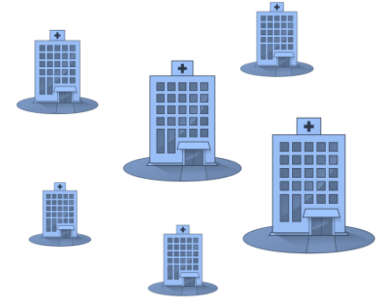




The Influenza Prevention Policy requires all healthcare workers (HCW) in British Columbia to either be vaccinated against influenza or wear a mask in patient care areas throughout the influenza season.

After the second influenza season that the policy was in place, we surveyed managers and directors of acute care and long-term care (LTC) facilities across 3 regional health authorities.

We invited 263 facilities to participate in the study, and received responses on behalf of 33 acute care and 99 LTC facilities. Thank you to all who participated.

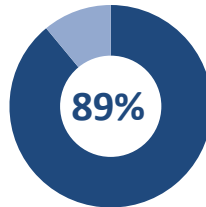


OUTCOMES

How many healthcare workers in BC got their flu shot in 2013/14?

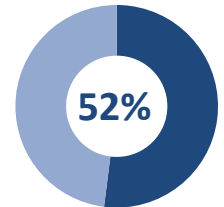
79% at LTC facilities

75% at acute care facilities



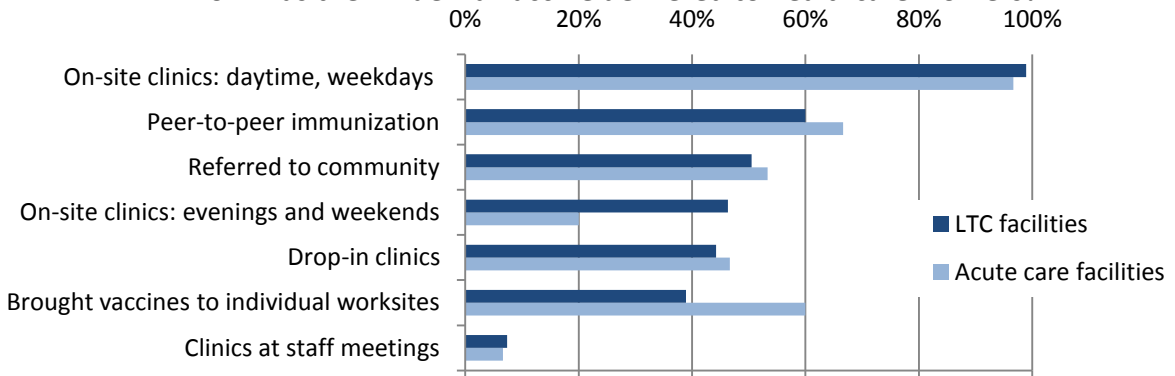
89% of facilities successfully implemented the policy...

....but only 52% of respondents found the policy EASY to implement at their facility.

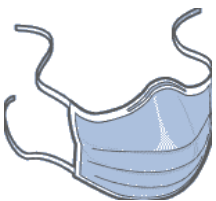


LOGISTICS

How was the influenza vaccine delivered to healthcare workers?



Top 5 ways that facilities supported mask-wearing for unvaccinated staff



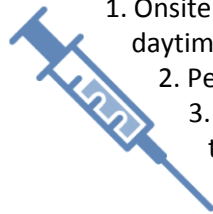
Acute	LTC	Support Method
100%	85%	Ensured mask availability in patient care areas
83%	81%	Monitored staff mask-wearing in patient care areas
77%	79%	Posted masking reminders in patient care areas
73%	68%	Encouraged peer support and monitoring
67%	72%	Provided education to unvaccinated healthcare workers about masks

SUPPORTIVE FACTORS AND ACTIVITIES

Top 5 most supportive groups in terms of their involvement with policy implementation:

1. Department/unit/service line managers
2. Senior management
3. Nursing leaders
4. Infection Prevention and Control
5. Occupational Health and Safety

Top 3 most successful methods for delivering the vaccine to staff



1. Onsite clinics – weekday, daytime
2. Peer immunization
3. Bringing vaccines to the workplace (e.g. mobile carts)

PEER IMMUNIZATION

was significantly associated with higher immunization coverage at facilities.



“For the most part we had terrific support by physicians & staff. We maintained a **respectful collegial relationship** with those who declined vaccination. We identified areas within the hospital/care facility that were **'mask-free' zones**. We kept it **light & non-judgemental in our interactions**. For those that wanted more information or encouragement - we gave it.”
– Acute care respondent

CHALLENGES AND BARRIERS

Managers relied on vaccination reports to identify unvaccinated staff, but these reports weren't always accurate:

43% of acute facilities had accurate reports vs.
76% of LTC facilities.

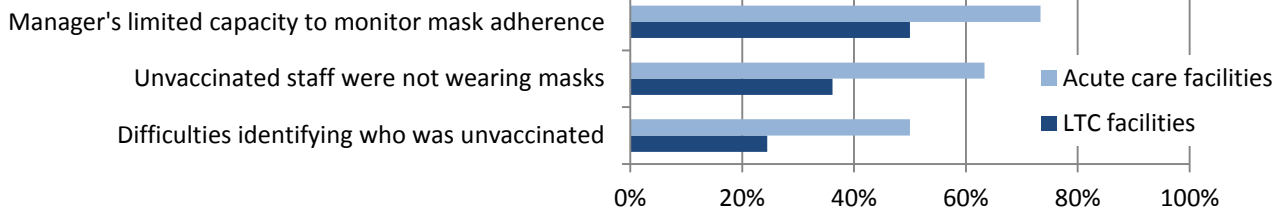
The enforcement of mask-wearing was inconsistent, especially at acute facilities:

57% of acute facilities **always** enforced mask wearing vs.
77% of LTC facilities.

Top 3 specific challenges and barriers

1. Resistance and refusal to be vaccinated or masked.
2. Difficulties with compliance and enforcement.
3. Lack of support from physicians for the policy.

Top 3 challenges with enforcing mask-wearing for unvaccinated staff



RECOMMENDATIONS

1. Provide more support for managers of acute and long-term care facilities who experience an increased workload due to their involvement with policy implementation.
2. Improve consistency of policy compliance. Improve the ability to rapidly and accurately report staff immunization status and ensure mask-wearing is appropriate and consistent.
3. Consider further increasing the accessibility of vaccine through peer immunization and more evening and weekend clinics.