

HEALTH OFFICER ORDER TO VACCINATE HEALTHCARE PERSONNEL AGAINST THE FLU FAQ (2020-2021)

WHAT DOES THIS HEALTH OFFICER ORDER REQUIRE?

This Order requires that all licensed acute care hospitals, intermediate care facilities, skilled nursing facilities, and Emergency Medical Services (EMS) provider agencies in Long Beach who have direct patient contact or work in patient areas receive an annual influenza vaccination for the current influenza season or wear a mask for the duration of the influenza season when working in patient-care areas. For purposes of this Order, the influenza season is defined as November 1 through April 30, unless extended due to ongoing influenza activity.

WHAT IS THE PURPOSE OF THE HEALTH OFFICER ORDER?

This Order helps protect patients, residents, and clients receiving services at the covered facilities and prehospital settings from acquiring influenza from infected healthcare personnel. The Order also protects unvaccinated healthcare personnel from acquiring influenza from patients, residents, and clients.

WHICH TYPES OF FACILITIES AND PROVIDERS ARE COVERED UNDER THE HEALTH OFFICER ORDER?

This Order applies to all licensed acute care hospitals, intermediate care facilities, skilled nursing facilities, and EMS provider agencies who provide services in prehospital care settings in the jurisdiction of the Long Beach Department of Health and Human Services. The Order does not apply to outpatient clinics (unless located in an acute care hospital), acute psychiatric facilities (unless located in an acute care hospital), residential substance abuse/rehab facilities, or non-medical residential care programs (i.e., custodial or board and care facilities). However, healthcare personnel in these settings are strongly encouraged to be vaccinated against influenza.

WHAT IS THE DEFINITION OF HEALTHCARE PERSONNEL?

For the purposes of this Order, healthcare personnel are all paid and unpaid persons who have direct patient contact or work in patient areas in licensed acute care hospitals, intermediate care facilities, skilled nursing facilities, and the prehospital care setting (e.g. any setting in which medical care is provided prior to the patient's arrival at a hospital). This includes, but is not limited to, physicians, nurses, aides, physical therapists, emergency medical technicians (EMTs), paramedics, contract workers, students, volunteers, registration/reception staff, housekeeping, and maintenance personnel.

WHAT IS THE DEFINITION OF CONTACT WITH PATIENTS?

This means being within 6 feet of a patient. However, some facility administrators and EMS provider agencies may determine that different criteria are appropriate in their specific setting. These administrators and providers are aware of the unique features of their facility and/or setting that could result in exposure to patients and possible disease transmission. For this reason, they have an important role in defining the specific scenarios that could lead to contact with patients in their facility and/or setting.



Administrators also have the discretion to develop policies that allow personnel to *temporarily* remove the mask, if wearing it significantly inhibits their ability to communicate with patients or provide patient care. For instance, a facility or EMS provider agency may institute a policy that allows personnel to remove the mask when communicating with a hearing-impaired patient who reads lips or when modeling speech for a speech therapy patient. However, such exceptions should be few in number, time-limited, based on compelling patient needs, clearly documented, and consistently applied.

WHAT IS THE DEFINITION OF PATIENT-CARE AREAS?

Patient-care areas in facilities include, but are not limited to, patient or resident rooms, as well as areas where patients receive diagnostic or treatment services can be taken for procedures or tests. It includes elevators, hallways, and nurses' stations in areas where patients are present or are likely to be present. It also includes any prehospital setting in which EMS personnel are in contact with patients, including ambulances, residences, commercial buildings, and outdoor locations. Administrators are aware of the unique features of their facility or setting that could result in exposure to patients and possible disease transmission. For that reason, they have an important role in defining the specific areas that are designated for patient care.

WHAT IS THE EVIDENCE THAT MASKS PREVENT TRANSMISSION OF INFLUENZA AND OTHER COMMUNICABLE DISEASES?

While immunization is the most effective method to prevent influenza, masking may help prevent spread between personnel and patients. Studies have not assessed whether mask-wearing by healthcare personnel prevents transmission of influenza to patients, but do provide evidence that masks prevent the spread of respiratory agents from person-to-person:

- Masking has been found to reduce the exhalation of influenza virus from breathing and coughing. (1)
- One study found that surgical and N-95 masks, when worn by patients with suspected influenza, prevented its spread. (2)
- A study showed that an educational campaign, coupled with having pertussis patients wear masks, reduced pertussis transmission to hospital personnel. (3)
- Studies have shown that mask-wearing by patients with active TB prevents transmission (4,5) and that the risk of transmission of influenza from patients to healthcare personnel decreases significantly when personnel wear masks.
- Wearing masks has been associated with a reduction in influenza-like-illness in college dormitories and in households, when used in conjunction with hand hygiene. (6,7)

These studies provide substantial evidence that requiring unvaccinated healthcare personnel to wear a mask when in contact with patients is a reasonable step to prevent flu transmission.

