically designated as “long-term care facility” and 13 designated as “assisted living facility”.

Intervention

This project sought to increase HCP influenza vaccination policy while improving the internal process for the Health Department to collect data and work with LTCF on improving HCP influenza vaccination rates, understanding that it may take several years for facilities to adopt stronger policies. The Flathead City-County Long-term Care and Assisted Living Facility Health Care Personnel Seasonal Influenza Vaccination Implementation Toolkit was updated with the most recent evidence-based practice information regarding mandatory influenza vaccination policy.

With the help of the local Health Officer, surveys were updated for the 2018-2019 season to collect data on policy and vaccination rates as well as specific elements of LTCF policy that have been shown to be effective at increasing vaccination rates (Appendix D). These elements included promotional strategies, consequences for declination of vaccination such as termination of employment, and documentation required (i.e. religious or medical exemption forms). Data was collected via a telephone
survey, with options presented to complete via email, fax, or in person. Montana Department of Public Health and Human Services Quality Assurance Division was contacted in order to obtain a current contact list of all licensed LTCF in Flathead County.

In working with the Infectious Disease Supervisor at the health department, the request was made to find a way to make surveillance more streamlined and sustainable for the future. This request coincided with new technology available to the Health Department during the Summer of 2019. Through several meetings with a county Information Technology programmer, a dashboard was created to allow data to be collected online with an immediate graphic display. This will allow future data to be pulled more easily into Excel and analyzed more readily. The data can be made available to LTCF so that they may compare their facility rates to the all-facility data, with all data being deidentified.

Data Analysis

Survey data was evaluated using Microsoft Excel. The three main survey questions analyzed were the vaccination rates for facilities that provided data, the strategies used to promote influenza vaccination, and items of policy that included: termination of employment, a clause about employee masking, and the use of written declination forms.

A total of 17 of 19 facilities participated in the surveys. Of these, six were licensed as long-term care facilities and 11 licensed as assisted living facilities. Facilities ranged in size from eight employees to 180. Twelve facilities reported tracking employee
influenza vaccination rates for the 2018-2019 influenza season. Of these facilities, four either declined to provide immunization rate data or reported the data to be unavailable.

Of the promotional strategies surveyed, 16 facilities reported providing vaccinations onsite, 14 reported providing vaccination free of charge, 13 reported distributing educational material such as fliers, posters, or leaflets, and seven facilities reported providing educational presentations to staff on the importance of influenza vaccination. This data is displayed by percentage of facilities utilizing the surveyed strategies (see Figure 1.).

![Percent of Facilities Using Strategies to Raise Awareness or Provide Access to Influenza Vaccination to Staff (n=17)](chart)

**Figure 1.** Percent of facilities that utilize strategies to promote or provide access to influenza vaccination

For the policy questions surveyed, three facilities reported termination of employment for declination of influenza vaccine, eight facilities reported use of a mask clause requiring employees to don a mask if they decline influenza vaccination, one
facility reported restricting employee movement within the facility, six facilities reported disciplinary action for employee violations of mask policy, and seven facilities reported they do not have any of those provisions in their policy.

Survey questions about documenting declinations were answered as follows: three facilities reported requiring employees to provide physician documentation to support medical contraindications, two facilities reported requiring employees to sign a medical contraindication form, one facility reported use of a religious declination form, eight facilities utilized a generic declination form, and eight facilities reported requiring no documentation for declinations of any kind.

Staff vaccination percentages were also calculated for the facilities that provided these data. Those percentages are displayed below in Figure 2.

![Figure 2. Influenza vaccination rates of facilities reporting data (de-identified).](image-url)
The purpose of this project was to explore the current influenza vaccination policies in place at LTCF in Flathead County. A secondary purpose was ensuring sustainability of the project and supporting partnerships between LTCF and the Flathead City-County Health Department. The survey tool was updated with the help of the local health officer and included items known to increase vaccination rates of HCP. The survey results showed that the majority of facilities do provide influenza vaccinations to employees on-site and often at no cost. Educational materials are utilized and just under half of the facilities provide educational presentations for their staff. Reported influenza vaccination rates varied from 31% to 100% for facilities that responded.

Four facilities achieved rates above the Healthy People 2020 goal of 90% or greater. Looking at the survey data for these facilities, the two facilities that reported 100% HCP vaccination rates were run by the same corporation and reported providing vaccine at no cost, on site, and using promotional materials such as educational posters and flyers. In 2016, these facilities began requiring influenza vaccination for employees as a condition of employment upon hire. For employees hired on after this date, no exemptions are allowed but employees hired before this date must provide documentation and comply with wearing facemask. The facility reported termination of employment for employees declining influenza vaccine for reasons other than those allowed in their policy.

The facility that reported a 99% vaccination rate reported providing influenza vaccine on site and at no cost for employees, utilizing educational flyers or posters, and providing educational presentations for staff on the importance of influenza vaccination.
This facility also reported termination for employees who failed to comply with their policy, a masking requirement for unvaccinated employees, restricting employees to certain areas if unvaccinated, and disciplinary action for noncompliance. This facility required HCP to provide written declinations for both medical and religious reasons. Medical forms required a signature by Employee Health Services and religious forms required written documentation from religious leader and review by the company’s internal Human Resources Department. Employees who obtained approval for exemption would still be required to wear a mask or be reassigned to a different work area.

The facility with the third highest HCP influenza vaccination rate achieved a 94% rate. This facility reported utilizing promotional measures such as educational flyers, providing vaccine at on site at no-cost to employees, and requiring masking for employees declining the influenza vaccine with disciplinary action for employees not complying. This facility also required employees to sign a generic declination form in the case of declining influenza vaccination.

The facilities with the lowest three vaccination rates reported achieved rates of 44%, 35%, and 31% respectively. All three facilities reported offering vaccinations on site and at no cost to employees, utilizing educational posters, and reported disciplinary action for unvaccinated employees that do not comply with wearing a mask during influenza season. Of these three facilities, the one with the highest vaccination rate (44%) was the only one to report use of written declination forms.
CHAPTER FIVE

DISCUSSION

Summary

Influenza vaccination rates in HCP of long-term care facilities remains the lowest of all health care settings (Black et al., 2018). This puts the residents of these facilities at greater risk for influenza-related illness, complications, and death. The goal of this project was to continue collecting policy and vaccination rate data from the LTCF in Flathead County, Montana, with the hope of increasing adoption of mandatory influenza vaccination policies and increasing HCP influenza vaccination rates. In addition to this, continuing to promote the partnership between the local health department and LTCF through discussion, provision of resources such as the Toolkit mentioned in this paper, and creation of an internal health department procedure to ensure sustainability of this project were all integral to this project. In the summer of 2019, the health department Information Technology Division acquired the use of an online survey/dashboard tool. This technology was rolled into this project in the hopes of supporting easier data collection and dissemination of information back to LTCF.

This project was a policy exploration and thus nonexperimental. It was guided by the use of Kass’s ethics framework for public health, which has been proposed as a conceptual framework to support the adoption of mandatory influenza vaccination policy (Antommaria, 2013). Previous research has used Kass’s framework to explore the balance of autonomy and the common good contrasted with the ideology of bioethics (Bayer & Fairchild, 2004), to investigate the importance of mitigating the burden of
public health policies on individual privacy (Mooney & Pejaver, 2018), and to evaluate the ethics of tuberculosis policy implementation and ensure that current evidence is guiding public health practices (Getahun, et al., 2015). The World Health Organization suggested that Kass’s framework, among other public health ethic frameworks, be utilized to “…inform guideline development and other health decision processes.” (Rehfuess et al., 2018, p. 18)

Kass asks what the public health goals of the proposed program are. The ultimate goal of this proposed program was to protect the highly vulnerable residents of LTCF from influenza-related illness and death. Kass’s second question asks how effective the program is in achieving its stated goals. The evidence showed that mandatory influenza vaccination policies continue to be the most effective means of achieving vaccination rates of 90% and higher (Black et al., 2018). The third and fourth questions in Kass’s framework ask what the known or potential burdens of the program are and if these can be minimized. Potential burdens of this project included the cost of influenza vaccination for LTCF, time and effort put into influenza promotional campaigns, and concerns about potential push back from HCP at proposed mandatory policy. Kass’s fifth question asks if the program is implemented fairly. In this author’s opinion, fair implementation means that all LTCF have mandatory influenza vaccination policies. This allows for protection of this vulnerable population, no matter what LTCF an individual resides at.

While approaches to influenza vaccination such as providing vaccine on site at no cost and active promotional campaigns do have some impact on increasing HCP vaccination rates, the most effective means is through use of mandatory vaccination policy (Black et al., 2018). The final question of Kass’s ethics framework asks how the
benefits and burdens of a program can be fairly balanced. The benefits and burdens of mandatory influenza vaccination can be balanced through ensuring that mandatory policies are implemented in conjunction with staff education, increasing accessibility to vaccine by providing it on site and at no cost, organizational leadership support, tracking vaccination rates, and utilizing written declination forms (Lytras et al., 2016; Black et al., 2018).

