



COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

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<b>Policy &amp; Procedure Title:</b>		Employee Health Services: Standardized Procedures for RN's and Standardized Protocols for LVN's	
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<b>DHS Division/Unit of Origin:</b>	EHS Committee		
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<b>Distribution: DHS-wide</b> <input checked="" type="checkbox"/>	<b>If not DHS-wide, other distribution:</b>		

**PURPOSE:**

The purpose of this policy is to provide standardized procedures for Registered Nurses (RN) and standardized protocols for Licensed Vocational Nurses (LVN) to administer specific institution-approved functions, without the need for a physician examination or direct order. These standardized nursing procedures/protocols were developed through collaboration with Employee Health Services (EHS) medical directors, physicians, nursing staff, nursing administration, pharmacy, and hospital administrators. The procedures were created in compliance with California Title 8 and 16, California Code of Regulations (CCR), California Business and Professions Code, Medical Board of California, California Board of Registered Nursing and the California Board of Vocational Nursing and Psychiatric Technicians, Immunization Action Coalition (IAC), and the Centers for Disease Control (CDC).

**SCOPE:**

This policy shall apply to all licensed WFM who are assigned to a Los Angeles County DHS EHS area.

**DEFINITION(S):**

**Workforce Member (WFM)** is defined as employee, contract staff, affiliate, volunteer, trainee, student and any other person who performs work under the control of Department of Health Services (DHS), whether or not they receive compensation from Los Angeles County.

**Standardized Procedures/Protocols** are specified functions that may be performed by the EHS RN or LVN without the need for clinician examination or direct order from the attending provider at the time of the interaction.

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*The mission of the Los Angeles County Department of Health Services is to ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*

**Revision/Review Dates:** 07/01/2016 11/14/2017 02/24/2020

**Department Head/Designee Approval:** Original Policy Approved by Hal F. Yee, M.D. – Attachments and Contacts Revised 02/24/2020

## **Supervision**

EHS licensed staff may perform standardized functions under the conditions specified in the standardized procedure/protocol.

The standardized protocol does not require the physical presence of a directing or supervising physician, or the examination by a physician of person to be tested or immunized.

The EHS director and/or supervising physician may be contacted by telephone for consultation.

## **POLICY:**

In the absence of the EHS Physician or other licensed health care professional (PLHCP) authorized to write individual orders, this policy allows EHS licensed staff to carry out specific standardized nursing procedures/protocols for approved EHS services, including EHS WFM influenza vaccination programs/clinics. Licensed EHS staff may administer vaccines and perform testing to WFMs meeting the qualifying criteria and who do not have any exclusionary criteria, according to the DHS approved standardized nursing procedures/protocol.

**NOTE:** LVNs working in EHS, must consult the physician, nurse practitioner, or RN for any abnormal data/findings or potential circumstances that may necessitate assessment or additional interventions. The LVN does not make independent decisions to implement any interventions or deviations that are not part of the standardized nursing protocols.

EHS standardized nursing procedure/protocol will be reviewed periodically per DHS and facility-specific policy guidelines. This policy will be revised as indicated to remain consistent with nationally recognized and evidence-based guidelines.

## **PROCEDURE:**

### **Immunizations**

EHS licensed staff may administer vaccines to WFMs meeting the qualifying criteria and who do not have any exclusionary criteria, according to the facility-approved standardized procedures/protocols. The EHS licensed staff must consult the provider for any circumstances that fall outside of the standing order including precautions or contraindications (see appendices A-N)

All EHS licensed staff administering vaccines should receive competency-based training and education on vaccine administration before preparing vaccines. EHS licensed staff will satisfactorily demonstrate competence in administration of immunizing agents, including knowledge of the indications and contraindication of the administration of such agents and in the recognition and treatment of any emergency reactions to such agents that may constitute a

danger to the health or life of the person receiving the immunization. EHS licensed staff should participate in continuing education as applicable.

**Information and Education for Vaccines:** Before receiving vaccine, the WFM must be given information about the risks and benefits associated with vaccination, including the CDC-developed Vaccination Information Statements (VIS). The vaccine provider should be available to accurately address questions and concerns posed by the workforce member.

**Vaccine Storage and Handling:** Adherence to vaccine handling and storage is conducted per facility policy, in accordance with local, state, and federal guidelines.

**Immunization History:** Pre-vaccinations screening interviews are conducted and immunization history of vaccines obtained before administering. At a minimum, the following information should be obtained from the WFM: vaccines previously received, pre-existing health conditions, allergies, and adverse events that occurred after previous vaccinations. Consulting the WFM's employee health record, if available, is the most reliable method of determining immunization status; however, this may not always be feasible.

**Contraindications:** In order to minimize adverse reactions, WFMs should be carefully screened for precautions and contraindications before vaccines are administered. Before administering a vaccine, EHS licensed staff must assess the presence of contraindications. If a contraindication to immunization exists, this information should be provided to the EHS Provider, or WFM as needed.