WHAT KIND OF MASK DOES THIS HEALTH OFFICER ORDER REQUIRE?

The Order requires unvaccinated healthcare personnel at the covered facilities and/or settings to wear a surgical or procedure mask (also designated by some manufacturers as isolation, dental, or medical procedure facemasks). The Order does not require nor recommend the use of N95 masks to meet the requirement, although such masks should be used by healthcare personnel when indicated for other reasons (e.g., to protect against the spread of aerosol transmissible diseases such as Tuberculosis).

HOW OFTEN DOES A MASK NEED TO BE CHANGED ACCORDING TO THIS ORDER?

When a mask is used, it should be changed between patients, whenever it is soiled, or per the health facility's or agency's protocol.



HOW SHOULD COVERED FACILITIES AND EMS PROVIDER AGENCIES MONITOR COMPLIANCE AMONG HEALTHCARE PERSONNEL?

Facilities and EMS provider agencies are expected to monitor compliance with the vaccination and masking requirement among healthcare personnel in the same way that they monitor compliance with other infection prevention and control activities (e.g., hand hygiene) and employee health requirements (e.g., tuberculin testing, vaccination against aerosol-transmissible diseases). Facilities and EMS provider agencies should monitor and enforce the Order uniformly among all healthcare personnel. Standard personnel policies and procedures regarding discipline should be followed when necessary.

WHICH FACILITIES AND PROVIDERS COVERED BY THIS ORDER WILL BE EXPECTED TO PROVIDE INFORMATION ON THE IMMUNIZATION STATUS OF THEIR HCPS TO THE LONG BEACH DEPARTMENT OF HEALTH AND HUMAN SERVICES?

Facilities covered by this Order should maintain documentation of their HCP influenza immunization status to help monitor their HCP compliance with this Order.

Licensed acute care hospitals should continue to report their influenza data through the National Healthcare Safety Network (NHSN).

Skilled nursing facilities will be requested to report their HCPs influenza immunization status through NHSN or an online tool provided by the Long Beach Health Department within 30 days of the conclusion of the influenza season.

For the 2020-2021 influenza and future seasons, EMS provider agencies will be required to track their HCPs influenza immunization status. EMS Provider agencies will be requested to report their HCPs influenza immunization status through a tool provided by the EMS Agency within 20 days of the conclusion of the influenza season.

Intermediate care facilities and outpatient facilities are not required to report their HCPs influenza vaccination status to the Long Beach Health Department, however they are encouraged to track their HCPs influenza vaccination rates.

REFERENCES

1. Milton DK, Fabian MP, Cowling BJ, Grantham ML, McDevitt JJ (2013) Influenza virus aerosols in human exhaled breath: particle size, culturability, and effect of surgical masks. *PLoS Pathog* 9: e1003205
2. Johnson DF, et al. A quantitative assessment of the efficacy of surgical and N95 masks to filter influenza virus in patients with acute influenza infection. *Clinical Infectious Diseases* 2009; 49:275-277
3. Chatterjee A, et al. A modified "cover your cough" campaign prevents exposures of employees to pertussis at a children's hospital. *Am J Infect Control* 2007; 35:489-491
4. Dharmadhikari AS, et al. Surgical face masks worn by patients with multidrug-resistant tuberculosis. *Am J Respir Crit Care Med* 2012; 185:1104-09
5. Fennelly KP, Hosford JL. Behind the mask: overdue evidence. *Am J Respir Crit Care Med* 2012; 185: 1041-3
6. Aiello AE, Murray GF, Perez V, et al. Mask use, hand hygiene, and seasonal influenza-like illness among young adults: a randomized intervention trial. *J Infect Dis*;201(4):491-498
7. Cowling BJ, Chan KH, Fang VJ, et al. Facemasks and hand hygiene to prevent influenza transmission in households: a cluster randomized trial. *Ann Intern Med* 2009;151(7):437-44

