**Purpose:** To minimize the exposure and transmission of seasonal influenza between residents, staff, volunteers, and visitors within the nursing home setting through the administration of the annual influenza vaccination.

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| **Influenza Vaccination for Staff and Residents** | |
| **Policy** | 1. Under this non-patient specific standing order, Registered Nurses (RN), Advanced Practice Providers (APP), or Physicians, who are employees, and/or contractors of (insert facility name) may administer the 2024-2025 influenza vaccination to facility employees and residents that have consented to receive the vaccine in accordance with the CDC’s Vaccination Program and recommendations issued by ACIP. 2. (Insert facility name) will provide the annual influenza vaccine to employees and residents of (insert facility name). Facility employees (full-time, part-time, per-diem, and seasonal), contracted staff, volunteers, and vendors will be required to either be vaccinated, show proof of vaccination, or complete the vaccination declination form on an annual basis prior to the NYS Department of Health Commissioner’s declaration of prevalent, widespread influenza in NYS (flu season), and the requirement for all unvaccinated staff to wear a surgical or procedure mask while in areas where residents may be present. |
| **Non-Patient Specific Standing Order- NYSED Nursing Guideline Overview** | 1. A non-patient specific order authorizes named RN’s or RN’s who are not individually named but employed or under contract with a legally authorized entity, to administer specified immunization agents or anaphylaxis treatment agents for a specified period of time to an entire group of persons such as school children, employees, patients of a nursing home, etc.  * The non-patient specific standing order and protocol must be authorized by a physician or certified nurse practitioner. * RN’s must maintain or ensure that a copy of the standing order(s) and protocol(s) authorizing them to administer immunizations is maintained. * An LPN can assist in administering immunizations (give the injection, assist in recordkeeping, and when appropriate, administer anaphylactic agents) as long as the RN assesses the recipient, and is responsible for the on-site direction of the LPN in administering the immunizations. It is expected that, in this setting a ratio is maintained of no more than three LPN’s to one RN. * An RN may assign the actual injection of the vaccine to an LPN. |
| **Communication and Education** | 1. Prior to the declaration and onset of the annual influenza season, the facility will communicate, support, and strongly encourage, for all staff and residents to be vaccinated, the dates when the influenza vaccine will be made available, and provide opportunities for questions and concerns to be addressed to reduce vaccine hesitancy and non-compliance. 2. The facility will provide multiple and ongoing opportunities to receive the influenza vaccine by way of, vaccine clinics (provided during all shifts), vaccine administration upon new employment, or admission to the facility, and upon individual request and appointment throughout the influenza season as determined/recommended by the facility’s medical director. 3. Prior to vaccination and or declination of vaccination, information and education will be provided about the influenza vaccine and the importance of receiving it, as well as possible consequences and outcomes of refusing vaccination. |
| **Prioritization and Contingency** | 1. Residents and employees of (insert facility name) will be given prioritization in receiving the annual flu vaccine, with the resident flu vaccination clinic/resident vaccination being completed first and facility employees and volunteers thereafter. 2. Contractors and vendors will **not** be included in the prioritization of vaccination by (insert facility name). However, they must provide documentation of receiving the annual influenza vaccination, or the declination of influenza vaccine. 3. If there is a shortage in supply of the influenza vaccine that affects the facilities ability to vaccinate residents and, or facility employees, administration in conjunction with the medical director, will develop a contingency plan. The plan will be based on direction and recommendations from the Centers for Disease Control and Prevention (CDC), and New York State Department of Health (NYSDOH). The plan will be communicated to residents, resident’s families, facility employees, and medical staff in the event of such vaccine shortage or delay. |
| **Vaccine Administration Procedure** | |
| **Consent to Vaccinate** | 1. Collect and review the Vaccine Consent. 2. Ensure all information is reviewed and completed appropriately. 3. **Confirm the Consent has been Signed.** |
