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?

<table>
<thead>
<tr>
<th>Method</th>
<th>LTC Facilities</th>
<th>Acute Care Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-site clinics: daytime, weekdays</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Peer-to-peer immunization</td>
<td>85%</td>
<td>83%</td>
</tr>
<tr>
<td>Referred to community</td>
<td>77%</td>
<td>79%</td>
</tr>
<tr>
<td>On-site clinics: evenings and weekends</td>
<td>73%</td>
<td>72%</td>
</tr>
<tr>
<td>Drop-in clinics</td>
<td>67%</td>
<td>68%</td>
</tr>
<tr>
<td>Brought vaccines to individual worksites</td>
<td>65%</td>
<td>65%</td>
</tr>
<tr>
<td>Clinics at staff meetings</td>
<td>60%</td>
<td>60%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Acute</th>
<th>LTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>85%</td>
</tr>
<tr>
<td>83%</td>
<td>81%</td>
</tr>
<tr>
<td>77%</td>
<td>79%</td>
</tr>
<tr>
<td>73%</td>
<td>68%</td>
</tr>
<tr>
<td>67%</td>
<td>72%</td>
</tr>
</tbody>
</table>

Ensured mask availability in patient care areas
Monitored staff mask-wearing in patient care areas
Posted masking reminders in patient care areas
Encouraged peer support and monitoring
Provided education to unvaccinated healthcare workers about masks
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.

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.

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

“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

Top 3 challenges with enforcing mask-wearing for unvaccinated staff:
1. Manager’s limited capacity to monitor mask adherence
2. Unvaccinated staff were not wearing masks
3. Difficulties identifying who was unvaccinated

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 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

The enforcement of mask-wearing was inconsistent, especially at acute facilities: 57% of acute facilities always enforced mask wearing vs. 77% of LTC facilities.

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.