

Training for SBC 2023- 2024

Intended for Clinical Team Members



Key Content

- ✓ Vaccine Viability (Storage & Handling)
- ✓ Vaccination
- ✓ Policies & Procedures
- ✓ Clinic Flow
- ✓ Emergency Management
- ✓ Incident Reporting & Adverse Events



How to Access Medical Direction in Real Time

General information – local number 603-826-6500

Clinical Assistance (8a-8p) 800-640-5114

Clinical Assistance (back-up #1) 603-848-1333

Clinical Assistance (back-up #2) 603-504-4372

Who Will You Reach?

- Cecilia Keady, DNP, FNP, APRN
- Anna McFarlin, PA-C

When Can You Call:

8am - 8pm every day of the week!



VACCINE VIABILITY & STORAGE



Storage and Handling - Pre-Clinic

- Proper vaccine storage and handling considerations depend on clinic size, population vaccinated and location
- Vaccines must be maintained between 2.0°C and 8.0°C at all times
- Electricity/extension cord needs
- Different vaccination presentations for different populations
 - Utilizing labeling, stickers, separate shelving for different presentations.
- Importance of proper accounting and reporting of vaccine supply
 - Daily reporting for mobile coolers - hourly
 - Monthly reporting for fixed locations - twice daily checks
- Enough portable storage units for separate storage if possible
- [CDC Storage and Handling Toolkit](#)

Proper Temperature Range:

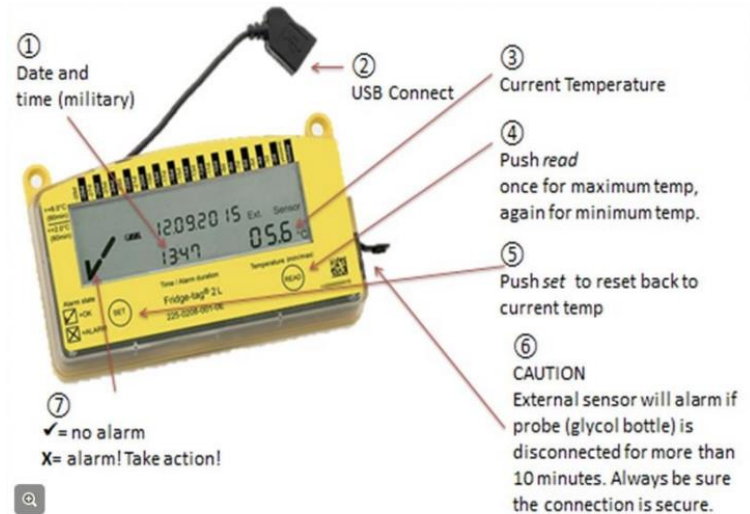
2.0°C and 8.0°C



Cold Chain and Vaccine Viability



- ❖ Vaccines must stay between 2.0°C and 8.0°C at all points of chain
- ❖ Vaccines is light and temperature sensitive
- ❖ Keep vials upright and protect from light
- ❖ If kept out of temperature range, the vaccine can quickly become nonviable



Storage During Clinic

- ❖ Check the portable vaccine storage unit's temperature at least every hour
- ❖ Make necessary adjustments to ensure vaccine stays in proper temperature range **between 2.0°C and 8.0°C**
- ❖ Make sure that when you pack the cooler for the clinic all vaccine have time before their expiration date
- ❖ Do not pack any expired vaccines
- ❖ Only 10 doses outside of cooler at once
- ❖ Vaccines should be used within 30 minutes outside of refrigerator/cooler
- ❖ Never use ice packs or put vaccine on ice packs



NH IMMUNIZATION PROGRAM MOBILE CLINIC Daily 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 NHHP**

