

JUVENILE COURT HEALTH SERVICES POLICY – MEDICINE

Subject: IMMUNIZATIONS	Original Issue Date: 6/18/18	Policy #: MED-09
	Supersedes: 6/18/18	Effective Date: 6/12/2021
Departments Consulted: JCHS Nursing JCHS Pharmacy JCHS HIM	Approved By: (Signature on File) Health Services Administrator (Signature on File) Nursing Director	Approved by: (Signature on File) Medical Director

PURPOSE

To define the procedures by which the immunization records of all youth are reviewed and by which any needed immunizations are administered.

POLICY

JCHS will review immunization records of all youth upon admission to a juvenile detention hall and upon admission to camp. JCHS will administer any needed immunizations according to the CDC Recommended Immunization Schedule for adolescents.

PROCEDURE

For COVID-19 specific vaccines, please refer to the separate COVID-19 Vaccine Policy and Procedure.

Immunizations Prior to Camp Clearance

1. Upon admission to a juvenile hall, Health Information Management (HIM) staff will search the California Immunization Registry (CAIR2) database for any available records for each youth. Staff will print and scan into PEMRS.
2. After the Nursing Intake process has been completed and if the CAIR record is not up to date, a nurse will call a parent/guardian to request immunization records from home to be sent to the juvenile hall.
3. At the time of the admission physical exam (PE), nursing staff will ensure that a current CAIR2 record has been scanned into PEMRS. If not yet scanned in, nursing staff will print the most current CAIR2 record and provide it to the physician.
4. During the PE, the physician will review the CAIR2 record or any other available immunization records.
 - a. For males:
 - i. If records are available and demonstrate that the youth’s immunizations are not up to date, the physician will order any needed immunizations. Immunizations will be given at the completion of the PE visit.
 - ii. If no records are available, physician will order “Obtain immunization records from parent/guardian” in PEMRS and schedule a Chart Review for immunizations and camp clearance in one week.
 - b. For females:
 - i. If records are available and they reflect that the youth’s immunizations are not up-to-date, and the initial/admission pregnancy test was negative, the physician

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will order any needed immunizations to be given. Immunizations which are considered safe for pregnant women may be ordered and given immediately. Those not considered safe during pregnancy should be ordered to be given in 2 weeks, or at the physician's clinical discretion. Additionally, a repeat pregnancy test must be ordered to be done at least 2 weeks after admission (may order on the same date which future immunizations are to be given).

- ii. If records are available and they reflect that the youth's immunizations are not up-to-date, and the youth is pregnant, the physician will order the immunizations that are safe to be given during pregnancy (e.g., Hepatitis A, Hepatitis B, Tdap, inactivated influenza; meningococcal vaccine may be given, if clinically indicated Immunizations will be given at the completion of the PE visit.
 - iii. If no records are available, physician will order "Obtain immunization records from parent/guardian" in PEMRS and schedule a Chart Review for immunizations and camp clearance in one week.
5. If a physician has ordered "Obtain immunization records from parent/guardian", the order will appear in the Nursing Task List under tabs entitled "Unit Nurse" and "Clinic Nurse". Nursing staff will call the listed phone number every 1-3 days until parent/guardian has been reached and will document each call in the "Obtain immunization record" PowerForm. If a parent/guardian provides an expected date that the records will be sent to the facility, the nurse will document in the "Obtain immunization record" PowerForm under "Outcome of Contact" section. The task will remain active until the records are actually received by nursing staff. The task will only be removed from the list once the records have been received.
6. Additional methods to obtain an immunization record may also be used. For example, a parent/guardian can take a picture of the immunization record and text the record to a JCHS group email box for retrieval by a nurse. Once received, a CAIR record can be created or updated for review by the physician.
7. At the scheduled Chart Review one (1) week after the admission PE:
- a. For males:
 - i. If records have been received and reflect that the youth's immunizations are not up-to-date, the physician will order any needed immunizations. Once the immunizations are administered, nursing staff will create/update a CAIR2 record to reflect the received records and any newly given immunizations. This updated CAIR2 record will be given to HIM for scanning into PEMRS.
 - ii. If no records have been received, the nurse preparing the doctor's clinic schedule will reschedule the chart review, select "awaiting immunization records" as the reason for rescheduling, and schedule a Return to Clinic visit in one week.
 - b. For females:
 - i. If records have been received which demonstrate that the youth's immunizations are not up-to-date and the initial pregnancy test was negative, the physician will order any needed immunizations to be given.
 - The physician may order all catch-up immunizations to be given in one week, or a different date, based on the physician's clinical discretion. A

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repeat pregnancy test must also be ordered to be done on that same date the immunizations are to be given (at least 2 weeks after admission). All immunizations will be administered as ordered if the pregnancy test is negative. If the test is positive, the patient will be referred to Physician's Clinic and no immunizations will be given until further direction and adjustment of orders by the physician.

