

**OLIVE VIEW-UCLA MEDICAL CENTER
MEDICAL ADMINISTRATION
POLICY & PROCEDURE**

**NUMBER: 10826
VERSION: 2**

SUBJECT/TITLE: **AMBULATORY CARE CLINICS ADULT INFLUENZA VACCINATION
SCREENING STANDARDIZED PROCEDURE**

POLICY: This standardized procedure has been written in a consistent format which is in compliance with the guidelines found in the Board of Registered Nursing, Title 16, California Code of Regulations, and Section 1474.

This standardized procedure was developed in collaboration with Nursing Staff, Clinical Providers, the Nursing Director, and the Primary Care Medical Director

PURPOSE: The purpose of the Adult Influenza Vaccination Screening Standardized Procedure is to establish guidelines by which staff will ensure adult patients are screened for influenza immunization status. This standardized procedure delegates the authority to the Registered Nurse to screen adult patients for their influenza immunization status and administer the required immunization, if indicated.

Only Registered Nurses are authorized to initiate this standardized procedure after completion of training and after providing evidence of competency.

DEPARTMENTS: **ADULT AMBULATORY CARE CLINICS**

DEFINITIONS:

PROCEDURE: All adult patients presenting to their clinic appointment will be screened for their current status of influenza immunization during the September 15th to April 15th Influenza Season. The procedure for the RN will be as follows:

- Review patient's influenza immunization status in the California Immunization Registry (CAIR) system, electronic medical record (EMR), and/or paper medical record

- If the patient is up to date with their influenza vaccine, inform patient.

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If the patient is due for the influenza vaccine, complete the following using the CDC Vaccine Screening Guidelines:

- Screen for Contraindications: a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. (See Attachment I) Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a person who has a history of either an anaphylactic or non-anaphylactic hypersensitivity to eggs, who is pregnant, is age 50 years or older, or who has chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression, including that caused by medications or HIV.
- Review Precautions: moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oselta-mivir) within the previous 48 hours or possibility of use within 14 days after vaccination.
- Review other considerations: an egg-free recombinant hemagglutinin influenza vaccine (RIV) may be used for people ages 18–49 years with egg allergies of any severity. People who experience onset of hives only after ingesting eggs may also receive inactivated influenza vaccine (IIV) with the following additional safety measures: 1) administration by a healthcare provider familiar with the potential manifestations of egg allergy and 2) observation for 30 minutes after receipt of the vaccine for signs of a reaction.
- Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient's medical record the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred. These can be found at www.immunize.org/vis.
- Complete the immunization screening checklist in ORCHID EHR

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(Under Nursing Ambulatory Intake).

Immunization Screening

Are you sick today?

Do you have allergies?

Ever had a serious reaction after a vaccination?

Do you have a long-term health problem?

Do you have an immune system problem?

Have you taken meds that weaken your immunity?

Have you had a nervous system problem?

Have you received a blood transfusion?

Are you pregnant?

Have you received any vaccinations in last month?

- If the patient answers “Yes” to any screening questions, consult with a provider to determine if the patient should receive the influenza vaccine.

- Administer influenza vaccine as follows:

a) For adults of all ages, give 0.5 mL of injectable trivalent inactivated influenza vaccine (TIV-IM) intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. (Note: A 5/8" needle may be used for adults weighing less than 130 lbs [<60 kg] for injection in the deltoid muscle only if the subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.)

b) For healthy adults younger than age 50 years, give 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position.

c) For adults age 18 through 64 years, give 0.1 ml TIV-ID intradermally by inserting the needle of the microinjection system at a 90 degree angle in the deltoid muscle. d) For adults age 65 years and older, give 0.5 mL of high-dose TIV-IM intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.

DOCUMENTATION:

Document each patient’s vaccine administration information and follow up in the following places:

- Medical chart/EMR: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reasons(s) for non-receipt of the

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vaccine (e.g., medical contraindication, patient refusal).

- If applicable, Personal Immunization Record Card: Record the date of vaccination and the name/location of the administering clinic.
- CAIR: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine

Adverse Events

Be prepared for management of a medical emergency related to the administration of vaccine by ensuring that the Crash Cart is readily available and there is access to a telephone to dial for assistance as indicated. Report all adverse reactions to influenza vaccine to the provider and via the Safety Intelligence PSN Incident Report.

REVIEW:

Adult Influenza Vaccination Screening Standardized Procedure shall be reviewed annually.

TRAINING AND COMPETENCY:

Training consists of:

- In-service of the standardized procedure by Nurse Manager/Designee

Competency is demonstrated by:

- Meeting the Adult Influenza Vaccination Screening Standardized Procedure Performance Checklist Criteria

Competency will be assessed prior to the Registered Nurse initiating this standardized procedure and annually thereafter.

Only those RNs that have documented evidence of the above stated training and competency will be allowed to perform this standardized procedure. Written evidence of training and competency will be maintained by the Nurse Manager and filed in the employee area personnel file.

A list of those RNs that are competent in providing the Adult Influenza

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Vaccination Screening Standardized Procedure will be maintained in the clinic area and available for review.

SUPERVISION:

The Nurse Manager/Designee is responsible for the supervision of the RN staff.

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**Adult Influenza Vaccination Screening Standardized Procedure/Protocol
PERFORMANCE CHECKLIST**

EMPLOYEE NAME

EMPLOYEE NUMBER

DATE

CRITERIA	MET	NOT MET	DATE OF REMEDIATION	DATE MET
1) Verbalizes the dates for the current Influenza Season				
2) Verbalizes two contraindications to giving the influenza vaccine				
3) Verbalizes two patient identifiers				
4) Verbalizes time frame for observation of adverse reactions				
5) Demonstrates where he/she would document immunization				
6) Verbalizes what would require provider notification				

NAME OF EVALUATOR

SIGNATURE

DATE

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APPROVED USERS

PRINT/SIGN EMPLOYEE NAME	TITLE	EMPLOYEE #

References: Approved by the Interdisciplinary Practice Committee 1/4/2016	
Approved by: Dellone Pascascio (Chief Nursing Officer), Scott Lundberg (Assistant Medical Director), Shannon Thyne (Chief Medical Officer)	Date: 1/4/16
Review Date: 9/7/16	Revision Date:
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