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: _____

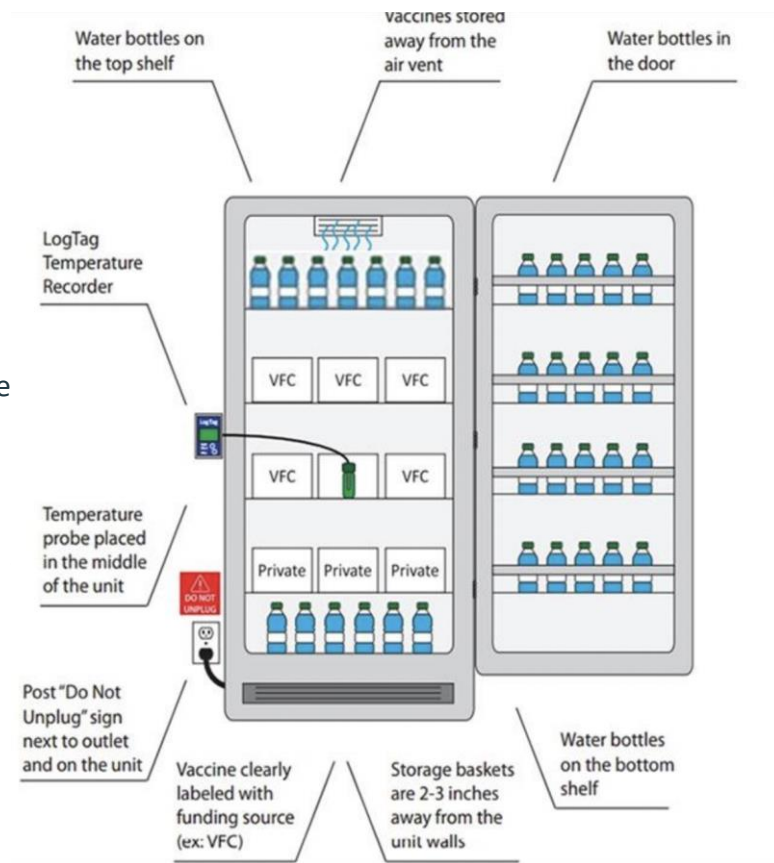
Fax or email this Mobile Clinic Daily Data sheet to 603-271-3850 or immunization@dhs.nh.gov within 24 hours after clinic day.

Time faxed/emailed: _____ by: _____

Vaccine Storage Units

The safest way to store vaccines is in a dedicated and stand-alone refrigerator or freezer

- Air circulation: large enough to store vaccine supply and wire shelving best for good air circulation
 - Keep vaccines away from vents
- Proper management: vaccines in original boxes and earliest expiration at the front of the shelf
- Water bottles throughout the unit and on doors if equipped keeps temperature constant
- Fasten door closed with Velcro or clasps
- Glycol bottles in center of unit
- No food/drinks
- No dorm style units
- Label shelving / area of each vaccine for one product only



Temperature Excursion

Any temperature, for any amount of time, below 2.0°C or above 8.0°C

Steps to follow:

1. Stop vaccinating with any vaccine that was part of an excursion!
2. Determine issue (door ajar, power failure, unit failure).
3. Quarantine (separate) the vaccine and post a notice/label on unit: **“DO NOT USE”**.
4. Review temperature report data, record highest and lowest temperature, record number of minutes out of range.
5. Call On-Site Medical Services and NHIP for guidance and complete *“Cold Chain Incident Report”*.
6. NEVER assume the vaccine is ok to use until you have contacted the manufacturer to confirm viability.



Vaccination



Vaccine Preparation

- Wash hands prior to preparing and administering each vaccination
- Wearing gloves is advisable
- Remember cold chain viability
- Inspect vaccine vial to ensure proper color, clarity and no particles per manufacturer's guidelines
- Reconstitute vaccine with proper diluent if applicable
- Determine which needle size is needed
- Once the needle is attached to the syringe
 - Use sterile techniques when connecting needle and syringe
 - Syringe needs to be used by the end of the clinic day
- Use the vaccine within 30 minutes of removal from the cooler



Patient Verification

Establish Verification Procedures:

- Have at least 3 people (if enough staff) verify patient prior to vaccination administration
- Ask “what is your name?” “when is your birthday?”
- Do not say “you’re John Doe, correct?”



