

Tool 6: Staff and Resident Influenza and COVID-19 Immunization

Influenza - Staff

The Provincial Influenza Prevention Policy is available at:

<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/influenza-information>

This policy applies to all Health Authorities. It provides requirements and guidance regarding Influenza Immunization and other Influenza-related measures for Long Term Care Facilities. It aims to reduce the burden of influenza infection and resultant complications in residents, staff, and visitors in Long Term Care. The Provincial Health Officer announces each year the beginning of the Influenza Season and date from which the *Influenza Control Policy* takes effect. Physicians providing care in Long Term Care facilities are included in this policy.

Staff

The definition of staff who will be in the Care Community during the respiratory virus season includes:

- Casuals, regular staff, contracted staff, volunteers, students.

Immunization Tracking for Staff

All health care settings are to maintain annual records of staff influenza immunization which includes name, date of birth, position (job), where in the Care Community they work and date of influenza immunization. See [Staff immunization record](#)

Annual Immunization

At the time of hiring or placement, information about the policy for annual influenza immunization should be provided to all persons carrying out activities in the Care Community. The policy for annual immunization against influenza should be reviewed with all staff members annually.

Staff Immunizations

Where to obtain a flu vaccine	<ul style="list-style-type: none">• Fraser Health Staff can book into a Fraser Health Staff/site Influenza Clinic• Affiliated/Non-Affiliated sites may be able to receive vaccine at their work location if a staff clinic is being held there• Attend a scheduled community clinic• Book an appointment with their family doctor or at a community pharmacy
Reporting of staff immunization	Information on staff immunization should be maintained in a confidential manner and include: <ul style="list-style-type: none">• Staff immunization status (including those who are immunized off-site)• Staff members who may be excluded from work in the event of an influenza outbreak

Staff who report a medical contraindication to influenza vaccine should be provided with information on anti-influenza prophylaxis and early treatment

Resident Immunization Tracking for influenza/COVID-19 – See tables below

Staff Influenza/COVID-19 Immunization Tracking Sheet for Current Season

RI Season Year:				Care Community Name:			
Name of staff (Last, First)	Employer (if applicable)	Type of Staff		Influenza and/or COVID-19 Vaccine	Date of Vaccination (DD – MM – YEAR)	Refusal of influenza and/or COVID-19 vaccine	Medical contraindication to influenza and/or COVID-19 vaccine
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Volunteer <input type="checkbox"/> Student	INFLUENZA		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Volunteer <input type="checkbox"/> Student	COVID-19			
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Volunteer <input type="checkbox"/> Student	INFLUENZA		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/>	COVID-19			
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Volunteer <input type="checkbox"/> Student	INFLUENZA		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/>	COVID-19			
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Volunteer <input type="checkbox"/> Student	INFLUENZA		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/>	COVID-19			
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/> Volunteer <input type="checkbox"/> Student	INFLUENZA		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> Regular <input type="checkbox"/> Casual <input type="checkbox"/> Contract	<input type="checkbox"/>	COVID-19			

Resident Influenza/COVID-19 Immunization and Influenza Anti-Viral Tracking Sheet

PERSON IN CHARGE OF PREPARING LIST OF RESIDENT INFLUENZA VACCINATION/ANTI-INFLUENZA PROPHYLAXIS:						Tel:		Date Updated:						
Resident Name (Last, First)	Neighborhood, floor, or other specified area	Influenza COVID-19 vaccine	Date of Vaccination			Year of PNEUMO Vaccine	Estimated creatinine clearance	Date Serum Creatinine Level Done <i>(Within 1 Year If Clinically Stable)</i>			Renal dosing for antivirals?		Pre-Printed Order for Influenza Prophylactic/ Anti-Influenza Medications on Chart?	
			DD	MM	YY			ML/MIN	DD	MM	YY	YES	NO	YES
		INFLUENZA												
		COVID												
		INFLUENZA												
		COVID												
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