

Health Officer Order to Vaccinate Healthcare Personnel Against the Flu (2022–2023 Season)

1. 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 Los Angeles County require healthcare and EMS personnel who have direct patient contact or work in patient areas to receive an annual influenza vaccination for the current influenza season or wear a respiratory mask which can be a surgical, procedure, or N-95 mask (also designated by some manufacturers as isolation, dental, or medical procedure facemasks) for the duration of the influenza season when working in patient-care areas. For the purposes of this Order, the influenza season is defined as November 1 through April 30, unless extended due to ongoing influenza activity.

2. 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.

3. Which types of facilities and EMS 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 providers who provide services in prehospital care settings in the jurisdiction of the Los Angeles County Department of Public Health (LAC DPH). 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.

4. 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.

5. What is the definition of contact with patients?

This means being within 6 feet of a patient. However, some facility administrators and EMS providers 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 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. Clear masks or cloth masks with a clear plastic panel that fit well are an alternative type of mask for people who are hearing impaired or have disabilities. However, such exceptions should be few in number, time-limited, based on compelling patient needs, clearly documented, and consistently applied.

6. 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, and are allowed to be present. 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.

7. What is the evidence that masks prevent transmission of influenza and other communicable diseases?

While vaccination 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.

8. 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 respiratory mask which can be a surgical, procedure, or N-95 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 or COVID-19).

9. 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.

10. Why is the influenza vaccine mask mandate important even with current COVID-19 healthcare worker masking requirements?

COVID-19 has had a massive impact in the United States since its introduction in early 2020, but it is important to remember thousands of people have lost their lives to influenza in the U.S. year after year. Adding seasonal influenza on top of ongoing COVID-19 transmission in the community could significantly impact healthcare worker absenteeism and the spread of influenza in the healthcare setting. With persistent community transmission of COVID-19, there is possible risk of additive COVID-19 and influenza winter surges as seen in the Southern Hemisphere. There is also the possibility of co-infection with both viruses, which may make illnesses more severe in high-risk individuals and the elderly. Though masks are required in all healthcare facilities at this time due to COVID-19, getting vaccinated against influenza is still the most effective way to prevent influenza. Healthcare facilities should work diligently to vaccinate their staff against influenza in addition to COVID-19 in order to protect their staff and patients from these deadly pathogens.

11. How should covered facilities and EMS providers monitor compliance among healthcare personnel?

Facilities and EMS providers 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 providers should monitor and enforce the Order uniformly among all healthcare personnel. Standard personnel policies and procedures regarding discipline, should be followed when necessary.

12. Which facilities and providers covered by this Order will be expected to provide information on the vaccination status of their HCPs to the Los Angeles County Department of Public Health?

Facilities covered by this Order should maintain documentation of their HCPs influenza immunization status (with the only exceptions outlined below) to help monitor their HCPs 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. The Influenza Vaccination Coverage among HCP measure is a National Quality Forum-endorsed process measure (NQF#0431) developed by the Centers for Disease Control and Prevention to track influenza vaccination coverage among HCP in facilities such as SNFs. The measure reports on the percentage of HCP who receive an influenza vaccine any time from when

it first became available through March 31st of the following year. SNFs will submit the measure data through NHSN with an initial data submission period from October 1, 2022, through March 31, 2023.

- EMS providers are required to track the influenza immunization status of their HCP. EMS provider agencies will be requested to report their HCPs influenza immunization status through a tool provided by the EMS Agency within 30 days of the conclusion of the influenza season.
- Intermediate care facilities and outpatient facilities are not required to report their HCPs influenza immunization status to LAC DPH; however, they are encouraged to track their HCPs influenza immunization rates.

References

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