| **Vaccine Information Statements** | 1. Provide all individuals receiving the influenza vaccine with the most current influenza Vaccine Information Statement (VIS) in their preferred language.  * Residents/healthcare decision makers may have previously received VIS at time consent was signed, if not previously received, then provide. * Influenza VIS may be found at: [Vaccine Information Statement: Inactivated Influenza Vaccine (cdc.gov)](https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf) |
| **Assess Need for Annual Influenza Vaccination** | * All adults are recommended to receive the influenza vaccine each year. * Adults aged 65 and older are recommended to receive any one of the following higher dose or adjuvanted influenza vaccines (if none of these are available, then confer w/medical director for use of another age appropriate vaccine):   **quadrivalent high-dose inactivated influenza vaccine (HD-IIV4)**  **quadrivalent recombinant influenza vaccine (RIV4)**  **quadrivalent adjuvanted inactivated influenza vaccine (aIIV4)**   * If employee/resident/resident decision maker is unable to recall receiving the influenza vaccine for current vaccination season, they should be vaccinated. * Co-administration of vaccines (influenza, COVID-19) for eligible adults is acceptable and recommended (provide education and information as needed) **-If co-administering vaccines simultaneously, they should be given at separate sites, (preferably different extremities) but no less than 1 inch apart on same extremity**.   Ensure that you review and respect persons preference with vaccine administration schedule (this reduces vaccination fear and hesitancy).  If preference is to not receive co-administration of vaccines, then consider:   * What priority vaccines should be administered * Recommendations for current vaccines * If individual is up to date with the recommended vaccines * Ability to administer vaccinations on return visit (likelihood of compliance for return vaccination, or acceptance of vaccination upon return visit, i.e., is resident difficult to vaccinate due to behaviors). |
| **Screen for Contraindications and Precautions** | 1. **Contraindications for vaccination:**  * Do not administer vaccines to individuals who has had an allergic reaction or a serious systemic or anaphylactic reaction to a previous influenza vaccine or to any of the components contained in the vaccine. If there is any concern or question to previous reaction do not vaccinate and refer to healthcare provider for further guidance.  1. **Precautions for use of vaccine:**  * Moderate or severe acute illness with or without fever. * History of Guillain-Barré syndrome within 6 weeks of a previous vaccination. |
| **New Guidance** | ***ACIP do not consider egg allergy of any severity to be a contraindication or a precaution to administration of any influenza vaccine (egg-based or non-egg based). People with any type of egg allergy may receive any IIV4, RIV4, or LAIV4 that is otherwise appropriate for their age and health status. Safety measures beyond those recommended for receipt of any vaccine are not recommended. Refer to the current season’s ACIP influenza recommendations for additional details at:*** [***www.cdc.gov/vaccines/hcp/ACIP-recs/vacc-specific/flu.html***](http://www.cdc.gov/vaccines/hcp/ACIP-recs/vacc-specific/flu.html)***.*** |
| **Special Considerations** | 1. When administering vaccines ensure you are prepared to respond to, and manage medical emergencies related to vaccination administration. Be familiar with, and have, written emergency medical protocol available in addition to, emergency medications and equipment. |
| **Influenza Vaccination Orders**  (All 2024-2025 seasonal influenza vaccines are trivalent) | **Chart Abbreviations**  Prefilled Syringe (PFS) Single Dose Vial (SDV) Multi Dose Vial (MDV)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Manufacturer | Trade Name | Packaging Availability | Age Indication | Administration Order | | Preferred Vaccines for Residents 65 years | | | | | | Sanofi | Fluzone High-Dose (HD-IIV3) | 0.5mL PFS | ≥18 yrs | Give 0.5mL by intramuscular route x1  Dx. Z23: Encounter for immunization | | CSL Seqirus | Fluad (aIIV3) | 0.5mL PFS | ≥65 yrs | Give 0.5mL by intramuscular route x1  Dx. Z23: Encounter for immunization | | Standard Dose Influenza Vaccines | | | | | | GSK | Fluarix (IIV3) | 0.5mL PFS | All Adults | Give 0.5mL by intramuscular route x1  Dx. Z23: Encounter for immunization | | FluLaval (IIV3) | 0.5mL PFS | All Adults | Give 0.5mL by intramuscular route x1  Dx. Z23: Encounter for immunization | | Sanofi | Flublok (RIV3) | 0.5mL PFS | All Adults | Give 