**Limitations**

There were several limitations for this project. High reported rates of administrator turnover in LTCF complicated the collection of influenza vaccination data, with some administrators reporting lost data or lack of knowledge about where data is stored. In addition, it meant that not all administrators were familiar with the project or aware of the health department’s Toolkit resource. In addition to this, the lack of a requirement for LTCF to track HCP influenza vaccination rates meant this data was not available from the majority of the facilities.

The inclusion of assisted living facilities and LTCFs under one umbrella term prevented the focus on the highest acuity facilities and created some confusion for assisted living facilities. Assisted living facility administrators tended to be less interested in participating in the project and had less understanding of the survey questions. For example, assisted living facilities are not required to have a medical director but some facilities reported having one. If the project had focused solely on LTCFs, small changes could have been made at fewer facilities over the course of the project.
Conclusions

There were three inquiry questions for this project. The first inquiry question was ‘what strategies are the most effective at reaching HCP influenza vaccination rates of 90% or greater?’ This policy exploration project took a closer look at what strategies are most effective at achieving HCP influenza vaccination rates of 90% or greater. The findings of the most recent survey data are similar to that of the literature. The facilities in Flathead County with the strongest vaccination policies achieved the highest rates. The LTCF that focused on promotional and educational activities failed to achieve rates of 90% or greater.

The second inquiry question for this project was ‘what are the challenges of adopting a mandatory HCP influenza vaccination policy both locally and nationally?’ The challenges of adopting a mandatory policy were explored in discussion with administrators, directors of nursing, and infection prevention nurses. Often the concerns centered around employee retention and the fear that HCP would resign if presented with a mandatory influenza vaccination policy.

The third inquiry question for this project was ‘what type of written policy would best assure compliance with mandatory influenza requirements for HCP working in LTCFs based on the Kass Ethics Framework?’ Kass’s ethics framework supports the use of mandatory influenza vaccination policy, as this has been found to be the only effective way to reliable achieve vaccination rates of 90% or greater. For mandatory policy implementation to be successful, policies must be comprehensive and include staff education, promotion of influenza vaccination through flyers or presentations, provision of vaccine on site and at no cost to HCP, tracking of HCP vaccination rates, and use of
written signed declination forms (Black et al., 2018; Lytras et al., 2016; National Vaccine Advisory Committee, 2013).
REFERENCES CITED


Flathead City-County Health Department. (2017). Flathead City-County Health Department strategic plan FY 2018- FY 2020. Retrieved from


Majeski, T. (2015). Influenza vaccination of long-term care and assisted living facility staff in Flathead County [PowerPoint slides].


APPENDICES
Influenza Vaccination of Long-Term Care and Assisted Living Facility Staff in Flathead County

Heidi Kearns, RN, BSN
Flathead City-County Health Department

May 26, 2016

Background

- Key Informant Survey Distributed to 17 Facilities
- Out of 17 facilities, 16 completed Key Informant (participation rate of 94%)
- Influenza vaccination rate was variable
- Requested influenza policies from facilities that have one
Vaccination Rates - All Facilities

Percent of staff vaccinated in all facilities that provided influenza vaccination rates (n=12)

Facility

<table>
<thead>
<tr>
<th>Facility</th>
<th>LTCF</th>
<th>ALF</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCF</td>
<td>80</td>
<td>60</td>
</tr>
<tr>
<td>GFF</td>
<td>70</td>
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<tr>
<td>BHI</td>
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<td>40</td>
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<tr>
<td>DEC</td>
<td>85</td>
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<tr>
<td>BAB</td>
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<td>FIE</td>
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<td>BAD</td>
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<td>70</td>
</tr>
<tr>
<td>FAD</td>
<td>70</td>
<td>60</td>
</tr>
</tbody>
</table>

Influenza vaccination rates in facilities with mandatory policies versus facilities with recommendation policies

Percent of staff vaccinated at facilities with mandatory policies

Percent of staff vaccinated at facilities with recommendation policies

Facility

<table>
<thead>
<tr>
<th>Facility</th>
<th>LTCF</th>
<th>ALF</th>
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<tbody>
<tr>
<td>GFC</td>
<td>80</td>
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<td>BCF</td>
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<td>BAD</td>
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<tr>
<td>FAD</td>
<td>50</td>
<td>40</td>
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</tbody>
</table>
Vaccination rates at facilities with mandatory policies (n=4)

<table>
<thead>
<tr>
<th>Consequences for not receiving Influenza vaccine</th>
<th>Facility 1</th>
<th>Facility 2</th>
<th>Facility 3</th>
<th>Facility 4</th>
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</thead>
<tbody>
<tr>
<td>Termination of employment</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Face mask (with disciplinary action if in violation of this)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Restriction in patient care</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Written proof of offsite vaccination</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Physician documentation for medical contraindication</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sign form declining for medical contraindication</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sign form declining for religious reasons</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sign form declining for other reasons</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Additional documentation reported</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Reviewed by occupational health medical director*
**Highlights of Mandatory Policies**

<table>
<thead>
<tr>
<th>Similarities</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All require face mask in absence of flu vaccine with disciplinary action for violation</td>
<td>• Two have termination as potential consequence of policy violation</td>
</tr>
<tr>
<td>• All require signed forms for medical contraindication or religious declination</td>
<td>• Variation in documentation exists between physician review versus employee declaration</td>
</tr>
<tr>
<td></td>
<td>• Review of religious declinations by HR</td>
</tr>
</tbody>
</table>

**Lessons Learned**

• Not all mandatory policies are created equal
  • Mandatory with versus without consequences

• Definition of “mandatory” versus “recommendation” policy
Next Steps

- Request for a community forum
- Work with facilities interested in adopting policy
- Ideas?
APPENDIX B

FLATHEAD COUNTY STRATEGIC PLAN EXCERPT
**PRIORITY AREA: Immunization**

Immunizations are a key public health disease prevention measure. Montana has been one of the lowest ranked states in the nation for childhood immunization rates. In addition, residents of long-term care and assisted living facilities are at increased risk of complications or death related to influenza but data has shown that the immunization rates among staff at these facilities have room for improvement.

**GOAL:** Improve immunization rates in healthcare providers and in school-aged children.

<table>
<thead>
<tr>
<th>Immunizations: Objective 1</th>
<th>Increase the number of assisted living/long-term care facilities with a mandatory influenza vaccination policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Link to State Health Improvement Plan</td>
<td><em>Montana System Improvement Strategy:</em> Support health care settings to implement policies encouraging appropriate immunizations for employees and patients.</td>
</tr>
<tr>
<td>Performance Metric</td>
<td>The number of Flathead County registered assisted living and long-term care facilities that have a mandatory influenza vaccination policy.</td>
</tr>
<tr>
<td>Reasoning for Metric Choice</td>
<td>Vaccination of healthcare workers has shown to reduce influenza infection and absenteeism among healthcare workers, prevent mortality in patients and result in financial savings to health institutions. The best way to prevent the transmission of influenza to patients served is to mandate healthcare worker vaccination against influenza on an annual basis.</td>
</tr>
</tbody>
</table>
| Target/Benchmark | FY 2018: 1 additional facility  
FY 2019: 3 additional facilities (cumulative)  
FY 2020: 5 additional facilities (cumulative) |
| Source of Data and Data Explanation | Flathead City-County Health Department will conduct an annual survey of assisted living and long-term care facilities to determine the number that have mandatory influenza vaccination policies. |
| Frequency data will be analyzed | Annual |
| Baseline Measurements | FY 2017: 5 facilities |
| Responsible Party | Immunization and Communicable Disease Supervisor, Health Officer |
APPENDIX C

UPDATED TOOLKIT
Long-term Care and Assisted Living Facility

Health Care Personnel

Seasonal Influenza Vaccination

Implementation Toolkit
November 2019

The Flathead City-County Board of Health has set a strategic goal to increase the number of healthcare personnel in long-term care facilities and assisted living facilities (LTCF-ALF) that receive influenza vaccination on an annual basis. Influenza vaccination is a safe and effective way to prevent influenza-related illness and death. Research shows that educational and promotional activities are not enough to raise vaccination rates in LTCF-ALF to the Healthy People 2020 target of 90% and above. Mandatory influenza vaccination policy is the most effective way to increase vaccination rates to this level. The following Toolkit is provided as a resource to your facility to help with the development of a mandatory policy.

Mandatory seasonal influenza vaccination for healthcare personnel is supported by many leading health care organizations, including the American Medical Directors Association, American Hospital Association, American Nurses Association, American Public Health Association, and the Infectious Disease Society of America. The Board of Health is proud to say that major health organizations in our community, including the Flathead City-County Health Department and Kalispell Regional Healthcare, have already implemented mandatory policies.

The Board is committed to the goal of mandatory influenza vaccination for all LTCF-ALF employees and volunteers. As such, we urge you to establish a policy of mandatory influenza vaccination for all healthcare personnel as well as urging all residents to be vaccinated to help reduce the number of influenza illnesses and save lives in your very susceptible patient populations. Families deciding on the best facility for their loved ones deserve to know which facilities provide the safest environment for their family, including influenza vaccination rates.

If you would like further assistance in developing a mandatory influenza policy, please contact the Flathead City-County Health Department at 751-8110.

Sincerely,

P. David Myerowitz, MD
Flathead City-County Board of Health
Board Chair
Introduction........................................................................................................................................................................... 3
Overview of Materials Included in the Toolkit........................................................................................................................ 4
National Policy Direction......................................................................................................................................................... 5
Policy Guidance and Examples.............................................................................................................................................. 8
  Medical Exemption Form Examples................................................................................................................................. 20
  Sample Declination Form.................................................................................................................................................... 23
Implementation Timeline and Tips........................................................................................................................................ 24
Education and Communications........................................................................................................................................... 32
Resources provided by Flathead City-County Health Department (FCCHD)................................................................. 40
Introduction

Influenza remains a major issue in the United States resulting in approximately 140,000-960,000 hospitalizations and between 12,000-79,000 deaths each year since 2010 (Centers for Disease Control and Prevention, 2019). Older adults are at greatest risk given that 90% of influenza deaths occur in people aged 65 and older (Nace, Hoffman, Resnick, and Handler, 2007). Long-term care facilities can experience case fatality rates as high as 55% (Nace, Hoffman, Resnick, and Handler, 2007).

Influenza vaccination has been shown to be the most effective method of preventing influenza illness (Paules & Subbarao, 2017). Mandatory seasonal influenza vaccination for health care workers is supported by many leading health care organizations, such as the American Medical Directors Association and the Infectious Disease Society of America.

Organizations also benefit from increased health care personnel vaccination rates. Studies have demonstrated an association between influenza vaccination and reduced workplace absenteeism (Apenteng & Opoku, 2014). Results of a study published in the New England Journal of Medicine in 1995 showed that immunized workers had 25% fewer
upper respiratory illnesses, 43% fewer days of sick leave from work due to upper respiratory illness and 44% fewer visits to physician offices for upper respiratory illness (Nichol et al., 1995). A study by Nichol (2001) demonstrated that vaccinating healthy working adults was on average cost saving. Vaccinating healthy working adults keeps healthcare costs low and reduces workplace absenteeism.

National data shows that influenza vaccination rates of staff in long-term care facilities continue to lag behind that of other healthcare settings, with the overall influenza vaccination rate for healthcare workers at 67.4% for the 2017-2018 influenza season (Centers for Disease Control and Prevention, 2018). Low health care worker vaccination rates put long-term care residents at higher risk for influenza disease, influenza associated complications, and death (Ahmed et al., 2014).

This document is intended to provide guidance and information for developing a mandatory seasonal influenza vaccination program within individual organizations. This document does not provide an exhaustive list of all elements that should be considered when adopting a mandatory influenza vaccination program however it does provide a framework for major areas that should be considered.
Overview of Materials Included in the Toolkit

The Long-term Care and Assisted Living Facility Health Care Personnel Seasonal Influenza Vaccination Implementation Toolkit is designed to help organizations as they work toward implementing policies and practices that require health care personnel to obtain an annual influenza vaccination. The toolkit contains materials that may be used as models. Each health care organization is unique with its own culture, structural, legal and employment considerations. Organizations should obtain independent legal advice in determining the approach that works best in their respective organizations and should feel free to modify the materials contained in the toolkit accordingly.
### National Policy Direction
- Outline of supporting evidence
- Healthy People 2020 goal
- Flathead County data

### Policy Guidance and Examples
- Getting started on drafting a policy
- Policy and Position Statements
- Example Policies
- Medical Exemption Forms
- Religious Exemption Forms

### Implementation Timeline and Tips
- One year timeline
- Mult-year timeline
- Tools and tips to overcome vaccination barriers

### Education and Communication
- Sample letters to be sent from management encouraging vaccination
- Posters addressing common influenza vaccination myths

### Resources Provided by FCCHD
- Vaccination clinic options and payment options
- Policy writing and staff education assistance
National Policy

Direction
National Policy Direction

Vaccinating health care personnel for seasonal influenza prevents illnesses, deaths and losses in productivity. The Centers for Disease Control and Prevention (CDC) defines health care personnel as any persons potentially exposed to infectious agents that can be transmitted to and from health care workers and patients. Many health care personnel are in contact with people aged 65 years and older, a high risk group, and vaccination can also prevent serious complications and deaths in client populations. Achieving and sustaining high seasonal influenza vaccination coverage in health care personnel can protect staff and clients, reduce disease burden, and decrease health care costs.

Healthy People 2020

The CDC and numerous other professional organizations and public health agencies have outlined strategies to improve long-term care and assisted living facility health care personnel vaccination rates. However, these efforts have not resulted in substantially increased vaccination rates. Influenza vaccination rates continue to be the lowest in long-term care settings when compared with all other healthcare settings (CDC, 2017). Evidence shows that mandatory influenza vaccination policies have the greatest impact on increasing healthcare worker influenza vaccination rates, followed by provision of vaccine onsite at no cost to the employee for > 1 day (Black et al., 2018).
Some Flathead County long-term care and assisted living facilities have already implemented mandatory seasonal influenza vaccination policies for their health care personnel and have achieved near 100% vaccination coverage. Beginning in 2015, Flathead City-County Health Department began conducting surveys of Flathead County long-term care and assisted living facilities. The results of these surveys (Tables 1 and 2) indicate that facilities that have implemented mandatory policies have the highest vaccination rates.

Professional societies, including the Association for Professionals in Infection Control and Epidemiology (APIC), the Infectious Diseases Society of America, and the Immunization Action Coalition recommend that mandatory seasonal influenza vaccination for all health care personnel. Even with interventions that promote and provide free and accessible vaccine, these organizations note that health care organizations regularly achieve only 40 to 60% vaccination rates.
Data from Flathead County facilities with mandatory policies compared to facilities with recommendation policies:

**Table 1:** Percent of staff vaccinated at facilities with mandatory influenza vaccination policies. Data from Staff Survey, 2014-2015 influenza season.

**Table 2:** Percent of staff vaccinated at facilities with recommendation influenza vaccination policies. Data from Staff Survey, 2014-2015 influenza season.

**Table 3:** Percent of staff vaccinated at facilities with mandatory influenza vaccination policies. Data from Staff Survey, 2015-2016 influenza season.

**Table 4:** Percent of staff vaccinated at facilities with recommendation influenza vaccination policies. Data from Staff Survey, 2015-2016 influenza season.

This data from Flathead County reflects the evidence that shows facilities with mandatory vaccination policies achieve the highest vaccination rates (Black et al., 2018).

*This data has been de-identified.*
Policy Guidance and Examples
Policy Guidance and Examples

Getting Started on Drafting a Policy

Several organizations nationwide have implemented mandatory vaccination programs. Unfortunately, the breath of considerations when implementing a mandatory influenza vaccination policy can be considerable. However, the purpose of this toolkit is to provide some examples and resources for your organization.

One of the important keys to successful implementation is having executive leadership on board with a mandatory vaccination program. Leadership involvement will be essential and is key to ensuring that any policy that is put in place is supported and enforced at an organizational level. In addition, it is important to engage key stakeholders within the organization when initiating the policy development process. The composition of these stakeholders will widely vary depending on your unique facility, however some examples of individuals to consider may include:

✓ Chief Executive Officer
✓ Chief Medical Officer
✓ Chief Nursing Officer / Director of Nursing
✓ Chief Quality Officer / Quality Director
✓ Infection Prevention Department (Chief Infectious Disease Physician, Infection Preventionist)
✓ Human Resources / Employee Health
✓ Compliance
✓ Legal Council
**Things to Consider When Drafting a Policy**

It is incredibly important to have a policy in place regarding the requirement of mandatory influenza vaccination for all health care workers. A policy requiring mandatory influenza vaccination for all health care workers should be drafted following your organizational format. There are several things that should be considered for inclusion in the policy including:

<table>
<thead>
<tr>
<th>Justification</th>
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<tbody>
<tr>
<td>• Why policy is important and being implemented</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What mandatory vaccination means and who is impacted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Implementation including timeframes, procedures, documentation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exemptions</th>
</tr>
</thead>
</table>
| • Reasons for available exemptions  
| • Process for obtaining exemption |

<table>
<thead>
<tr>
<th>Communication &amp; Education</th>
</tr>
</thead>
</table>
| • What resources will be provided to staff to learn about vaccination  
| • How will staff be told of vaccination opportunities |

<table>
<thead>
<tr>
<th>Enforcement</th>
</tr>
</thead>
</table>
| • Consequences  
| • Deadlines for receiving vaccination or filing exemptions |

<table>
<thead>
<tr>
<th>Contingency</th>
</tr>
</thead>
</table>
| • Vaccination shortages or delays  
| • Who has authority to alter policy |
The following organizations support mandatory seasonal influenza vaccination for health care personnel:
American Medical Directors Association

- AMDA supports a mandatory annual influenza vaccination for every long-term health care worker, even those with indirect contact, unless a medical contraindication exists.

Association of Professionals in Infection Control and Epidemiology

- Recommendation: Therefore, APIC recommends that acute care hospitals, long term care, and other facilities that employ healthcare personnel require annual influenza immunization as a condition of employment unless there are compelling medical contraindications. This requirement should be part of a comprehensive strategy which incorporates all of the recommendations for influenza vaccination of HCP of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) for influenza vaccination of HCP. An essential part of this comprehensive strategy includes strict attention to important infection prevention practices such as hand hygiene and respiratory etiquette. Individuals exempted from annual vaccination due to medical contraindications must be educated on the importance of careful adherence to all of the non-vaccine related HICPAC prevention strategies, including hand hygiene and cough etiquette. Further, they may be required to wear a surgical mask when contact with patients or susceptible employees is likely. Additionally, strong leadership commitment that takes into account and collaboratively addresses concerns by employees and the organizations representing them is essential to providing the necessary support and resources to implement such a comprehensive program.

Infectious Disease Society of America

- Because healthcare personnel (HCP) work in an environment where contact with patients or infective material from patients is routine, HCP are at risk for exposure to vaccine-preventable diseases and possible transmission to patients, their families, and other HCP. Vaccination programs are therefore an essential component of infection prevention and control. Preventing health care-associated transmission of influenza and other infectious diseases can protect patients, HCP, and local communities. For this reason, IDSA supports mandatory immunization of HCP according to recommendations of the Advisory Committee for Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC).

Society for the Healthcare Epidemiology of American

- SHEA views influenza vaccination of HCP as a core patient and HCP safety practice with which noncompliance should not be tolerated. It is the professional and ethical responsibility of HCP and the institutions within which they work to prevent the spread of infectious pathogens to their patients through evidence-based infection prevention practices, including influenza vaccination. Therefore, for the safety of both patients and HCP, SHEA endorses a policy in which annual influenza vaccination is a condition of both initial and continued HCP employment and/or professional privileges. The implementation of this policy should be part of a multifaceted, comprehensive influenza infection control program; it must have full, visible leadership support with the expectation for influenza vaccination fully and clearly communicated to all existing and applicant HCP; and it must have ample resources and support to implement and to sustain the HCP vaccination program. This recommendation applies to all HCP working in all healthcare settings, regardless of whether the HCP have direct patient contact or whether the HCP are directly employed by the facility. It also applies to all students, volunteers, and contract workers. SHEA recommends that only exemptions due to recognized medical contraindications to influenza vaccination be considered.
Example Policies

Policy Statement:

It is the policy of the [NAME OF ORGANIZATION] that all individuals working in the [NAME OF ORGANIZATION] are immunized against influenza on an annual basis as a condition of employment. Individuals working at [NAME OF ORGANIZATION] include employees, credentialed medical staff (as well as their employed or sponsored advanced practice professionals and clinical assistants), students, residents, interns, fellows, volunteers, clergy, contracted personnel and vendors who have both direct and indirect contact with patients.

Purpose:

The purpose of this policy is to protect the health and safety of patients, health care personnel, patient and health care personnel family members and the community as a whole from influenza infection through annual influenza vaccination.

Procedure:

Annual Influenza Vaccination

- As a condition of employment, maintenance of medical staff privileges, or access to patient care or clinical care areas, [NAME OF ORGANIZATION] requires health care personnel to receive an annual influenza vaccination or possess an approved exemption.
• Annually, health care personnel, covered by this policy, must do one of the following:
  o Receive the influenza vaccine(s), provided by [INSERT DEPARTMENT NAME THAT WILL ADMINISTER VACCINES], by [INSERT DATE, DECEMBER 1 IS THE LATEST DATE RECOMMENDED].
  o Provide [NAME OF DEPARTMENT OR POSITION TITLE] with proof of vaccination if vaccinated through services other than [NAME OF ORGANIZATION], by [INSERT DATE, DECEMBER 1 IS THE LATEST DATE RECOMMENDED]. Proof of vaccination must include a copy of documentation indicating the vaccine was received.
  o Comply with the designated procedure for obtaining a permissible exception by [INSERT DATE; IT IS RECOMMENDED THIS BE AT LEAST TWO MONTHS PRIOR TO THE FINAL DEADLINE TO ALLOW FOR PROCESSING, NOTIFICATION AND OBTAINING VACCINATION IF THE EXEMPTION IS DENIED], as described in this policy.

• Health care personnel who begin or resume employment, a training rotation or provision of services between October 1 and April 30 are required to receive an influenza vaccination, provide proof of current vaccination status or obtain an exemption prior to or on the first day their employment, rotation or service provision begins. [HEALTH CARE ORGANIZATIONS WILL NEED TO DETERMINE THE ABOVE DATES IN ACCORDANCE WITH THE EXPECTED OR ACTUAL INFLUENZA SEASON]

Exemptions:

(NAME OF ORGANIZATION) will grant exemption to annual influenza vaccination for approved medical reasons. [YOUR ORGANIZATION MUST DECIDE IF NON-MEDICAL EXEMPTIONS WILL BE ALLOWED AND WHAT TYPE OF DOCUMENTATION WILL BE REQUIRED]

Medical Exemption

• Exemptions to required vaccination may be granted for certain medical contraindications. Standard criteria will be established and include:
  o Severe allergy to the vaccine or components as defined by the most current recommendations of the CDC’s Advisory Committee on Immunization Practices [HEALTH CARE ORGANIZATIONS MUST DECIDE IF THEY WILL REQUIRE ALLERGY TESTING AND IF THEY WILL PAY FOR THIS TESTING. MOST EGG-ALLERGIC INDIVIDUALS MAY STILL RECEIVE INFLUENZA VACCINE. ORGANIZATIONS SHOULD ALSO KEEP IN MIND AVAILABILITY AND APPROPRIATE USE OF EGG-FREE VACCINE (RIV)]
History of Guillain-Barré within 6 weeks of a previous influenza vaccine

- An individual requesting medical exemption because of medical contraindications must complete the Medical Exemption Request Form. Part A of the request must be completed and signed by the health care personnel member. Part B of the request must be completed and signed by the health care personnel member’s personal physician.

[ORGANIZATIONS MAY ELECT TO USE A STANDARDIZED FORM THAT EMPLOYEES NEED TO HAVE THEIR PHYSICIAN COMPLETE OR MAY ELECT TO IDENTIFY WHAT DOCUMENTATION WOULD BE ACCEPTABLE. IT IS RECOMMENDED THAT THE EMPLOYEE HEALTH NURSE(S) NOT SERVE THIS ROLE.]

- [HEALTH CARE ORGANIZATIONS WILL WANT TO INCLUDE THE PROCESS THEY WILL USE FOR EVALUATING REQUESTS FOR MEDICAL EXEMPTIONS. SOME ORGANIZATIONS PROCESS THESE THROUGH THEIR EMPLOYEE HEALTH SERVICES; OTHERS USE A MEDICAL EVALUATION COMMITTEE. CONSIDERATION SHOULD BE GIVEN TO CONTACTING PERSONAL PHYSICIANS WHO HAVE SIGNED THE FORM FOR REASONS OTHER THAN THE CDC RECOMMENDED EXEMPTIONS.]

- The individual requesting the medical exemption will be notified in writing as to whether his/her request for medical exemption has been granted. If a medical exemption request is denied, the individual will be required to be immunized pursuant to this policy.

- If a medical exemption is granted for a temporary medical condition, the individual must resubmit a request for exemption annually.

- If the exemption is granted permanently, the individual does not need to submit a request for medical exemption annually unless vaccine technology changes and eliminates issues related to allergies.

- [HEALTH CARE ORGANIZATIONS MUST DECIDE WHAT PROCESS, IF ANY, WILL BE USED FOR THOSE WHO HAVE NOT BEEN VACCINATED. CONSIDERATION MUST BE GIVEN TO WHAT PERSONNEL THIS WOULD APPLY TO, UNDER WHAT CONDITIONS, HOW THESE INDIVIDUALS WILL BE IDENTIFIED AND HOW IT WILL BE ENFORCED.] [FOLLOWING IS AN EXAMPLE OF A MASKING POLICY - Health care personnel who are not vaccinated, due to a medical exemption, must wear a surgical mask within six (6) feet of any patient and when entering a patient room during the influenza season.]

**Religious Exemption**

[It is up to your organization to determine if you will allow religious exemptions. If you do choose to allow religious exemptions, it is recommended that your organization decide what type of documentation needs to be provided. Samples are not provided here because religious exemptions are not recognized by several leading organizations including]
American Hospital Association, American Medical Directors Association, American Public Health Association, Association for Professionals in Infection Control and Epidemiology, and Society for Healthcare Epidemiology of America.]

**All Other Declinations**

While non-medical exemptions are not supported by the above organizations, a sample form is provided to emphasize the importance of tracking declinations of any kind [SEE EXAMPLE FORM 3].

**Record Keeping:**

[HEALTH CARE ORGANIZATIONS WILL WANT TO IDENTIFY RECORD KEEPING PROCEDURES FOR PROOF OF VACCINATION AS WELL AS FOR EXEMPTIONS.]

**Corrective Action Procedures:**

Failure to comply with this vaccination policy will result in a written warning. If an individual is not vaccinated or granted an exemption within two (2) weeks of receiving the warning, that individual will be subject to further corrective action, up to and including termination of employment, automatic relinquishment of medical staff membership and clinical privileges, and/or the forfeiture of the right to continue working and providing services within [ORGANIZATION NAME].
Individuals with documented medical contraindications who fail to comply with the mask policy will also be subject to a written warning. The facility may determine further corrective action to take for subsequent violations of the masking policy up to and including termination.

**Infection Control Procedures:**

- All individuals are responsible for monitoring their health status and reporting to work only when they are not in a status that would put others at risk of contracting an infection, whether viral or bacterial.
- All employees are responsible for performing appropriate infection control standards to prevent risk to others and themselves. This includes, but is not limited to, frequent hand washing, masking, covering coughs and sneezes, disinfecting equipment and work stations, and not reporting to work when ill.

**Vaccine Shortages:**

In the event of an influenza vaccine shortage, the situation will be evaluated by [NAME OF ORGANIZATION], relying on the expertise of employee health services, infection prevention and control, human resources, pharmacy, management and medical leadership. Prioritization of influenza vaccination will be established in concordance with the recommendations by the Department of Public Health.

[HEALTH CARE ORGANIZATIONS WILL WANT TO IDENTIFY WHAT PROCESS THEY WILL USE WHEN THERE IS A SHORTAGE OF VACCINE AVAILABLE. ORGANIZATIONS MAY HAVE ALREADY FACED THIS IN PREVIOUS FLU SEASONS OR DURING THE H1N1 EPIDEMIC AND WILL WANT TO REVIEW THE PROCEDURES THAT THEY USED DURING THOSE SITUATIONS.]
1.0 PURPOSE

The purpose of this policy is to minimize transmission of the influenza virus in the workplace by providing occupational protection to employees and thus preventing transmission to members of the community, which we serve.

Annual influenza vaccination has been found to be both safe and effective in reducing the risk of influenza and health-care related transmission. The Centers for Disease Control and Prevention (CDC) recommend vaccination of all workers in health care settings. Research, however, has shown that vaccination programs restricted to those who actively seek the vaccine have limited penetration and, thus, effectiveness in protecting patients and employees. This policy is intended to maximize the protection offered to our employees and clients.

2.0 POLICY

All employees of the (name of workplace) shall be provided the influenza vaccine during the annual influenza vaccination campaign. Employees will be required to obtain vaccination by December 1 of each calendar year or sign a declination. Vaccine will be offered free of charge at various times and locations. Records will be maintained documenting vaccinations and declinations. If vaccine shortages occur or if CDC recommendations are altered, the (Health Officer, CEO, or head of agency/facility) may suspend or revoke all or part of this policy.

3.0 DEFINITIONS
3.1 Employee—any person that receives financial compensation for work performed at (name of workplace), whether merit, contractual, or consultants. Although consultants are not considered employees by definition, for the purpose of this policy, consultants will be included in this category.

3.2 Influenza (flu)—a mild to severe contagious illness caused by viruses that infect the respiratory tract.

3.3 Influenza vaccine—a preparation of influenza antigens (live or killed virus), which stimulate the production of specific antibodies when introduced to the body. These antibodies provide protection against influenza virus infection.

TIV—also known as the Trivalent Inactivated Influenza Vaccine, is made with killed virus and is administered through the muscle.

LAIV—also known at the Live Attenuated Influenza Vaccine, is made with live, weakened viruses that do not cause the flu and is administered through a nasal spray.

3.4 Annual influenza vaccination campaign—Each year during the months when maximum benefit is provided by influenza vaccination, the name of (vaccination campaign organization) conducts a major vaccination campaign including mass vaccination clinics and community outreach. The campaign usually starts on (date) and ends (date).

Whether shortages occur at the national level or agency/facility level, the vaccination campaign will depend on vaccine availability.

4.0 PROCEDURES

4.1 GENERAL REQUIREMENTS

4.1.1 All employees will be required to obtain the influenza vaccine or provide adequate documentation of a medical contraindication (Example Form 1 or 2) each year.

4.2 IMPLEMENTATION
4.2.1 (Name of workplace) will provide the influenza vaccination annually at no cost to all employees.

4.2.2 The Live Attenuated Influenza Vaccine (LAIV) or the Trivalent Inactivated Influenza (TIV) will be administered to employees based on vaccine availability and published CDC guidelines.

4.3 RESPONSIBILITIES

4.3.1 Employees shall be responsible for:

1) Familiarizing themselves with this Administrative Policy and Procedure and signing and returning the *Acknowledgement of Receipt* form to the Office of Human Resources.

2) Taking one of the above actions by **November 15th** or, if hired during the annual influenza vaccination campaign, within 1 month of employment.

3) Annually, submitting proof of vaccination or exemption by the established deadline.

4.3.2 Supervisors shall be responsible for:

1) Allowing employees time to attend a vaccination clinic.

2) Assuring that employees comply with this Administrative Policy and Procedure.

4.3.3 Office of Human Resources shall be responsible for:

1) Providing copies of this Administrative Policy and Procedure to employees and maintaining copies of the *Acknowledgement of Receipt* form in employees’ personnel files.

2) Providing each employee annually with a reminder of this policy.

3) Providing new employees with information about the annual influenza vaccine policy during orientation and where to obtain the vaccine if employment begins during the influenza campaign.
4) Notifying supervisors regarding those employees who are not in compliance with this policy.

5) Taking any appropriate personnel action.

4.3.4 (Office designated to coordinate flu vaccination clinics) shall be responsible for:

1) Offering employees influenza vaccination at various locations and times.

2) Providing influenza vaccine (LAIV, TIV) (type of locations) for employees.

3) Maintaining electronic records of employees who have received or declined influenza vaccination.

4) Providing information to the Office of Human Resources regarding those employees who are not in compliance with this policy.

5) Reviewing annual employee influenza vaccination rates.

6) Developing and recommending strategies including revisions to this policy to enhance and improve influenza vaccination rates in the Department.

5.0 EFFECTIVE DATE
The effective date of this Administrative Policy and Procedure is (date).

___________________________
Date Name

___________________________
Signature of
CEO, Health Officer or
Administrator

Sample: Employee Influenza Vaccination Policy

Acknowledgement of Receipt

Please print your name and division and then sign and date the form to indicate that you have received a copy of the (name of workplace) *Policy for the Administration of Influenza Vaccine* to (name of workplace) Employees, dated (date of policy). You are responsible for reading and adhering to the policy.

__________________________  ______________________________
Print Name                  Signature

__________________________  ______________________________
Division                    Date

Please send signed Acknowledgement of Receipt form to: Office of Human Resources.
Example Medical Exemption Forms

Seasonal influenza vaccination is a condition of employment for all health care workers. Depending on type of vaccination offered, specific medical contraindications may exist for certain individuals. Only evidence-based medical contraindication against seasonal influenza vaccination confirmed by a licensed health care provider will be accepted as an exception to the mandatory influenza policy. Medical contraindication must be re-assessed each year and an updated declination form should be placed in the employee’s file yearly.

This Medical Declination form must be completed by the employee’s primary healthcare provider and returned to Employee Health Services.

My employer, INSERT FACILITY NAME HERE, has recommended that I receive seasonal influenza vaccination in order to protect myself and the patients I serve. I understand that because I work in a health care environment, I may place patients and co-workers at risk if I work while infected with the influenza virus.

I understand that since I have an evidence-based medical contraindication to influenza vaccination that I will be required to wear a mask at all times during a schedule shift through the duration of the influenza season (INSERT DATES HERE).

_____________________________________                     ___________________
THIS SECTION SHOULD BE COMPLETED BY THE EMPLOYEE’S HEALTH CARE PROVIDER. I have evaluated __________________________ and can verify that this employee has a medical contraindication to influenza vaccination.

This employee has one or more of the following contraindications:

☐ Personal history of Guillan-Barré Syndrome within 6 weeks of receiving influenza vaccine
☐ Severe allergic reaction to previous influenza vaccine
☐ Severe allergic reaction to component of influenza vaccine
☐ Other: (please explain – only evidence-based medical contraindications):

___________________________________________________________________________

_______________________________________________                  ______________________
Healthcare Provider Name (print)                  Date

_______________________________________________                  ______________________
Healthcare Provider Signature                  Phone Number
As a patient safety and health care personnel safety initiative, FACILITY NAME is requiring annual influenza vaccination for Health Care Personnel at FACILITY NAME. This is similar to other vaccinations that the health care organization requires as a condition of employment. For decades, influenza vaccination has been recommended for health care personnel and has been shown to be effective in protecting patients from influenza illness and complications related to influenza. Increasingly, national professional, health care, and infection prevention organizations are strongly recommending that health care organizations require annual influenza vaccination to protect the health and safety of patients, employees, patient and employee family members, and the community as a whole from influenza infection.

