

Training for Vaccine Administration

SCHOOL BASED FLU CLINICS

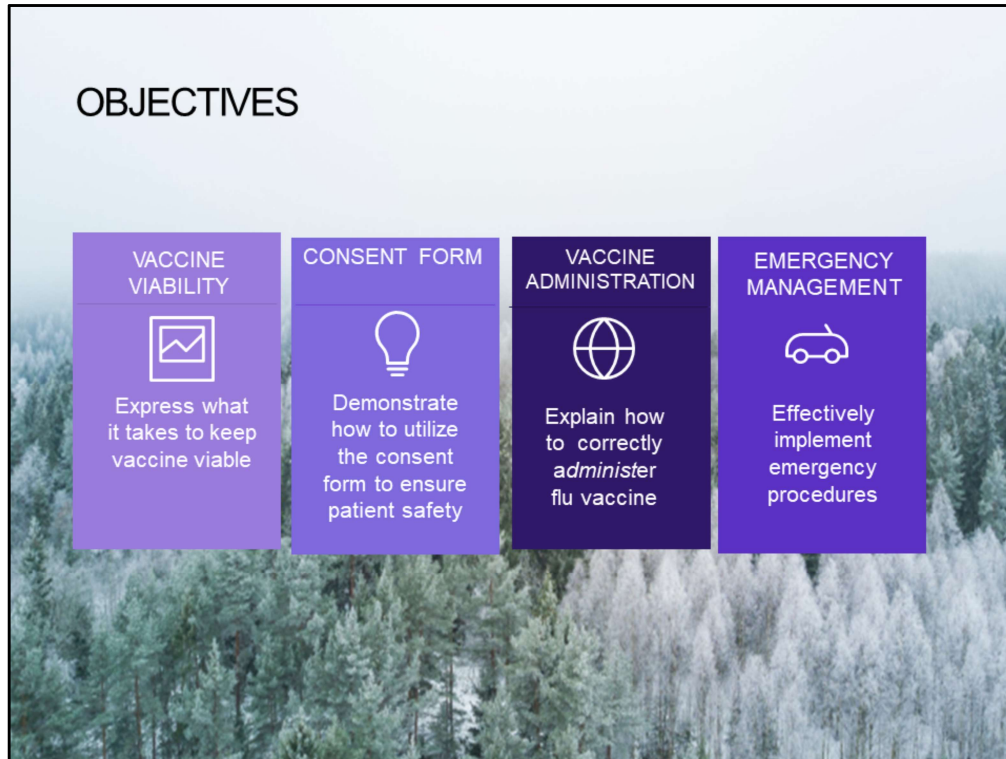
Created by the New Hampshire Immunization Program

[START COURSE](#)

The New Hampshire Immunization Program would like to welcome you to the Vaccine Administration Training for School Based Influenza Clinics. This training is designed to provide a framework and the necessary knowledge for setting up and conducting successful mobile vaccination clinics to children in a school setting (also known as School-Based Flu Clinics).



There are several topics that this training is designed to cover. We will review influenza disease and discuss how important it is to store and keep vaccine at the proper temperature. We will review ideas on how to keep the flow of the mobile clinic running smoothly, the importance of a completed consent form and how to utilize it to document administration of the vaccine. We will go through the process of vaccine preparation and administration. We will also discuss standing orders that are in place, not only for routine vaccine administration, but also for emergency management. Finally we will cover recommendations on how to handle emergencies that may arise during the clinic. All of these components are key to a successful mobile vaccination campaign.



While we are covering a variety of areas to assist you in conducting and implementing successful mobile clinics, we want to be sure you focus on some key areas. It's important that the vaccine is kept at certain temperatures and that you identify the correct patient who has been properly screened prior to administering the vaccine. We want to ensure that proper vaccine administration techniques are utilized, and that you are confident with your emergency protocols should an adverse reaction occur in a patient.

Influenza (FLU) Disease (Overview & Symptoms)

Influenza Disease:

- Contagious Respiratory Illness
- Caused by influenza viruses
- Can be life-threatening
- Different than a cold

CDC. (2020, July 31). [cdc.gov/flu/index.htm](https://www.cdc.gov/flu/index.htm)

IS IT A COLD OR FLU?

SIGNS AND SYMPTOMS	COLD	FLU
Symptom onset	Gradual	Abrupt
Fever	Rare	Usual
Aches	Slight	Usual
Chills	Uncommon	Fairly common
Fatigue, weakness	Sometimes	Usual
Sneezing	Common	Sometimes
Chest discomfort, cough	Mild to moderate	Common
Stuffy nose	Common	Sometimes
Sore throat	Common	Sometimes
Headache	Rare	Common

#FIGHT FLU

Influenza is a contagious respiratory illness caused by influenza viruses that infect the nose, throat and sometimes the lungs. Flu symptoms are sometimes mistaken for the common cold. Flu illness can range from mild to severe and can sometimes be life-threatening. Symptoms are usually sudden. Fever and/or chills are common but do not always occur. Cough, body aches, fatigue and weakness can be more pronounced with the flu than with the common cold. Headaches, a runny or stuffy nose, and sore throat may occur. Vomiting and diarrhea can also be present but this is more common in children than adults. The image on this slide is from [cdc.gov](https://www.cdc.gov).

Influenza Disease (Transmission)



Transmission:

- Person to person
- Up to 6 feet away
- Droplets from coughing, sneezing or speaking

Contagious Period: Before symptoms start to up to 7 days after

Onset of Symptoms: 1 to 4 days after exposure

CDC (2020, July 31). Retrieved from CDC. [cdc.gov/flu/index.htm](https://www.cdc.gov/flu/index.htm)

Most experts believe that flu viruses are spread from person to person primarily by tiny droplets made when contagious people cough, sneeze or talk. A person might get the flu by having close contact with an infected individual or, less commonly, by touching a surface or object that has the flu virus on it and then touching their own mouth, nose or possibly their eyes. Flu can be spread to individuals who are up to about 6 feet away. People with the flu are most contagious in the first 3-4 days after their illness starts but flu can be spread before symptoms develop and some people can infect others with flu viruses for a week or more after the onset of illness. Symptoms usually develop about 2 days from the time a person is exposed and infected with the flu virus, but can range from about 1 to 4 days. The image on this slide is from cdc.gov.

Influenza Disease (SBCs Role in Prevention)

Annual Flu Vaccine Recommended by CDC and the American Academy of Pediatrics

Flu vaccine:

- 40-60% **EFFECTIVE**
- ↓ flu illness
- ↓ hospitalization
- ↓ risk of pediatric death
- Protect others who may be more vulnerable to serious flu illness
- **BEST** protection again the flu



Remind kids to:


1. Avoid sick people
2. Cover coughs & sneezes
3. Wash hands frequently

SBCs Role:

- ↑ access and ↓ barriers to vaccination
- ↓ risk for flu outbreaks in schools and the local community
- ↓ absenteeism
- Help kids stay healthy so they can learn
- **PROMOTE** public health in NH

CDC. (2020, July 31). Retrieved from <https://www.cdc.gov/flu/index.htm>

Both the CDC and the American Academy of Pediatrics recommend an annual flu vaccine for everyone 6 months of age and older who do not have contraindications. Since germs are spread easily at school and schools often have a high rate of flu illness, having a school-based clinic makes sense. SBCs can help reduce absenteeism and keep kids in school. This helps facilitate a better learning environment and decreases disruption in the school day, which is better for students, teachers and administrators. Providing flu vaccination opportunities in schools can also help to reduce influenza disease in both the school AND the community. SBCs increase access and reduces barriers to flu vaccination for school-aged children, especially to those families that have limited resources and/or access to vaccination. Providing flu vaccine in a school-based clinic promotes public health and wellness through prevention and provides opportunities for education and awareness for students. SBCs may also be less intimidating to kids as the camaraderie of getting the vaccine with their peers can be helpful. Don't forget to remind the kids to wash their hands frequently, cover their coughs and sneezes and avoid people who are sick to help minimize the spread of germs. This picture was taken at one of New Hampshire's School Based Flu Clinics.

Cold Chain	Vaccine Viability
	<ul style="list-style-type: none"> • Vaccine is VERY sensitive and if kept out of temperature range can quickly become no good • Check the portable vaccine storage unit's temperature at least every hour and make adjustments to ensure the vaccine stays in proper temperature range


Now, let's discuss vaccine viability. Vaccine is extremely temperature sensitive. It becomes nonviable quickly when it is above 8.0 degrees Celsius and especially if it is below 2.0 degrees Celsius.

Maintaining the proper temperature from the time it is created at the manufacturer until it is administered to the patient is termed the "Cold Chain". Keeping this temperature within the proper range (2.0 degrees Celsius – 8.0 degrees Celsius) at ALL times is required for the vaccine to be effective in creating immunity for the patient.

While in the mobile clinic setting, it is very important to check the vaccine temperature at least every hour and make adjustments to ensure that the vaccine stays in the proper temperature range.

Your Public Health Network Contact will be in charge of packing the vaccine and transporting it to the clinic.

On the left side of this slide are images of a portable refrigerator from quickmedical.com and a cooler from target.com. There is also a visual of the links in the cold chain to maintain vaccine viability. Items in red reflect when the vaccine is stored and handled by the Public Health Networks.



