

POLICY: Respiratory Virus Season – Planning and Response in Acute Care

Program Area: Infection Prevention & Control

Section: Infection Prevention & Control

Reference Number: CLI.8011.PL.023

Approved by: Regional Lead – Acute Care & Chief Nursing Officer

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PURPOSE:

To prevent transmission, morbidity, and mortality from respiratory illness through timely and appropriate preparation and response, including administration of the seasonal influenza and COVID-19 vaccines to patients in Acute Care (AC) facilities in Southern Health-Santé Sud (SH-SS).

BOARD POLICY REFERENCE:

Executive Limitation (EL-02) Treatment of Clients
Executive Limitation (EL-03) Treatment of Staff
Executive Limitation (EL-07) Corporate Risk

POLICY:

A planned and unified response is required to reduce strain on the health care system caused by the respiratory virus season each year. Reducing the burden of respiratory viruses including influenza, Respiratory Virus Season (RVS), and COVID-19, is particularly important to decrease risk to patients.

All Southern Health-Santé Sud AC facilities carry out respiratory virus preparation activities to mitigate the effects of respiratory infection, to encourage routine surveillance in identifying respiratory illness cases and to implement timely infection control measures.

Seasonal Influenza and COVID-19 vaccine is offered and administered to hospitalized patients provided the attending physician/prescriber writes an order for vaccine administration and the patient/substitute decision maker gives informed consent

DEFINITIONS:

Adverse Event Following Immunization (AEFI) - A *reportable* AEFI is one which is temporally associated with an immunizing agent, cannot be attributed to a co-existing condition, AND meets at least one of the following criteria:

- The event is life-threatening, could result in permanent disability, requires hospitalization or urgent medical attention, or for any other reason is considered to be of a serious nature, OR

- The event is unusual or unexpected, including, without limitation, an event that has not been previously identified, or an event that has been previously identified but is being reported at an increased frequency, OR
- At the time of the report there is nothing in the patient's medical history, such as a recent disease or illness, or the taking of medication, that could explain the event.

Anaphylaxis - an immediate and severe allergic reaction to a substance (i.e. food or drugs). Symptoms of anaphylaxis include breathing difficulties, loss of consciousness, and a drop in blood pressure. This condition can be fatal and requires immediate medical attention.

Inactivated vaccine - a vaccine made from viruses and bacteria that have been killed through physical or chemical processes. These killed organisms cannot cause disease.

Influenza - a viral infection of the respiratory system. Symptoms of influenza include acute onset of fever, cough, sore throat, muscle aches, extreme fatigue, and headache.

Public Health Information Management System (PHIMS) - an immunization registry used for all patients of Manitoba.

Substitute Decision Maker - a third party identified to participate in decision making on behalf of a person who lacks decision-making capacity concerning immunization. The task of a Substitute Decision Maker is to faithfully represent the known preference and/or the interest of the incapable person. A Substitute Decision Maker may be legally appointed (Public Trustee, Committee, Advanced Health Directive Proxy) or informal (family member, next of kin).

Vaccine - a suspension of live (usually attenuated) or inactivated microorganisms (i.e. bacteria or viruses) or fractions thereof, administered to induce immunity and prevent infectious diseases and their sequelae.

IMPORTANT POINTS TO CONSIDER:

- Vaccination is the best way to protect against seasonal influenza and COVID-19.
- Every year, the global spread of influenza is monitored and the influenza strains likely to cause the most illness during the upcoming influenza season are determined. Those strains are then put into the influenza vaccine for that year, creating a unique vaccine yearly.
- It is important to offer vaccines every year because the virus strains change from year to year, and the protection provided by the vaccine decreases over time.

PROCEDURE:

1. Prepare for the Upcoming Respiratory Virus Season

- Follow Shared Health – [Respiratory Virus Season Infection Prevention and Control Planning and Response Guideline](#) in preparing for the respiratory virus season in all AC facilities.

