|  |  |
| --- | --- |
|  Immunization of Residents – Influenza Vaccine | NO.  |
| **Purpose:**To provide specific guidelines regarding the immunization of residents against influenza.**Statement of Policy:**It is the policy of this facility to provide influenza vaccinations to our residents to aid in the prevention of influenza and complications that may occur. Residents will be assessed for any medical contraindication, informed consent will be obtained from the resident or responsible party and a physician’s order will be recorded in the medical record.**Procedure:**1. **Procedure for assessment of resident immunization status and presence of contraindications.**
2. Upon admission to the facility, the facility will assess the resident for contraindications to the influenza vaccine which are:
3. Persons with anaphylactic reaction to eggs:
4. First trimester of pregnancy
5. If the resident has had an anaphylactic reaction to eggs or is in the first trimester or pregnancy, it will be noted in the medical record per facility policy, the physician will be notified and the vaccination will not be administered unless otherwise ordered by the physician.
6. The facility will assess the resident for previous immunization during the current season (October 1st to March 15th). If the resident is admitted before March 15th and has not received the vaccination, it will be given on admission if not contraindicated.
7. The above information may be obtained from the resident, responsible party, and/or attending physician.
8. **Procedure for obtaining an informed consent from the Resident/Responsible Party.**
9. The Director of Nursing/designee will review the contraindication for the influenza vaccine with the resident/responsible party.
10. The resident/responsible party will then be required to sign the “Influenza Immunization Informed Consent”. (See Attachment # 1)
11. If the resident/responsible party refuses the influenza vaccination, this refusal will be noted on the consent form.
12. This consent will be signed upon admission and will remain in effect until the resident is discharged from the facility or the resident/responsible party cancels the consent in writing.
 |
| Approved: | Effective Date: | Revision Date: | Change No.: | Page: 1 of 2 |

|  |  |
| --- | --- |
|  Immunization of Residents – Influenza Vaccine | NO.  |
| 1. **Procedure for administering the Influenza Vaccination.**
2. Influenza immunization must be offered annually from October 1st to March 15th.
3. In the event that an epidemic is occurring after March 15th, immunization should be offered until the epidemic is under control.
4. The resident’s attending physician must provide a written order for the vaccination, and the order must be recorded in the resident’s medical record.
5. The resident’s attending physician may provide a standing order for influenza vaccination that will remain in effect for the duration of the resident’s stay at the facility.

ATTACHMENTS:Influenza Immunization Informed Consent |
| Approved: | Effective Date: | Revision Date: | Change No.: | Page: 2 of 2 |