NH IMMUNIZATION Program
MOBILE CLINIC
Daily Data Sheet

NEW HAMPSHIRE DEPARTMENT OF HEALTH & HUMAN SERVICES
Phone 603-271-4862
Fax 603-271-3850
immunization@dhhs.nh.gov

Daily Clinic Temperature Monitoring

VACCINE MUST ALWAYS BE STORED UNDER PROPER CONDITIONS
TEMPERATURES MUST REMAIN BETWEEN * 2.0°C AND 8.0°C
Check and document the temperature of mobile storage unit EVERY HOUR
Document the time checked, current temperature, initial of person taking temperatures.
Must be confirmed by 2nd person.

(Record temp when unit is packed/ready for transport to location and upon arrival back to main storage unit)	Time	Current Temp	Taken by (Initial)	Confirmed by (Initial)	Notes
Temp of storage container at pack-out:					# of doses at pack-out: _____
HOUR 1					
HOUR 2					
HOUR 3					
HOUR 4					
HOUR 5					
HOUR 6					
HOUR 7					
HOUR 8					
HOUR 9					
HOUR 10					
Temp of storage container at return:					# of doses at return: _____

To avoid unnecessary alarms and keep vaccine safe:
Keep the glycol bottle in proper conditions before, during and after daily clinic.
Keep glycol bottle as close to the center of the storage container as possible during clinic.
*If temperature is out of range, STOP vaccinating, move the vaccine to a safe place, download the data logger report and call NHIP

Daily Clinic Vaccination Data			
Clinic Location: _____	Clinic Location: _____	Clinic Location: _____	Clinic Location: _____
Vaccine Type: _____	Vaccine Type: _____	Vaccine Type: _____	Vaccine Type: _____
Total Consent Forms: _____	Total Consent Forms: _____	Total Consent Forms: _____	Total Consent Forms: _____
Total Vaccinated: _____	Total Vaccinated: _____	Total Vaccinated: _____	Total Vaccinated: _____
Total Wasted: _____	Total Wasted: _____	Total Wasted: _____	Total Wasted: _____
Notes: _____	Notes: _____	Notes: _____	Notes: _____

PIN NUMBER: _____ CLINIC DATE: _____

RESPONSIBLE PERSON: _____

Fax or email this Mobile Clinic Daily Data sheet to 603-271-3850 or immunization@dhhs.nh.gov within 24 hours after clinic day

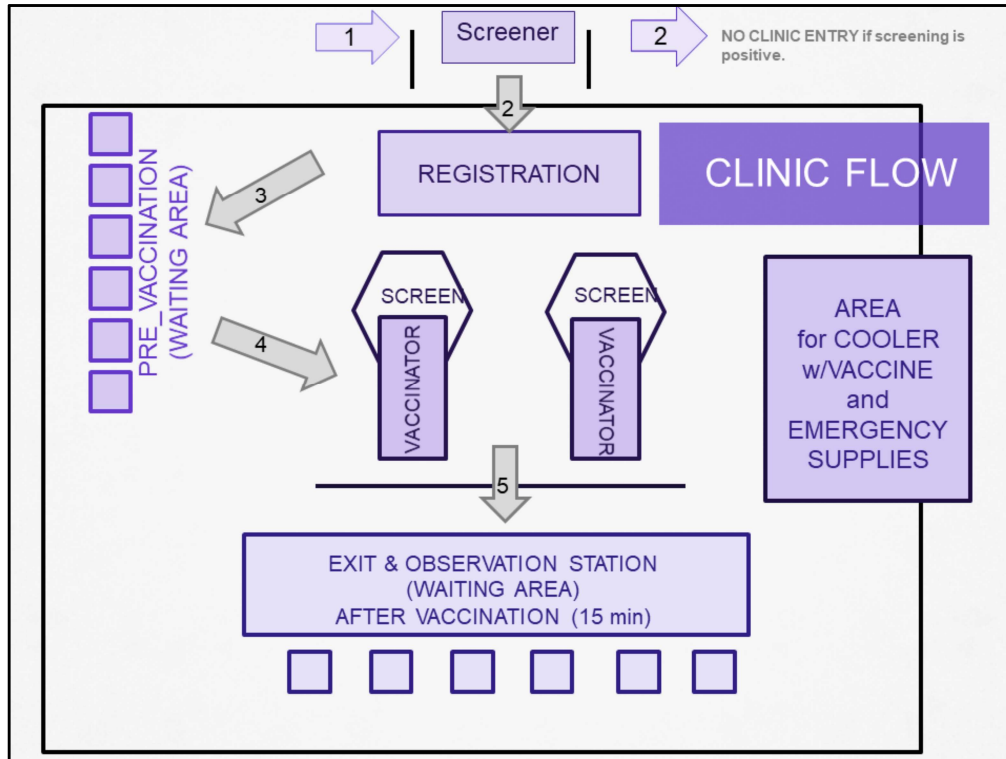
Vaccine Viability

- Maintain vaccine between 2.0-8.0 degrees Celsius
- Remove no more than 10 prefilled syringes at one time
- Vaccine should not be out of the portable refrigerator or cooler for more than 30 minutes
- Submit form to NHIP via fax within 24 hours

This is an example of the temperature log utilized to monitor the temperature for the entire time the vaccine is stored in the portable refrigerator or cooler.

You may be responsible for this important task.

Maintaining the vaccine between 2.0 and 8.0 degrees Celsius is crucial. You must monitor and record your portable refrigerator or cooler's temperatures hourly to ensure temperatures stay within range. NO MORE than 10 vaccine doses may be removed at one time. Vaccine should not be kept out of the portable refrigerator or cooler for more than 30 minutes. The completed NH Immunization Mobile Clinic Daily Data Sheet should be faxed to NHIP at 271-3850 within 24 hours of your clinic end day.



Now that we have discussed how to maintain the viability of the vaccine, let's move to discussing a typical mobile clinic flow. While each clinic may vary slightly, this diagram illustrates the important aspects necessary to ensure the accountability and screening of all patients being immunized. In certain circumstances, such as during a pandemic, patients will need to be screened to determine if entry into the clinic is appropriate. If the patient screens positive, they will not be allowed entry into the clinic and will be advised to contact their medical provider. If the Screener clears the patient for entry, the patient should be directed to Registration, where their name and paperwork are verified. **IT'S VERY IMPORTANT to set up multiple checks of patient information by different people in the mobile clinic to promote patient safety and decrease the chance of error. These multiple steps, referred to as redundancies, should be focused on patient ID verification, ensuring the parent or legal guardian has given permission for the patient to be vaccinated, and making sure that there are no contraindications for the vaccine to be administered.** After the vaccine is administered, the redundancies should focus on ensuring the documentation of the vaccine is complete and that a copy of the consent form along with the Vaccine Information Statement (which we will discuss later) goes home with the patient.

Returning to the topic of clinic flow, once it has been determined that the consents have been signed and that the clinic has all needed documentation, the patient heads either straight to an open Vaccinator station or to the Pre-Vaccination waiting area. Once with the Vaccinator, the patient's ID and consent form will be verified again. The Vaccinator will then administer and document the vaccine. Then the patient heads to the Exit & Observation Station waiting area where they are under direct observation for 15 minutes to check for any adverse reactions. It is important for all clinic staff to know where the emergency equipment is kept and to know what roles they will play in the event of an emergency as well as keeping the emergency supplies close by.

CLINIC ROLES

- Clinic Supervisor
 - Oversees clinic operations
 - Ensures patient safety
 - Ensures vaccine temperature monitoring
 - Screener
 - Screens for symptoms of circulating virus and eligibility to proceed to clinic
 - Registrar
 - Greets patients and verifies ID
 - Reviews each consent form for completeness
 - Provides patient/parent /guardian a copy of the Vaccine Information Statement (VIS)
 - Vaccinator
 - Greets patients and verifies ID
 - Screens patients to determine eligibility to receive the vaccine
 - Administers and documents vaccination
 - Responds to emergencies and completes incident report
 - Observer Station
 - Watches patients for 15 minutes after vaccine administration
 - Notifies Clinic Supervisor immediately if patient isn't feeling well
 - Exit Station Administrator
 - Ensures all paperwork is accounted for
 - Checks to make sure that all documentation is complete
 - Ensures that patients will go home with both a record of their immunization and a Vaccine Information Statement
- *At least one clinic staff member must be an RN or paramedic and at least one clinic staff member must be BLS certified.**

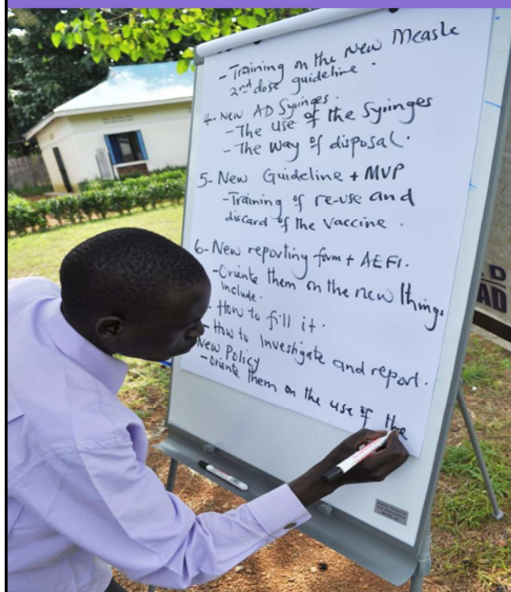
Here are some of the roles that you may see in your mobile clinic. The Clinic Supervisor may be the Public Health Network Contact or another individual. This position is in charge of the overall clinic operations. They ensure patient safety as well as making sure that the vaccine stays at the right temperature prior to administration. The Screener will screen the patient prior to clinic entry to minimize transmission of circulating virus. They will check the patient's temperature and complete a questionnaire with the patient. If the patient is cleared, they will stamp the consent form and allow the patient to proceed to the clinic. Otherwise, they will be asked to leave the clinic and contact their medical provider. The Registrar is the individual(s) that greets the patients, is the first ID check matching the patient to the paperwork, and ensures that the paperwork is complete. The Vaccinator is responsible for the final screening questions of the patient and determining their eligibility to receive the vaccine. The Vaccinator confirms a "no" answer to all the questions on the consent form and administers the vaccine and documents that it was given. The Vaccinator also responds to emergencies and completes any generated incident reports. The Observer Station watches the patients for 15 minutes after the vaccine is administered and notifies the Clinic Supervisor immediately if the patient has a reaction or is not feeling well. The Exit Station Administrator ensures all paperwork is accounted for, checks to make sure that all documentation is complete, and makes sure that the patients have their departing paperwork. The departing paperwork consists of both a record of their vaccination and the Vaccine Information Statement. The patient can either be given this directly or it can be given to the school administrators to distribute later in the day when the student goes home.

