

Nursing Home Residents and Employee Requirements for Influenza and Pneumococcal Vaccine Administration

POLICY:

The Arkansas Department of Health (ADH) will provide annual influenza vaccine to uninsured nursing home residents and employees and pneumococcal vaccine to uninsured nursing home residents.

I. PROCEDURES:

- **ADH only provides influenza vaccine for uninsured nursing home residents and employees and pneumococcal vaccine for uninsured nursing home residents.** All influenza vaccines received will be preservative free, trivalent and in pre-filled syringes. ADH will not provide the safety needles.
- COVID-19 Vaccine and other vaccines including influenza vaccines can be co-administered at different anatomical sites. Follow the current ACIP recommendation for COVID-19 vaccine administration.
 - Persons who have acute illness with suspected or laboratory-confirmed COVID-19, clinicians can consider delaying influenza vaccination until the patients are no longer acutely ill. If influenza vaccination is delayed, patients should be reminded to return for influenza vaccination once they have recovered from their acute illness or complete their isolation period.
 - Person who are a contact to a suspected or laboratory-confirmed COVID-19 should defer influenza vaccination until they meet the criteria to be released from quarantine.
- Nursing home staff who administers vaccine should read the package inserts for full prescribing information before administering the influenza and pneumococcal vaccine.
- **Updated Pneumococcal Recommendations: Adults aged ≥65 years.** Adults aged ≥65 years who have not previously received PCV or whose previous vaccination history is unknown should receive 1 dose of PCV (either PCV20 or PCV15). When PCV15 is used, it should be followed by a dose of PPSV23 in one year.
- **PCV20 will be provided to Nursing Homes in place of PPSV23 for uninsured residents who are 65 years and older who have not previously received PCV or whose previous vaccination history is unknown.**
- For the 2024-2025 flu season, there are three flu vaccines that are preferentially recommended for people 65 years and older. These are Fluzone High-Dose Trivalent vaccine, Flublok Trivalent recombinant flu vaccine, or Fluad Trivalent adjuvanted flu vaccine. ADH does not provide these flu vaccines.
- Nursing homes may order influenza vaccine for uninsured residents and employees and pneumococcal only for uninsured residents by faxing a completed Nursing Home Annual Provider Profile and Order Form to the Immunization Branch (501-661-2300) or by emailing the Immunization Branch at immunization.section@arkansas.gov.
- Upon request only, the ADH may provide nursing staff to administer



influenza vaccine for nursing home residents and/or staff. ADH will bill the administration fee when ADH nursing staff administers the vaccine.

- If the nursing home administers ADH supplied vaccine, they cannot bill for the vaccine. They can only bill for the administration fee.
- The resident, employee, or guardian must receive a copy of the most current Influenza and/or Pneumococcal Vaccine Information Statement (VIS) or have the VIS available for them to read before the resident or employee receives the influenza or pneumococcal vaccine.
<https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>
- Permission to administer influenza and/or pneumococcal vaccine to the residents and influenza vaccine to employees is the responsibility of each nursing home and must be initiated during admission to the facility.
- Consent for vaccination must be in writing and signed by either the resident and/or responsible party.
- The signed consent shall be kept in the resident's permanent record.
- Employee consent must be in writing and placed within the employee's personnel file.
- If ADH nursing staff administers the vaccine, the consent signature is mandatory.
- If ADH nursing staff administers the vaccine, the nursing home facility must provide an employee for resident identification.
- Residents may refuse to receive the vaccine. The refusal must be documented in the patient's nursing home chart on the TB: NH-26.
- Nursing home employees are allowed to have **medical exemptions only**. Exemptions must be applied for annually and the ADH Immunization Branch will evaluate each request. Medical exemptions must be approved by the Arkansas Department of Health Medical Director, Immunizations. The exemption application may be obtained by emailing immunization.section@arkansas.gov or calling 501-537-8969.
- Nursing Homes administering their own vaccine will have their vaccine shipped directly to them. A copy of this policy, Immunization Reporting Form for Nursing Homes (NHIMM), the VIS, and the Influenza Declination Form for Residents and Employees will be provided to each facility. Each facility will be responsible for making copies of all forms.
- If the nursing home employee administers pneumococcal vaccine to a resident, the Immunization Reporting Form for Nursing Homes (NHIMM) should be used for documentation of vaccine. The nursing home shall retain a copy of the Immunization Reporting Form for Nursing Homes or a copy of the immunization record from the WebIZ on each resident. If the Nursing home does not have access to WebIZ for their own data entry, The **original** (NHIMM) form will be sent to the ADH Immunization Branch, 4815 West Markham, Slot 48, Little Rock, AR 72205, following administration for data entry into the WebIZ.
- Nursing homes must maintain a current log or list of residents and employees in their facility and document that each has been immunized. The log must include, at a minimum, the individual's name, date of birth, type of vaccine, date administered, vaccine manufacturer, vaccine lot number, name of vaccine administrator, and date of the Vaccine Information Statement
- If a resident or employee is not immunized, the reason vaccine was not administered to the resident (including the right to refuse treatment) or employee must be documented on the log or list.
- A copy of this log or list must be reported to the Office of Long-Term Care by



