TAHSN Healthcare Worker Influenza Policy

Frequently Questions and Answers
September 30th, 2014

1. Why did we decide to implement a mandatory vaccinate-or-mask policy? Couldn’t we just have done a better job of the voluntary campaign?
We have put a great deal of effort into influenza campaigns for many years and have not achieved a level of coverage that adequately protects our patients and staff. Toronto Public Health and the infection control experts have been urging the TAHSN hospitals to implement a common approach and policy since Year 2012, to ensure that our patients and staff are as safe as possible from transmission of influenza. Finally, a TAHSN interprofessional committee has developed a policy for the TAHSN hospitals to use.

2. What other hospitals are going to a vaccinate or mask policy?
Many of the states in the USA have already implement this type of policy years ago. British Columbia implemented this about three years ago and several other Canadian provinces are moving toward this policy as well. Last year approximately thirteen other Ontario hospitals moved ahead and implemented this policy.

3. What are the real reasons the TAHSN hospitals are implementing a vaccine or mask policy?
The TAHSN hospitals wish to reduce the number of patients acquiring in-hospital transmitted influenza. It is all about patient safety and the wellness and health of our patients and staff.

4. Are physicians required to wear a mask same as staff?
Yes, this policy also applies to the physician group. Here is what the policy states: “This policy applies to all persons who carry out activities at this hospital, including employees, physicians and other credentialed professionals, volunteers, students/trainees, and contract workers (e.g. agency providers). For the purpose of this policy, these individuals will be referred to as Affected Individuals.”

5. The vaccine is only 60 per cent effective. Why make it mandatory now?
Being unvaccinated is zero per cent effective. If almost everyone is vaccinated, we believe that we will reduce the risk of transmission in the hospital substantially. Also, evidence shows that even if a person gets influenza after a vaccination, the illness will be less severe. Just to note, the vaccine is not mandatory, staff who wish not to receive the vaccine or are unable to can wear a mask where patients are present and care is being delivered.
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6. I want the hospital to offer an influenza shot that is adjuvant-free.
The only time that we have ever provided a vaccine with adjuvant was in 2009 when H1N1 was active in the community. All vaccines that OHS gives at this time are adjuvant-free.

7. I have an allergy to the flu shot; will I be forced to get one?
At no time would we ever require a staff member with a true allergy to the vaccine to have the influenza shot. We just need to have proof that you have an allergy to a component in the vaccine from your allergist and than an alternative plan will be developed for you.

8. Why do visitors not have to prove vaccination or wear a mask?
This year, we are increasing the level of education of patients and families to encourage them to be vaccinated too. This includes communicating the importance of protecting yourself and your family during flu season, and information on where to receive your flu shot in the community. We will also be boosting our hand hygiene campaign and “translating” our infection control awareness for the public, including “Stay Healthy: Top tips to reduce your risk of getting sick” information on digital screens and the corporate web site.

But at this time, the TAHSN policy only applies to staff, physicians, volunteers, students and external contractors working in patient care areas.

9. What if I refuse to be either vaccinated or wear a mask?
Like all policies, there will be processes in place to deal with failing to comply. Where necessary, those penalties go from a disciplinary letter on file up to and including termination. However, we know that our staff care deeply about our patients and each other. This is a corporate wide hospital policy and there is an expectation that staff will comply as you would for any other Sunnybrook policy.

10. What other measures will be taken in the campaign to ensure we provide a comprehensive prevention and control program?
As is always the case, we will be emphasizing hand hygiene and other infection prevention and control practices in all patient care areas. We will also be renewing our education and communications efforts.
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11. How will the confidentiality of my medical information be protected if I have to wear a sticker?
Wearing the sticker in a visible location is up to you. You may choose to put the sticker on the back of your ID badge where it is readily accessible to your manager or anyone who asks if you are in compliance with the policy. As you know though, we have been using stickers at Sunnybrook to show participation for many years so there is nothing new about that element of the policy.

12. Where do I have to wear a mask?
All individuals covered by the policy must be vaccinated annually against influenza or wear a procedure mask during influenza season in areas where patients are present and patient care is delivered. Please refer to the policy for more detail.

13. When do I have to start wearing a mask?
We will implement the policy at the beginning of flu season; this will be in consultation with the TAHSN hospitals and Toronto Public Health. Basically when we start to see influenza activity in the community or outbreaks in hospitals or long term care homes.

14. Who is accountable for enforcing the policy?
This is no different than other hospital policies; we all are accountable to adhere to hospital directives and policies. Leaders will be asked to be diligent to ensure the policy is adhered to, but staff may be asked by senior leadership, patients or family members if they are compliant with either obtaining the flu shot or wearing a mask during the delivery of patient care.
To assist employees in remembering to obtain the vaccine or wear a mask while patients are present and care is being delivered, we will have auditors randomly checking compliance around the hospital. This will also help everyone understand where and when a mask should be worn.