Some of these roles may be combined or duplicated depending on resources and size of the mobile clinic you are involved in.

Note: All Vaccinators must operate under a valid clinical license and at least one clinic staff member must be an RN or paramedic and at least one clinic staff member must hold a current valid BLS certification.

CLINIC FLOW

Tips and Recommendations



- Bring patients down in small groups
- Consider using name tags, but be wary of young children switching them
- Use privacy screens to separate those receiving vaccine from those waiting
- Establish procedures that create redundancy checks on important information
 - Patient identification
 - Parent signatures
 - Contraindications
 - Verify the child has not yet received the vaccine

When thinking of your clinic flow, there are tips and strategies that have been garnered over the years that we wish to share with you.

Bringing patients in small groups often decreases disruption of school activities as well as provides easier numbers to manage and keep track of. Some clinics have used name tags in the past, but if you wish to implement this strategy be aware that young children and occasionally teenagers will switch name tags.

Using privacy screens to separate those receiving the vaccine from those waiting can decrease anxiety of those waiting as well as provide patient privacy.

Finally, as mentioned before, setting up redundancies (having different people checking consent forms, documentation and patient ID) decreases the chance for errors, including vaccination of the wrong patient or vaccinating the same patient more than once. This picture is from CDC's Public Health Image Library and is capturing this same process in the training phase of a South Sudan Vaccine Project in 2012.

NEW HAMPSHIRE SCHOOL (K-12) VACCINATION CONSENT FORM SEASONAL INFLUENZA				
SECTION 1: STUDENT INFORMATION				
School Name	School Town	Grade	Teacher/Homeroom	
Student Name (Last)	(First)	(M.I.)	Student Date of Birth Month Day Year	
Town	State	Zip	Student Age	
Parent/Legal Guardian's Name (please print)			Parent/Guardian Daytime Phone Number	
Does your child have OPEN Medicaid with one of the following companies: Well Sense, Ambetter, NH Healthy Families, Anthem, Harvard Pilgrim, AmeriHealth Caritas or Minute Man Health? Yes ___ No ___			We will provide you with a copy of your child's immunization information. To keep your child's immunization records up to date, we recommend that you share this information with your child's physician.	
SECTION 2: SCREENING QUESTIONS				
Please answer the following questions, to help keep your child safe. If you answer "yes" to any of the questions, please contact your child's medical provider to discuss other ways to receive the vaccine.				
1. Does your child have a serious allergy to eggs or any component of the influenza vaccine?	YES	NO		
2. Has your child ever had a severe life-threatening reaction after a dose of the influenza vaccine or been told to not get the influenza vaccine by a healthcare provider?				
3. Has your child ever had Guillain-Barre Syndrome (an autoimmune neurological condition that results in sudden muscle weakness)?				
SECTION 3: CONSENT FOR MY CHILD'S VACCINATION IN SCHOOL				
I have reviewed the Influenza Vaccine Information Statement available at: http://www.immunize.org/vis/spanish_flu_inactive.pdf (Spanish version). By signing below, I am giving permission for my child to be vaccinated against influenza at the school clinic. Yes, I do want my child, named above, to receive the influenza vaccine at school. Signature of Parent/Legal Guardian _____ Date _____				
SECTION 4: ADMINISTRATIVE (INTERNAL) USE ONLY. Vaccine administrator must complete all sections.				
BEFORE vaccinating check that you have completed the following (check to confirm done):				
<input type="checkbox"/> Child Not Vaccinated Reason: _____	<input type="checkbox"/> I have asked the student if they are feeling sick or unwell today			
	<input type="checkbox"/> I have reviewed this entire form including the screening questions			
Publication date on Vaccine Information Statement (VIS): _____				
Provider Name: _____		Provider Address: _____		
Name and Title of Vaccine Administrator: _____		Signature of Vaccine Administrator: _____		
Vaccine	Manufacturer	Lot Number	Route	Admin Date
			<input type="checkbox"/> IM L Deltoid <input type="checkbox"/> IM R Deltoid <input type="checkbox"/> Other	/ /
After vaccination this form was reviewed by: _____				

Consent Form

This form contains:

- Info about the patient
- If the parent wants the info to be sent to the Primary Care Provider
- Parental permission
- Possible contraindications
- Documentation of the vaccine used

NEEDS TO BE COMPLETE!

The consent is your most important form. It is one page of information that has a carbon duplicate attached and a letter to the parent on the back. This page of information has the child's name, DOB, health information, and parent/legal guardian signature for permission to have their child vaccinated. If the form is incomplete, do not vaccinate the child. In an effort to mitigate human error, the form must be approved by at least 3 people. The Registrar first reviews the form ensuring that it is complete at the reception table. The Vaccinator must also review the information on the form insuring that the child can receive the vaccination. After the Vaccinator completes the documentation on the bottom of the form, another person reviews the form and initials after the sentence "After vaccination this form was reviewed by". If the child was not vaccinated, this should be documented with the reason why.

After at least 3 people review and approve the consent form, the consent form is pulled apart. A Vaccine Information Statement (VIS) is attached to the carbon copy, which is yellow, and given either to the child to take home or given to the school to be distributed to the child later that day.


Protecting Patient Health Information

Keeping patients medical information confidential and safe is a top priority!

Follow your institution's protocols with regards to HIPAA (Health Insurance Portability and Accountability Act)

Some tips to help protect patient privacy:

- ✓ Keep conversations confidential
- ✓ Offer resources when applicable but keep all information collected to a minimum need to know.
- ✓ Keep areas of information collected screened off and conversations low to ensure patient confidentiality is maintained
- ✓ Ensure consent forms are locked up and secure during clinic hours and at all times, in accordance with state, federal and HIPAA guidelines.



Protecting patient's privacy and keeping patient health information confidential and safe is a top priority. Follow your institution's protocols with regards to HIPAA compliance. Some tips in protecting patient information would be to keep conversations confidential, offer resources when applicable ensuring only need to know information is collected. Keep areas where patient information is collected screened off and out of sight. Ensure consent forms and all personal health information is protected during vaccination efforts and locked up at the end of the clinic day.

If you chose to store the consent forms at the State of New Hampshire, mail the consent forms to the New Hampshire Immunization Program within 24 business hours of the clinic day closure. In unusual circumstances, such as a pandemic, NHIP can grant extended submission times. If you chose to store the consent forms locally and mail them at the end of the season, that may be acceptable as long as it is approved by NHIP and the consent forms are stored in accordance with state, federal and HIPAA guidelines. Ensure the chain of custody form, which we will talk about shortly, accompanies the consent forms and is signed and checked for accuracy. Photo source is license NHIP holds from Articulate.

Chain of Custody Form

STATE OF NEW HAMPSHIRE
Immunization Program
CHAIN OF CUSTODY FOR CONSENT FORMS
2020/21 SCHOOL INFLUENZA IMMUNIZATION CLINICS

Mailing address:
Division of Public Health Services
Immunization Program
Attention: Anne Lucey
29 Hazen Drive
Concord, NH 03301

PLEASE COMPLETE ONE FORM FOR EACH SCHOOL

School: _____ City/Town: _____

Clinic Date: _____

Public Health Region: _____

Total number of Patients Vaccinated: _____

Total Number of Patients NOT Vaccinated (if consent form is retained): _____

Total Number of Consent Forms (should equal total vaccinated + total not vaccinated): _____

Total vaccinated students with MEDICAID: _____

Relinquished or mailed by:	Date: (MM/DD/YY)	Time: am pm
Comments:		
Received by:	Date: (MM/DD/YY)	Time: am pm
Comments:		
Received by:	Date: (MM/DD/YY)	Time: am pm
Comments:		

A Chain of Custody form is needed with every mobile clinic that you hold. The school or other location and date of the clinic, public health region, the number of patients vaccinated, and number of consent forms obtained should be filled out. The number vaccinated should match the number of consent forms you have. If you chose to retain the consent form of a patient not vaccinated and submit it, the total number of consent forms should include those forms as well. You should also report the number of students with MEDICAID that were vaccinated. Please ensure this form is legible and accurate. Please cross-reference and double-check the information before you send it to the state. Sound accounting practices save time and minimize errors. We appreciate your diligence in this regard. You will sign the form when you mail your records to the New Hampshire Immunization Program. Once the Immunization Program receives the forms, they will sign stating received, ensuring that records maintain patient confidentiality and accountability along the chain of custody. The mailing address is located at the top of the form and is Division of Public Health Services, Immunization Program, 29 Hazen Drive, Concord, New Hampshire 03301.

