Standardized Procedure for RN's and Standardized Protocol for LVN's Administering Varicella (Chickenpox) Vaccine to Adults/Evidence of Immunity

Under this standardized nursing procedure/protocol, licensed Employee Health Services (EHS) staff are eligible to vaccinate workforce members (WFMs) or order a varicella titer according to the following criteria below**.**

WFMs without adequate presumptive evidence of immunity for varicella can either have titer ordered or be vaccinated per below standing order/protocol.

Indications: WFMs who may receive the varicella vaccine

- Are healthcare workers and also meet any of the following criteria:
  - insufficient documentation of 2 doses of varicella
  - lack laboratory evidence of immunity or laboratory confirmation of disease

Screen all WFM for contraindications and precautions to varicella vaccine

Contraindications:

- A history of serious reaction (e.g., anaphylaxis) after a previous dose of varicella vaccine or to a varicella vaccine component
- Pregnant now or may become pregnant within 4 weeks
- Having any malignant condition, including blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic system
- Receiving high-dose systemic immunosuppressive therapy
- CD4+ T-lymphocyte count of less than 200 cells per µL
- Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory
- Family history of altered immunocompetence

Precautions:

- Recent (within the past 11 months) receipt of antibody-containing blood products (specific interval depends on product)
- Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination moderate or severe acute illness with or without a fever

Procedure to administer vaccine:

Supplies/equipment needed: Sharps disposal container, medical gloves, 23-25g needle (5/8"), 3cc syringe, vaccine, alcohol wipe, 1" gauze pad or cotton ball, band aid, documentation record (Always check expiration date on vaccine and supplies before using.)

NOTE: Varicella vaccine must be stored frozen. Reconstitute and administer varicella vaccine immediately after removing it from the freezer.

- Provide all WFMs with a copy of the most current federal Vaccine Information Statement (VIS). Publication date of the VIS must be documented.

Administration:

- Administer 0.5ml varicella vaccine subcutaneously (using 23-25g, 5/8" needle) into the posterolateral fat of the upper arm (i.e., give in fatty tissue over the triceps). If indicated, administer the second dose 4-8 weeks after the first dose.
  - If two or more of the following live virus vaccines are to be given -LAIV, MMR, VAR, HZV, and /or yellow fever, they should be given on the same day. If they are not given on the same day, they should be spaced by at least 28days.
- May use as post-exposure prophylaxis if given within five days of exposure

Documentation:

- Document vaccine administration information in WFM's Employee Health record with the date vaccine administered, manufacturer and lot number, vaccination site and route, name and title of person administering vaccine. Record the date of vaccination and name/location of the administering clinic in the WFM's personal immunization record card (if available).
  - If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication)

Emergency management:

- Be prepared for management of medical emergency related to the administration of vaccine. See Appendix G: *Medical Management of Vaccine Reactions in Adult WFMs*. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
- Report all adverse reactions to varicella vaccine to the EHS provider and the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____ID #_____

EHS Medical Director's Signature: _____ Effective Date: _____

Standardized Procedures for RN's and Standardized Protocol for LVN's Administering Measles, Mumps & Rubella Vaccine to Adults/Evidence of Immunity

Under this standardized nursing procedures/protocols, licensed Employee Health Services (EHS) staff are eligible to vaccinate workforce members (WFMs) according to the following criteria below**.**

WFMs without adequate presumptive evidence of immunity for measles, mumps and rubella can either have titer ordered or be vaccinated per below standing order/protocol.

Indications: WFMs who may receive the Measles, Mumps & Rubella vaccine

- Measles: no documentation of administration of 2 doses of live measles virus vaccine
- Mumps: no documentation of administration of 2 doses of live mumps virus vaccine
- Rubella: no documentation of administration of 1 doses of live rubella virus vaccine
  or
- No Laboratory evidence of immunity or laboratory confirmation of disease to measles, mumps, rubella

The first dose should be administered on or after the first birthday; the second dose of measles and mumps-containing vaccine should be administered no earlier than one month (i.e., a minimum of 28 days) after the first dose. Combined MMR vaccine generally should be used whenever any of its component vaccines is indicated.

Screen all WFMs for contraindications and precautions to Measles, Mumps & Rubella vaccine

Contraindications:

- Previous severe allergic reaction (e.g., anaphylaxis) to this vaccine or to any of its components; history of anaphylactic reaction to neomycin (contact dermatitis to neomycin is not a contraindication to receiving MMR-containing vaccine)
- Pregnancy or possibility of pregnancy within 4 weeks
- Severe immunodeficiency (e.g., hematologic and solid tumors; receiving chemotherapy; congenital immunosuppressive therapy; or severely symptomatic HIV)
  - CD4+T-lymphocyte counts are greater than or equal to 200 cells/ µL for 6 months
- Family history of altered immunocompetence

Precautions:

- Recent (within the past 11 months) receipt of antibody-containing blood product (e.g., whole blood, packet red blood cells, plasma, and /or immune globulin)
- History or thrombocytopenia or thrombocytopenic purpura
- Moderate or severe acute illness with or without fever

Note: If tuberculosis skin test (TST) is to be performed, it should be administered either any time before MMR vaccine, simultaneously with the vaccine on the same day, or delay TST for at least 4-6 weeks after MMR vaccine.

