

IMMUNIZATIONS TOOLKIT

Do no harm . . .
Stick out your arm!



Get a Flu Shot
Today!

QUALITY  PARTNERS™
OF RHODE ISLAND

Immunizations Toolkit

<u>Table of Contents</u>	<u>Page</u>
--------------------------	-------------



I. Introduction

Contributing organizations	3
Introduction	4
Rosie the Riveter & Acknowledgments	5



II. Nuts and Bolts of Influenza and Pneumonia

Overview	7
Myths and Facts	12
Medicare Billing and Other Tips	13

III. Loading Your Toolbox

<u>Vaccination Campaign Brochures and Posters</u>	
Rosie Brochure (Riveting Facts)	16
Administrator Flyer	18
Resident Poster	20
Staff Poster	21
Visitor Poster	22



<u>Vaccination Sample Letters</u>	
Employee.....	23
Family Member	24
MD	25

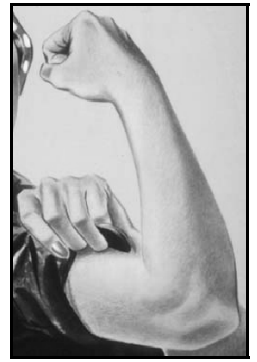
<u>Facility Sample Guidelines</u>	
Influenza: States with standing orders	26
Influenza: States <u>without</u> standing orders	28
Pneumococcal Disease: States with standing orders	30
Pneumococcal Disease: States <u>without</u> standing orders	32
Emergency Treatment Standing Orders	34

IV. Going to Work



Sample Admission Checklist	38
Inactivated Influenza Vaccine Information Statement (VIS)	39
Pneumococcal Polysaccharide Vaccine Information Statement (VIS)	41
Sample Vaccination Log	43
Sample Vaccination Tally Sheet	44





Introduction

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This toolkit was developed through the Medicare Quality Improvement Organization Program with the assistance of the above contributing organizations. The content of this publication does not necessarily reflect the specific views or policies of the Department of Health and Human Services, the Centers for Disease Control and Prevention, or the Department of Labor; nor does mention of trade names or commercial products herein constitute their endorsement.

Do no harm ... Stick out your arm!



NURSING HOME IMMUNIZATION WORKGROUP

The National Quality Forum (NQF), a not-for-profit organization with broad participation from the healthcare sector, was created to develop and implement a national strategy for healthcare quality measurement and reporting (<http://www.qualityforum.org>). Recently, the NQF recommended that the Centers for Medicare & Medicaid Services (CMS) include immunizations as a publicly reported measure in the nursing home (NH) setting. As there is currently no standardized national registry to collect this information, an immunization measure has not yet been added to the 14 NH measures currently reported on CMS's Nursing Home Compare Web site.

In the fall of 2003, the NH Quality Improvement Organization Support Contractor (QIOSC), Quality Partners of Rhode Island (Quality Partners), assembled an Immunization Toolkit and released it at <http://www.medqic.org/nursinghomes>. In assembling that toolkit, the QIOSC noted that a much more comprehensive effort could be undertaken to emphasize the importance of NH immunization and to help improve immunization rates among both residents and staff.

The QIOSC recognized that NH stakeholders share a sense of urgency related to the impact of immunizations on patient outcomes, workforce productivity, and healthcare costs. As a result, the QIOSC enlisted the time and talent of numerous public and private partners to participate in an



Immunization Workgroup. The Workgroup's task was to help develop and disseminate an immunization toolkit that NH providers can use to improve the influenza and pneumococcal immunization rates among their residents, staff, and volunteers. These efforts are in alignment with two national goals: the Healthy People 2010 goal of 90% immunization for residents and the Association for Professionals in Infection Control and Epidemiology (APIC) goal of 90% influenza immunization among staff.

The toolkit offers specific information and education for NH providers, staff, beneficiaries and families on the benefits of immunization. These benefits include decreased resident hospitalization and vulnerability to pneumonia, as well as decreased staff illness. The toolkit also offers NH providers comprehensive and timely information related to immunization, in addition to sample guidelines and tools needed to run an effective and sustainable resident and staff immunization program.

It is with the utmost gratitude for the hard work and dedication of the members of the Immunization Workgroup that the NH QIOSC offers this toolkit to all NH providers.



Acknowledgements

We, Quality Partners of Rhode Island, would like to thank all of the contributing individuals for their direction, assistance, and guidance. Their recommendations and suggestions have been invaluable in the development of this toolkit. Without their generous assistance, this toolkit would not have been possible. Quality Partners of Rhode Island extends its gratitude to them for reviewing our work.