Chain of Custody Form and Reporting Document (for submitting multiple clinics)

STATE OF NEW HAMPSHIRE
Immunization Program
CHAIN OF CUSTODY FOR CONSENT FORMS
(and Reporting Document for Submitting Multiple Clinics)
2020/21 SCHOOL INFLUENZA IMMUNIZATION CLINICS

Mailing address:
Division of Public Health Services
Immunization Program
Attention: Anne Lacey
29 Hazen Drive
Concord, NH 03301

PLEASE ACCURATELY COMPLETE PAGES 1, 2 & 3

Clinic Dates Range: _____

Public Health Region: _____

Total Number of Patients Vaccinated: _____

Total Number of Patients NOT Vaccinated (if consent form is retained): _____

Total Number of Consent Forms (should equal total vaccinated + total not vaccinated): _____

Relinquished or mailed by:	Date (MM/DD/YY)	Time: am pm
Comments:		
Received by:	Date (MM/DD/YY)	Time: am pm
Comments:		

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Reporting Data by Clinic 2020/21 SBC's

Student Reporting (Child/Adolescent):

School:	City/Town:	Total Students Vaccinated:	Total Vaccinated Students with Medicaid:	Notes:

Acronyms for Notes Section:
 HS= home-schooled
 OR= other PHH region
 OOS= out of state

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Adult Reporting:

Age Range:	City/Town:	Total Vaccinated:	Notes:
18-29			
30-39			
40-49			
50-59			
60-69			
70-79			
80+			

If you chose to store the consent forms locally and mail them all at the end of the season, please accurately complete page one of the Chain of Custody Form as outlined on the previous slide, batch the students by school and the adults by age group and complete the student and adult reporting on pages 2 and 3 of this document. All fields should be filled out accurately.

Keep in mind that delayed reporting increases the risk of accounting errors, which must be avoided. Please pay special attention to the detailed information and reporting data that you include on this form. Please ensure that the information is legible and that the numbers are accurate BEFORE mailing it to the state. Cross-reference VOMS, double-check your numbers, stay organized and maintain good accounting practices overall.

NHIP is relying on you to provide clear and precise data.

You will sign the form when you mail your records to the New Hampshire Immunization Program. Once the Immunization Program receives the forms, they will sign stating received, ensuring that records maintain patient confidentiality and accountability along the chain of custody. The mailing address is located at the top of the form and is Division of Public Health Services, Immunization Program, 29 Hazen Drive, Concord, New Hampshire 03301.

VACCINE ADMINISTRATION Preparation



- Understand the clinic flow and where to receive and send patients
- Wash your hands before preparing and administering EACH vaccine
 - CDC has no requirement to wear gloves for vaccine administration.
 - If you chose to wear gloves, remove them between every patient, wash your hands, and apply new gloves before preparing and administering the next vaccine
- Practice vaccine administration if you don't feel comfortable or if you haven't given an IM or vaccine injection in a while.

Let's now move into the realm of Vaccine Administration. When preparing to vaccinate, remember to always wash your hands before and in-between each vaccination. There will be hand sanitizer in your area. CDC has no requirement to wear gloves for vaccine administration. You may choose to wear gloves or not to wear gloves. It is your choice. Of course, either way you must wash your hands in a sink or with an alcohol based product in between each administration. Become familiar with the injection technique especially if you haven't given injections in a while. Understanding best practices and delivering vaccinations in a smooth, quick, and efficient manner allows for a smoother clinic flow and can provide nervous patients with some much needed confidence. This photo is courtesy of the CDC's Public Health Image Library and shows a USPHS Veterinarian Officer drawing up cholera vaccine for administration to pigs after walking village to village in rural Peru in 2008.

VACCINE ADMINISTRATION Preparation



- The vaccine is in prefilled syringes
 - These syringes do not contain preservatives
- Determine which needle size is needed
- Once the needle is attached to the syringe
 - Sterile field is broken
 - Syringe needs to be used by the end of the clinic day
 - Still need to maintain appropriate temp
 - Use vaccine within 30 minutes of removal from the coolers
 - Don't take out more than 10 doses at a time

The vaccine you will be using comes in prefilled syringes and does not contain preservatives. You will be provided with 25 gauge, 1 inch and 1 ½ inch needles to attach to the prefilled syringe. We will discuss when to use which size needle on the next slide. Keep in mind that you only want to attach needles to the prefilled syringes that will be used that day. Once you break that sterile field by attaching a needle, the syringe cannot be kept longer than the clinic day. Also remember, that you need to maintain the cold chain all the way until the vaccine enters the patient's body. This means ensuring that the vaccine is not outside of the portable refrigerator or cooler for longer than 30 minutes and that you never take out more than 10 doses of vaccine at a time. This picture, found on CDC's Public Health Image Library, was taken in 2012 as nurses set up an influenza clinic in a semi-remote village in Laos, officially known as Lao People's Democratic Republic.

VACCINE ADMINISTRATION

Needle Preparation

Sex/ Weight	Needle Length	Injection Site
M & F <130 lbs.	1”	Deltoid Muscle
F 130 lbs. - 200 lbs.	1” - 1½”	
M 130 lbs. - 260 lbs.		
F >200 lbs.	1½”	
M >260 lbs.		

When attaching a needle to prefilled syringes, choose the needle based on the estimated weight of your patient. Most children will need a 1 inch needle. Some patients who weigh more may need a 1 ½ inch needle. For the School Based Influenza Clinics, the injections must be given deep into the center of the deltoid muscle.

VACCINE ADMINISTRATION

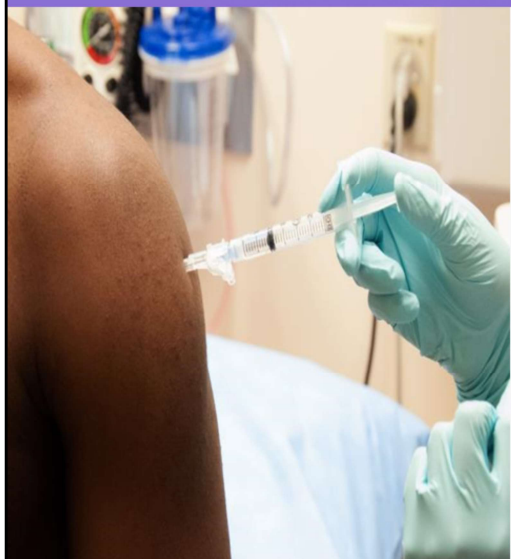
Patient Verification



- Establish procedures with multiple redundancies to ensure:
 - The correct and properly authorized patient receives the flu vaccine
 - The patient is not vaccinated more than once
- Use two patient identifiers
 - Make sure that you ask their name instead of asking if their name is
 - Younger patients or patients with cognitive disabilities often say yes to any name
 - Ask them their birthday or birth month

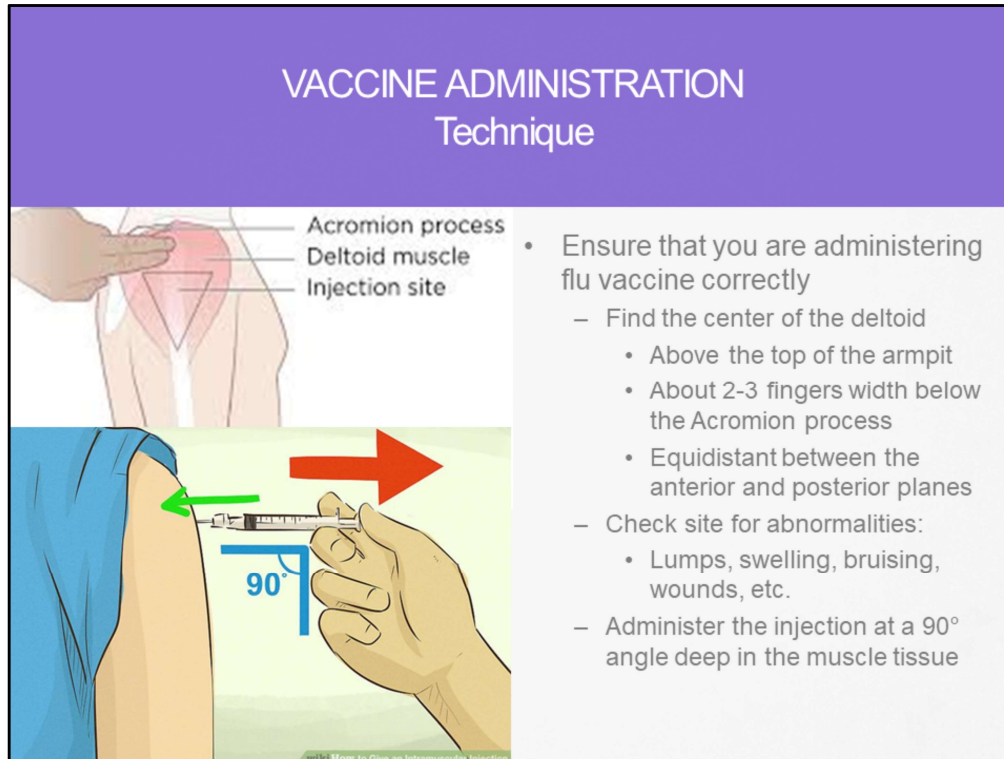
Now that we have covered preparing supplies, let's take a moment to discuss ensuring you vaccinate the correct patient. Each clinic should establish a procedure so that each patient goes through the clinic ONCE with multiple people checking their name, form, etc. to ensure the **correct** patient receives the vaccine. Never offer a name, always ask "What is your name?" Your second identifier can be a birth month or day, a school staff member identifying the patient, or another piece of data that is unique to that child. Ensure that the consent form and the patient name match. The Vaccinator is ultimately responsible for making sure that the right vaccine gets administered the correct way to the appropriate patient. Remember, that best practice includes using two patient identifiers. Double check the entire form. We have encountered forms that were completed and signed with notes at the very bottom stating that they do not want their child immunized. This photo was taken here in Belmont, New Hampshire as a 5 year old was getting her Flu Vaccine as part of the School Based Flu Clinics.