Procedure to administer vaccine:

Supplies/equipment needed: Sharps disposal container, medical gloves, 23-25g needle (5/8"), 3cc syringe, vaccine, alcohol wipe, 1" gauze pad or cotton ball, band aid, documentation record
(Always check expiration date on vaccine and supplies before using)

- Provide all WFMs with a copy of the most current federal Vaccine Information Statement (VIS). Publication date of the VIS must be documented.

Administration:

- Administer 0.5ml MMR vaccine subcutaneously (using 23-25g, 5/8" needle) into the posterolateral fat of the upper arm (i.e., give in fatty tissue over the triceps).
  - If a second dose of MMR is indicated, observe a minimum interval of 4 weeks between the first and second doses.
  - If two or more of the following live virus vaccines are to be given - LAIV, MMR, VAR, HZV, and /or yellow fever, they should be given on the same day. If they are not, space them by at least 28days.

Documentation:

- Document vaccine administration information in WFM's Employee Health record with the date vaccine administered, manufacturer and lot number, vaccination site and route, name and title of person administering vaccine. Record the date of vaccination and name/location of the administering clinic in the WFM's personal immunization record card (if available).
  - If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication)

Emergency management:

- Be prepared for management of medical emergency related to the administration of vaccine. See Appendix G: *Medical Management of Vaccine Reactions in Adult WFMs*. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
- Report all adverse reactions to MMR vaccine to the EHS provider and the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____ID #_____

EHS Medical Director's Signature: _____ Effective Date: _____

Standardized Procedures for RN's and Standardized Protocol for LVN's Administering Tetanus-Diphtheria Toxoids & Pertussis (Td/Tdap) Vaccine to Adult WFMs

Under this standardized nursing procedure/protocol, licensed Employee Health Services (EHS) staff are eligible to vaccinate workforce members (WFMs) according to the following criteria below**.**

Indications: WFMs who may receive the Td/Tdap vaccine

- Lack of documentation of receiving a dose of pertussis containing vaccine (i.e., Tdap) as an adolescent or adult or Tdap history is not known
- Currently pregnant and no documentation of Tdap given during current pregnancy
- Lack documentation of receiving at least 3 doses of tetanus- and diphtheria- containing toxoids.
- Completion of a 3-dose primary series of tetanus and diphtheria-containing toxoids with no documentation of receiving a booster dose within the previous 10 years.
- Recent deep and dirty wound and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years.

Screen all WFM for contraindications and precautions to Td/Tdap vaccine

Contraindications:

- A history of serious reaction (e.g., anaphylaxis) after a previous dose of Td/Tdap vaccine or to a Td/Tdap vaccine component
- For Tdap only, history of encephalopathy not attributable to an identifiable cause, within 7 days following DTP/DTap, or Tdap

Precautions:

- Moderate or severe acute illness with or without a fever
- Guillain-Barré syndrome within 6 weeks following previous dose of tetanus-toxoid-containing vaccine
- History of arthus-type hypersensitivity reaction following a prior dose of tetanus-or diphtheria toxoid-containing vaccine (including MCV4); defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine
- For pertussis-containing vaccine only (e.g., Tdap), progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy until a treatment regimen has been established and the condition has stabilized

Procedure to administer vaccine:

Supplies/equipment needed: Sharps disposal container, medical gloves, using 22-25g, 1-1$^{1/2}$" needle, 3cc syringe, vaccine, alcohol wipe, 1" gauze pad or cotton ball, band aid, documentation record
(Always check expiration date on vaccine and supplies before using)

- Provide all WFMs with a copy of the most current federal Vaccine Information Statement (VIS). Publication date of the VIS must be documented.

Administration:

- Administer 0.5ml Td or Tdap vaccine intramuscularly (using 22-25g, 1-1$^{1/2}$" needle) into the deltoid muscle or, alternatively, the anterolateral thigh also can be used. (Note: a 5/8" needle may be used for adults weighing less than 130lbs [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.)

Provide subsequent doses of either Tdap or Td to WFMs as follows:

- To complete the primary 3-dose schedule: observe a minimum interval of 4 weeks between the first and second doses, and 6 calendar months between the second and third doses
- To boost with Tdap or Td after primary schedule is complete; prioritize use of Tdap if not previously given (Note: there is no need to observe a minimum interval between Td and the subsequent Tdap); if Tdap was already administered, boost with Td routinely every 10 years. If Td is indicated but not available, Tdap may be substituted.
- For pregnant women, administer Tdap during each pregnancy (preferable during 27 through 36 weeks gestation), regardless of number of years since prior Td or Tdap vaccination
- For WFMs who are unvaccinated or behind, complete the primary Td series (spaced at 0, 1, to 2 months, 6 to 12 months intervals); substitute a one-time dose of Tdap for one of the doses in the series, preferably the first
- Give Td booster every 10 years after the primary series has been completed
- Tdap should be given regardless of interval since previous Td

Documentation:

- Document vaccine administration information in WFM's Employee Health record with the date vaccine administered, manufacturer and lot number, vaccination site and route, name and title of person administering vaccine. Record the date of vaccination and name/location of the administering clinic in the WFM's personal immunization record card (if available).
  - If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication)

Emergency management:

- Be prepared for management of medical emergency related to the administration of vaccine. See Appendix G: *Medical Management of Vaccine Reactions in Adult WFMs*. To prevent syncope, vaccinate WFM while he/she is seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
- Report all adverse reactions to Td/Tdap vaccine to the EHS provider and the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____**ID #**_____

EHS Medical Director's Signature: _____ **Effective Date:** _____

Standardized Procedures for RN's and Standardized Protocol for LVN's Administering Influenza Vaccine to Adult WFMs