- Alternatively, the physician may order vaccines that are safe to be given during pregnancy to be administered immediately and order the remaining necessary vaccines to be given in 1 week, following a repeat pregnancy test that is negative.

- ii. If records have been received which demonstrate that the youth's immunizations are not up-to-date and the youth is pregnant, the physician will order the immunizations which are safe to be given during pregnancy (e.g., Hepatitis A, Hepatitis B, Tdap, inactivated influenza; meningococcal vaccine may be given, if clinically indicated).
- iii. If no records have been received, the nurse preparing the doctor's clinic schedule will reschedule the chart review, select "awaiting immunization records" as the reason for rescheduling, and schedule a Return to Clinic visit in one week.

8. At the scheduled return visit (two weeks after admission PE and one week after last immunization review):

a. For males:

- i. If records have been received and demonstrate that the youth's immunizations are not up-to-date, the physician will order any needed immunizations. Immunizations will be given at the completion of the visit.
- ii. If no records have been received, the physician should begin catch-up series for all immunizations. Immunizations will be given at the completion of the visit. At the physician's discretion, immunizations may be split into two visits (day of visit and the next day), but all live vaccines must be ordered to be given together in the first set of catch-up immunizations.
- iii. Nursing staff will create/update a CAIR record to reflect the received records and any newly given immunizations.

b. For females:

- i. If records have been received which demonstrate that the youth's immunizations are not up-to-date and the initial pregnancy test was negative, the physician will order a repeat pregnancy test and any needed immunizations. Pregnancy test will be performed.
 - If results indicate the youth is not pregnant, the ordered immunizations will be given at the completion of the visit.
 - If the repeat pregnancy test is positive, youth shall be referred back to physician and no immunizations will be given until further direction and adjustment of orders by the physician.
- ii. If records have been received which reflect that the youth's immunizations are not up-to-date and the youth is pregnant, the physician will order the

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immunizations which are safe to be given during pregnancy. Immunizations will be given at the completion of the visit.

- iii. If no records have been received, the physician should order a repeat pregnancy test and order catch-up series for all immunizations. Pregnancy test will be performed.
 - If results indicate the youth is not pregnant, the ordered immunizations will be given at the completion of the visit. At the physician's discretion, immunizations may be split into two visits (day of visit and the next day), but all live vaccines must be ordered to be given together in the first set of catch-up immunizations.
 - If the repeat pregnancy test is positive, youth shall be referred back to physician and no immunizations will be given until further direction and adjustment of orders by the physician.
- iv. Nursing staff will create/update a CAIR2 record that reflects the received records and any newly given immunizations.

- 9. At any time that a new CAIR2 record is created or an existing CAIR2 is updated, nursing staff will give the updated record to the HIM department to be scanned into PEMRS.
- 10. At any visit during which immunizations are ordered, if future immunizations are needed, the physician shall place an order to Return to Clinic within the indicated CDC Immunization Schedule time frame for the specific immunizations being ordered.
- 11. Physicians may exercise discretion in ordering vaccines prior to two weeks, even if no vaccine records are available. For example, a youth who indicates that their parent or guardian does not have the records at home may receive catch-up immunizations without waiting two weeks to confirm that records are not available. For females, only vaccines safe during pregnancy should be given within one week of admission.
- 12. If immunizations have been ordered, but are not in stock at that time, the physician may clear the youth to camp, with the expectation that the immunizations will be administered at camp as soon as they are available.

*Immunizations Required for Admission to Camp**

- Measles, Mumps, and Rubella (at least 1 of 2 recommended doses)
- Varicella Zoster (at least 1 of 2 recommended doses, even if CAIR indicates a history of chicken pox disease)
- Hepatitis B (at least 1 of 3 recommended doses)
- Hepatitis A (at least 1 of 2 recommended doses)
- Polio (at least 1 of 4 recommended doses)
- Meningococcal ACYW (at least 1 of 2 recommended doses)
- Tdap [must be given within 30 days of detention or within 30 days of enrollment in any California school system (whichever is sooner) to attend classes in juvenile hall]

* Refusals/exemptions of the required immunizations will only be recognized from the youth's parent/guardian and must be documented using the California Department of Public Health

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exemption form; this form will only be recognized if completed prior to January 1, 2016 (per California state law).