VACCINE ADMINISTRATION Tips



- Don't underestimate your calming presence!
 - Be conscious of your verbal and non-verbal communication
 - Adopt a reassuring manner
 - For younger patients, don't underestimate hand holding and affection where appropriate
 - Have medication ready and deliver it quickly
 - Especially if they are nervous (delays often make it worse)
- Do NOT administer vaccine to patients that are completely refusing
 - A little reassurance can go a long way, but if it doesn't help, then stop
 - Send a note home explaining why they did not get the vaccine.
- Ensure patient is seated for vaccination

Always explain what you are doing. As you are providing these important safety measures, don't forget that this is often a scary thing for the patients. Some children like to talk about their Halloween costumes or hold a stuffed animal. Do what you can to make the patient as comfortable as possible. This might involve having someone the child is familiar with holding them or their hand while they get their vaccine, or other creative comfort measures. Explanations go a long way towards decreasing anxiety. Examples include explaining that we will wash your arm with a wipe and give you a vaccine that will help protect you from getting sick from the flu. Then I will put a Band-Aid on the spot and you can pick out a sticker. Don't forget that most communication between you and your patient is non-verbal. In other words about 55% of your communication is made up of the non-verbal. These are things like your posture, how you position the patient, and whether you are towering over them or at eye level. About 38% of communication is the tone of your voice and only about 7% of communication is the words you speak. All of these factors play a role in decreasing anxiety. Use all of these aspects to create a calming environment. Do not draw out the administration of the vaccine. Have the vaccine ready. Once the patient is determined to be appropriate for vaccination and clear on the procedure, deliver it quickly. Do not vaccinate a patient who is refusing even after instituting these suggestions. We encourage patients to get vaccinated - we do not force. Always make sure the patient is seated during vaccination. This photo, courtesy of CDC's Public Health Image Library, was taken of a 26 year old man receiving a dose of Ebola vaccine as part of phase one clinical trials. It demonstrates proper placement of vaccine administered to the deltoid.



Let us take a minute to discuss delivering vaccine through the intramuscular route. When administering the actual vaccine, find the central and thickest portion of the deltoid. Utilize your landmarks as there has been an increase in the number of injuries associated with vaccine injections. If the injection is given too high, it can be given in the shoulder joint. If it is given too low it can be administered in the distal tendons of the deltoid.

The center of the deltoid can be found approximately 2-3 finger-widths below the Acromion process (the bony part sticking out at the top of the shoulder) and above the level of the armpit. You should locate the top of the armpit which indicates the lower most border of the deltoid muscle which is shaped like an upside down triangle. Make sure that you are in the middle section of the lateral portion of the shoulder with equal distance between the anterior and posterior sides. Make sure to check the site for any abnormalities such as lumps, swelling, bruising, wounds, warmth, etc. and avoid injecting into any of these abnormalities. Administer the injection at a 90 degree angle and remember that there is no need to aspirate (or draw back on the syringe plunger) prior to injection to see if you are in a blood vessel. The images on the left side of this slide from Healthline and Wikihow demonstrate how to find and administer IM injections in the deltoid muscle.


VACCINE ADMINISTRATION

After the Injection



- Activate the safety mechanism of the needle
 - Use a one handed technique
 - Center your thumb or forefinger on the textured finger pad
 - Push the safety cover forward over the needle until you hear a click
- Dispose of the syringe and needle in the Sharps container
- If needed, apply gauze to the site for a few seconds
- Apply bandage
- Give patient
 - Instructions
 - VIS and yellow copy of consent form
 - Promo materials (stickers, etc.)
- Document

Immediately after you give the injection, engage the safety device. Use a one handed technique and make sure that the mechanism is fully engaged before moving towards disposal in the sharps container. Apply gauze to the injection site if needed to control bleeding before applying an adhesive bandage. Give the patient instructions about where to go next, what information to share with their parent/legal guardian, including the VIS and the yellow copy of the consent form, and any promotional material. Make sure the documentation is complete and is passed on to the other clinic staff for a final check. This Alton teenager was receiving flu vaccine on game day as a part of New Hampshire's SBC efforts.

VACCINE INFORMATION STATEMENT	
<p>Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know</p> <p>Many Vaccine Information Statements are available in Spanish and other languages. See www.imzmnz.org/vs Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.imzmnz.org/vs</p>	
<p>1 Why get vaccinated?</p> <p>Influenza vaccine can prevent influenza (flu).</p> <p>Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.</p> <p>Pneumonia, bronchitis, sinus infections and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer or diabetes, flu can make it worse.</p> <p>Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.</p> <p>Each year thousands of people in the United States die from flu, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.</p>	<p>There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.</p> <p>Influenza vaccine does not cause flu.</p> <p>Influenza vaccine may be given at the same time as other vaccines.</p>
<p>2 Influenza vaccine</p> <p>CDC recommends everyone 6 months of age and older get vaccinated every flu season. Children 6 months through 8 years of age may need 2 doses during a single flu season. Everyone else needs only 1 dose each flu season.</p> <p>It takes about 2 weeks for protection to develop after vaccination.</p>	<p>3 Talk with your health care provider</p> <p>Tell your vaccine provider if the person getting the vaccine:</p> <ul style="list-style-type: none"> • Has had an allergic reaction after a previous dose of influenza vaccine, or has any severe, life-threatening allergies. • Has ever had Guillain-Barre Syndrome (also called GBS). <p>In some cases, your health care provider may decide to postpone influenza vaccination to a future visit.</p> <p>People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.</p> <p>Your health care provider can give you more information.</p>
<p> U.S. Department of Health and Human Services Centers for Disease Control and Prevention</p>	

VACCINE ADMINISTRATION Vaccine Information Statement (VIS)

- Review VIS before the clinic it explains:
 - Why it is important to get vaccine
 - Possible side effects
 - Who should not get the vaccine
- Always send a VIS home with the patient along with a completed copy of the yellow portions of the Consent Form

The Vaccine Information Statement or VIS explains the reasons why the vaccine is important, who can receive the vaccine, and any possible side effects. It is a federal requirement to give this information to the responsible party before a vaccine is administered. For our clinics that are vaccinating minors without their parent or guardian present, this means that parents/legal guardians need to have the ability to read this sheet before the day of vaccination and a copy of the VIS must be sent home with the patient on the day of the vaccine administration. Patients and parents and guardians present on the day of the clinic should be provided a current Vaccine Information Statement prior to vaccine administration. All clinic staff should read the VIS sheet prior to the clinic's start.


VACCINE ADMINISTRATION Documentation



- After the administering the vaccine
 - Complete the bottom of the Consent Form
 - Vaccinator and 2nd person review form
 - Separate the Consent Form
 - Yellow copy to the patient
 - White copy to be retained
 - Give to the patient
 - Vaccine Information Sheet (VIS)
 - Yellow copy of Consent Form

NOTE: Some schools like to collect paperwork and give to the patient at the end of the day

After giving the vaccine to the patient, continue to have them sit. Complete your documentation and then allow the patient to go to the 15 minute observation waiting area. Complete a final check with someone (other than the Vaccinator) to make sure the paperwork is complete. The yellow copy of the consent form along with the Vaccine Information Sheet needs to eventually accompany the patient home. The completion of the paperwork may be done differently in each School. Some clinics have the Vaccinator hold the forms and another person attaches the VIS sheet. Others give both the yellow copy and the Vaccine Information Sheet to the school nurse for distribution later in the day. Check with your Clinical Supervisor to determine how this will be accomplished at your clinic. This picture is of a Belmont NH teenager receiving her flu vaccine as a part of the SBC program.

A photograph of a young girl with dark, wavy hair, smiling at the camera. She is wearing a dark blue long-sleeved shirt. On her right upper arm, there is a small, rectangular, patterned bandage. The background is slightly blurred, showing what appears to be a school setting with a red and white striped wall and a metal railing.

OBSERVATION

- Always have the patient wait 15 minutes after their vaccination for observation before returning to class
- Report any adverse reactions immediately!

Remember, every patient who gets vaccinated needs to wait a minimum of 15 minutes under observation before returning to class or leaving the clinic. This applies to all clinic models and is a best practice guideline. Processes to enforce this requirement and how to document any non-compliance, for example via an Against Medical Advice waiver form or otherwise, should be discussed with your Clinical Director.

Whoever is in charge of this area of the clinic should be watching for adverse reactions and checking to make sure the patients feel okay before returning to their classrooms. Any adverse reaction should be reported to the Clinic Supervisor and addressed immediately.

STANDING ORDERS - Routine			
Presentation	Age	Dose/Amount	Route
Fluzone® Quadrivalent Inactivated Influenza Vaccine Sanofi Pasteur, Inc.	Age 4 through 19 years with no medical contraindications	0.5 mL prefilled syringe	IM administer in the deltoid muscle (upper arm)
Purpose	Includes	Types	Review
Standing Orders give the vaccinator the authority to administer the vaccine	<ul style="list-style-type: none"> Name of medication Who may receive it What is the dose How to administer 	<ul style="list-style-type: none"> Standing Orders for Routine Medication Standing Orders for Emergency Management 	It is the Vaccinator's job to be familiar with both the routine and emergency standing orders prior to the start of clinic

Standing Orders will be provided to you by your Clinical Director (MD, DO, FNP) and signed copies should be brought to each clinic. Always review the Standing Orders before the start of each clinic and follow them exactly. This is your permission to vaccinate the patient and treat them in a medical emergency. Standing orders include the name of the vaccine, who may receive the vaccine, what dose and how to administer. Mobile vaccine clinics, like the School Based Flu Clinics, utilize standing orders for routine vaccination administration as well as how to treat a patient in an emergency. The standing orders for an emergency situation may also be called emergency protocols. It is very important for the clinic staff to be familiar with both the routine and emergency protocols prior to the clinic's start.

Medical Management of Vaccine Reactions in Children and Teens in a Community Setting

The table below describes steps to take if an adverse reaction occurs following vaccination.

Administering any medication, including vaccines, has the potential to cause an adverse reaction. To minimize the likelihood of an adverse event, screen patients for vaccine contraindications and precautions prior to vaccination (see "Screening Checklist for Contraindications to Vaccines for Children and Teens" at www.immunize.org/catg.d/p4060.pdf). When adverse reactions do occur, they can vary from minor (e.g., soreness, itching) to the rare and serious (e.g., anaphylaxis). Be prepared.

Vaccine providers should know how to recognize allergic reactions, including anaphylaxis. Have a plan in place and supplies available to provide appropriate medical care should such an event occur.

Standing Orders - Emergency Management

- Review your Emergency Management Standing Orders prior to the clinic start
- Know where the Emergency Management Standing Orders will be located during the clinic
- Know where emergency supplies are located
- Have a Plan
- Know Your Role

REACTION	SIGNS AND SYMPTOMS	MANAGEMENT
Localized	Soreness, redness, itching, or swelling at the injection site	Apply a cold compress to the injection site. Consider giving an analgesic (pain reliever) or antipruritic (anti-itch) medication.
	Slight bleeding	Apply pressure and an adhesive compress over the injection site.
	Continuous bleeding	Place 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 heart.
Psychological fright and syncope (fainting)	Fright before injection is given	Have patient sit or lie down for the vaccination.
	Pallor, sweating, coldness of the hands and feet, nausea, light-headedness, dizziness, weakness, or visual disturbances	Have patient lie flat. Loosen any tight clothing and maintain open airway. Apply cool, damp cloth to patient's face and neck. Keep them under close observation until full recovery.
	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 to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.
Anaphylaxis	Skin and mucosal symptoms such as generalized hives, itching, or flushing; swelling of lips, face, throat, or eyes. Respiratory symptoms such as nasal congestion, change in voice, sensation of throat closing, stridor, shortness of breath, wheeze, or cough. Gastrointestinal symptoms such as nausea, vomiting, diarrhea, cramping abdominal pain. Cardiovascular symptoms such as collapse, dizziness, tachycardia, hypotension.	See the emergency medical protocol on the next page for detailed steps to follow in treating anaphylaxis.

CONTINUED ON NEXT PAGE ►

*Original content received by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3082a.pdf • Item #P3082a (7/16)

This is an example of standing orders from the Immunization Action Coalition for emergency medical management, also called emergency protocols. Your Clinical Director will either choose to utilize these or outline similar steps to take in the event of an adverse vaccine reaction. Adverse vaccine reactions are rare, but that does not mean they don't happen. Be prepared! As many of you are aware, things happen quickly in an emergency. Become thoroughly familiar with your emergency protocols outlined in this document before each clinic. Discuss how your clinic group will handle an emergency prior to the start of the clinic. Assign roles such as who will be clearing the area and "crowd control", who will be the primary medical provider, who will be getting vital signs, who will activate 911, etc. In the following slides, we will discuss the emergency management protocols recommended by the Immunization Action Coalition. These may be different than what is created by your Clinical Director and should not serve as a substitute to reviewing your Emergency Management Standing Orders prior to your clinic's start.

EMERGENCY MANAGEMENT



- Every Clinic will have an EMERGENCY BOX containing epinephrine auto injectors such as:
 - Epi-Pens® (Epinephrine)/Adrenaclick®/AUVI-Q®
 - 0.15mg dose
 - Weight Ranging from 15-34.5kg (33-76lbs)
 - 0.30mg dose
 - Weight increasing from 26kg+ (57 lbs+)
 - Diphenhydramine (Benadryl)
 - Liquid
 - Tablets
- Also Available:
 - BP Cuff
 - Stethoscope
 - Cell phone or land line to call 911
- RN's and Paramedics are responsible for administering the Epinephrine

All Vaccinators and volunteers need to know where the emergency kit is located at each clinic before the clinic starts. Your clinic will have epinephrine on site to counteract severe anaphylactic reactions. This epinephrine will most likely come in the form of an auto-injector, saving the need to draw up the medication from a vial before administration. Some types of epinephrine auto-injectors currently out on the market are Epi-Pens® and the generic version, Adrenaclick® and AUVI-Q®. Make sure you are confident with your epinephrine administration and be aware of which dose to use for which sized patient. These auto-injectors use the same dosing structure. The 0.15mg dose is to be used on patients between 33-76lbs and the 0.3mg dose is to be used for patients weighing 57lbs and up. You'll notice that there is an overlapping weight between 57 and 76 lbs. in which either auto injector may be used. In recent history, there have been intermittent epinephrine auto injector shortages, so medical providers may opt to utilize epinephrine in ampules or vials that needs to be drawn up (through a special filter needle if using ampules) and then administered. If ampules or vials are to be utilized, additional training is needed. Make sure that you are aware of which presentation you have on hand and that you are confident in its administration.

Another medication on hand is Diphenhydramine, which is the generic form of Benadryl. Your emergency box contains both liquid and tablet/capsule forms. Review your emergency guidelines to determine when to administer each. There should also be a blood pressure cuff and stethoscope at the clinic available in case of an emergency and a cell phone or land line to call 911. Remember, if you are an RN or Paramedic, you will be responsible for the administration of the epinephrine. This picture is from CDC's Public Health Image Library and is of a man getting vaccinated against influenza by the Director of the National Immunization Program for Lao Ministry of Health, in Lao People's Democratic Republic in 2012.

EMERGENCY MANAGEMENT



- When you observe the onset of a severe adverse reaction or anaphylaxis
 - First call 911
 - Begin assessment and treatment
 - DO NOT delay epinephrine if it is clinically indicated
 - EMS will arrive with additional support and equipment

If there are symptoms of a severe vaccine reaction or anaphylaxis, alert the RN or Paramedic of the situation immediately. Calling 911 immediately avoids delays in care and should be completed while a more in depth evaluation is initiated. Do not delay administration of epinephrine if it is clinically indicated. EMS will have additional medications and equipment needed to handle emergency situations. While this photo, courtesy of the Public Health Image Library was taken back in 1976, it still holds true to have the right tools and talent available to give the best patient outcomes.

EMERGENCY MANAGEMENT



- Adverse vaccine reactions are rare, but preparation is essential
 - Learn what protocols and equipment your Public Health Network has provided
 - Have a plan
 - Know your role
- Vaccine reactions are categorized into:
 - Localized
 - Moderate
 - Severe
- Reactions can occur within the first few minutes or hours
 - Patients should be monitored for 15 mins after receiving vaccination

Adverse vaccine reactions are rare, but preparation is essential. It is important to know what protocols and equipment are available, to understand the emergency plan and for clear roles to be established before the start of the clinic. As part of the preparation, understanding the vaccine reaction categories and how they are typically treated will allow for faster response as well.

Vaccine Reactions are categorized into:

Localized
Moderate
Severe

We will discuss these more in detail in the upcoming slides.

Reactions can occur within the first few minutes or hours. This is part of the rationale behind monitoring patients for 15 mins after receiving vaccination.

