Thames Valley
Family Health Team

Medical Directive

Title:	**Influenza Vaccine Immunization**	**Assigned Number:**	**027**
Activation Date:	**October 12, 2020**	**Review due by:**	**December 2023**

Approval Signature & Date

Medical Director: _____ Date Reviewed: October 27, 2021

Clinical Services Director: _____ Date Reviewed: October 27, 2021

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

To administer the seasonal influenza vaccination to Thames Valley Family Health Team (TVFHT) staff and affiliates of TVFHT according to accepted guidelines and published product monographs (available from this link)

In the event that the vaccine recipient is having localized reactions such as bleeding, soreness/redness/itching/swelling at injection site, implementer is to manage the vaccine recipient according to recommendations in this document for localized reaction.

In the event that the vaccine recipient is having a suspected anaphylaxis reaction, implementers are to follow protocol outlined in **TVFHT Medical Directive #007 - Emergency Treatment of Anaphylaxis / Severe Allergic Reactions to Allergy Injections or Immunizations** in the event that the vaccine recipient is experiencing anaphylaxis or severe allergic reactions

Recipient Patients:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

All TVFHT staff, TVFHT affiliates, (excluding contractors or contracted workers who are members of a third-party contract or under direct contract with TVFHT)

Authorized Implementers:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**
Thames Valley FHT Registered Nurses/Registered Practical Nurse (RN/RPN) * ∗ The implementer must receive orientation from the Educator, with regards to the task. The implementer must complete the Implementer Performance Readiness Form in HR Downloads after successful completion of the orientation/education package. ∗ The implementing RN/RPN must have completed orientation and educational requirements of Emergency Treatment of Anaphylaxis / Severe Allergic Reactions to Allergy Injections or Immunizations medical directive and is encouraged to review Emergency Treatment of Anaphylaxis / Severe Allergic Reactions to Allergy Injections or Immunizations medical directive to ensure all required supplies and reference materials are available in the case of an emergency.	
Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**
Indications for Influenza Vaccination: The seasonal influenza vaccine may be administered following appropriate assessment of the recipient, determining there will be a beneficial effect and identifying any drug allergies. After assessment, it is determined that the recipient will benefit from and has no contraindication to the vaccine.	
Contraindications:	
Contraindications for Influenza Vaccination: Contraindications as outlined in the most recent national Advisory Committee of Influenza statement on Influenza Vaccine which is updated annually: naci-2021-2022-statement.pdf (canada.ca)	
Consent:	**Appendix Attached:** ☒ **Yes** ☐ **No** **Title:** Immunization HCP Flu Consent Form.pdf
1. Implementer obtains written or verbal patient consent (if possible) prior to the implementation of care.	

Guidelines for Implementing the Order/ Procedure:	Appendix Attached: ☐ Yes ☒ No Title:

1. Determine and confirm the vaccine to be administered according to current guidelines

2. Following these steps as outlined in the Vaccine administration practices section of the Canadian Immunization Guide, below is a short summary but is not intended to replace the information in the Immunization Guide:
    a. **Pre-vaccination counseling** - Information regarding the risks and benefits of both receiving and not receiving the vaccination should be provided. Minor side effects that occur frequently and any adverse effects that are severe should be discussed with the individual or substitute decision maker
    b. **Vaccine administration** - Vaccines should be administered using the recommended dose, route, site, equipment, technique, and schedule to optimize vaccine effectiveness and reduce the risk of local reactions or other adverse events. Dosage and administration recommendations can be found in the manufacturer's instructions. Vaccine administration is performed according to nursing practice standards*****
    c. **Post-vaccination counselling and observation** - Vaccine recipients/substitute decision makers should be counseled on common side effects and the management of these reactions. Vaccine recipients are to be kept under observation for at least 15 minutes after immunization.

In special circumstances such as a pandemic, vaccine recipients who have had no history of anaphylactic reactions vaccines and is receiving a vaccine that they had previously received with no complications (e.g. influenza vaccine), they can be observed for 5 minutes and then discharged to their vehicle or another unsupervised area for the remaining 10 minutes where the recipient can still contact medical staff physical or via virtual means in case of the onset of side effects or complications.

In case of anaphylaxis refer to the "Emergency Treatment of Anaphylaxis/Severe Allergic Reactions to Allergy Injections or Immunizations" TVFHT Medical Directive.

3. Document relevant information about the vaccination in recipient's medical record

Pre-loading vaccines in syringes

Pre-loading syringes with vaccine is discouraged because of the uncertainty of the vaccine stability in syringes, risk of contamination, increased potential for vaccine administration errors and vaccine wastage.

To facilitate timely and efficient administration of a single vaccine to a large number of people in an immunization clinic setting, pre-loading of syringes may be considered. However, if implemented, this practice should be limited to these settings and must include the following considerations:

a) Prior agreement on how professional accountability can be ensured if different people pre-load and administer the vaccine,
b) Data on stability of pre-loaded product for a specified time-period,
c) Prepare only the number of doses required to keep the clinic running efficiently and doses should be used as soon as possible and
d) Maintenance of the cold chain.

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

Informed written consent obtained (consent form includes name, lot, dose, and type of vaccine, and will contain the information provided within Public Health's consent form produced specifically for the vaccine.

- Risks and facts re: the vaccine will be communicated to recipient by Flu shot safety and effectiveness for the 2021–2022 Influenza Season at https://www.ontario.ca/page/flu-vaccine-safety-effectiveness
- If recipient is a staff member of TVFHT, consent form to be later filed in staff member's employee health chart via HR Downloads. Staff member to upload to HR Downloads after receiving influenza vaccine.
- If recipient experiences an adverse drug reaction (ADR) to the agent, implementer completes and submits the Provincial Report of Adverse Events Following Immunization (AEFI) Vaccine Reporting Form and instructs the recipient, if a TVFHT staff member, to complete an incident report form. Implementer also to document adverse drug reaction and provide to recipient to share with their primary care provider. Documentation in accordance with standard documentation practice. *
- Consult supervisor and People Services on possible need to report loss of consciousness and/or life-threatening condition to the Ministry of Labour if anaphylaxis occurs.

*** Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby. College of Nurses of Ontario (2008). CNO Practice Standard: Documentation*

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

4. The Directive remains in force until and unless amendment occurs. Review will occur annually. In the case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing disciplines will be consulted.
5. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns immediately by identifying these concerns to the Medical Director. The Medical Director will review these concerns and consult with at least one TVFHT member of the implementing disciplines, before necessary changes are made.
6. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the Medical Director and a minimum of one implementing disciplines.

Approving Physician(s)/Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No** **Title:**

TVFHT Medical Director – authorization recorded in HR Downloads.