Screen for Precautions or Contraindications - Flu

SCREENING QUESTIONS:

<p><i>Please answer the questions below for the person who is receiving the vaccine to determine if there is any reason they should not get the influenza vaccine. If you answer “yes” to any of the questions, please contact your medical provider to discuss other ways to receive the vaccine.</i></p> <p>If vaccine recipient is sick or unwell on the day of vaccination, they will not be vaccinated.</p>		Yes	No
<p>1. Have you ever had a severe allergic reaction (like anaphylaxis) to eggs or any component* of the influenza vaccine?</p> <p>*More information on vaccine ingredients (components) is available from the FDA at: https://www.fda.gov/vaccines-blood-biologics/vaccines/influenza-virus-vaccine-quadrivalent-types-and-types-b</p>			
<p>2. Have you ever had a severe allergic reaction (like anaphylaxis) to a previous dose of any influenza vaccine?</p>			
<p>3. Have you ever had Guillain-Barre syndrome (GBS) (an autoimmune neurological condition that results in sudden muscle weakness) that developed within 6 weeks after receiving an influenza vaccine?</p>			



Screen for Precautions or Contraindications - COVID



SCREENING QUESTIONS:

Please answer the questions below for the person who is receiving the vaccine to determine if there is any reason they should not get the COVID-19 vaccine. If vaccine recipient is sick or unwell on the day of vaccination, they will not be vaccinated.

	YES	NO	DON'T KNOW
1. Have you ever received a dose of a COVID-19 vaccine before? If yes, please fill out dose table below and attach copy of record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you have an allergic reaction after a prior dose of any COVID-19 vaccine? (Allergic reactions can include symptoms like rash, hives, swelling of the face or mouth, wheezing and difficulty breathing, etc.) If yes, please specify the specific vaccine AND your allergic reaction:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
3. Do you have a known allergy to an ingredient in the Pfizer-BioNTech COVID-19 vaccine, polyethylene glycol (PEG), or polysorbate? See the FDA Fact Sheet corresponding to your age included with this packet of information for a list of vaccine ingredients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had any allergic reaction within 4 hours of receiving a non-COVID-19 vaccine or other injectable medication (including medications injected into a muscle, vein, or under the skin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had a severe allergic reaction (like anaphylaxis) due to any other cause, including to medications taken by mouth, food, or other substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you develop myocarditis or pericarditis after receiving a prior dose of any COVID-19 vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been told you had a condition called "Multisystem Inflammatory Syndrome in Children" or MIS-C or called "Multisystem Inflammatory Syndrome in Adults" or MIS-A?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a health condition that weakens your immune system and makes you moderately or severely immunocompromised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you received a COVID-19 vaccine or had a COVID-19 infection within the past 3 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tips for Vaccine Administration

- ❖ Remain calm, try to keep vaccine recipient calm
- ❖ Always clean target area with alcohol
- ❖ Have medication ready and deliver it quickly, especially if the patient is nervous
- ❖ Ensure patient is seated for vaccination
- ❖ DO NOT administer vaccine to patients that are completely refusing
- ❖ If vaccine recipient is not vaccinated, document clearly why
- ❖ Partial doses - do not reuse needle or attempt another vaccine if unable to do so safely
- ❖ Never reuse syringe or needle



Confirm Signed Consent Prior to Vaccine Administration

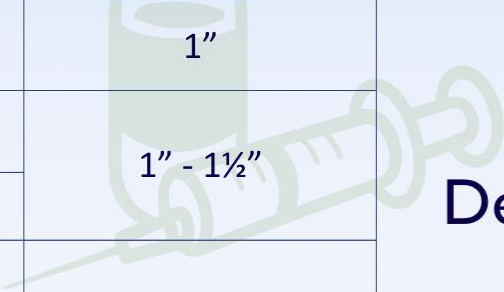


Verify Consent Form

1. Ensure screening questions are completed. If “yes” to question, please refer to On-Site Medical Services Standing Orders or contact the on-call provider at: **800-640-5114.**
2. Verify patient demographics.
3. At least 3 people must review and confirm the consent form is signed!
 - a. **Never vaccinate a patient without signed consent form.**
 - b. Refer to policy for vaccinating minors.