- Vaccine is ordered annually with initial order in August. To reduce wastage – order the total number of vaccines required for patients (and staff if applicable) based on the amount administered the previous year.
- The vaccine is ordered directly from the provincial Distribution Warehouse using the current Manitoba Health (MB Health) Influenza and Pneumococcal Vaccine Order Form*.
 - Site Infection Control Practitioner works with facility Pharmacy to ensure the vaccine order is placed.
 - Enter the facility holding point code. If unknown, either email vaccines@gov.mb.ca or phone MB Health Communicable Disease Control at 204-788-6737 (email preferred).
- All staff involved in providing immunizations are required to complete the [Seasonal Influenza, Pneumococcal and COVID-19 Vaccine Administration Training Module \(gov.mb.ca\)](#).
 - Review additional information in the [Provincial Immunization Competency Guideline](#).
- Prior to the arrival of the vaccine to the facility, the Site ICP prepares a seasonal vaccine administration package for the site nurses, which includes the following:
 - Copies of the [MB Health COVID-19, Influenza, and Pneumococcal Vaccine Consent Form](#).
 - Copies of the current applicable MB Health Vaccine Factsheets*.
 - A Quick Reference Guide* on the different vaccines available that year, the intended recipient of each type, and their contraindications and side-effects.
 - A copy of this policy.
- Conduct ongoing monitoring and screening of clients for signs/symptoms of respiratory viruses (i.e., fever, cough, shortness of breath, etc.). When cases are suspected/identified, notify Site Infection Control Practitioner (ICP)/Regional Coordinator, Infection Prevention & Control (IP&C).

2. Maintain Vaccine Cold Chain

- Receive ordered vaccine. Store and handle the vaccine according to the [MB Health Cold Chain Protocol – Vaccines and Biologics](#).
- Store the vaccine in a monitored refrigerator between +2 and +8 degrees Celsius.
- If the vaccine falls outside of the required temperature range, the nurse quarantines the affected vaccine in a refrigerator at the required temperature and reports a cold chain break to the Site ICP/Designate as soon as possible.

3. Assess Patient Need for Influenza Vaccination

- Reference the [Immunization Recommendations for Patients in Acute and Long Term Care Facilities: Influenza, COVID-19 and Pneumococcal Guide](#).
- Offer influenza/COVID-19 immunization to patients as appropriate
 - Determine eligibility for COVID-19 vaccine as per Manitoba's vaccine eligibility criteria <https://www.gov.mb.ca/health/publichealth/cdc/vaccineeligibility.html>.
- Routinely, mid-October through December, ask attending physicians/prescribers which patients should receive the influenza, pneumococcal and/or COVID-19 vaccines. Obtain orders for vaccine administration from the attending physician/prescriber for those patients.

4. Obtain Informed Consent

- Obtain patient's/substitute decision maker's written consent prior to administering the influenza and/or COVID-19 vaccine.
- Use the [MB Health COVID-19, Influenza, and Pneumococcal Immunization Consent Form](#).
 - Informed written consent is preferred, however verbal consent is acceptable provided the [MB Health Informed Consent Guidelines for Immunization](#) are followed and the consent form is completed as appropriate.
 - The signed consent form is valid for no more than one year after consent is given.
- Provide the current Seasonal Influenza Immunization Fact Sheet and/or COVID-19 Immunization Fact Sheet* when obtaining consent.

5. Screen for Contraindications and Precautions

- Consult the monograph supplied with the vaccine and the Quick Reference Guide* to ensure the vaccine is not contraindicated for the patient.
- In the case of moderate or severe acute illness with or without fever, postpone administration of the vaccine.

6. Prepare to Manage Medical Emergencies

- Prepare for management of medical emergencies related to the administration of the vaccine by reviewing the signs and symptoms of anaphylactic shock. In coordination with Pharmacy, the unit assembles an anaphylaxis kit prior to the influenza vaccination campaign per the [Anaphylaxis and other acute reactions following vaccination: Canadian Immunization Guide](#).
- Reference CLI.5110.SG.009 Anaphylaxis Diagnosis and Treatment for anaphylaxis management in Acute Care.

7. Administer Vaccine

- Ensure readiness and competency to administer vaccine.
- Ensure an order to administer vaccine has been received from physician/prescriber.
- Ensure informed consent has been obtained from the patient/substitute decision maker and review the consent form.
- Consult the seasonal vaccine administration package in preparation to answer questions about the vaccines and select the correct type of vaccine(s) for the patient.
 - Reference the vaccine monograph and Quick Reference Guide* to support administration of the vaccine(s).
- Review the signs and symptoms of anaphylactic shock and ensure an anaphylaxis kit is assembled and readily available.
- Administer vaccine(s) intramuscularly into the deltoid muscle as per the procedure outlined in CLI.4110.PL.015 Safe Medication Administration: Acute Care.
- Monitor the patient for adverse reactions for a minimum of fifteen (15) minutes.
- Date stamp open vials of vaccine.