Under this standardized nursing procedure/protocol, licensed Employee Health Services (EHS) staff are eligible to vaccinate workforce members (WFMs) according to the following criteria below**.**

Indications: WFMs who may receive the influenza vaccine

- No history of influenza vaccine for the current influenza season

Screen all WFM for contraindications and precautions to influenza vaccine

Contraindications:

- A history of serious reaction (e.g., anaphylaxis) after a previous dose of influenza vaccine or to an influenza vaccine component
- Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a WFM who:
    - has a history of either an anaphylactic or non-anaphylactic allergy to eggs
    - is pregnant
    - has immunosuppression (including that caused by medications or HIV)
    - is age 50 years or older
    - has received influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or has possibility of use within 14 days after vaccination, or who cares for a severely immunosuppressed person who requires a protective environment

      NOTE: WFM should avoid use of these antiviral drugs for 14 days after vaccination

Precautions:

- Moderate or severe acute illness with or without a fever
- History of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination
- For LAIV only: an adult with a medical condition which might predispose the adult to higher risk of complications attributable to influenza (e.g., chronic pulmonary [including asthma], cardiovascular [excluding isolated hypertension], renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic [including diabetes] disorders); immunosuppression (including that caused by medications or HIV)

Other considerations:

- When available, an egg-free recombinant hemagglutinin influenza vaccine (RIV) may be used for people age 18 years and older with egg allergy of any severity. People who experience onset of hives only after ingesting eggs: EHS staff should administer inactivated influenza vaccine (IIV) and observe the patient for at least 30 minutes after receipt of the vaccine for signs of a reaction.

Procedure to administer vaccine:

Supplies/equipment needed: Sharps disposal container, medical gloves, using 22-25g, 1-1$^{1/2}$" needle, 3cc syringe, vaccine, alcohol wipe, 1" gauze pad or cotton ball, band aid, documentation record

(Always check expiration date on vaccine and supplies before using)

- Provide all WFMs with a copy of the most current federal Vaccine Information Statement (VIS). Publication date of the VIS must be documented.

Administration:

Inactivated influenza vaccine (IIV)

- Administer 0.5ml of IIV intramuscularly (using 22-25g, 1-1$^{1/2}$" needle) into the deltoid muscle or, alternatively, the anterolateral thigh also can be used. (Note: a 5/8" needle may be used for adults weighing less than 130lbs [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.)
    - IIV should be given to WFMs who are in close contact with severely immunosuppressed patients (e.g., stem cell transplant recipients) when they require protective isolation
    - High dose IIV can be provided to individuals 65 years and older

Live attenuated influenza vaccine (LAIV; nasal spray)

- When available, for non-pregnant WFMs younger than 50 years, give 0.2ml of intranasal LAIV; 0.1ml is sprayed into each nostril while the patient is in an upright position.

Documentation:

- Document vaccine administration information in WFM's Employee Health record with the date vaccine administered, manufacturer and lot number, vaccination site and route, name and title of person administering vaccine. Record the date of vaccination and name/location of the administering clinic in the WFM's personal immunization record card (if available).
    - If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication)

Emergency management:

- Be prepared for management of medical emergency related to the administration of vaccine. See Appendix G: *Medical Management of Vaccine Reactions in Adult WFMs*. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
- Report all adverse reactions to influenza vaccine to the EHS provider and the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

This standardized nursing procedure/protocol hall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____ID #_____

EHS Medical Director's Signature: _____ Effective Date: _____

Standardized Procedures for RN's and Standardized Protocol for LVN's Administering Hepatitis B Vaccine to Adult WFMs/Evidence of Immunity

Under this standardized nursing procedure/protocol, licensed Employee Health Services (EHS) staff are eligible to vaccinate workforce members (WFMs) according to the following criteria below**.**

Indications: WFMs who may receive the hepatitis B vaccine

- Lack of documentation or unknown history of prior receipt of a complete series of hepatitis B vaccine, with occupational risk of exposure to blood or other potential infectious material
  - Should receive either the 3-dose series of hepatitis B vaccine at 0, 1, and 6 months
  - Or the 2-dose Heplisav-B series at 0,1 month
- WFMs, who perform tasks that may involve exposure to blood or body fluids, should be tested for hepatitis B surface antibody (anti-HBs) 1-2 months after final dose per series to document immunity
  - If anti-HBs is less than 10mlU/ml (negative), the WFM is not protected from hepatitis B virus (HBV) infection and should receive an additional series of HepB vaccine on the routine schedule, followed by anti-HBs testing 1-2 months later.
  - A WFM whose anti-HBs remains less than 10mIU/ml after2 completed series, should be tested for HBsAg.
  - For WFM who test negative for HBsAg, should be considered vaccine "non-responders" and susceptible to HBV infection.