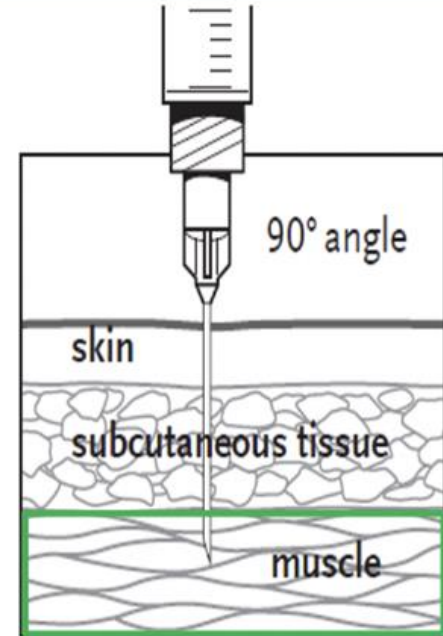
Needle Preparation for an Intramuscular Injection

Sex / Weight	Needle Length	Injection Site
Male & Female <130 lbs.	1"	 Deltoid Muscle
Female 130 lbs. - 200 lbs.	1" - 1½"	
Male 130 lbs. - 260 lbs.		
Female >200 lbs.	1½"	
Male >260 lbs.		



Intramuscular Injections Cont.

- ❖ A $\frac{5}{8}$ " needle MAY be used for patients weighing less than 130 lbs. for IM injections, in the deltoid muscle ONLY if the skin is stretched tight, the subcutaneous tissue is not bunches and the injection is made at a 90-degree angle.
- ❖ $\frac{5}{8}$ " needle may also be appropriate for little babies, newborns, for IM injections in the anterolateral thigh muscle
- ❖ Most children 3 years old and up will require a 1" needle for IM injections
- ❖ Females >200 lbs., males >260 lbs., use 1 $\frac{1}{2}$ " needle.

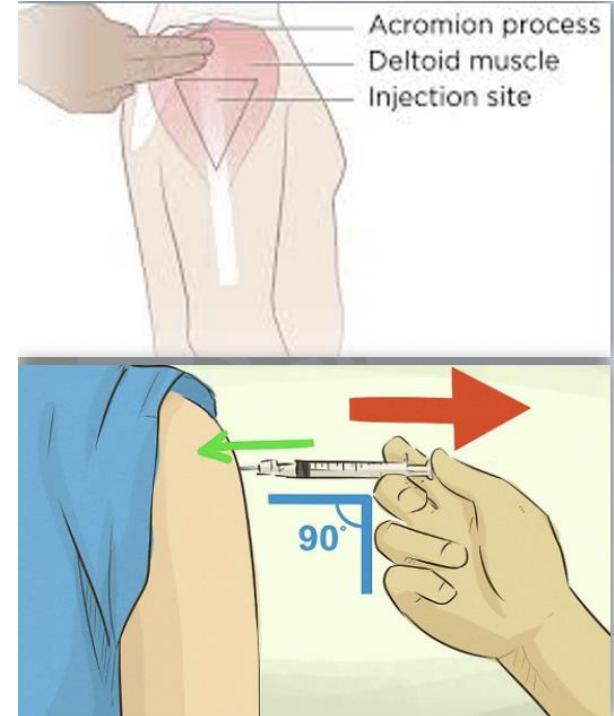


Administration Technique

1. Find the center of the deltoid
 - a. Above the top of the armpit
 - b. About 2-3 fingers width below the Acromion process
 - c. Equidistant between the anterior and posterior planes
2. Check site and avoid administration into abnormalities such as:
 - a. Lumps, swelling, bruising, wounds
3. Administer the injection
 - a. At a 90 degree angle
 - b. Deep in the muscle tissue

Example of [Child Vaccination](#)

Example of [Adult Vaccination](#)



Post Injection

1. Activate the safety mechanism of the needle:
 - a. Use a one-handed technique when possible; ensure the safety mechanism is fully engaged. Never hold a needle in one hand and attempt to recap with another
2. Dispose of the syringe and needle in the sharps container
 - a. NEVER stick fingers into the sharps container
 - b. Do not use sharps container that is more than 3/4 full
 - c. Securely seal sharps container when its ¾ full
 - d. ONLY put sharps in the sharps container. Never put gauze, bandages, etc, into sharps container
3. Apply bandage
4. Give VR directions:
 - a. Vaccine card
 - b. Where to go next
5. Document



Observation

All school based clinics will require an observation period after all vaccinations.

15 minute wait period: for any individuals with no previous allergic reaction to any vaccination

30 minute wait period: for any individual with known allergies to other vaccinations and/or medication.

Anyone that shows any warning signs of adverse reaction or side effect to vaccination will need to wait at least 30 minutes and be evaluated by medical staff.



POLICIES & PROCEDURES



Disease Prevention

- Wear a face mask that covers your mouth and nose (optional)
 - This protects from droplet transmission (common viruses like influenza and COVID-19 are spread via droplets)
 - Disposable face masks should be discarded at the end of each shift or sooner if they become soiled.
- Avoid close contact with others
- Avoid touching your face such as your eyes, nose and mouth with unwashed hands
- Clean and disinfect frequently touched surfaces daily
- Wash hands often with soap and water for at least 20 seconds
- Use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available
- Wash hands between each and every vaccine recipient



Standing Orders

Under standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists) are able to assess and vaccinate people who meet certain criteria, without the need for clinician examination or direct orders from the attending provider at the time of interaction.

- Name of medication/vaccine. Who may receive it. What is the dose. How to administer.
- Emergency Management
- It is the vaccinator's responsibility to be familiar with both the routine and emergency standing orders prior to the start of the clinic.

On-Site Medical Services [Standing Orders](#)



Emergency Management

- ❖ It is an individual's responsibility to review the emergency management plan prior to any clinic.
- ❖ Know your role in an emergency scenario.
- ❖ Know where emergency supplies are located and how to use emergency equipment/medications
- ❖ At least one clinic staff member must be an RN or paramedic who has current CPR/BLS certification. They are the primary emergency responder for the clinic.
- ❖ Notify the primary emergency responder immediately with any signs of severe reaction or anaphylaxis or any side effect.

Call 911 → assess the patient → initiate treatment, administer epinephrine if indicated → work with EMS upon their arrival



Consent Form Process

Consent forms have been revamped for the 2023-2024 school year!

Consent forms will be available via paper copy and online fillable forms.

Process:

- ❖ Consent forms will be made available to parents at the start of the school year (either email with fillable form or paper copy).
- ❖ Parent/guardian signature is valid for 90 days.
- ❖ School staff will send out a “*Clinic Reminder*” to all parents/guardians 10 days prior to the vaccine clinic (either email blast, paper copy, etc.) reminding them of the clinic and requesting that they report any changes or updates to the consent form, that could impact the child’s eligibility for vaccination, by contacting the school immediately.
- ❖ Day of clinic, a school nurse/school administrator will sign “*School Reminder/Clinic Attestation*” form stating that the reminder was sent out to families reminding them of the clinic.



Policy for Vaccinating Minors

Updated Policy for Vaccinating Minors (full policy in Standing Orders)

- ❖ Each child must have a signed consent form, indicating that immunization is desired, or they will not be vaccinated.
- ❖ There must be a written signature for consent. **We cannot accept any verbal consent.**
- ❖ Parental signatures are valid for **90 days from date of signature** (if parent/guardian is not present).
- ❖ The parent must be sent *Vaccination Clinic Reminder* 10 days prior to vaccine clinic
 - This can be email blast via school, paper hand out, etc.
 - Must have reminder to inform school of any changes if requested.
- ❖ Staff must confirm that the **entire** consent form is complete. If any information is missing, vaccination must be deferred.



Who is Able to Vaccinate

Ages 12+

MD – Doctor of Medicine, **DO** – Osteopathic Medicine

PA – Physician Assistant, **APRN** – Advanced Practice Registered Nurse

DMD – Doctor of Dental Medicine, **DDS** – Doctor of Dental Surgery, **RDH** – Registered Dental Hygienists

DPM – Doctor of Podiatric Medicine, **ND** – Naturopathic Doctor

RN – Registered Nurse, **LPN** – Licensed Practical Nurse

RMA – Registered Medical Assistant, **CMA** – Certified Medical Assistant

Paramedic, Advanced-EMT, EMT – Emergency Medical Technician (including EMT-basic), **68W and 4N** – Military Medics

Pharmacist, Pharmacy interns, Pharmacy Technician Nursing, Medical, and PA Students*

Ages 3-11yrs:

MD, DO, APRN, APRN Student*, PA, PA Student*, RN, RN Students, LPN, Pharmacists and Pharmacy Technicians (If they have an immunization endorsement through the NH OPLC), Paramedic, Advanced-EMT, EMT

Ages 6mo-3yrs:

MD, DO, APRN, APRN Student*, PA, PA Student*, RN, LPN

*Any student of any form will need to have preceptor or supervisor present for any injection, screening and documentation



Protecting Patient Health Information

Keeping patient's medical information confidential and safe is top priority!