0.5mL by intramuscular route x1  Dx. Z23: Encounter for immunization | | Fluzone (IIV3) | 0.5mL PFS | All Adults | Give 0.5mL by intramuscular route x1  Dx. Z23: Encounter for immunization | | 0.5mL SDV | All Adults | Give 0.5mL by intramuscular route x1  Dx. Z23: Encounter for immunization | | 5.0mL MDV | All Adults | Give 0.5mL by intramuscular route x1  Dx. Z23: Encounter for immunization | | CSL Seqirus | Afluria (IIV3) | 0.5mL PFS | All Adults | Give 0.5mL by intramuscular route x1  Dx. Z23: Encounter for immunization | | 5.0mL MDV | All Adults | Give 0.5mL by intramuscular route x1  Dx. Z23: Encounter for immunization | | Flucelvax (ccIIV3) | 0.5mL PFS | All Adults | Give 0.5mL by intramuscular route x1  Dx. Z23: Encounter for immunization | | 5mL MDV | All Adults | Give 0.5mL by intramuscular route x1  Dx. Z23: Encounter for immunization | |
| **Equipment/**  **Supplies** | * Influenza Vaccine * 23-25 gauge 1-inch safety needle (if using multidose vial you will need 3mL syringe with needle)   For larger individuals, 1.5-inch needle may be needed/more appropriate   * Alcohol swabs * Nonsterile 2x2 woven gauze sponges * Adhesive Bandages * Exam gloves * Hand sanitizer- waterless, containing at least 60% alcohol * Sharps container * Garbage receptacle |
| **Vaccine Administration** | 1. Cleanse hands with alcohol-based hand sanitizer or wash hands (if visibly soiled). 2. Don gloves. 3. Check vaccine expiration date and visibly inspect the vial for any irregularities, such as discoloration, particulate matter, damage, or contamination- If problems noted, the vial should not be used (check with administration for need to return to pharmacy for replacement). 4. Prepare vaccination for administration (either attach needle to prefilled syringe or draw up appropriate dose needed for administration). 5. Have individual sit in a chair or lie down for vaccination to prevent syncope. 6. Choose the site for injection – deltoid muscle injection improves absorption of the vaccine. If this is not the first vaccination, choose the limb opposite the site of the previous injection.   A diagram of a person's knee  Description automatically generated   * Deltoid landmarks: 2-3 finger widths down from the acromion process; bottom edge is imaginary line drawn from axilla.  1. Firmly spread skin with the thumb and index finger, grasping the muscle deeply on each side. Cleanse the injection site with alcohol swab and allow area to air dry. 2. Insert the needle at a 90-degree angle. 3. Release the isolated tissue when the needle is safely inserted. 4. Inject the vaccine at a rapid rate, using a smooth continuous motion (this decreases the pain of injection). 5. Withdraw the needle and engage built-in needle safety mechanism while simultaneously covering the injection site with clean gauze (hold gentle pressure). 6. Immediately dispose of the needle/syringe set in the sharp’s container. **Do not recap or remove the needle.** 7. Cover injection site with a band aid. 8. Remove and dispose of gloves and other waste in garbage receptacle and cleanse hands with alcohol-based hand sanitizer. Clean vaccination area and prepare for vaccination of next individual if applicable. 9. Monitor individual for 15 minutes (monitor for **30** minutes if individual has a history of non-severe allergic reaction to any previous vaccine or injectable therapy) post vaccination administration for any adverse reaction or side effect. 10. Document procedure, noting date of vaccination, name of vaccine, lot number, expiration date, dose, site, and route administered.  * Residents – place in eMAR Preventative Health section * Employees – place on immunization screening and administration sheet and keep copy for employee health records and giving original to employee. |

**References:**

1. [**https://www.cdc.gov/flu/prevent/keyfacts.htm**](https://www.cdc.gov/flu/prevent/keyfacts.htm)
2. **https://www.immunize.org/**
3. [**https://www.cdc.gov/flu/professionals/acip/2022-2023/acip-table.htm**](https://www.cdc.gov/flu/professionals/acip/2022-2023/acip-table.htm)
4. [**https://www.op.nysed.gov/prof/nurse/nurse-standingorders.htm**](https://www.op.nysed.gov/prof/nurse/nurse-standingorders.htm)

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| **A map of the state with a coronavirus  Description automatically generated** | **Standing Orders Authorization** |
| This non-patient specific order and policy and procedure shall remain in effect for all residents and employees of Insert Facility Name from the order beginning date of \_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_ or until rescinded, whichever occurs first.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medical Director Signature License Number Date |