Screen all WFM for contraindications and precautions to hepatitis B vaccine

Contraindications:

- A history of serious reaction (e.g., anaphylaxis) after a previous dose of hepatitis B vaccine or to a hepatitis B vaccine component

Precautions:

- Moderate or severe acute illness with or without a fever

Procedure to administer vaccine:

Supplies/equipment needed: Sharps disposal container, medical gloves, using 22-25g, 1-1$^{1/2}$" needle, 3cc syringe, vaccine, alcohol wipe, 1" gauze pad or cotton ball, band aid, documentation record

(Always check expiration date on vaccine and supplies before using)

- Provide all WFMs with a copy of the most current federal Vaccine Information Statement (VIS). Publication date of the VIS must be documented.
- Choose the needle gauge, needle length and injection site according to the following chart:

Gender and Weight of Patient	Needle Gauge	Needle Length	Injection Site
Female or male less than 130 lbs.	22–25	5/8*-1"	Deltoid muscle of arm
Female or male 130-152 lbs.	22–25	1"	Deltoid muscle of arm
Female 153-200 lbs.	22–25	1-1 ½"	Deltoid muscle of arm
Male 153-260 lbs.	22–25	1-1 ½"	Deltoid muscle of arm
Female 200+ lbs.	22–25	1 ½"	Deltoid muscle of arm
Male 260+ lbs.	22–25	1 ½"	Deltoid muscle of arm

- (Note: a 5/8" needle may be used for adults weighing less than 130lbs [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.)

- Administer vaccine according to the criteria and guidance in the table below

Type of Vaccine	Age Group	Dose	Route	Instructions
Heplisav-B (Dynavax)	18 yrs & older	0.5ml	Intramuscular (IM)	Administer vaccine in deltoid muscle
Pediatric formulation of Engerix-B (GSK) or Recombivax HB (Merck)	19 yrs & younger	0.5ml	Intramuscular (IM)	Administer vaccine in deltoid muscle
Adult formulation of Engerix-B (GSK) or Recombivax HB (Merck)	20 yrs & older	1.0 ml	Intramuscular (IM)	Administer vaccine in deltoid muscle

- Schedules for vaccination

History of Previous Vaccination	For patients whose previous brand of vaccine is known, continue with the same brand as shown below. If brand is not known or is not available, continue with a 3-dose schedule as indicated in the right-hand column below.	
	Schedule for administration of Heplisav-B	**Schedule for administration of Engerix-B or Recombivax HB**
None or unknown	Give a 2-dose series at 0 and 1 month.	Give a 3-dose series at 0, 1, and 6 mos.
1 dose	Give dose #2 at least 4 wks after dose #1 to complete the series.	Give dose #2 at least 4 wks after #1; then, give dose #3 at least 8 wks after dose #2 and at least 16 wks after dose #1.
2 doses		Give dose #3 at least 8 wks after dose #2 and at least 16 wks after dose #1.

NOTE 1: For people receiving hemodialysis or with other immunocompromising conditions, give either 1 dose of 40 mcg/mL (Recombivax HB) at 0, 1, and 6 mos, OR 2 doses of 20 mcg/mL (Engerix-B) administered simultaneously at 0, 1, 2, and 6 mos, OR 2 doses of 0.5 mL Heplisav-B at 0 and 1 mo.
NOTE 2: The hepatitis b vaccine series does not need to be restarted, regardless of the time that has lapsed between doses.

Documentation:

- Document vaccine administration information in WFM's Employee Health record with the date vaccine administered, manufacturer and lot number, vaccination site and route, name and title of person administering vaccine. Record the date of vaccination and name/location of the administering clinic in the WFM's personal immunization record card (if available).
    - If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication)

Emergency management:

- Be prepared for management of medical emergency related to the administration of vaccine. See Appendix G: *Medical Management of Vaccine Reactions in Adult WFMs*. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
- Report all adverse reactions to hepatitis B vaccine to the EHS provider and the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____**ID #**_____

EHS Medical Director's Signature: _____ **Effective Date:** _____

Standardized Procedures for RN's and Standardized Protocol for LVN's Administering Meningococcal ACWY Vaccine to Adult WFMs

Under this standardized nursing procedure/protocol, licensed Employee Health Services (EHS) staff are eligible to vaccinate workforce members (WFMs) according to the following criteria below**.**

Indications: WFMs who may receive the Meningococcal ACWY vaccine

- Microbiologists routinely exposed to isolates of N. Meningitidis

Screen all WFM for contraindications and precautions to Meningococcal vaccine

Contraindications:

- A history of serious reaction (e.g., anaphylaxis) after a previous dose of Meningococcal vaccine or any of Meningococcal vaccine components

Precautions:

- Moderate or severe acute illness with or without a fever

Procedure to administer vaccine:

Supplies/equipment needed: Sharps disposal container, medical gloves, using 22-25g, 1-1$^{1/2}$" needle, 3cc syringe, vaccine, alcohol wipe, 1" gauze pad or cotton ball, band aid, documentation record
(Always check expiration date on vaccine and supplies before using)

- Provide all WFMs with a copy of the most current federal Vaccine Information Statement (VIS). Publication date of the VIS must be documented.
- There are two kinds of vaccines that protect against serogroups A, C, W, Y. meningococcal conjugate vaccine (MenACWY) and meningococcal polysaccharide vaccine (MPSV4)
- MenACWY is the preferred vaccine for adults who anticipate requiring multiple doses.

Administration:

- For adult WFMs ages 55 years and younger, administer 0.5ml meningococcal vaccine intramuscularly (using 22-25g, 1-1$^{1/2}$" needle) into the deltoid muscle. (Note: a 5/8" needle may be used for adults weighing less than 130lbs [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.)

Schedule additional vaccination as follows:

- For WFMs who remain at high risk (e.g., microbiologist with routine exposure to isolates of N. Meningitidis), give 1 dose every 5 years

Documentation:

- Document vaccine administration information in WFM's Employee Health record with the date vaccine administered, manufacturer and lot number, vaccination site and route, name and title of person administering vaccine. Record the date of vaccination and name/location of the administering clinic in the WFM's personal immunization record card (if available).
    - If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication)

Emergency management:

- Be prepared for management of medical emergency related to the administration of vaccine. See Appendix G: *Medical Management of Vaccine Reactions in Adult WFMs*. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
- Report all adverse reactions to Meningococcal vaccine to the EHS provider and the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____ID #_____

EHS Medical Director's Signature: _____ Effective Date: _____

Standardized Procedures for RN's and Standardized Protocol for LVN's for Emergency Management of Vaccine Reactions in Adult WFMs

Under this standardized nursing procedure/protocol, licensed Employee Health Services (EHS) staff are eligible to treat and manage various reactions.

All vaccines have the potential to cause an adverse reaction. In order to minimize adverse reactions, WFMs should be carefully screened for precautions and contraindications before vaccines are administered. Even with careful screening, reactions may occur.

Indications for Emergency Management of vaccine reactions in Adult WFMs.

- WFM exhibits signs and/or symptom of adverse reactions to vaccine (e.g., itching, hives, swelling of lips, face, or throat, severe wheezing or shortness of breath, shock, anaphylaxis)

Procedure:

Supplies/equipment needed: Sharps disposal container, medical gloves, 22 and 25g, 1 and $1^{1/2}$" needles, 1 and 3cc syringes, for ampules- use filtered needles, alcohol wipes, 1" gauze pads or cotton balls, band aids, sphygmomanometer (blood pressure device) with adult-size and extra-large cuffs, stethoscope, adult-size pocket mask with one-way valve or adult ventilation bag with mask, oxygen and suction set-up if available, automated external defibrillator (AED) if available, wrist watch with second hand or other timing device, land line or access to on-site telephone, documentation record
NOTE: If Adult cardiac arrest cart is available, emergency supplies may be used from cart.

Administration:

Reaction	Signs/symptoms	Management
Localized	Soreness, redness, mild itching or swelling at the vaccine injection site	Apply cold compress to the vaccine injection site.
	Slight bleeding	Apply adhesive compress (e.g., band aid) over the vaccine injection site
	Continuous bleeding	Place a thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's (WFM) heart
Psychological fright and syncope (fainting)	Fright before injection is given	Have patient (WFM) sit or lie down for the vaccination.
	Extreme paleness, sweating, coldness of the hands and feet, nausea, light-headedness, dizziness, weakness, or visual disturbances	Have patient (WFM) lie flat or sit with head between knees for several minutes. Loosen any tight clothing and maintain an open airway. Apply cool, damp cloths to patient's (WFM's) face and neck
	Fall, without loss of consciousness	Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.
	Loss of consciousness	Check the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Per facility protocol, activate emergency response team or call 911 if patient does not recover immediately.
Anaphylaxis	Sudden or gradual onset of generalized itching, erythema (redness), or urticarial (hives); angioedema (swelling of the lips, face, or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse	1. If itching and swelling are generalized, per facility protocol, activate the facility's appropriate Code team /emergency response system or call 911 if outside facility's code team access. (This should be done by a second EHS staff, while the primary EHS staff assesses the airway, breathing, circulation, and level of consciousness of the patient/WFM.) 2. For hives or itching, administer 50mg diphenhydramine dilution intramuscularly into the deltoid muscle (opposite arm of injection site, if possible) 3. For anaphylaxis, administer 0.3 ml aqueous epinephrine 1:1000 dilution intramuscularly, into the deltoid muscle (opposite arm of injection site, if possible) NOTE: There are NO contraindications to epinephrine in the setting of anaphylaxis. 4. Monitor the patient/WFM closely until EMS or appropriate Code team arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in supine position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's/WFM's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes. 5. If Code team or emergency responders have not arrived and symptoms are still present, repeat dose of epinephrine every 5-15 minutes for up to 3 doses, depending on patient's/WFM's response. 6. Record all vital sign, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.

- Report all adverse reactions to any vaccine to the EHS provider and the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____**ID #**_____

EHS Medical Director's Signature: _____ **Effective Date:** _____

Standardized Procedures for RN's and Standardized Protocol for LVN's for Mantoux tuberculin skin test (TST) and Interferon Gamma Release Assay

Under this standardized nursing procedure/protocol, licensed Employee Health Services (EHS) staff are eligible to place and read TST on WFMs. Any WFM with a positive TB symptom review is referred to the EHS provider.

Indications: WFMs who may receive the Mantoux tuberculin skin test (TST)

- All WFM

Screen all WFM for contraindications and precautions to Mantoux tuberculin skin test (TST)

Contraindications:

- A history of serious reaction (e.g., anaphylaxis, necrosis, blistering, ulcerations) after a previous dose of tuberculin purified protein derivative (PPD) antigen

Precautions: none

Note: If MMR or other live virus vaccine has already been given, the tuberculosis skin test (TST) should be deferred for at least 4-6 weeks after the administration of the MMR (live virus) vaccine, as a false-negative result may occur when reading the TST.

Procedure to Administer

Supplies/equipment needed: Sharps disposal container, medical gloves, single dose disposable tuberculin syringe with ½ inch 26- or 27-gauge intradermal needle with a short bevel, alcohol wipe, five tuberculin units (TU) of tuberculin purified protein derivative (PPD) antigen, documentation record
(Always check expiration date on tuberculin purified protein derivative vial and supplies before using)

The TST is an intradermal injection. The TST is performed by injecting 0.1 ml of tuberculin purified protein derivative (PPD) into the inner surface of the forearm; the injection site area should be flat and not directly over a vein. The injection should be made with a tuberculin syringe, with the needle bevel facing upward. When placed correctly, the injection should produce a pale elevation of the skin (a wheal) 6 to 10 mm in diameter.