**Recordkeeping:** EHS licensed staff are to complete appropriate documentation to prevent inappropriate revaccination. All provided vaccine should be recorded on a wallet-sized vaccine log or other appropriate form. All information must be recorded in the EHS database.

**Vaccine Administration:** EHS licensed staff who administer vaccines must have the legal authority to do so and must be licensed and appropriately trained in all aspects of vaccine administration.

**Adverse Reactions to Vaccines:** EHS licensed staff are trained to manage adverse reactions that might occur. All adverse reactions should be reported to the EHS provider and the federal Vaccine Adverse Event Reporting System (VAERS).

### **Medical Management of vaccine reactions in adult patients**

All vaccines have the potential to cause an adverse reaction. In order to minimize adverse reactions, WFM should be carefully screened for precautions and contraindications before the vaccine is administered.

Even with careful screening, reactions may occur. These reactions can vary from trivial and inconvenient (e.g., soreness, itching) to severe and life threatening (e.g., anaphylaxis). If reactions occur, EHS licensed staff should be prepared with emergency treatment procedures. See Appendix G *Medical Management of Vaccine Reactions in Adult WFMs*.

## **PURIFIED PROTEIN DERIVATIVE (PPD) MANTOU TUBERCULIN SKIN TEST (TST)**

EHS licensed staff will satisfactorily demonstrate competence in administration of a TST, including knowledge of the indications and contraindications of the administration of such agents and in the recognition and treatment of any emergency reactions to such agents that constitutes a danger to the health or life of the person receiving the TST (see appendix H). TST results are always recorded in millimeters (mm) of induration across the administered areas, not simply as positive or negative. Erythema without induration should not be measured.

## **SEROLOGY**

Using standardized nursing procedures, EHS licensed staff may order appropriate serology for determining evidence of immunity for measles, mumps, rubella, varicella-zoster, and hepatitis B. For post exposure investigations and follow-up, staff may refer to standardized protocols for appropriate serology testing (see appendix I-J)

## **RADIOLOGY AND OTHER TESTS**

Using standardized nursing protocols, EHS licensed staff may order appropriate surveillance tests such as chest x-rays (CXR), pulmonary function test, and hearing surveillance (see appendix K-L).

All WFMs with pre-placement positive TST may receive one CXR unless documentation of a negative CXR is provided. Only new TST converters and any positive finding during tuberculosis screening will receive a CXR. No other CXR will be provided.

## **ATTACHMENTS/FORMS:**

Appendices:

- A- Standardized Procedure for RN's and Standardized Protocol for LVN's Administering Varicella (Chickenpox) Vaccine to Adults/Evidence of Immunity
- B- Standardized Procedures for RN's and Standardized Protocol for LVN's Administering Measles, Mumps & Rubella Vaccine
- C- Standardized Procedures for RN's and Standardized Protocol for LVN's Administering Tetanus-Diphtheria Toxoids & Pertussis (Td/Tdap) Vaccine to Adult WFMs
- D- Standardized Procedures for RN's and Standardized Protocol for LVN's Administering Influenza Vaccine to Adult WFMs
- E- Standardized Procedures for RN's and Standardized Protocol for LVN's Administering Hepatitis B Vaccine to Adult WFMs/Evidence of Immunity

- F- Standardized Procedures for RN's and Standardized Protocol for LVN's Administering Meningococcal ACWY Vaccine to Adult WFMs
- G- Standardized Procedures for RN's and Standardized Protocol for LVN's for Emergency Management of Vaccine Reactions in Adult WFMs
- H- Standardized Procedures for RN's and Standardized Protocol for LVN's for Mantoux tuberculin skin test (TST) and Interferon Gamma Release Assay
- I- Standardized Procedures for RN's and Standardized Protocol for LVN's for Post-Exposure to Blood or Other Potential Infectious Material
- J- 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
- K- Standardized Procedures for RN's and Standardized Protocol for LVN's for Asbestos Surveillance
- L- Standardized Procedures for RN's and Standardized Protocol for LVN's for Hearing Conservation Surveillance
- M- Standardized Procedures for RN's and Standardized Protocol for LVN's for Administering Meningococcal B Vaccine to Adult WFMs
- N- Standardized Procedures for RN's and Standardized Protocols for LVN's for Administering Hepatitis A Vaccine to Adult WFMs

**REFERENCE(S)/AUTHORITY:**

California Code of Regulations (CCR)

Title 8, Chapter 4, Subchapter 7, Group 15, Section 5094-5100, Occupational Noise

Title 8, Chapter 4, Subchapter 7, Group 16, Article 109, Section 5199, Appendix E: Aerosol Transmissible Disease Vaccination Recommendations for Susceptible Health Care Workers (Mandatory)

Title 8, Chapter 7, Subchapter 1, Article 2, Employer Records of Occupational Injury or Illness

Title 16, Division 14, Board of Registered Nurses

California Business and Professions Code Sections 2700-2838.4 (Nursing Practice Act)

Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP)