**It is the policy of Tri State Memorial Hospital and Medical Campus (TSMH) that ALL Health care providers (HCP) (***As defined by Washington State Hospital Association (WSHA), Center for Disease Control (CDC) and Center for Medicare and Medicaid Services (CMS)*: all employees, members of the medical staff, independent contractors, licensee, students, company representatives, volunteers, Licensed Independent Practitioner's (LIP's) or other individuals who are involved in the delivery of health care services) be **REQUIRED** to:

1. Provide annual documentation of the influenza immunization or complete a declination form to Employee Health by November 1st and that if the documentation is not provided by that date, the employee will be unable to return to work until documentation has been received.
2. While working at TSMH (excluding breaks and lunches) if unvaccinated for influenza, employees will be required to wear a mask while in a TSMH facility.
3. Complete the declination form, if not receiving an influenza vaccine, and will specify the reason the employee is choosing not receiving the influenza vaccine.

Some health care workers provide direct patient care. Others have jobs that put them in close contact with patients or the patient environment. Even health care workers who do not come into close contact with patients likely have contact with health care workers who do.

TSMH will include education to all HCPs on the risks posed to patients who may become ill as a result of exposure to HCP infected with influenza.

TSMH requires HCP to get an influenza vaccine or provide documentation if acquired at another facility by November 1st. If TSMH does not have documentation of the vaccine the HCP will wear a mask while working at TSMH (excluding breaks and lunches). The mask requirement remains in effect until March 31, of each year unless public health declares a longer flu season.

TSMH shall report annual influenza vaccination rates of all HCP to the Washington State Hospital Association & CMS as required, through NHSN by May 1st of each year. TSMH will follow the national influenza initiative for 2020 in achieving the 90% established rate. This calculation will be obtained by using NHSN data collection annually. These numbers will reflect the definition of a HCP as stated above, taking into account vaccinated, unvaccinated, and unknown statuses.

**ADMINISTRATION OF INFLUENZA VACCINE**

* **DEFINITION:**  
  Influenza is a viral infection of the bronchial tubes and lungs that can infect someone of any age. Symptoms are: fever, chills, cough, soreness and aching of the back, arms and legs. Headache may also occur.
* **VACCINE:**  
  The viruses that cause the "flu" frequently change, so that persons who have been infected or received a vaccination previously may still become infected with a new strain. Annual vaccination is recommended. The vaccine is updated every year to provide immunity against the types of influenza that have been identified to most likely occur during the upcoming winter. The vaccine will begin to provide its protective effect after about two weeks and will last over the next several months.
* **POSSIBLE SIDE EFFECTS:**  
  Side effects are usually minimal. The vaccination is administered into the deltoid muscle of the arm. Arm soreness may be evident after injection. Fever and/or body muscle aching may be evident for a few days after the injection. More allergic or serious reactions are a possibility. Any employee/volunteer or patient experiencing uncommon or severe side effects should seek medical attention immediately.
* **PHYSICIAN CONSULTATION IF:**
  1. Person has previously been afflicted with Guillian Barre Syndrome; or had a severe reaction to the influenza vaccine.
  2. Women who are pregnant;
  3. If a person has questions or concerns prior to receiving influenza vaccination they need to contact their physician.

**NOTE:**Persons who presently have an upper respiratory infection and/or fever should delay vaccination until the symptoms have subsided.

* **DRUG INTERACTIONS:**  
  A person is taking corticosteroids (prednisone, cortisone, Decadron, etc.) or anti-cancer medications may not develop sufficient immunity from the influenza vaccine.
* **AUTHORIZATION:**  
  Prior to receiving the vaccination the individual seeking vaccination will:
  1. read the Influenza Vaccine Information Statement (VIS)—Attachment A.
  2. sign a consent to receive the vaccine—Attachment B for healthcare workers/volunteers;

**NOTE:** The consent **must** be updated for the patients and healthcare workers/volunteers annually; vaccine content may change each year. The consent will be kept on file in the Employee Health office for one year.

**PATIENTS**

During the appropriate season the CDC recommends that all "high risk" patients be vaccinated for influenza. TSMH will offer the patient influenza vaccine before discharge (if vaccine is available), and upon physician order.

**Adverse Event Reporting**

**Employees:**

The Employee Health (EH) Nurse will determine if a Vaccine Adverse Event Reporting System (VAERS)form needs to be submitted. VAERS forms can be obtained in the EH office.

A VAERS form will be completed by the EH Nurse or his/her designee with any adverse reaction to the influenza vaccine or the employee may call VAERS themselves at 1-800-822-7967.

**Patients:**

The patient’s nurse will determine if a VAERS form needs to be submitted. VAERS forms can be obtained online at <https://vaers.hhs.gov/reportevent.html>.

A VAERS form will be completed by the nurse or his/her designee with any adverse reaction to the influenza vaccine or the patient may call VAERS themselves at 1-800-822-7967.