EMERGENCY MANAGEMENT

Localized Reactions

Signs & Symptoms	Treatments
Soreness Redness Itching Swelling	Apply a cold compress Observe to ensure symptoms don't develop into generalized symptoms (anaphylaxis)
Bleeding Mild	Apply pressure and an adhesive bandage
Bleeding Severe	Apply thick layer of gauze pads over site, apply direct pressure and elevate above heart

Localized Reactions, or adverse vaccine reactions that develop with or around the injection site, can involve soreness, erythema or redness, along with itching, swelling or bleeding. Symptoms that involve soreness, redness, itching or swelling can be treated with cold compresses. It is important to continue to observe these symptoms to ensure that they don't develop into anaphylaxis. For mild bleeding from an injection site, apply pressure and an adhesive bandage. For more severe bleeding, apply a thick layer of gauze pads over the site, apply direct pressure and elevate the site above the heart. Remember that all of the information listed here for Emergency Management treatment is recommended by the Immunization Action Coalition and should not replace your Clinical Director's emergency management protocols. **Always review the Emergency Medical Management procedures determined by your Clinical Director prior to the clinic starting.**

EMERGENCY MANAGEMENT

Moderate Reactions

Signs & Symptoms	Treatments
Paleness Sweating Coldness in hands & feet Nausea Light-headedness Dizziness Weakness Visual Disturbances	Have patient lie flat on the floor or sit with head between knees Loosen clothing Reminder: always give the vaccine to a patient that is sitting
Fall with or without loss of consciousness	Assess for trauma, Apply c-spine precautions if appropriate, if c-spine not needed, lie patient flat on back Call 911 if patient does not recover immediately

Moderate reactions that the patient may experience include becoming pale, sweaty, cold in their hands and feet, nauseous, light headed, weak or have acute visual changes such as blurred vision or seeing black spots. If any of these occur, have the patient lie flat on the floor or sit with their head between their knees. Where appropriate, you can loosen restrictive clothing. It is important to remember to immunize patients while they are seated, just in case one of these symptoms present. If a fall does occur, assess for trauma, apply C-spine precautions if appropriate, if not, then lie the patient flat on their back. Call 911 if the patient does not recover immediately.

EMERGENCY MANAGEMENT Severe Reactions

Signs & Symptoms	Treatments
Sudden or Gradual Onset of: Swelling of Lips, Face or Throat Severe Wheezing Shortness of Breath Shock Abdominal Cramping Cardiovascular Collapse	If symptoms are generalized, have someone call 911 while patient's airway, breathing and circulation are assessed and Epinephrine is administered per guidelines (up to 3 times spaced 5-15 mins apart)
	Monitor vital signs every 5 minutes
	Keep patient flat on their back If patient is having difficulty breathing, head may be elevated
	Perform CPR if necessary maintaining open airway
	Record vital signs, medications given, and by which personnel, as well as other relevant clinical data

Treating severe reactions, swelling of lips, face or throat, severe wheezing, shortness of breath, shock, abdominal cramping and/or cardiovascular collapse, will involve immediate mobilization of 911 and assessment of the patient's condition. Administration of Epinephrine should not be delayed and can be administered per your Public Health Network emergency protocols. Epinephrine can be administered up to 3 times every 5-15 minutes. **Your clinic is required to have at least two to three 0.3 mg doses of epinephrine and two to three 0.15 mg doses of epinephrine on hand.** Discuss with the school nurse prior to the clinic to determine what emergency equipment is at the school that may be utilized in an emergency. Have a plan in place of how to access that equipment, if available. **If the clinic is held in a more remote location and the EMS response time is anticipated to be more than 5 minutes AND/OR if you are offering the flu vaccines to adults as well as students, 3 auto-injectors of each dose of epinephrine is required.**

Keep in mind that you should not vaccinate anyone for whom you do not have adequate emergency medications on hand.

In the event of a severe reaction you will need to continue to monitor the patient by assessing vital signs every 5 minutes until EMS arrives and continually assess if you need to start CPR. Make sure to record vital signs as well as medications given, who gave the medications, and any relevant clinical data. EMS will take over when they arrive.

EMERGENCY MANAGEMENT Review

- Most IMPORTANT!
 - CALL 911
 - DO NOT DELAY TREATMENT
 - Assess the patient and decide on immediate treatment
 - Remember the first line treatment for severe reactions is epinephrine
 - Epinephrine auto injectors are located in your emergency med kits
 - If you need more, reach out to the school nurse
 - If Epinephrine is administered, the patient must be taken to an Emergency Department for further evaluation
 - Secondary medication is diphenhydramine
 - Either liquid or tablets
 - Always review the Emergency Medical Management procedures determined by your Clinical Director prior to the clinic starting
 - Have a copy easily accessible in your emergency box

To review, do not delay in calling 911. Assess the patient and immediately get EMS mobilized. Do not delay administration of epinephrine if it is medically indicated. There is epinephrine in the emergency medical kits and make sure that you have worked with the school nurse ahead of time to determine other emergency resources on site. Remember, if epinephrine is administered, the patient must be taken to an Emergency Department for further evaluation. Epinephrine should be given first if indicated, then work on getting the diphenhydramine (Benadryl) on board. Remember that patients MUST be conscious and have a patent airway (meaning the ability to speak, breathe and swallow) to administer medications by mouth. Always have a copy of your emergency protocols on site and easily accessible. In the event that more medical advice is needed, reach out to your Clinical Director.

NH SCHOOL-BASED VACCINATION CLINIC INCIDENT or ACCIDENT REPORT FORM- 2020/21	
<p>Student Name/DOB: _____</p> <p>Today's Date: _____ School: _____</p> <p>Vaccine given: _____ Date: _____ Site: _____ Lot number: _____</p> <p>Describe what happened: _____</p> <p>Describe all symptoms or injuries: _____</p> <p>Describe treatment and actions taken (include any vital signs taken): _____</p> <p>Place of incident/accident (e.g. gym, classroom, library, or nurse's office): _____</p> <p>Outcome of incident (did the patient recover, require further intervention, etc.): _____</p> <p>Witnesses to incident/accident: Name/phone: _____ Name/phone: _____</p> <p>Parent or Guardian Contacted? Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Phone: _____ Date/Time: _____</p> <p>Health Care Provider Contacted? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of contact: _____ Date/Time: _____</p> <p>Other persons contacted (name/phone): _____ Date/Time: _____</p> <p>AFTER INCIDENT: CONTACT NHIP, at 603-271-4482 and ask to speak to the Nurse on Call Name of NHIP contact: _____ Date/Time: _____</p> <p>Form completed by (please print): _____ Signature: _____ (Note: this form should be completed by the medical professional who responded to the event)</p> <p>Person in charge of clinic (please print): _____ Signature: _____</p> <p style="text-align: center; margin-top: 20px;">Fax this form to NHIP at 603-271-3850 within 24 hours of the incident.</p> <p style="font-size: small;">Note: If anaphylaxis is suspected, epinephrine is administered and/or if the incident is complicated you must submit this form, the Anaphylaxis Incident Form and the Consent Form to NHIP at 603-271-3850 within 24 hours of the event</p>	<div style="background-color: #4a4a9a; color: white; text-align: center; padding: 10px; margin-bottom: 10px;"> AFTER AN ADVERSE EVENT </div> <ul style="list-style-type: none"> AFTER a reaction or other incident: <ul style="list-style-type: none"> – Notify the parent/legal guardian – Notify your Clinical Director and provide the documentation they request – Nurse or Paramedic needs to fill out an incident report: <ul style="list-style-type: none"> This form is completed for <u>all</u> incidents – Fax the completed incident report to NHIP at 271-3850 within 24 hours – Notify the on-call nurse at NHIP after the reaction or incident at 271-4482 before you leave for the day.

Revised 6/20

After an adverse vaccine event has occurred, a variety of things needs to occur. The parent/legal guardian of the patient needs to be notified. The Clinical Director needs to be notified. An incident report needs to be completed by the medical professional that responded to the incident and submitted to the New Hampshire Immunization Program within 24 hours of the event. Call the New Hampshire Immunization Program and notify the nurse on call before the end of the work day. This is an example of the Incident Form that needs to be completed. There is an additional form if anaphylaxis occurred or epinephrine is administered.

NH SCHOOL-BASED VACCINATION CLINIC ANAPHYLAXIS EVENT and/or EPINEPHRINE ADMINISTRATION FORM- 2020/21			
Student Name/DOB: _____ / _____		Age: _____ Date and Time of Symptom Onset: _____	
Gender as Assigned at Birth: M <input type="checkbox"/> F <input type="checkbox"/> Choose not to disclose: <input type="checkbox"/>			
School Name/School Contact Phone#: _____ / _____			
Known allergen(s): _____			
SYMPTOMS:			
Mouth or Skin Itching/Rash/Hives?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Nausea, Abdominal cramps or pain, vomiting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Shortness of breath, labored breathing, wheezing or stridor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other Symptoms: _____			
VITAL SIGNS:			
Blood Pressure(s) (include time): _____		Pulse(s) (include time): _____	
Respiratory Rate(s) (include time): _____			
MEDICATION ADMINISTRATION/TREATMENT:			
EPINEPHRINE administration			
Epinephrine 1:1000 (1 mg/mL)	Location: Right Thigh <input type="checkbox"/> Left Thigh <input type="checkbox"/>		
Dose: _____	Time: _____		
Epinephrine Auto injector	Location: Right Thigh <input type="checkbox"/> Left Thigh <input type="checkbox"/>		
Dose: 0.3mg <input type="checkbox"/> 0.15mg <input type="checkbox"/>	Time: _____		
Second dose administered? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes: Dose: _____	Time: _____	Location: _____
Third dose administered? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes: Dose: _____	Time: _____	Location: _____
Administered by: _____			
Approximate time between onset of symptoms and administration of Epinephrine: _____			
Location of student when symptoms developed: _____			
Location of student when Epinephrine administered: _____			
Antihistamine (diphenhydramine/Benadryl) administered? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Drug/Dose: _____	Date/Time: _____	Administered by: _____ (printed name and title / signature)	
CPR performed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Section completed by: _____ (printed name and title / signature) Date: _____			
Anyone receiving Epinephrine must be taken to an emergency room at a hospital.			
Transferred to ER: Yes <input type="checkbox"/> No <input type="checkbox"/> Time: _____ Discharged after: _____ hours.			
Outcome: _____			
Do you want to make any suggestions to improve emergency procedures?: _____			
Debriefing after-action meeting? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Signature of person completing paperwork: _____ Phone number: _____			
Within 24 hours of an event, fax this form, the Incident Report Form and the Consent Form to 603-271-3850			

AFTER AN ADVERSE EVENT

- AFTER an Anaphylaxis Event occurs or if Epinephrine is administered:
 - In addition to the Incident Report, Nurse or Paramedic must fill out this form
 - Fax both the completed incident report and this form to NHIP at 271-3850 within 24 hours

In the event of anaphylaxis or the administration of Epinephrine, this form needs to be completed in addition to the Incident Report. Make sure to have the medical professional who responded to the incident complete the forms and fax both pages to the New Hampshire Immunization Program after the event has concluded.