Some Tips:

- ❖ Keep conversations confidential
- ❖ Offer resources when application 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 HIPPA guidelines



CLINIC FLOW



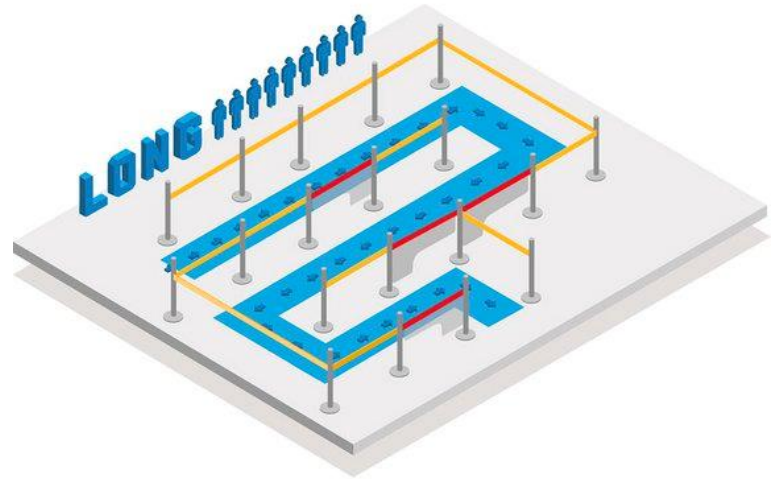
Clinic Flow

Safety Considerations:

- Avoid crowding/clustering
- Properly spaced stations, waiting areas
- Unidirectional clinic flow
- Optimize ventilation
- Schedule separate time for high risk patients

Clinic Tips:

- Bring patients down in small groups
- Use privacy screens
- Utilize teachers and staff at school based clinics to help identify younger children



Letters for School Based Clinics

- An explanation about why the vaccination is recommended for children
- An announcement that the vaccine will be offered at the school, along with the clinic date(s) for both doses
- Request for parental/guardian consent
- Contact information in case parents/guardians have questions or concerns.
- NHIIS Opt-in/Opt-out information



Clinic Flow

Screener

No clinic entry if screening is positive.

Registration

Screen

Vaccinator

Screen

Vaccinator

Area for
Vaccine Cooler and
Emergency Supplies

Exit & Observation Station

(Waiting Area)

After Vaccination (15-30 min)

Pre-Vaccination
(Waiting Area)



Verify Consent Form

1. Ensure screening questions are completed. If any vaccine recipient questions are answered “yes”, please refer to On-Site Medical Services Standing Orders or contact the on-call provider at: **800-640-5114.**
2. Verify patient demographics.
3. At least 3 people must review and confirm the consent form is signed!
 - a. Never vaccinate a patient without signed consent form
 - b. Refer to policy for vaccinating minors



Observation

Always have the patient wait at least 15 minutes after the vaccination (30 minutes if applicable)

- Any history of allergic reaction of any severity within 4 hours after receiving another vaccine or injectable medication therapy
- A contraindication to a similar type of vaccine
- A history of anaphylaxis due to any reason



Cleaning and Disinfection

- ❖ Sanitize tables and chairs often (i.e. between each class for SBC, or every 6 vaccine recipients)
- ❖ Sanitize commonly touched items such as clipboards, pens.



After Clinic

- Reconcile physical inventory and record in the NHIS
- Collect all forms
 - Keep all patient protected forms locked up and away from others
- Documentation
- Clean your areas
- Take all sharps with you (ensure all are safely in sharps container)
- Upload consent forms
- Upload mobile temperature log



EMERGENCY MANAGEMENT



Signs of Adverse Reaction

Localized reactions: soreness, redness, itchiness, swelling at site, bleeding.