TST Reading: The skin test reaction should be read between 48 and 72 hours after administration. A WFM who does not return within 72 hours will need to be rescheduled for another skin test. The first step of a two-step test can be read in one week when the second test is being placed and read in 48-72 hours.

The reaction should be measured in millimeters of the induration (palpable, raised, hardened area or swelling). The reader should not measure erythema (redness). The diameter of the indurated area should be measured with a millimeter ruler across the forearm (perpendicular to the long axis). See table of Tuberculin Skin Test Reaction below.

TST Reactions Interpretation: Skin test interpretation depends on two factors:

- Measurement in millimeters of the induration (the description of the results of a PPD must be communicated to the RN and the RN makes the positive or negative call and resulting care plan)
- Person's risk of being infected with TB and of progression to disease if infected

All TST conversions will receive a CXR to rule out active disease

Interferon gamma release assay (IGRA)

If available, IGRA is the preferred method of screening, but TST is acceptable in groups of people who have low rates of returning to have TST read or persons who have received Bacillus Calmette–Guérin (BCG). IGRA can also be ordered without preference when testing recent contacts of persons who are known or suspected to have active TB and periodic screening of persons who might have occupational exposure to TB.

Classification of the Tuberculin Skin Test Reaction

An **induration of 5 or more millimeters** is considered positive in: -HIV-infected persons -A recent contact of a person with TB disease -Persons with fibrotic changes on chest radiograph consistent with prior TB -Patients with organ transplants -Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF-α antagonists)	An **induration of 10 or more millimeters** is considered positive in all other persons.

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____**ID #**_____

EHS Medical Director's Signature: _____ **Effective Date:** _____

Standardized Procedures for RN's and Standardized Protocol for LVN's for Post-Exposure to Blood or Other Potential Infectious Material

SOURCE POSITIVE FOR HIV

- ☐ Consultation with HIV Attending/Fellow/Staff or post-exposure prophylaxis (PEP) Hotline recommended immediately per facility as needed.
- ☐ If PEP started, draw minimally CBC and Comprehensive Panel at baseline and 2 weeks follow-up.
- ☐ Consider reevaluation within 72 hours after exposure.
- ☐ Workforce member (WFM) will have HIV testing at baseline, 6 weeks and concluding testing at 4 months.
- ☐ Extended HIV follow-up at 12 months recommended for WFMs who become infected with HCV after exposure to a source co-infected with HIV and HCV.
- ☐ HIV tests should be performed for any exposed person who has an illness compatible with an acute retroviral syndrome, regardless of interval since exposure.
- ☐ WFM instructed to avoid blood or tissue donation, breastfeeding, unprotected sex, or pregnancy during the first 6-12 weeks following exposure.

SOURCE POSITIVE FOR HCV

- ☐ Source needs HCV RNA if no recent lab result in medical record.

SOURCE POSITIVE FOR HCV RNA

- ☐ WFM needs HCV Ab and ALT at baseline.
- ☐ WFM needs HCV Ab and ALT 4-6 weeks follow-up after exposure, may consider HCV RNA Quantitative.
- ☐ WFM needs HCV Ab and ALT 4-6 months after exposure, if prior tests were negative.
- ☐ If WFM is HCV antibody positive at baseline, inquire and document their prior knowledge of Hep C infection, and refer WFM to primary care provider for further care.

SOURCE POSITIVE OR UNKNOWN FOR HBV (See ATTACHMENT 2 for details)

- ☐ WFM with documentation of complete hepatitis B vaccination series and a positive response to the vaccine series as measured by HbsAb titer ≥ 10mIU/ml, no treatment or follow-up is necessary.
- ☐ WFM known non-responder give HBIG x 2 separated by 1 month.
- ☐ If WFM does not have complete hepatitis B vaccination series and/or immunity then WFM needs HBsAg and HbcAb at baseline and 6 months after exposure.
- ☐ WFM does not have complete hepatitis B vaccination series and immunity give HBIG x1 and complete vaccination.
- ☐ Counseling provided regarding importance of hepatitis B vaccination among health care workers. If vaccine is declined then a declination form must be signed.

SOURCE UNKNOWN FOR HIV

- ☐ Counseling regarding risks/benefits of PEP may be obtained through HIV Attending/Fellow/Staff/PEPline.
- ☐ PEP is generally not warranted in cases of unknown status. However, consider PEP for exposures from a source with HIV risk factors.
- ☐ PEP is generally not warranted in cases of an unknown source person. However, consider PEP in settings where exposure to HIV-infected persons is likely.
- ☐ Follow-up schedule is same as SOURCE POSITIVE FOR HIV.

SOURCE UNKNOWN FOR HCV RNA

- ☐ WFM needs HCV Ab and ALT at baseline.
- ☐ WFM needs HCV Ab and ALT 4-6 weeks follow-up after exposure, may consider HCV RNA Quantitative.
- ☐ WFM needs HCV Ab and ALT 4-6 months follow-up after exposure, if prior tests at baseline and 4-6 weeks follow-up were negative.
- ☐ If WFM is HCV antibody positive at baseline, then WFM should be referred to primary care provider.

SOURCE NEGATIVE FOR HIV

- ☐ No treatment or follow-up necessary.

SOURCE NEGATIVE HCV RNA

- ☐ No treatment or follow-up necessary.