AFTER CLINIC OPERATIONS

Clinic Demobilization



- Vaccine
 - Place all unused vaccine that has not been attached to a needle back into portable refrigerator or cooler
 - Continue temperature monitoring, to ensure vaccine temperature stays between 2.0 ° -8.0° Celsius
 - Transfer vaccine to an approved refrigerator for longer term storage
- Documentation
 - Return all documentation to your PHN contact
 - Consent Forms
 - Incident Forms
- Clean Up area
 - Please leave your area as good as or better than you found it!

Place all of the unused vaccine that has not had a needle attached, back into the portable refrigerator or cooler. Continue the hourly temperature monitoring of the vaccine until the vaccine goes back into an approved vaccine refrigerator. Approved vaccine refrigerators have already been established with the New Hampshire Immunization Program and temperature logs have been submitted to demonstrate that the vaccine is being stored in a stable environment. Remember vaccine needs to be kept between 2.0-8.0 degrees Celsius. Return all of the remaining documentation to the PHN contact, including consent and incident forms. Please remember to clean up the area where the clinic was held. This picture is courtesy of CDC and is an image of a toddler holding an immunization card in Jordan during the 2013 measles outbreak.



**New Hampshire
Immunization
Program**
Department of Health & Human Services
Phone 603-271-4482
Fax 603-271-3850
immunization@dhhs.nh.gov

**NH IMMUNIZATION PROGRAM
MOBILE CLINIC
Daily Data Sheet**

Mobile Clinic Data Sheet

Daily Clinic Temperature Monitoring
VACCINE MUST ALWAYS BE STORED UNDER PROPER CONDITIONS
TEMPERATURES MUST REMAIN BETWEEN + 2.0°C AND 8.0°C
 Check and document the temperature of mobile storage unit EVERY HOUR
 Document the time checked, current temperature, initial of person taking temperatures.
 Must be confirmed by 2nd person.

(Record temp when unit is packed/ready for transport to location and upon arrival back to main storage unit)	Time	Current Temp	Taken by (Initial)	Confirmed by (Initial)	Notes
Temp of storage container at pack-out:					# of doses at pack-out: _____
HOUR 1					
HOUR 2					
HOUR 3					
HOUR 4					
HOUR 5					
HOUR 6					
HOUR 7					
HOUR 8					
HOUR 9					
HOUR 10					
Temp of storage container at return:					# of doses at return: _____

To avoid unnecessary alarms and keep vaccine safe:
 Keep the glycol bottle in proper conditions before, during and after daily clinic.
 Keep glycol bottle as close to the center of the storage container as possible during clinic.
***If temperature is out of range, STOP vaccinating, move the vaccine to a safe place, download the data logger report and call NHIP**

Clinic Location: _____ Vaccine Type: _____ Total Consent Forms: _____ Total Vaccinated: _____ Total Wasted: _____ Notes: _____	Clinic Location: _____ Vaccine Type: _____ Total Consent Forms: _____ Total Vaccinated: _____ Total Wasted: _____ Notes: _____	Clinic Location: _____ Vaccine Type: _____ Total Consent Forms: _____ Total Vaccinated: _____ Total Wasted: _____ Notes: _____	Clinic Location: _____ Vaccine Type: _____ Total Consent Forms: _____ Total Vaccinated: _____ Total Wasted: _____ Notes: _____
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PIN NUMBER: _____ CLINIC DATE: _____
 RESPONSIBLE PERSON: _____
 Fax or email this Mobile Clinic Daily Data sheet to 603-271-3850 or immunization@dhhs.nh.gov within 24 hours after clinic day.
 Time faxed/emailed: _____ by: _____

AL 6/20/20

After clinic operations, ensure that the mobile clinic data sheet is accurately completed and legible. The top portion of the form should have temperatures recorded on it. As clinic operations wrap up, complete the bottom portion of the this form, verifying numbers at each clinic while vaccinators and other key clinic personnel are still present. Clearly document each clinic location and vaccine type. Ensure that the total number of consent forms completed equal the total number of patients vaccinated. The number of patients vaccinated should also match the reported number of doses administered. Any doses that were wasted during the clinics should be recorded in the total wasted as well. This number should be kept to a minimum as vaccine is always in limited supply. Ensure accurate accounting of each and every dose of vaccine. Submit this form to the NHIP via fax or email and update VOMS within 24 hours or one business day of clinic operations completion.

Mobile Clinic Summary

- 👍 Protect your vaccine! Keep it between 2.0-8.0°C
- 👍 Prior Proper Planning... goes a long way!
- 👍 Understand the consent form
- 👍 Ensure proper preparation and administration of the vaccine
- 👍 Be able to implement your emergency protocols
- 👍 Understand what paperwork to use and when to submit it
- 👍 Account for each and every dose of vaccine



To summarize today's discussion:

- Protect your vaccine by keeping it between 2.0-8.0 degrees Celsius and by maintaining the cold chain until the vaccine is introduced to the patient. Only pull out vaccine in quantities of no more than 10 syringes at a time, do not attach a needle to any prefilled syringes you may not use and ensure that the vaccine is not out of the portable refrigerator or cooler for more than 30 minutes.
- Prior Proper Planning... it goes a long way. Understand your clinic's flow and the redundancies to prevent errors. Read the consent form and know where to look to quickly check for needed information. Learn your emergency protocols and where the emergency equipment is kept prior to the clinic start and be confident in which course of action you may need to take. Ensure that the paperwork is complete for every patient, that no patient with a contraindication gets vaccinated and that a Vaccine Information Statement goes home with every patient. After every clinic incident, it is necessary to complete an Incident Report form and submit to NHIP within 24 hours. If epinephrine is administered, the Epinephrine Administration Form also needs to be completed and submitted to NHIP within one business day. The Mobile Clinic Daily Data Sheet, including hourly temperature monitoring and daily clinic vaccination data, needs to be accurately and completely filled out and faxed or emailed to the state within 24 hours. VOMS should be updated within the same timeframe.
- If you are a Vaccinator, ensure that you are comfortable with the anatomical landmarks of the shoulder and that you administer the vaccine in the middle of the deltoid.
- This picture, courtesy of CDC's Public Health Image Library, was taken in Kenya vaccinating a child against Polio in 2014 while the family was moving.
- In closing, the New Hampshire Immunization Section would like to recognize the Public Health Networks and their extraordinary efforts to make this project a reality.

RESOURCES



- Public Health Network Contact
- Clinical Director
- Job Action Sheets
- School Based Flu Clinic binder
 - Flu Orders
 - Emergency Protocols
 - School Based Vaccination Training
 - Vaccine Storage & Handling Training
 - Temperature Logs
 - Mobile Clinic Checklist
- Emergency Kit
- New Hampshire Immunization Program
 - Phone (603) 271-4482
 - For Vaccine Administration Questions
 - Ask to speak to the Nurse On Call
 - For Vaccine Storage & Handling
 - Ask to speak to Storage & Handling

It is always helpful to know where to go if additional resources are needed. Please discuss questions with your Public Health Network Contact as well as your Clinical Director. Job Action Sheets have been created and can be modified by the Public Health Networks to further explain clinic assignments.

School-based flu clinic binders should be present at every clinic and contain a copy of the standing orders for flu vaccine and emergency protocols, a paper copy of this training, a paper copy of the vaccine storage and handling training as well as temperature logs and a mobile clinic checklist.

An emergency kit should be present at every clinic and contain emergency medication and other tools.

You may always reach out to the New Hampshire Immunization Program with any questions. For general vaccination questions please ask to speak to the Nurse on Call. For Vaccine Storage and Handling questions ask to speak to a representative in the Vaccine Storage and Handling section.

THANK YOU

The effort to vaccinate our children and vulnerable populations is at the very heart of strong Public Health. Thank you so very much for all of your time and effort in support of this most noble of goals!

[RESTART COURSE](#)[GIVE FEEDBACK](#)

We greatly appreciate you taking the time to help out in this endeavour. The effort to vaccinate and protect our children and vulnerable populations is at the very heart of strong Public Health. Thank you so very much for all of your time and effort in support of this most noble of goals!