Medical exemption from influenza vaccination is allowed for recognized contraindications, see CDC at http://www.cdc.gov/flu/protect/whoshouldvax.htm.

Please complete the form below to request medical exemption for your patient. If you have any questions, please contact FACILITY CONTACT, PHONE NUMBER.

NAME OF PATIENT: ___________________________ Employee/Badge #: ___________________________

My patient should not be vaccinated against influenza for the following reason(s):
☐ History of previous severe allergic reaction to the influenza vaccine or component of the vaccine (defined as developing hives, swelling of the lips or tongue, or difficulty breathing; does not include sore arm, local reaction, or subsequent upper respiratory tract infection).
☐ History of Guillan-Barre syndrome within six weeks of receiving a previous vaccine.
☐ Other: Describe: ________________________________

This is a
☐ Temporary Medical Condition
☐ Permanent Medical Condition

I certify that my patient has the above contraindications and request medical exemption from the influenza vaccine. I understand that I could be contacted for additional clarification.

Name of Provider: ________________________________

Signature: ________________________________________

Signature stamps are not acceptable

Telephone #: ________________________________

Forward completed form to Employee Health

FOR OFFICE USE ONLY

Received by Employee Health Services on the following date: ____________

Reviewed by Employee Health Services on the following date: ____________

Disposition:

Approved by: ________________________________

Disapproved by: ________________________________

Person requesting exemption notified on the following date: ________________
My employer or affiliated health facility, ___________________________, has recommended that I receive influenza vaccination to protect the patients I serve.

I acknowledge that I am aware of the following facts:

♦ Influenza is a serious respiratory disease that kills thousands of people in the United States each year.

♦ Influenza vaccination is recommended for me and all other healthcare workers to protect this facility’s patients from influenza, its complications, and death.

♦ If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to patients in this facility.

♦ If I become infected with influenza, even if my symptoms are mild or non-existent, I can spread it to others and they can become seriously ill.

♦ I understand that the strains of virus that cause influenza infection change almost every year and, even if they don’t change, my immunity declines over time. This is why vaccination against influenza is recommended each year.

♦ I understand that I cannot get influenza from the influenza vaccine.

♦ The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including:
  • all patients in this healthcare facility
  • my coworkers
  • my family
  • my community

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is still available.

I have read and fully understand the information on this declination form.

Signature: ____________________________________________ Date: __________________________________________

Name (print): __________________________________________

Department: __________________________________________
Implementation

Timeline and Tips
Implementation Timeline and Tips

This section of the toolkit presents sample timelines for organizations to use to implement a health care personnel seasonal influenza vaccination policy. While Flathead City-County Health Department (FCCHD) strongly recommends mandatory seasonal influenza vaccination policies for health care personnel in long-term care and assisted living facilities, this section of the toolkit also provides steps that can be taken to increase voluntary vaccination.
Single Year Policy Implementation:

**MARCH**

- Obtain senior leadership buy-in for the organizational approach. Consideration should be given to obtaining input from the chief executive officer, chief medical officer/chief of staff, chief nursing officer/director of nursing, infection prevention department (chief infectious disease physician, infection preventionist), human resources/employee health, compliance and legal counsel.
- Develop a strategy for obtaining support from applicable unions.
- Develop or update your formal policy on vaccination of health care personnel and receive appropriate approval.
- Review and update Medical Staff Rules and Regulations and obtain Medical Executive Committee approval.
  - Sample language: “Failure to provide proof of influenza vaccination, or granted exemption, in accordance with [INSERT POLICY NAME AND/OR NUMBER] within 30 days after receiving written notice of delinquency describing the failure to comply with the [INSERT POLICY NAME AND/OR NUMBER] shall be deemed a voluntary relinquishment of Medical Staff appointment and clinical privileges.
- Create a task force to oversee implementation of the policy. The task force should include a champion from key areas and departments within the organization. Choose people who will help roll-out the plan in their respective areas.

**APRIL - MAY**

- Determine your budget and action plan. Have pharmacists plan for the appropriate expected volume of vaccine that would be necessary for an expected increase in administration.
- Or contact the FCCHD if you would like assistance in setting up vaccinations through FCCHD, either on-site or through redeemable vouchers for employees
- Meet with senior leadership to review issues and approve implementation. Ask them to take an active role in encouraging influenza vaccination compliance by receiving the vaccine first.
JUNE - JULY

- Develop your theme and catchy slogan (involve employees if possible).
- Themes could involve modern references like Star Wars, animal themes ("don't monkey around", "the bear facts"), or "kiss the flu goodbye" with Kisses.
- Develop the policy roll-out strategy, including an employee education component. Studies have shown that much of the employee resistance to such efforts is due to misinformation.
- Order printed materials: buttons, posters and stickers.

AUGUST

- Finalize logistics for administration of vaccine, including staffing plans for administration.
- Arrange for volunteer and “per diem” nursing and administrative staff if needed. Review appropriate vaccine administration risk assessment and techniques with those who will be administering the vaccine.
- Ensure convenient access.
- Consider using rolling influenza vaccine carts that can be taken to all departments during all shifts, including the cafeteria, grand rounds, medical records, etc.
- Offer peer vaccination on patient care units, if possible.
- Hold influenza vaccination clinics at several different dates and times.
- Coordinate vaccination clinics with other activities such as benefit fairs, annual inservice sessions, meetings or trainings, to make it easy and convenient for health care personnel to attend.
- Consider beginning the education portion of the campaign this month, before kicking off the vaccination portion of the campaign. Use task force champions from multiple areas, departments and disciplines assist with education.
- Inform vendors and other external agencies that send personnel to the organization of the new requirement.

SEPTEMBER - OCTOBER

- Arrange for the CEO and other members of the leadership team including Board members to be among the first vaccinated. Encourage them to wear “I received my flu shot” stickers (or other identifying item you may consider) to build public support for the campaign. Take a photo of them being immunized and publish it in employee communications.
- Administer vaccinations to health care personnel employees, monitor daily operations and pinpoint ways to improve efficiency.
- Begin to generate weekly status reports for local managers.
NOVEMBER - DECEMBER

• Monitor vaccination rates, troubleshoot problems and brainstorm ways to reach the health care personnel who have not been immunized.
• Continue administering influenza vaccinations at convenient locations on- and off-site as needed.
• Ensure there is an ongoing process throughout the flu season to vaccinate all new health care personnel.
• Closely monitor, track and analyze vaccination rates. Communicate vaccination rates on a regular basis to everyone in the organization.
• Work with local managers to ensure there is fair and consistent implementation of disciplinary actions as outlined in your policy.
• Listen to health care personnel early and often, especially during the first year, which is critical.

JANUARY - FEBRUARY - MARCH

• Continue to vaccinate all new health care personnel.
• Develop preliminary estimates of vaccine order quantities for the next flu season.
• Order additional vaccine.

APRIL - MAY - JUNE

• Evaluate your efforts, including:
  • How many health care personnel were immunized?
  • How does that compare with previous years?
  • How many requested and were granted an exemption?
  • How many disciplinary actions were taken?
  • Was the vaccine supply appropriate for the demand?
• Communicate the vaccination results. This could include leaders, medical staff, nursing staff and other staff.
• Make recommendations for changes to your policy and supporting procedures. Develop a budget for the upcoming flu season.
Multi-year Policy Implementation:

**Year 1**
- Create culture of vaccination by publicizing vaccination and removing barriers
- Get upper management to encourage vaccination

**Year 2**
- Continue to create culture of vaccination
- Formally document vaccinations and declinations
- Formal vaccination recommendation policy with staff sign-off upon receipt

**Year 3**
- Continue to create culture of vaccination
- Move to mandatory vaccination policy with staff sign-off upon receipt
- Ensure new staff are vaccinated if hired during flu season
Barriers to High Voluntary Vaccination Rates and Strategies to Overcome Barriers
Lack of access to influenza vaccine

- Provide free vaccine at the workplace
- Offer vaccine at multiple times and locations convenient to all workers on all shifts during the flu season
- Use a mobile vaccination cart to take influenza vaccinations to staff
- Provide staff with a voucher for vaccination at a drugstore or clinic
- Partner with a larger health care organization (e.g., hospital) to provide vaccinations
- Work with pharmacy consultants to offer influenza vaccinations for facility staff
- Work with visiting nurses associations or other community immunizers to provide vaccination on-site
- Offer influenza vaccine at mandatory trainings, departmental conferences, and other meetings

Inaccurate beliefs about influenza vaccination

- Provide a strong educational program for staff
- Focus on protecting the worker and their family as well as the residents in the educational materials
- Share and display CDC, Joint Commission, and other organization's Influenza Facts/Myths Posters
- Use a declination form to determine why staff are declining to better focus your message
- Ask vaccinated health care personnel to encourage their coworkers to get vaccinated

Diverse cultures represented

- Access guidance from the HHS National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare
- Provide educational materials in multiple languages
- MedlinePlus provides tutorials and videos on health topics that might be good for low literacy groups
Lack of enthusiasm for influenza vaccination