SOURCE NEGATIVE FOR HCV Ab

- ☐ **Follow up schedule same as SOURCE POSITIVE FOR HCV RNA, unless source clinically low risk**

SOURCE NEGATIVE FOR HBV (See ATTACHMENT 2)

- ☐ No treatment or follow-up necessary.

Consider consultation with the Post-Exposure/PEPline per facility resources. (888)448-4911

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____ **ID #**_____

EHS Medical Director's Signature: _____ **Effective Date:** _____

Standardized Procedures for RN's and Standardized Protocol for LVN's for Post Exposure to Blood and Body Fluids by Hep B Vaccination and Response Status

Health-Care Personnel Status	Post-Exposure Testing		Post-Exposure Prophylaxis		Post-Vaccination Serologic Testing†
	Source Patient (HBsAg)	HCP Testing (anti-HBs)	HBIG*	Vaccination	
Documented responder§ after complete series (≥ 3 doses)	No Action Needed				
Documented non-responder¶ after 6 doses	Positive/Unknown	__ **	HBIG x 2 separated by 1 month	__	NO
	Negative	No Action Needed			
Response unknown after 3 doses	Positive/Unknown	<10mIU/mL**	HBIG x 1	Initiate Revaccination	YES
	Negative	<10mIU/mL	None		
	Any Result	≥10mIU/mL	No Action Needed		
Unvaccinated/Incompletely vaccinated or vaccine refused	Positive/Unknown	__**	HBIG x 1	Complete Vaccination	YES
	Negative	__	None	Complete Vaccination	YES

Abbreviations:
HCP = Health-Care Personnel; **HBsAg** = Hepatitis B Surface Antigen; **anti-HBs** = antibody to hepatitis B surface antigen; **HBIG** = hepatitis B immune globulin

(*) HBIG should be administered intramuscularly as soon as possible after exposure when indicated. The effectiveness of HBIG when administered >7 days after percutaneous, mucosal, or non-intact skin exposures is unknown. HBIG dosage is 0.06 mL/kg.

(†) Should be performed 1-2 months after the last dose of the Hep B vaccine series (and 4-6 months after administration of HBIG to avoid detection of passively administered anti-HBs) using a quantitative method that allows detection of the protective concentration of anti-HBs (≥ 10mIU/mL).

(§) A responder is defined as a person with anti-HBs ≥ 10mIU/mL after ≥ 3 doses of Heb B vaccine.

(¶) A non-responder is defined as a person with anti-HBs ≥10mIU/mL after ≥ 6 doses of Heb B vaccine.

(**) HCP who have anti-HBs <10mIU/mL, or who are unvaccinated or incompletely vaccinated, and sustain an exposure to a source patient who is HBsAg-positive or has unknown HBsAg status, should undergo baseline testing for HBV infection as soon as possible after exposure, and follow-up testing approximately 6 months later. Initial baseline tests consist of total anti-HBc; testing at approximately 6 months consists of HBsAg and total anti-HBc

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____**ID #**_____

EHS Medical Director's Signature: _____ **Effective Date:** _____

Standardized Procedures for RN's and Standardized Protocol for LVN's for Asbestos Surveillance

Under this standardized nursing procedure/protocol, licensed Employee Health Services (EHS) staff are eligible to conduct asbestos surveillance of workforce members (WFMs) who meet inclusion criteria.

Indications: WFMs who are eligible for asbestos surveillance

All WFMs who, for a combined total of 30 or more days per year, are engaged in Class I, II and III work or are exposed at or above the permissible exposure limit.

- Identified by Facilities Department and/or Safety

Screen all WFM for contraindications and precautions to Chest x-ray/pulmonary function testing

Contraindications: none

Precautions: none

Exception: No medical examination is required of any employee if adequate records show that the employee has been examined in accordance with this subsection within the past 1-year period.

Initial Medical Examination:

Chest x-ray (PA only)
Pulmonary function test including forced vital capacity and forced expiratory volume at 1 second

Periodic Medical Examination:

Chest x-ray
Frequency of Chest x-ray Posterior Anterior (PA) view
- <40 years old (0-10) years since 1st exposure; every 3 years
- > 40 years old (0-10) years since 1st exposure; annually
- 15+ years old (10+) years since 1st exposure; annually

Oblique view needs to be performed every 3 years.
Pulmonary function test including forced vital capacity and forced expiratory volume at 1 second

Exit Medical Examination:

Chest x-ray
Frequency of Chest x-ray PA view
- 15 to 45+ years old (0-10) years since 1st exposure, every 5 years
- 15 to 35 years old (10+) years since 1st exposure, every 5 years
- 35-45 years old (0-10) years since 1st exposure, every 2 years
- 45+ years old (0-10) years since 1st exposure, every 1 year

Oblique view needs to be performed every 3 years.
Pulmonary function test including forced vital capacity and forced expiratory volume at 1 second

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____ID #_____

EHS Medical Director's Signature: _____ Effective Date: _____

Standardized Procedures for RN's and Standardized Protocol for LVN's for Hearing Conservation Surveillance

Under this standardized nursing procedure/protocol, licensed Employee Health Services (EHS) staff are eligible to conduct hearing surveillance of workforce members (WFMs) who meet inclusion criteria.

Indications: DHS workforce members exposed to occupational noise that equals or exceeds an 8-hour time weighted average sound (TWA) of 85 decibels (dB) measured on the A-scale or equivalently.

- Identified by Facilities Department and/or Safety

Contraindications: none

Precautions: none

Audiograms are conducted prior to assignment to a noisy job (baseline) and annually.

