

Connecticut Valley Hospital

Memo

To: All Unit Directors, Unit Nurses and ACS Clinicians

From: Kenneth I. Freedman, M.D., MBA, FASAM,
Medical Director, Ambulatory Care Services and Chair,
Infection Control Committee
Laurie Wassil, RN, CIC,
Infection Control Practitioner and
Co-chair, Infection Control Committee

Date: 10/7/05

Re: Influenza vaccine

The influenza vaccine is expected to be available as of November 1, 2005 for patients and staff. In an effort to reduce the incidence of Influenza, CVH is emphasizing the importance of immunization. We seek to protect our all of our patients and staff from this vaccine preventable illness that causes an average of 36,000 deaths and over 200,000 hospitalizations per year in the United States.

Please initiate the process of obtaining informed written consent for patients to receive the vaccine. If a patient has a conservator, start NOW by sending out the information and consent form.

Prior to November 1, 2005:

- The consent forms and influenza information should be distributed. The consent form may be found on the “T”-drive → Manuals → Infection Control Manual → Consents and Declinations.
- Distribute the information at a Community Meeting and discuss the importance of getting immunized. **Please note that the indications for the vaccine have changed this year.** The vaccine is recommended for all persons who meet the following criteria:
 1. **Age 50** years or older (and 6 – 23 months);
 2. **Chronic disorder of the pulmonary or cardiovascular system**, (including asthma);
 3. **Chronic disease of the blood, kidneys or immune system** (including HIV), or **diabetes** which required medical follow-up during past year;

4. **Compromised ability to handle respiratory secretions or an increased risk for aspiration** (e.g., cognitive dysfunction, spinal cord injury, seizure disorder, or other neuromuscular disorder);
 5. **A woman who will be pregnant during the influenza season** (December through April);
 6. **Living in a long term care facility;**
 7. **Likely to transmit influenza to persons at high risk** including healthcare workers, caregivers, or household members in contact with persons having high risk conditions;
 8. **Anyone wishing to reduce their chance of getting influenza.**
- Ask patients to review and sign the consent forms.
 - Most patients, who are candidates for influenza vaccination, also have an indication for **pneumovax** administration. Pneumovax is administered only **once** every seven-plus years. Check the Vaccination Record to see whether those patients who should have received Pneumovax, have in fact received it earlier. If not, obtain consent for both agents, if indicated.

After November 1, 2005:

- Place consent forms on the Medical Doctor's clipboard.
- Ambulatory Care Clinician (ACS) will write the orders.
- Unit Nurse will screen patient for contraindications before the administration of vaccines.
- Unit Nurse will remove each individual dose of vaccine through the patient's name in the Pyxis system.
- Unit Nurse will administer vaccine intramuscularly (IM) in the deltoid, using at least a one- inch needle and a safety syringe.
- Unit Nurse will record in Pyxis, Vaccination Record and MAR.
- This is the optimal time for vaccination, however you should continue to continue to screen and offer immunizations through the end of January 2006.
- Any patient, who declines the vaccine and has a medical reason for needing it, should be approached individually by the unit nurse and ACS clinician.

Please offer influenza vaccine to all CVH patients, even those considered to be "low-risk." Contact the Infection Control Practitioners with any questions.