- Establish a culture of prevention in your organization with the following ideas:
  - Publicize a “vaccine day” in combination with education to offer influenza vaccinations
  - Emphasize that influenza vaccination protects the employees and their loved ones and those they work with
  - Encourage employees to set an example; remind them that their action and recommendation carries a lot of weight in others’ decisions to get vaccinated
  - Encourage employees via e-mail, posters, an employee newsletter, and any other communication tools used in your workplace to get the vaccine
  - Track and report vaccination rates to staff and supervisors
  - Remind unvaccinated employees with e-mail, letters, encouragement from supervisors, and telephone calls
  - Provide contests or incentives to get vaccinated (small gift cards, raffles, pizza party, etc.)
  - Vaccinate the medical director and all managers in front of the staff
  - Foster team building to increase trust and cooperation - team building may lead to increased compliance with organizational goals including immunization

High staff turnover

- Offer influenza vaccination education multiple times during the influenza season
- Offer opportunities to be vaccinated at multiple times and locations convenient to all workers on all shifts during the influenza season
- Educate and vaccinate staff as part of new employee orientations
- Establish a process to determine and track proof of influenza vaccination each year for each employee
- Establish a written influenza vaccination policy for employees
- Work with pharmacy consultants to offer influenza vaccination for facility staff, as a standard procedure
Lack of centralized workplace

- Educate and vaccinate staff as part of new employee orientation, training, and meetings
- Establish a process to determine and track proof of influenza vaccination each year for each employee

Lack of incentive for employer to pay for vaccination

- Long-term care organizations could advertise high health care personnel influenza vaccination rates to consumers to indicate patient safety
- Share CDC’s Business Toolkit to demonstrate that employers across sectors think it makes good sense to promote influenza vaccination of employees
- Educate staff about expanded health insurance coverage for influenza vaccinations under the Affordable Care Act:
  - Employee health insurance plans may now cover influenza vaccine for your employees
  - Other health insurance plans that staff may participate in (such as a spouse’s insurance plan) may now cover influenza vaccinations
  - Staff who do not qualify for employer-provided insurance may be able to get insurance through state Health Insurance Marketplaces
- Flathead Community Health Center can help persons determine eligibility and enroll in marketplace insurance (758-2165)
Education and Communication
Education and Communication

Education of staff is an important part of any influenza vaccination campaign, whether there is a mandatory policy involved or not. A tremendous amount of misinformation about the seasonal influenza vaccine and misrepresentations about the vaccine’s side effects are common in both the health care community and in the general public. In this section you will find resources and informational fliers for your use.

In order for a seasonal influenza vaccination campaign to be successful, support and encouragement from upper management is important.

The following letters are sample letters which can be modified for each facility’s use:

Sample Letter 1

SUBJECT: [CEO/DON] Urges Influenza Immunization

Dear Staff:

As health care personnel focused on our patients, we have a special responsibility to protect our patients by making sure that we are immunized against influenza each year.
Influenza and related complications have hospitalized approximately 140,000-960,000 individuals and killed between 12,000-79,000 each year since 2010. In fact, influenza—a vaccine-preventable disease—is the eighth leading cause of death in the United States.

This year, [INSERT NAME OF FACILITY] is offering [free] influenza immunization for all our staff. As [INSERT TITLE] of [INSERT NAME OF FACILITY], I strongly encourage all healthcare personnel to be vaccinated against influenza to protect our patients, our co-workers, and ourselves.

Sincerely,

[INSERT NAME OF CEO/DON]
(NAME OF ORGANIZATION) has consistently demonstrated leadership in our community to prevent health care-associated infections. We, along with other area health care providers, have dramatically reduced the occurrence of health care associated infections and greatly enhanced the provision of safe quality care to patients. But, we need to do even more.

Influenza and related complications have hospitalized approximately 140,000-960,000 individuals and killed between 12,000-79,000 each year since 2010. Evidence has emerged over the past few years that clearly indicate that health care personnel can unintentionally expose patients to seasonal influenza when health care personnel are not immunized. Exposure to persons infected with the influenza virus can be dangerous to vulnerable patients. Reducing influenza transmission from health care personnel to patients has become a top priority both nationally and in [NAME OF STATE OR AREA].

Starting now, we are implementing a new employee health influenza immunization policy.
(NAME OF ORGANIZATION) employees will be required to receive an influenza vaccination as a condition of employment and maintenance of medical staff privileges.

We join other hospitals, nursing homes, medical clinics and pharmacies in implementing this policy as collectively, the goal is to achieve a vaccination rate greater than 90 percent in our health care organizations. **Attaining this goal will help to prevent health care-associated infections, protect the lives and welfare of patients and employees, improve quality and reduce health care costs.**

This goal aligns with our mission and helps us meet our goal to provide the highest quality, safest patient care possible.

By increasing health care personnel vaccination rates across the state, in hospitals, clinics, pharmacies, nursing homes and health systems, our health care community will play a vital role in protecting the health and well-being of our patients, families and people residing in the communities we serve.

More details on our policy will be available at (employee meetings, staff meetings, etc).

Sincerely,

(NAME, TITLE)
The following are fact sheets and flyers found online that can be used to challenge misinformation about the influenza vaccine. The flyers can be posted around your facility to help encourage vaccination.

Additional printable information can be found at:

- **Centers for Disease Control and Prevention**: [www.cdc.gov/flu/freeresources/index.htm](http://www.cdc.gov/flu/freeresources/index.htm)
- **St. Louis County Health**: [http://www.nofluforyou.com/campaign-library-education-promotion-campaign.htm](http://www.nofluforyou.com/campaign-library-education-promotion-campaign.htm)
No More Excuses
You Need a Flu Vaccine

“Oh, the flu isn’t so bad... right?”

Wrong. The flu (influenza) is a contagious disease which affects the lungs and can lead to serious illness, including pneumonia. While pregnant women, young children, older people, and people with certain chronic medical conditions like asthma, diabetes and heart disease are at increased risk of serious flu-related complications, even healthy people can get sick enough to miss work or school for a significant amount of time or even be hospitalized.

“I’m Healthy. I don’t need a flu vaccine.”

Anyone can become sick with the flu and experience serious complications. Older people, young children, pregnant women, and people with medical conditions like asthma, diabetes, heart disease, or kidney disease are at especially high risk from the flu, but kids, teens and adults who are active and healthy also can get sick and become very ill from it. Flu viruses are unpredictable, and every season puts you at risk. Besides, you might be around someone who’s at high risk from the flu: a baby... your grandparents, or even a friend. You don’t want to be the one spreading flu, do you?

“Wait a minute. I got a flu vaccine. I’ve still gotten sick.”

Even if you get a flu vaccine, there are still reasons why you might have felt flu-like symptoms:

- You may have been exposed to a non-flu virus before or after you got vaccinated. The flu vaccine can only prevent illnesses caused by flu viruses. It cannot protect against non-flu viruses.
- Or you might have been exposed to flu after you got vaccinated but before the vaccine took effect. It takes about two weeks after you receive the vaccine for your body to build protection against the flu.
- Or you may have been exposed to an influenza virus that was very different from the viruses included in that year’s vaccine. The flu vaccine protects against the three influenza viruses that research indicates will cause the most disease during the upcoming season, but there can be other flu viruses circulating.

But the flu vaccine makes me sick?
I can’t risk missing work or school.

The flu vaccine cannot give you the flu. The most common side effects from a flu shot are a sore arm and maybe a low fever or achiness. The nasal-spray flu vaccine might cause congestion, runny nose, sore throat, or cough. If you do experience them at all, these side effects are mild and short-lived. And that’s much better than getting sick and missing several days of school or work or possibly getting a very severe illness and needing to go to the hospital.

National Center for Immunization and Respiratory Diseases
"It’s too late for me to get protection from a flu vaccination this season."

Flu seasons are unpredictable. They can begin early in the fall and last late into the spring. As long as flu season isn’t over, it’s not too late to get vaccinated, even during the winter. Getting a flu vaccine is the best way to protect yourself and your family. If you miss getting your flu vaccine in the fall, make it a New Year’s resolution—flu season doesn’t usually peak until January or February and can last until May. The flu vaccine offers protection for you all season long.

"I’ll get vaccinated only if my family and friends get sick with flu."

If you wait until people around you get sick from flu, it will probably be too late to protect yourself. It takes about two weeks for the flu vaccine to provide full protection, so the sooner you get vaccinated, the more likely it is that you will be fully protected once the flu begins to circulate in your community. Flu vaccines are easy to find. They are offered in various locations like your doctor’s office, chain pharmacies, grocery stores, and health clinics.

"I hate shots."

The very minor pain of a flu shot is nothing compared to the suffering that can be caused by the flu. The flu can make you very sick for several days; send you to the hospital, or worse. For most healthy, non-pregnant people ages 2 through 49 years old, the nasal-spray flu vaccine is a great choice for people who don’t like shots. Either way, a shot or spray can prevent you from catching the flu. So, whatever little discomfort you feel from the minor side effects of the flu vaccine is worthwhile to avoid the flu.

"I got a flu vaccine last year, so I don’t need another one."