Audiograms test shall be made available to WFM within 6 months of a WFMs first exposure at or above action and then at least

If the annual audiogram shows that an employee has suffered a standard threshold shift, the employer may obtain a retest within 30 days and consider the results of the retest as the annual audiogram.

Areas where noise levels have dropped below 85 dBA due to alterations in equipment, controls, or process changes will be eliminated from the monitoring program.

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____**ID #**_____

EHS Medical Director's Signature: _____ **Effective Date:** _____

Standardized Procedures for RN's and Standardized Protocol for LVN's for Administering Meningococcal B Vaccine to Adult WFMs

Under this standardized nursing procedure/protocol, licensed Employee Health Services (EHS) staff are eligible to vaccinate workforce members (WFMs) according to the following criteria below**.**

Indications: WFMs who may receive the Meningococcal B vaccine

- Microbiologists routinely exposed to isolates of N. Meningitidis

Screen all WFM for contraindications and precautions to Meningococcal vaccine

Contraindications:

- A history of serious reaction (e.g., anaphylaxis) after a previous dose of Meningococcal vaccine or any of Meningococcal vaccine components

Precautions:

- Moderate or severe acute illness with or without a fever

Procedure to administer vaccine:

Supplies/equipment needed: Sharps disposal container, medical gloves, using 22-25g, 1-1$^{1/2}$" needle, 3cc syringe, vaccine, alcohol wipe, 1" gauze pad or cotton ball, band aid, documentation record
(Always check expiration date on vaccine and supplies before using)

- Provide all WFMs with a copy of the most current federal Vaccine Information Statement (VIS). Publication date of the VIS must be documented.

Administration:

- For adult WFMs ages 10 and older years, administer 0.5ml meningococcal (Men B) vaccine intramuscularly (using 22-25g, 1-1$^{1/2}$" needle) into the deltoid muscle. (Note: a 5/8" needle may be used for adults weighing less than 130lbs [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.)
- The two brands of Men B vaccine are not interchangeable. The series must be started and complete with the same brand of vaccine.
    - Bexsero schedule is two doses, 4 weeks apart
    - Trumenba schedule is three doses at 0, 1-2, and 6 months

Documentation:

- Document vaccine administration information in WFM's Employee Health record with the date vaccine administered, manufacturer and lot number, vaccination site and route, name and title of person administering vaccine. Record the date of vaccination and name/location of the administering clinic in the WFM's personal immunization record card (if available).
    - If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication)

Emergency management:

- Be prepared for management of medical emergency related to the administration of vaccine. See Appendix G: *Medical Management of Vaccine Reactions in Adult WFMs*. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
- Report all adverse reactions to Meningococcal vaccine to the EHS provider and the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____ID #_____

EHS Medical Director's Signature: _____ Effective Date: _____

Standardized Procedures for RN's and Standardized Protocols for LVN's for Administering Hepatitis A Vaccine to Adult WFMs

Under this standardized nursing procedure/protocol, licensed Employee Health Services (EHS) staff are eligible to vaccinate workforce members (WFMs) according to the following criteria below**.**

Indications: WFMs who may receive the hepatitis A vaccine

- Staff with occupational exposure risk including:
  - Healthcare personnel who have frequent close contact with the homeless and/or illicit drug users
  - Food handlers in venues that serve homeless and/or illicit drug users
  - First responders (EMS, Fire, law enforcement) with direct contact with homeless and/or illicit drug users
  - Environmental/sanitation staff who are charged with clean-up and inspectional services in areas occupied by homeless and/or illicit drug users

Screen all WFM for contraindications and precautions to hepatitis A vaccine

Contraindications:

- A history of serious reaction (e.g., anaphylaxis) after a previous dose of hepatitis A vaccine or to a hepatitis A vaccine component

Precautions:

- Moderate or severe acute illness with or without a fever

Procedure to administer vaccine:

Supplies/equipment needed: Sharps disposal container, medical gloves, using 22-25g, 1-1$^{1/2}$" needle, 3cc syringe, vaccine, alcohol wipe, 1" gauze pad or cotton ball, band aid, documentation record
(Always check expiration date on vaccine and supplies before using)

- Provide all WFMs with a copy of the most current federal Vaccine Information Statement (VIS). Publication date of the VIS must be documented.

Administration:

- For adult WFMs ages 19 and older years, administer 1.0 ml hepatitis A vaccine intramuscularly (using 22-25g, 1-1$^{1/2}$" needle) into the deltoid muscle. (Note: a 5/8" needle may be used for adults weighing less than 130lbs [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.)
- Provide a subsequent dose of hepatitis A vaccine to complete a 2-dose schedule by observing a minimum interval of 6 months between the first and second doses.

Documentation:

- Document vaccine administration information in WFM's Employee Health record with the date vaccine administered, manufacturer and lot number, vaccination site and route, name and title of person administering vaccine. Record the date of vaccination and name/location of the administering clinic in the WFM's personal immunization record card (if available).
  - If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication)

Emergency management:

- Be prepared for management of medical emergency related to the administration of vaccine. See Appendix G: *Medical Management of Vaccine Reactions in Adult WFMs*. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.
- Report all adverse reactions to hepatitis A vaccine to the EHS provider and the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967.

This standardized nursing procedure/protocol shall remain in effect for all WFMs of DHS until rescinded.

EHS Medical Director's Printed Name: _____ID #_____

EHS Medical Director's Signature: _____ Effective Date: _____