December 1 of each year. Nursing homes are required to retain a copy of the log for a period of fifteen (15) months after December 1 of the submission year.

- The resident and employee log forms may be obtained from the Arkansas Department of Health by calling 501-537-8969 or 1-800-574-4040 or [visit www.healthy.arkansas.gov](http://www.healthy.arkansas.gov) for a copy of the NH Policy and forms.
- Any unused or expired state influenza vaccine email and request a vaccine return form and instructions. Complete the vaccine return form and email the completed form to timothy.b.barnes@arkansas.gov or thomas.young@arkansas.gov. A vaccine return label will be sent to the nursing home. Pack the expired vaccine in a box with a copy of the vaccine return form, place the vaccine return label on the outside of the box, mark "Non-viable Vaccine Enclosed" on the box and send the vaccine back to McKesson via UPS.
- **Strict accountability of ADH vaccine doses administered is required.**

II. STORAGE AND HANDLING OF VACCINE

- Every nursing home is responsible for the proper storage and handling of influenza and pneumococcal vaccine.
- Storage temperatures are included in the package insert of the vaccine.
- Nursing Homes will be receiving the injectable, inactivated influenza vaccine trivalent flu vaccine.
- Upon receipt, trivalent flu vaccine should be stored at 36° F to 46° F (2° to 8° C) immediately and **should not be frozen**. Aim for the midpoint of 40°F to allow for temperature fluctuations.
- Vaccine that has been frozen should not be used.
- Protect vaccine from light at all times.
- Identify and isolate all potentially compromised vaccine. Label these "Do Not Use" and store separately from good vaccine. A clearly labeled paper bag can be used for this purpose. Contact the ADH Vaccine Management Staff via the WebIZ Help Desk at 1-800-574-4040 for appropriate actions that should be followed for all potentially compromised vaccines.
- Stand-alone refrigerator units are preferred to store vaccine but household combination units with
 - separate exterior doors for the refrigerator and the freezer and separate thermostats can be used for vaccine storage.
 - Vaccines should never be stored in the door of the refrigerator. Store vaccine on the shelves away from the walls and vents in the part of the unit best able to maintain the required temperature.
 - Dormitory-style refrigerators should never be used to store vaccine.
 - Food and drinks should never be stored in the same unit with vaccines. If biologic specimens must be stored in the same unit, these should be stored on a lower shelf below the vaccine to prevent contamination.
- Log into the facility Vaccine Temperature Monitoring System to monitor the refrigerator and freezer temperatures at least twice each workday-- in the morning and before the end of the workday.
- Educate all facility staff about vaccine storage (including nonmedical staff). They should be aware that vaccine needs to be stored according to the manufacturer's guidelines immediately upon delivery.
- Prepare vaccines immediately prior to administration.
- If vaccine is placed in small hard-sided or (2" thick) Styrofoam coolers during influenza administration, **the** vaccine should be packaged as follows:



- Place a layer (at least 2 inches) of **conditioned coolant packs or conditioned frozen water bottles** in the transport container.

