

APPROVED: New Infection Control Requirement for Offering Influenza Vaccination to Staff and Licensed Independent Practitioners

The Joint Commission has approved a new Infection Control standard that requires organizations to offer influenza vaccination to staff and licensed independent practitioners, applicable to **critical access hospitals, hospitals, and long term care, effective July 1, 2007**. This standard conforms to recommendations recently made by the Centers for Disease Control and Prevention. This new requirement is shown in the box on page 11 in underlined text.

These revisions will also be published in the *2007 Comprehensive Accreditation Manual for Critical Access Hospitals (CAMCAH)*, Update 2 to the *2006 Comprehensive Accreditation Manual for Hospitals: The Official Handbook (CAMH)*, and Update 2 to the *2005–2006 Comprehensive Accreditation Manual for Long Term Care (CAMLTC)*, available September 2006. ▲

(Continued on page 11)

New IC Requirement for Offering Flu Vaccinations (continued)

(Continued from page 10)



OFFICIAL PUBLICATION OF NEW STANDARD

New Standard IC.4.15

APPLICABLE TO CRITICAL ACCESS HOSPITAL, HOSPITAL, AND LONG TERM CARE

Standard IC.4.15

Immunization against influenza is offered to staff¹ and licensed independent practitioners.

Rationale for IC.4.15

Transmission of influenza from staff and licensed independent practitioners to [patients/residents] can create serious health care problems, especially among those who are at high risk for complications related to influenza. There are multiple effective measures that can reduce the risk of health care–associated influenza, including strict adherence to respiratory precautions; prompt treatment; and restricting ill staff and licensed independent practitioners from providing [patient/resident] care. However, the most successful measure to prevent health care–associated transmission of influenza is vaccinating staff and licensed independent practitioners.

Since 1981, the Centers for Disease Control and Prevention (CDC) has recommended annual influenza vaccinations for all health care personnel.² The recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) concerning influenza vaccination of health care personnel (HCP) in the United States apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, physician's offices, urgent care centers, and outpatient clinics, and to persons who provide home health care and emergency medical services.³ Despite ongoing recommendations, vaccination rates as measured by the CDC remain low. Influenza among health care personnel, especially during an epidemic, might increase transmission to [patients/residents], and may compromise the ability of an organization to provide care.

¹ The requirements in standard IC.4.15 do not apply to students.

² The CDC defines health care personnel (HCP) as all paid and unpaid persons working in health care settings who have the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (for example, clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in [patient/resident] care but potentially exposed to infectious agents that can be transmitted to and from HCP.

³ The following is a summary of the recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP) concerning influenza vaccination of health-care personnel (HCP) in the United States. These recommendations apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, physician's offices, urgent care centers, and outpatient clinics, and to persons who provide home health care and emergency medical services.

- Educate HCP regarding the benefits of influenza vaccination and the potential health consequences of influenza illness for themselves and their [patients/residents], the epidemiology and modes of transmission, diagnosis, treatment, and nonvaccine infection control strategies, in accordance with their level of responsibility in preventing health-care–associated influenza (category IB).
- Offer influenza vaccine annually to all eligible HCP to protect staff, [patients/residents], and family members and to decrease HCP absenteeism. Use of

either available vaccine (inactivated and live, attenuated influenza vaccine [LAIV]) is recommended for eligible persons. During periods when inactivated vaccine is in short supply, use of LAIV is especially encouraged when feasible for eligible HCP (category IA).

One obstacle to effective vaccination is declination by health care personnel. Health care personnel may decline vaccination for many reasons. They may have been vaccinated elsewhere, have a medical contraindication, or have other personal reasons for declining the vaccine. Vaccination might also be declined because it is offered at inconvenient times or locations. Whatever the reason, it is important for organizations to identify why individuals do not participate in the vaccination program, work to overcome these reasons, and increase vaccination rates.

Optimally, influenza vaccination will be offered to everyone. During periods of influenza vaccine supply disruption, organizations may have to establish priorities for who they will vaccinate. The CDC recommends the use of vaccination priority groups only in the event of vaccine supply disruptions.

Elements of Performance for IC.4.15

- A 1.** The organization establishes an annual influenza vaccination program that includes at least staff and licensed independent practitioners.
- A 2.** The organization provides access to influenza vaccination on-site.
- B 3.** The organization educates staff and licensed independent practitioners about the following:
 - Flu vaccination
 - Non-vaccine control measures (such as the use of appropriate precautions)
 - The diagnosis, transmission, and potential impact of influenza
- B 4.** The organization annually evaluates vaccination rates and reasons for non-participation in the organization's immunization program.
- B 5.** The organization implements enhancements to the program to increase participation.

- Provide influenza vaccination to HCP at the work site and at no cost as one component of employee health programs. Use strategies that have been demonstrated to increase influenza vaccine acceptance, including vaccination clinics, mobile carts, vaccination access during all work shifts, and modeling and support by institutional leaders (category IB).
- Obtain a signed declination from HCP who decline influenza vaccination for reasons other than medical contraindications (category II).
- Monitor HCP influenza vaccination coverage and declination at regular intervals during influenza season and provide feedback of ward-, unit-, and specialty-specific rates to staff and administration (category IB).
- Use the level of HCP influenza vaccination coverage as one measure of a [patient/resident] safety quality program (category III).

Evidence Ranking Scheme

Category IA. Strongly recommend for implementation and strongly supported by well-designed experimental, clinical, or epidemiological studies.

Category IB. Strongly recommended for implementation and supported by certain experimental, clinical, or epidemiological studies and a strong theoretic rationale.

Category IC. Required by state or federal regulation, or representing an established association standard.

Category II. Suggested for implementation and supported by suggestive clinical or epidemiologic studies, or a theoretic rationale.

Unresolved Issue. No recommendation is offered. No consensus or insufficient evidence exists regarding efficacy.