Rosie the Riveter



Rosie the Riveter, 1940s

While American men were being shipped to the front lines of World War II in the 1940s, American women were moving to the factory lines.

Spurred on by higher wages and a propaganda poster featuring a muscle-bound "Rosie the Riveter" exclaiming, "We Can Do It!" (*left*) millions of American women helped assemble bombs, build tanks, weld hulls and grease locomotives. More than 6 million women became war workers. Most were married; 60 percent were over 35 years old and a third of these women had children under the age of 14. A popular song of the day praised "Rosie the Riveter" in verse: "That little frail can do/more than a male can do."

Because we believe Rosie the Riveter captures the enthusiasm and can-do attitude we want to convey about immunization campaigns—and also speaks to the WWII generation—we've adapted her image as our Immunizations Toolkit logo and used her in our materials (brochures, posters, etc.) (*right*).

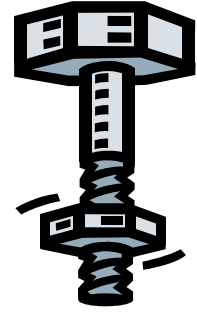
(<http://edition.cnn.com/SPECIALS/1999/century/time.capsule/snapshot/04/frameset.exclude.html>)



Rosie for immunizations, 2004


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*Nuts
and
Bolts*

ICON KEY

 Valuable information

 Web Resources

 Sample Tools



The following is an overview of influenza and pneumococcal vaccinations. Nursing Homes may use this material to help educate residents, staff, and families.

BACKGROUND ON INFLUENZA AND PNEUMONIA

As the 2004-2005 influenza season (October–March) approaches, all Nursing Homes (NHs) should strive for a 90% immunization rate among their eligible residents for both **influenza** and **pneumonia**. Because those at high-risk for complications from influenza are also at high-risk for pneumococcal disease, autumn is the optimal time to institute guidelines for the administration of both influenza and pneumococcal vaccines. (Although it is true that flu is mostly seasonal, pneumococcal disease occurs year-round. Thus, whereas flu vaccination occurs primarily in the fall, pneumococcal vaccination status should be assessed and updated throughout the year.) These safe and effective vaccines can protect your residents during the coming months and will prevent unnecessary hospitalizations and deaths.

INFLUENZA DISEASE

Influenza, also known as the “flu,” is a contagious respiratory disease caused by the influenza viruses. Although those who contract the flu usually recover within one to two weeks, for those ages 65 and older (especially those who reside in NHs or have conditions that put them at high-risk for complications) influenza can be a serious and potentially life-threatening disease. It is important to note that older persons do not always present with classic flu symptoms. They may be asymptomatic or simply “act differently” from their usual behavior. Also, care staff may note changes from a resident’s baseline status such as an increased body temperature or increased confusion, as well as a decrease in appetite or daily activities.

Symptoms of the flu may also include:

- Increased body temperature
- Headache of sudden onset – often severe
- Fatigue– can last 2 or more weeks
- Dry cough– can become severe
- Sore throat/decreased food, fluid intake
- Stuffy or runny nose
- Body/muscle aches
- Increased confusion

The flu spreads very easily from person to person through **indirect contact** when an infected person coughs or sneezes into the air and releases air droplets, which are then breathed in by other persons. The virus can also be spread by **direct contact** when droplets from an infected person or object (e.g., door handle, telephone receiver) come in direct contact with another person’s nose or mouth.

Epidemiology

Influenza outbreaks are most common from early autumn through late spring, and peak during the winter months. In the U.S., influenza epidemics cause an average of 36,000 deaths and 200,000 hospitalizations per year. Ninety percent of the deaths attributed to influenza occur in adults over 65 years of age (1).



Although there has been an increase in immunization among all individuals over age 65, coverage must improve substantially, (from 66% in 2002), to meet the *Healthy People 2010* goal of 90% immunization (2). Conversely, a dismal 38%, (or just about one-third), of healthcare workers protect their patients by getting immunized against influenza; the remaining two-thirds greatly increase the risk of spreading flu in healthcare facilities, including NHs (3).

Influenza vaccine effectiveness

The influenza vaccine is thought to be 50%-60% effective in preventing hospitalization and certain forms of pneumonia; it is 80% effective in preventing death from influenza and influenza-related pulmonary and circulatory complications (1).