Note: To condition coolant packs and frozen water bottles, store at room temperature for 1-2 hours until the corners of the packs are defrosted, and the coolant pack looks like it is “sweating” or run the coolant packs or water bottles under warm water until the packs are slightly melted or the ice spins freely in the water bottle. A piece of **corrugated cardboard** (cut to fit the interior dimensions of the cooler) should be placed over the ice packs.

- A layer of insulating cushioning material should be placed over the cardboard (bubble wrap, packing foam, or Styrofoam). A paper towel or any other thin material is not sufficient to use as an insulating material.
- The vaccine should be placed on the insulating material. Vaccines should never be placed directly on ice packs.
- Place a digital data logger with probe in buffered material in the middle with the vaccine. The temperature monitoring device display should be secured to the outside of the container so the temperature can be viewable without opening the container.
- A layer of insulating cushioning material should then be placed over the vaccine.
- A piece of corrugated cardboard should be placed over the insulating material.
- A layer of conditioned ice packs or conditioned frozen water bottles should be placed on top of the piece of cardboard.
- Record the temperature hourly while vaccine is in the cooler.

III. DOCUMENTATION FOR NURSING HOMES

Please select the appropriate scenario as follows for documentation in your facility:

Nursing Home WebIZ access:

Nursing home administering influenza vaccine to their residents and employees and pneumococcal vaccine to their residents and entering the data into the WebIZ.

- When administering influenza vaccine to the employees, data entry into the WebIZ should be done in real time (at the time the vaccine is given).
- When administering the influenza vaccine or pneumococcal vaccine to the residents, the Immunization Reporting Form for Nursing Homes (NHIMM) should be used to record resident name and the shot information located at the bottom of the form. These forms should be used when entering data into the WebIZ. All data must be entered in WebIZ within two weeks of administration. Once data entry is complete, you may destroy the paper copy of the Immunization Reporting Form unless your facility requires a signature. Retain per policy of the facility.
- Nursing homes administering any additional influenza to the employees after the initial influenza vaccination clinic must enter the data into WebIZ in real time (at the time the vaccine is given).
- Nursing homes administering any additional influenza or pneumococcal vaccine to the residents after the first influenza immunization clinic must document the vaccine administered by using the Immunization Reporting Form for Nursing Homes. These forms should be used when entering data into the WebIZ. All data must be entered in WebIZ within two weeks of administration.
- When you have entered the shot information on a resident or employee in the WebIZ, print a copy of the immunization record and place in either the resident’s chart or the employee’s personnel folder.
- The Influenza/Pneumococcal Declination Form for Nursing Home Residents is used for



the documentation for all residents who decline influenza or pneumococcal vaccine.

Residents do not have to complete a Nursing Home Medical Exemption

- The Influenza Declination Form for Nursing Home Employees is used for the documentation for newly hired employees who receive a medical exemption for the influenza vaccine. Employees who require a medical exemption must complete the Medical Exemption-Influenza Vaccine Nursing Home Employees annually.
- **The line listings of those residents and employees not receiving influenza vaccine will be submitted to the Office of Long-Term Care by the nursing home.** A copy of the line listings shall be kept in the nursing home.

Nursing Home does not have access to WebIZ:

Nursing home administering influenza vaccine to their residents and employees, and pneumococcal vaccine to their residents and not entering data into the WebIZ.