Immunizations Recommended (but not required) for Admission to Camp

- Human Papilloma Virus
- Influenza (based on season)
- Meningococcal B

Immunizations at Camp

1. Upon camp admission, the nurse will print and review an up-to-date CAIR2 record. The nurse will review PEMRS to see if an appointment has been scheduled for the next immunization(s). If not scheduled, the nurse will schedule a chart review.
2. On the date of the chart review, if the chart does not contain the most current CAIR2 record, the nurse will print the most current CAIR2 report for the physician to review. The physician will order the needed immunizations. Physician will also order a future appointment if further immunizations are needed, according to the recommended schedule. The nurse will arrange delivery from the pharmacy and administer the immunizations once they arrive.
3. Central Juvenile Hall Pharmacy will send out the vaccines as per department procedures.

Release from Juvenile Hall or Camp

1. At the time of release home or to an outside, placement facility, the nurse will provide an up-to-date copy of each youth's immunization record to the parent/guardian/accepting facility with the Discharge Summary.

Immunizations for JAWS Program

1. For JAWS visits, immunization and PPD records should accompany youth to clinic. Youth without complete immunization or PPD records may be seen by the physician, but not cleared for JAWS.
2. Youth will only be cleared to participate once a physician has verified that immunizations are up to date.

Immunizations Required for Participation in JAWS

- Measles, Mumps, and Rubella
- Varicella Zoster
- Tdap
- Hepatitis B
- Hepatitis A

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Immunizations for detainees over 19 years old

Due to restrictions under the Vaccine for Children (VFC) program policy, persons older than 19 years old are not eligible for certain immunizations provided by VFC. These immunizations, when needed by any patient over 19 years old, will be provided from a separate inventory stock.

Other Important Immunization Guidelines:

1. All youth should be screened for contraindications prior to administration of ordered vaccines and should be given the opportunity to read Vaccine Information Sheet(s) for the respectively ordered immunization(s).
2. The following reasons are not contraindications to receiving vaccines:
 - a. Mild illness (e.g., URI, low-grade fever, diarrhea)
 - b. Antibiotic therapy (except for a few specific circumstances)
 - c. Breastfeeding
 - d. Allergy to products which are not present in vaccine
 - e. Non-anaphylactic allergy to a vaccine component
 - f. Family history of adverse events
3. All vaccines (except smallpox) can be administered at the same time/visit as all other vaccines.
4. Live vaccines (MMR, VZV, intranasal flu) must either be administered during the same visit or 4 weeks apart.
5. Live vaccines and tuberculin skin tests (e.g., PPD):
 - a. PPD must be administered at the same time of live vaccines; otherwise, it cannot be placed until 4 weeks after the live vaccines were given. (For example, if VZV or MMR is given before PPD is ordered, PPD cannot be placed until 4 weeks after MMR/VZV.)
 - b. All vaccines may be given during the same visit as when the PPD is placed or any time after the PPD has been placed. (For example, if PPD is given on admission, all vaccines may be given at any point afterwards.)
6. Inactivated vaccines may be given at any time in relation to each other, other vaccines, or PPD.
7. Vaccines given up to 4 days before the minimum recommended interval are considered valid.
8. All adverse events that are potentially related to vaccines must be reported through the Vaccine Adverse Reporting System. Forms are available at all clinical sites or online at: <https://vaers.hhs.gov/>
9. Youth who are pregnant should receive vaccines according to the CDC's list of safe and recommended immunizations during pregnancy, particularly inactivated flu vaccine (during flu season) and Tdap.
10. Youth who are immunosuppressed shall generally not receive any live vaccines, although asymptomatic persons with HIV/AIDS may receive VZV and MMR. Specific guidelines for immunosuppressed patients shall be utilized or a specialist should be consulted prior to ordering any immunizations for these youth.
11. Immunizations must be stored and administered according to VFC guidelines.

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AUTHORITY

California State Assembly Bill 2109
Title 15, Article 8, Section 1432 "Health Appraisals/ Medical Examinations"
NCCHC Standards Y-E-04 "Health Assessment", Y-E-13 "Discharge Planning", Y-H-01 "Health Record Format and Contents", and Y-H-04 "Management of Health Records"
Vaccines for Children

REFERENCE

CDC Immunization Schedule (2015)
CDC Immunization and Pregnancy Table
Epidemiology and Prevention of Vaccine-Preventable Diseases (The Pink Book), 12th ed.
[available online at: <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>]
Immunization and Pregnancy, CDC National Center for Immunization and Respiratory Diseases (attached)
California Department of Public Health "Personal Beliefs Exemption to Required Immunizations" (attached)
JCHS Nursing Procedure #038 "Vaccine Management/Handling"

REVISION DATES

June 12, 2021