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**UCSF** Medical Center | **UCSF** Children's Hospital

# UCSF Vaccination-or-Mask Policy

Hospital Epidemiology and  
Infection Control

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**“There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction.”**

**- John F. Kennedy**

# Influenza Vaccination Tidbits

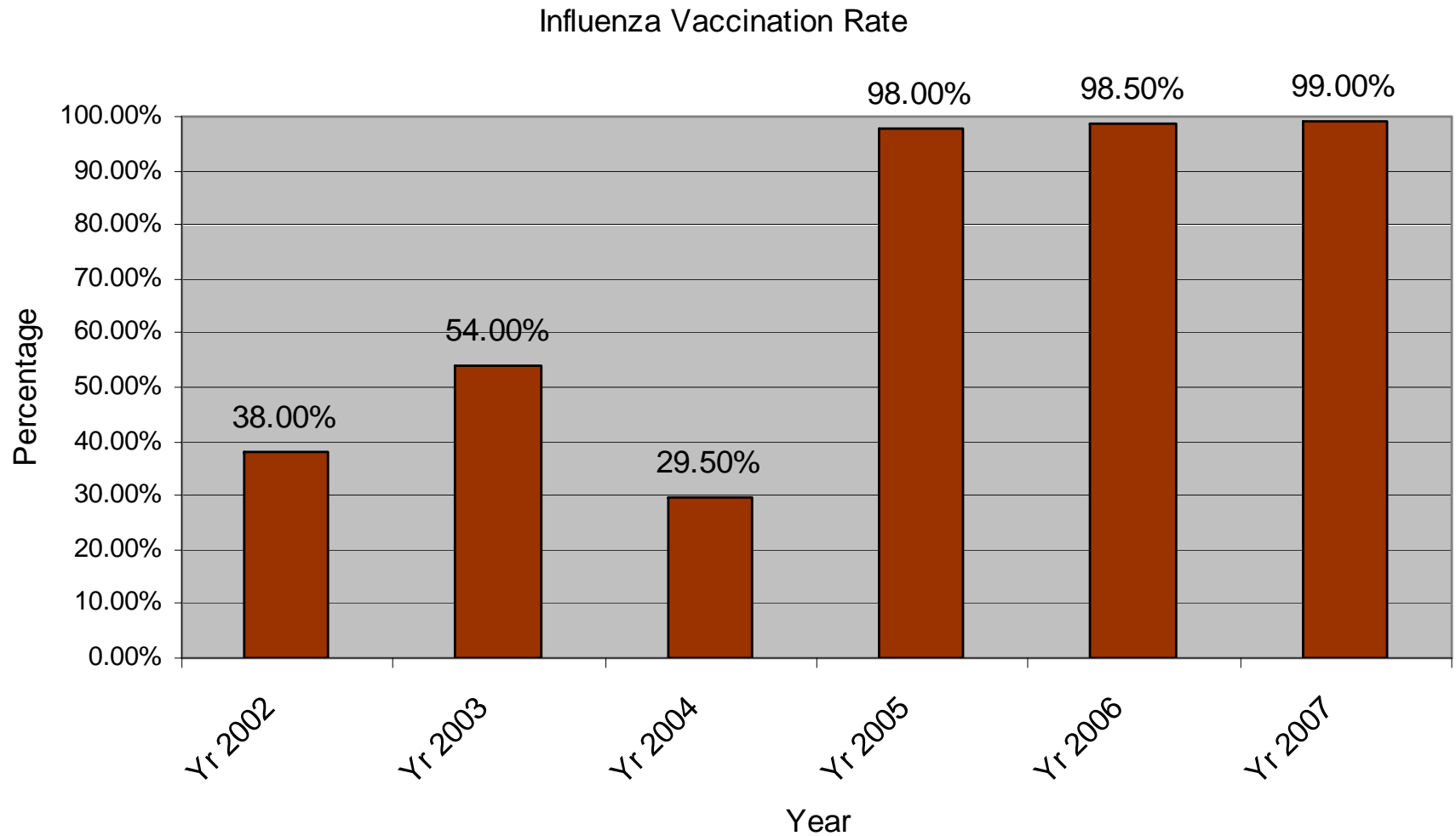
- ~36% HCW receive influenza vaccine
- Influenza disease in HCW is associated with increased absenteeism
- Ill HCW are associated with transmission to colleagues and patients
- State-mandated program for HCW vaccination **SB739**
- Common strategies to increase vaccination have been slightly successful
  - *Highly available @ hire, centralized clinics @ convenient locations, on-unit “deputies”*
  - *Free injectable or intranasal vaccine, w/wo thimerosol*
  - *Education re: benefits & risks posters, fliers, announcements, email reminders*
  - *Compliance reports to managers electronic, on demand*

# UCSF Tidbits

- Year-round committee dedicated to planning & executing immunization program (subcommittee of Infection Control Committee)
- Physician, senior leader, nursing participation
- Goal: 92% vaccination (2-yr ave. 8% declination rate)
- Campus purchases vaccine, Med Ctr delivers (labor, equipment)

Season	Overall HCW Vaccination Rate (%)	Strategies to increase vaccination (cumulative)
2007-8 (state mandate in effect)	44 (20% MD)	Posters, fliers, email notifications, declination allowed only after online educational module, unit-based compliance reports @ end of season
2008-9	60 (40% MD)	Prize incentives, on-unit deputies, unit compliance reports on demand (electronic)
2009-10 (to date)	88 seasonal 80 H1N1 (60% MD)	Broader distribution of on-unit deputies, pandemic, vaccination-or-mask policy, monthly overall and job category (e.g., Resident, Faculty, RN) compliance reporting through committee structure

# Virginia Mason Influenza Stats



# Vaccination-or-Mask Policy

- **Drivers to develop and implement policy:**
  - *2007: Report from Virginia Mason: 98% vaccination rate NLRB approved mandatory mask, did not approve mandatory vaccination*
  - *2008: Vaccination-or-mask concept introduced to Infection Control Committee, ID physician-supported, not supported by senior leadership*
  - *2008: 65 exposure episodes*
  - *2009: Demonstrated hospital acquisition of disease with poor patient outcomes,*
  - *2009: Demonstrated transmission among HCW*
  - *2009: Observations revealed ~60% compliance with routine droplet precautions, 50-70% compliance with HH*
  - *2009: CMO support/requirement*
  - *2009: Pandemic*

# Vaccination-or-Mask Policy

- **Requirements:**

- Receive seasonal **and** H1N1 vaccines OR
- Wear a mask when in patient care areas (in- & outpatient)
- Written declination if no intention to receive vaccine

- **Approval:**

- Infection Control, Executive Medical Board
- Notice to labor unions

- **Enforcement:**

- Unit manager-enforced for hospital employees (progressive discipline)
- Chair, practice director-enforced for physicians

# Vaccination-or-Mask Policy

- **Resistance:**

- *Labor unions (AFSME, CUE)*
- *“What is the definition of ‘hospital’ and ‘patient care area’?”*
- *Implement fully w/o sufficient access to vaccine?*
- *Who will enforce? Will/do enforcers enforce?*
- *How will this look to our patients*

- **Persistence**

- *Consistent messaging through all administrative levels*
- *Modeling by leaders*

## If We Could Do This Over. . . .

- **Multi-disciplinary development**
- **Begin the process earlier?**
- **Develop with system input/agreement**
- **Involve shop stewards in order to educate, gain agreement prior to union notice?**
- **More fully develop scripting/process for enforcement**



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