8. Document vaccine administration information in:

- [MB Health COVID-19, Influenza, and Pneumococcal Vaccine Consent Form](#)
 - Complete bottom Section by entering **Date, Lot #, Manufacturer, Dose, Route, Site, and Signature**.
 - Document specific type of vaccine in the "Supplementary Information" area.
- Medication Administration Record (MAR)
 - Complete MAR with the following information:

- Name of vaccine,
 - Vaccination site and route,
 - Vaccine expiry date,
 - Manufacturer,
 - Lot number,
 - Date/time of administration and
 - Immunization provider's signature.
- Integrated Progress Notes
 - Document any adverse reactions, if applicable.
 - If the vaccine was not administered as ordered, record the reason(s) for non-receipt of vaccine (i.e., medical contraindication, patient and/or Substitute Decision Maker refusal).
 - Public Health Information Management System (PHIMS)
 - The PHIMS data entry clerk/designate is to input the data into PHIMS within forty-eight (48) hours of immunization.
 - Place the original consent form in the patient's chart.

9. Report All Adverse Events to MB Health

- Report all adverse events following immunization to MB Health by completing and submitting the [MB Health Report of Adverse Events Following Immunization \(AEFI\) Form](#) in collaboration with the facility ICP/designate.
 - Report a serious AEFI within one business day.
 - Ensure the AEFI is completed within seven days of becoming aware of a reportable event.
 - See [Vaccine Safety | Province of Manitoba](#) for further information on reportable and serious AEFI definitions.

10. Completion of Respiratory Vaccine Administration Season

- The Site ICP/designate provides direction to remove remaining vaccine from refrigerators at the end of the respiratory virus season, when directed by MB Health and the Regional Coordinator, IP&C.
 - Open vials of vaccine to be discarded in sharps containers.
 - Unopened vials of vaccine:
 - Contact the Provincial Vaccine Warehouse for return instructions at: 204-948-1333 or Toll-free: 855-683-3306 or by email at yacmda@gov.mb.ca
 - Work together with Pharmacy to return vaccine to Provincial Vaccine Warehouse.

***NOTE:** The Regional Coordinator, IP&C distributes the current order forms, fact sheets, quick reference guides, and other applicable documents when available, annually August to December.

REFERENCES:

CLI.5110.SG.009 Anaphylaxis Diagnosis and Treatment

CLI.4110.PL.015 Safe Medication Administration: Acute Care

Government of Canada. (September 2023). *Anaphylaxis and other acute reactions following vaccination: Canadian Immunization Guide*. <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html>

Government of Canada. (May 2023). *Vaccine administration practices: Canadian Immunization Guide*. <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-8-vaccine-administration-practices.html>

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Manitoba Health. (June 2017). *Provincial Immunization Competency Guideline*. <https://www.manitoba.ca/health/publichealth/cdc/div/manual/docs/immcomp.pdf>

Manitoba Health, Seniors and Active Living. (November 15, 2016). *Report of Adverse Events Following Immunization (AEFI)*. https://www.gov.mb.ca/health/publichealth/cdc/docs/mhsu_2334_20161115_aefi.pdf

Manitoba Health. (June 2024). *COVID-19, Influenza, and Pneumococcal Immunization Consent Form*. (available in [English](#) or [French](#)) https://www.gov.mb.ca/health/flu/docs/flupneumo_consentform_letter.pdf

Shared Health Soins Communs Manitoba (July 17, 2024). [Guideline: Respiratory Virus Season Infection Prevention and Control Planning and Response](#).

Shared Health Soins Communs Manitoba. (July 17, 2024). *Immunization Recommendations for Patients in Acute and Long Term Care Facilities: Influenza, COVID-19 and Pneumococcal*. [immunization-recommendations-acute-ltc.pdf \(sharedhealthmb.ca\)](#)

Shared Health Soins Communs Manitoba. (August 30, 2024). *Provincial Respiratory Virus Illness and Pneumococcal Disease – Season Checklist*. [respiratory-season-checklist.pdf \(sharedhealthmb.ca\)](#)