- Resident and employee immunizations should be documented on the ADH Immunization Reporting Form for Nursing Homes (NHIMM) which is revised annually. Forms should be completely filled out, checked for accuracy, and be legible. Each facility will need to document the appropriate manufacturer codes from the following: Merck as “MSD”, Sanofi Pasteur as “PMC”, MedImmune as “MED”, GlaxoSmithKline as “SKB”, Seqirus as “SEQ”., Medicaid, and private insurance numbers should be captured on the form when applicable.
- If the nursing home staff administers the vaccine to their residents and their employees, they will determine if the signature is necessary for their facility.
- When the initial immunization clinic of the residents and employees is completed, the Immunization Reporting Forms for Nursing Homes must be forwarded to the ADH, Immunization Branch, 4815 West Markham, Slot 48, Little Rock, AR 72205 by December 31st of each year.
- Nursing homes administering any additional influenza or pneumococcal vaccine after the first influenza immunization clinic must document vaccine administered by using the immunization Reporting Form for Nursing Homes. The additional Immunization Reporting Forms for Nursing Homes (NHIMM) are to be submitted to ADH by June 30th of each year.
- **The line listings of those residents and employees not receiving influenza vaccine will be submitted to the Office of Long-Term Care by the nursing home.** A copy of the line listings shall be kept in the nursing home.
- The Influenza/Pneumococcal Declination Form for Nursing Home Residents is used for the documentation for all residents who decline influenza or pneumococcal vaccine. Residents do not have to complete a Medical Exemption-Influenza Vaccine Nursing Home.
- The Influenza Declination Form for Nursing Home Employees is used for the documentation for newly hired employees who receive a medical exemption for the influenza vaccine. Employees who require a medical exemption must complete the Medical Exemption- Influenza Vaccine Nursing Home Employees annually.

Local Health Unit administering influenza vaccine to nursing home residents and employees.

- Resident and employee immunizations are documented on the ADH Immunization Reporting Form for Nursing Homes (NHIMM) which is revised annually. Forms should be completely filled out, checked for accuracy and be legible. Medicare, Medicaid, and private insurance numbers must be captured on the form.
- The Immunization Reporting Form for Nursing Homes (NHIMM) **must be signed if the ADH is administering the vaccine in a nursing home setting.** A guardian of the resident may sign the form for a resident who is unable to sign. Each employee must



sign the form.

- When the initial immunization clinic of the residents and employees is completed, the nursing home should make a copy of the form to place in the resident's chart and the employee's personnel record. In addition, the LHU shall keep a copy of the Immunization Reporting Form for Nursing Homes according to agency policy. The original Immunization Reporting Forms for Nursing Homes are sent to ADH, Immunization Branch, 4815 West Markham, Slot 48, Little Rock, AR 72205 by the LHU for data entry into the WebIZ.
- Nursing homes administering any additional influenza or pneumococcal vaccine after the first mass influenza immunizations must document vaccine administered by using the Immunization Reporting Form for Nursing Homes (NHIMM). The additional Immunization Reporting Forms for Nursing Homes are to be submitted to ADH by June 30 of each year.
- The Influenza/Pneumococcal Declination Form for Nursing Home Residents is used for the documentation for all residents who decline influenza or pneumococcal vaccine. Residents do not have to complete a Medical Exemption-Influenza Vaccine Nursing Home.
- The Influenza Declination Form for Nursing Home Employees is used for the documentation for newly hired employees who receive a medical exemption for the influenza vaccine. Employees who require a medical exemption must complete the Medical Exemption-Influenza Vaccine Nursing Home Employees annually.
- The line listings of those residents and employees not receiving influenza vaccine will be submitted to the Office of Long-Term Care by the nursing home. A copy of the line listings shall be kept in the nursing home.

IV. FINAL DISPOSITION

- All original reporting forms shall be sent to the ADH Immunization Branch for data entry unless the nursing home facility enters the influenza and pneumococcal vaccine into WebIZ.
- All original influenza and pneumococcal reporting forms that have been scanned (electronic record) by ADH will be discarded after 6 months.
- All original influenza and pneumococcal reporting forms that are not scanned (electronic record), must be retained for 2 years.
- All reporting forms will be held for retention according to their agency policy.