Moderate reactions: paleness, sweating, coldness in hands/feet, nausea, lightheadedness, dizziness, weakness, visual disturbances, fall

Severe reactions: swelling of lips, face or throat, coughing or trouble swallowing, severe wheezing, shock, cardiovascular collapse. Administer epinephrine immediately.



Localized Reactions

Signs and Symptoms	Treatments
Soreness, Redness, Itching, Swelling	<ul style="list-style-type: none">• Apply cold compress• Observe to ensure symptoms do not developed into generalized symptoms (anaphylaxis)
Bleeding (mild)	<ul style="list-style-type: none">• Apply pressure and an adhesive bandage
Bleeding (severe)	<ul style="list-style-type: none">• Apply thick layer of gauze pads over site• Apply direct pressure and elevate above heart



Moderate Reactions

Signs and Symptoms	Treatments
Paleness, Sweating, Coldness in hands and feet, Nausea, Lightheadedness, Dizziness, Weakness, Visual disturbances	<ul style="list-style-type: none">• Have the patient lie flat on the floor or sit with their head between their knees• Loosen the patient's clothing• If the patient faints, they should be observed until the symptoms resolve
Fall (with or without loss of consciousness)	<ul style="list-style-type: none">• Assess for trauma• Apply cervical spine and neck precautions, if appropriate• If cervical precautions are not needed, lie patient flat on their back• Call 9-1-1 if the patient does not recover immediately



Severe Reaction

Signs and Symptoms	Treatments
<p>Sudden or gradual onset of:</p> <ul style="list-style-type: none">● Swelling of lips, face or throat● Coughing, trouble swallowing● Severe wheezing● Shortness of breath● Shock● Abdominal cramping● Cardiovascular collapse	<ul style="list-style-type: none">● If symptoms are generalized, have someone call 9-1-1 while patient's airway, breathing and circulation are assessed and Epinephrine is administered per guidelines (up to 3 times, spaced 5-15 minutes apart)● Monitor vital signs every 5 minutes● Keep the patient flat on their back. If the patient is having difficulty breathing, their 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.



Emergency Kit

Each emergency kit must have the following:

- ❖ Epinephrine (3 doses of each preparation)
 - 0.15mg dose for weight ranging from 15-34.5kg (33-76lbs)
 - 0.30mg dose for weight increasing from 26kg+ (57lbs+)
- ❖ Diphenhydramine (Benadryl): liquid and tablets
 - Infants/Children: 1mg/kg/dose; maximum dose: 50mg/dose
 - Adults: 25 mg orally(maximum single dose is 50 mg/dose)
- ❖ Blood Pressure Cuff (for all sizes)
- ❖ Stethoscope
- ❖ Cell phone or landline to call 9-1-1



INCIDENT REPORTING & ADVERSE EVENTS



Incident Reporting / Adverse Event

- Notify parent/legal guardian or emergency contact if applicable
- Notify your clinical supervisor
- Call On-Site Medical Services provider on-call to report incident
- Complete incident report for all incidents
- Send incident report securely to On-Site Medical Services Dropbox



Vaccine Adverse Event Reporting System (VAERS)

- ❖ VAERS is a national vaccine safety surveillance program run by the CDC and the Food and Drug Administration
- ❖ VAERS is used to detect possible safety problems that may be related to vaccination. If a vaccine is identified through VAERS, scientists may conduct further studies to find out if the vaccine represents an actual risk
- ❖ Anyone who gives or received a licensed vaccine in the U.S. is encouraged to report any significant health problem that occurs after vaccination.
- ❖ Anyone can report to VAERS.
- ❖ An adverse event can be reported even if it is uncertain or unlikely that the vaccine caused it.



Needle Stick Injury

Steps to follow:

1. Immediately wash site with copious amounts of soap and warm water.
2. Notify clinic supervisor.
3. Clinic supervisor should:
 - a. Notify source patient that they can be tested for blood borne pathogen (BBP) at local urgent care or with their PCP under their personal insurance.
 - b. The staff member should seek care at local urgent care for BBP testing utilizing personal insurance.
4. Supervisor should contact the on-call medical provider at 603-338-9292 for further instructions.



QUESTIONS?

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