

Frequently Asked Questions (FAQs)

Health Officer Order to Vaccinate Healthcare Personnel Against the Flu

1. What does this Health Officer Order require?

This Order requires that all licensed acute care hospitals, intermediate care facilities, and skilled nursing facilities in Los Angeles County require that healthcare personnel who have direct patient contact or work in patient areas receive an annual influenza vaccination for the current influenza season or wear a mask for the duration of the influenza season when working in patient-care areas. For 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 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 are covered under the Health Officer Order?

This Order applies to all licensed acute care hospitals, intermediate care facilities, and skilled nursing facilities in the jurisdiction of the Los Angeles County Department of Public Health. 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, and skilled nursing facilities. This includes, but is not limited to, physicians, nurses, aides, physical therapists, contract workers, students, volunteers, registration/reception staff, housekeeping, and maintenance personnel. In addition, unvaccinated emergency personnel who transport patients to and/or from the facilities covered under this Order may be required to wear a mask when in contact with patients.

5. What is the definition of contact with patients?

This means being within 6 feet of a patient. However, some administrators may determine that different criteria are appropriate in their specific setting. These administrators are aware of the unique features of their facility 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.

7/19/18



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 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. 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 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. Administrators are aware of the unique features of their facility 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 to wear a surgical or procedure 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).

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 protocol.

10. How should facilities monitor compliance among healthcare personnel?

Facilities 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 should monitor and enforce the Order uniformly among all healthcare personnel and follow standard personnel policies and procedures regarding discipline, when necessary.

11. What is the rationale for extending the HOO for mandatory masking of HCP without influenza vaccination to April 30?

In each of the previous influenza seasons (from 2014-15 to 2017-18), influenza activity remained elevated beyond April 1 and necessitated an extension of the HOO. We expect that extension of the HOO through April 30 will reduce uncertainty among health facilities about the duration of the Order and improve adherence to the Order throughout the duration of influenza season. Additionally, extending the duration for the Los Angeles County HOO aligns with other California jurisdictions that also require mandatory masking of unvaccinated HCP through April 30.

References

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7/19/18