Your body’s level of immunity from a vaccine received last season is expected to have declined. You may not have enough immunity to be protected from getting sick this season. You should get vaccinated again to protect yourself against the three viruses that research suggests are likely to circulate again this season.

"I don’t trust that the vaccine is safe."

Flu vaccines have been given for more than 50 years and they have a very good safety track record. Flu vaccines are made the same way each year and their safety is closely monitored by the Centers for Disease Control and Prevention and the Food and Drug Administration. Hundreds of millions of flu vaccines have been given safely.

For more information, visit
http://www.flu.gov
http://www.cdc.gov/flu
or call
800-CDC-INFO
Resources Provided by
Flathead City-County
Health Department
(FCCHD)
Resources Provided by

Flathead City-County Health Department (FCCHD)

1. Influenza Vaccination Clinics

To help ensure that flu shots are easily accessible, FCCHD would like to partner with you to provide flu vaccinations to your employees. While FCCHD recognizes that flu shots are available throughout the community, partnering with FCCHD will benefit both your employees and the residents of Flathead. These benefits include:

- Administering vaccines compliments essential public health services provided in Flathead County and revenue from this service supports over two public health positions. These positions are vital to our response to communicable disease.
- FCCHD is available to provide long-term support to both your business and employees. Vaccine tracking and record keeping are very important aspects of vaccine administration and FCCHD will provide this service.
- FCCHD has the resources to provide referrals to many other services should they be needed by employees.
- FCCHD will be offering the quadrivalent flu vaccine which provides protection against four different flu virus strains instead of the typical trivalent flu vaccine which only provides protection against three flu virus strains.

There are two vaccination options your facility can take advantage of:

Option 1: On-site vaccination clinic:

- FCCHD nurses go to your place of business to provide influenza vaccinations on-site.
- Minimum of 20 recipients per clinic.
- FCCHD will directly bill employee insurances.
- If insurance is not part of the employment, FCCHD can discuss an influenza vaccine pricing schedule for your business.

Option 2: Helping employees get vaccinated off-site:

- No minimum number of recipients.
- Your employees may attend any FCCHD immunization clinic. Clinic information is listed on the next page.
• If insurance is not part of the employment and your business would like to pay for off-site influenza vaccinations, FCCHD will mail you prepaid influenza vaccine vouchers so your employees can redeem the voucher at the clinic of their choice.
• If insurance is not part of the employment, FCCHD can discuss an influenza vaccine pricing schedule for your business and employees.

**Off-Site Clinic Options:**

**Community Health Services**, 1st Floor
1035 1st Ave W, Phone (406)751-8110

Walk-in Hours August 1st- November 30th:
M, Tu, Th, Fri: 9:00 am-4:00 pm
Wed: 8:00 am-6:00 pm
Closed the 2nd Tuesday of each month

Walk-in Hours December 1st-July 31st:
M, F: 9:00 am-4:00 pm
Tu, Th: 1:00 pm-4:00 pm
Wed: 8:00 am-6:00 pm
Closed the 2nd Tuesday of each month

**Columbia Falls Ambulance Building**
31 7th St W
2nd Tuesday each month 9:00-11:30 am

**Whitefish Community Center**
121 2nd Street
2nd Tuesday each month 1:30-4:00 pm
2. **General Assistance**  
Flathead City-County Health Department can assist with influenza vaccination policy development and implementation. In addition, FCCHD is available to assist with staff education and other efforts to help increase staff influenza vaccination rates at your facility.

**FCCHD Contact**

To receive assistance scheduling a vaccination clinic, obtaining vouchers, developing an influenza vaccination policy, performing staff education, or for any questions, please contact Community Health Services, 751-8110.
References


http://dx.doi.org/10.1016/S0140-6736(17)30129-0
APPENDIX D

2019 SURVEY
Contact Name:

Contact Phone Number:

Contact Email Address/Fax Number:

Flathead City-County Health Department 2018-2019 Influenza Survey – Key Informant

1. Who is your current Medical Director? ______

2. Number of staff employed by your facility (please do not include any staff that are on contract from another agency) ______________

3. Does your facility track staff influenza vaccination rates?
   ______ Yes
   ______ No

4. For last season (2018-2019 Influenza season) please fill in the following:
   ______ Number of staff who received an influenza vaccination
   ______ Number of staff who declined an influenza vaccination

5. If you have 2019-2020 influenza vaccination numbers please include below:
   ______ Number of staff who received an influenza vaccination
   ______ Number of staff who declined an influenza vaccination

6. What strategies does your facility employ to raise awareness and provide access to influenza vaccination for employees and others working in the facility? (Check all that apply)
   ______ Provide vaccinations onsite
   ______ Provide influenza vaccination free of charge to employees
   ______ Distribution of educational material (including fliers, posters, leaflets, etc.) for influenza vaccination education
   ______ Educational presentations to staff on the importance of influenza vaccination
   ______ Other (please specify)

7. What strategies are used to limit the spread of influenza in your facility? (Check all that apply)
Termination of employment (if employee declines influenza vaccine for reasons other than those allowed in the policy)

Employees are required to wear a face mask if not vaccinated

Employee restricted to certain areas of the facility during flu season

Impose disciplinary action for employee violations of not wearing face mask or not observing restriction to certain areas of the facility

None of the above is used

Other (please specify)

8. What methods does your facility use to document influenza declinations among employees? (Check all that apply)

Employees required to provide physician documentation to support medical contraindications

Employees sign a form when declining for medical contraindications

Employees sign a form when declining for religious reasons

Employees sign a form when declining for other reasons

No documentation is recorded

Other, please specify:

9. Has your facility utilized the Flathead City-County Health Department’s Influenza Toolkit?

Yes

No

10. Please provide a copy of your employee influenza vaccination policy.
APPENDIX E

HEALTH DEPARTMENT PROCEDURE
1.0 PURPOSE: This procedure document is intended to support Flathead City-County Health Department’s Long Term Care and Assisted Living Facility (LTCF-ALF) Healthcare Personnel (HCP) Influenza Vaccination Project. On an annual basis, data is collected and outreach activities are performed with the goal of increasing LTCF-ALF HCP influenza vaccination rates. These activities include, but are not limited to: outreach, education, policy development, and data collection.

2.0 DEFINITIONS:

1. Long-term care and assisted living facility: any facility holding the designated license

3.0 PROCEDURE:

A. Areas of Responsibility

This project is supported by the Flathead City-County Health Department’s Board of Health and Health Officer. The Community Health Division has typically been responsible for completing the activities and the Communicable Disease Program is particularly well suited to implement this procedure.
B. Timeline

February

1. Contact the Quality Assurance Division’s (QAD) Licensure Bureau at the Montana Department of Health and Human Services Division
   
   Phone: (406)444-2099

   Email contacts at the time of this writing were:

   Tara Wooten, Program Manager Tara.Wooten@mt.gov

   Laura Dietz, Licensing Permit Technician Laura.Dietz@mt.gov

   The purpose of contacting QAD is to request an updated list of the LTCF-ALF for Flathead County. The following items should be requested for this list: facility name, type (LTCF or ALF), administrator, number of beds, address, and phone number. An example can be found here: S:\LTC HCW Influenza Surveys\2017-2018\Facilities list from state website.xlsx

   Another resource for LTCF-ALF information can be found here:

   https://qadlicensing.hhs.mt.gov/datamart/selSearchType.do

2. Review the Online Survey and Dashboard to determine any necessary updates

   Survey:


   Dashboard:

   https://maps.flathead.mt.gov/portal/apps/opsdashboard/index.html#/2493008d4d5a411bb413c339f10ee84e
3. Contact Programmer in Flathead County Information Technology Division to assist with any updates, Programmer is also able to pull reports
   Cassandra Francischetti cfrancischetti@flathead.mt.gov or EXT: 2192

   March

4. Draft a cover letter introducing the survey data collection
5. Set up a meeting with the Health Officer to have cover letter approved and signed
6. Call each facility and request to speak with their Administrator
   a. Introduce the project, set up a time for the survey, distribute the signed cover letter (many administrators request this via email but also offer to send via fax or mail)
   b. If survey can be completed at the time of introductory phone call, do so- this aids in data collection
   c. Otherwise, survey can be sent via fax, email, or survey link can be provided
   d. Provide facilities with a 2-week window to return the requested data, conduct reminder calls at 1 week and as appropriate.
7. Once data has been collected, contact Programmer to pull reports as necessary
8. Data generally has been presented back to the Board of Health

   April-May

9. Determine LTCF-ALF that may need additional support with increasing their numbers
10. Meet with immediate Supervisor or Health Officer to make a plan for the next season

   Recommendations for Areas of Focus

   • Strategies to improve vaccination rates include:
     o Facility education and promotional activities
     o Tracking influenza vaccination rates
     o Providing vaccination free on-site
     o Use of declination forms
     o Use of mandatory policies

   • For facilities that have not yet implemented one or more of the above strategies, outreach may be provided to the facility administrator to determine how the Health Department can support the facility in implementing any/all of the above.

   4.0 REVISION HISTORY
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