15. How will the policy be audited for compliance?
Each manager will be provided with regular daily updates on which staff have been immunized. The manager will be required to follow up to ensure people not immunized are wearing masks in appropriate areas. In addition, auditors will be around the hospital to help staff remember where the mask should be worn.
16. Why should we be asked to get a flu shot, when it may not be as effective against this year’s strain?
   Two or three strains of influenza are in the community at any given time so you will be covered against the most common strains. Also, evidence shows that even if you catch influenza despite a vaccination, the illness will likely be much less severe.

17. I feel embarrassed about wearing a mask in front of our patients. They will think I do not care about their safety?
   We will be educating our patients and families that staff do have a choice, and explain why some people may choose to wear a mask rather than have the influenza vaccine and that some staff may have true contraindications to receiving influenza vaccine.

18. Why can’t I take Tamiflu instead of having to wear a mask?
   Your best protection from influenza is to receive the influenza vaccine. Oseltamivir (Tamiflu) is effective in preventing influenza, but it would have to be taken every day for the entire influenza season, usually from the beginning of December until the end of March. Oseltamivir may have some adverse effects, most commonly nausea.

19. Who sets the date in which I have to be vaccinated or wear a mask?
   Toronto Public Health in consultation with the TAHSN hospitals will set the date in which staff must have received their flu shot or wear a mask in areas where patients are present and care is delivered.

20. What if there is not enough vaccine available for me to get my shot prior to the Vaccine Required Period? Will I need to wear a mask?
   Yes, once the Vaccination Required Period is set, it means that influenza is active in the community and hospital. If for any reason you have not received your flu shot, you must wear a mask in areas where patients are present and care is being delivered.

21. Once I receive the influenza vaccine, do I have to wear a mask for the next two weeks until it becomes effective?
   No mask will be required if the Vaccination Required Period has not been initiated, but once the vaccine required date is set, if you receive your vaccination after that date, yes you will be required to wear the mask for the next two weeks.
22. What do I do if I normally get my flu vaccine from my family physician?
   Bring in a signed card or use the hospital form located on the OHS website, have it signed by your physician verifying you have received your flu shot. Show it to your Occupational Health & Safety Department. This also applies if you receive your flu shot from any other source. You must report into OHS.

23. I do not want to wear a sticker on my ID badge to identify if I have received the vaccine or not? What do I do?
   You can place the sticker on the backside of your ID badge (nametag) instead of the front side. This will provide you easy verification when questioned or audited if you have received the influenza vaccination. You could also use the card that will be provided to you at the time you are vaccinated, that is also sufficient. The problem with using the card is that you must have it on your person at all times, that often can be a struggle.

24. What will happen to me if I accidently forget to put a mask on or fail to understand where and when a mask should be worn?
   In the beginning it is understandable since we are introducing a new practice, innocent mistakes can happen. Hopefully you will self regulate and catch yourself before others question you, but during the first year, staff will receive a reminder or be educated to the policy. Basically, you are to wear a mask in areas where patients are present and care is being delivered.

25. What if I get my flu shot, but get a cold or the flu, will I be required to also wear a mask when I return to work?
   You will be asked to follow the normal surveillance protocol for our hospital, which is set by the Infection Prevention and Control and Occupational Health & Safety Departments. An online surveillance tool is required to be completed and the surveillance or return to work information is on Sunnynet.

26. What should I say to a patient who wants evidence that I had my flu shot?
   While at work, you should have on you at all times evidence that you have received your influenza vaccination. The easiest method is to wear the flu sticker on your ID badge, front or back so you can demonstrate that you received the flu shot.
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27. When will I know that my mask is not being effective? I normally do not wear a mask in my role and I am not sure of mask protocol.
When the mask becomes wet, soiled, torn or dislodged, it will not be effective and should be removed, discarded and replaced. Hands should be cleaned on removal of the mask before putting on the replacement mask. The mask should also be removed and discarded when leaving the patient care area, (e.g., during breaks) and you should put on a new mask when you return to the unit.

28. What kind of mask should I be wearing?
A surgical or procedure mask is required.

29. Is there evidence to show that wearing a mask is effective at preventing transmission of influenza virus?
Yes, masks can be worn for one of two reasons: by infected people to prevent virus from being spread to others, and by people who are not infected to protect themselves. There are studies that demonstrate that when people with influenza wear a mask, the amount of influenza virus shed into the air around them when they breathe or cough is significantly reduced. (1,2)

There are also studies, which show that people who both wear masks and perform hand hygiene frequently are less likely to develop influenza when they are in close contact with people with influenza. (3 to 5)

References