Prevention and Control

In addition to an immunization campaign, various approaches can be implemented to assist in the prevention and spread of flu in NHs:

- Immunize residents and staff early each fall
- Encourage contractors, visitors, state surveyors, and consultants to get immunized
- Ask that employees, family members and volunteers stay home when sick
- Insist that staff wash hands frequently and assist residents to do the same
- Cover nose and mouth with tissue when sneezing and/or coughing
- Recognize early symptoms of flu and pneumonia and implement treatment
- If an **outbreak** occurs, follow infection control guidelines at:
<http://www.cdc.gov/flu/professionals/infectioncontrol/healthcarefacilities.htm>

Who should receive the influenza vaccine?

All residents, staff and volunteers of NHs should be immunized unless they are allergic to the vaccine or eggs. For further information see: <http://www.cdc.gov/flu/professionals/vaccination/summary.htm>.

Administration timing and frequency

Influenza immunization campaigns ideally should be implemented in October or November. Residents admitted into a NH through late March, however, should be assessed and vaccinated at the time of admission if appropriate. Immunization status documentation should accompany the resident when s/he is transferred to another healthcare facility or transferred home, and caregivers should be informed that the vaccination has already been administered.

Immunization side effects

The most common side effect associated with the influenza vaccination is soreness at the vaccination site, which affects 10%-50% of individuals vaccinated. Soreness rarely interferes with the individual's ability to conduct daily activities; and generally subsides in about 24-48 hours.

Less common side effects include fever, malaise, myalgia, and other systemic symptoms. When these symptoms occur, they usually begin 6 -12 hours after immunization and last one to two days. Rarely are there immediate reactions (e.g., hives, angioedema, allergic asthma, and systemic anaphylaxis) that occur after influenza vaccination. These reactions generally result from an allergy to a component of the vaccine, most typically the residual egg protein contained in the shot. Severe allergic reactions may be treated immediately with epinephrine and will subside.



PNEUMOCOCCAL DISEASE

Pneumococcal disease refers to a serious infectious disease caused by the bacteria *Streptococcus pneumoniae*. Those at high-risk for invasive infection and death from pneumococcal disease include: children less than two years of age and those 65 years of age and older; those with underlying medical conditions such as diabetes mellitus, chronic cardiac, respiratory, or liver disease; those who have had their spleen removed; and those with HIV.

Symptoms of pneumococcal disease are related to the type of infection caused by the bacteria. Symptoms of infection include:

- Ear infection (otitis media) – fever, ear pain, drainage, vomiting, irritability
- Sinus infection (sinusitis) – sinus pressure and pain, low-grade fever, headache, nasal discharge
- Pneumonia – fever, chills, shortness of breath or rapid breathing, chest pain that increases with deep breaths, productive cough
- Bacteremia – shaking chills, fever, increased pulse, low blood pressure
- Meningitis – high fever, headache, stiff neck, nausea, vomiting, aversion to bright light, confusion, and sleepiness

Pneumococcal disease spreads from person to person by coughing, sneezing or close contact. The pneumococcal bacteria stick to the surface of cells in the respiratory tract. Once the bacteria invade the body, they can multiply in a process called colonization. The infected person becomes immune to the bacteria as long as his or her immune system develops antibodies against the bacteria. If the immune system does not respond adequately, the bacteria can spread to the middle ear, lungs and/or bloodstream.

Epidemiology

Pneumococcal infections occur year-round but increase in the winter, with peak incidence among adults occurring from late December through mid-January. Pneumococcal disease causes more deaths (approximately 40,000 deaths annually in the U.S.) than all other vaccine-preventable bacterial diseases (4,5,6). As with influenza, it is estimated that 90% percent of the deaths attributed to pneumonia occur in adults over 65 years of age.

When considering the development of invasive pneumococcal disease, the overall health and age of the person with the disease are more important than bacterial colonization. Therefore, pneumococcal immunization is not recommended for healthcare workers as it is not spread as easily as influenza and does not necessarily lead to clinical illness.

Pneumococcal vaccine effectiveness

The pneumococcal polysaccharide vaccine (PPV23, so named because it protects against 23 serotypes of *S. pneumoniae*) is estimated to be 56% to 81% effective in preventing invasive pneumococcal disease (7,8,9,10). It is important to note that there are some types of pneumonia for which the vaccine does **not** provide protection (i.e., pneumonias caused by infection with pathogens other than *S. pneumoniae* or even aspiration pneumonia). A person may contract other forms of pneumonia despite PPV23 vaccination.



Prevention and Control

Methods to assist in the prevention and spread of pneumococcal disease in the NH include:

- Annually assess residents and vaccinate as appropriate
- Insist that staff wash hands frequently and assist residents to do the same
- Cover nose and mouth with tissue when sneezing and/or coughing
- If an **outbreak** occurs, follow infection control guidelines at:
<http://www.cdc.gov/ncidod/hip/pneumonia/default.htm>

Who should receive the pneumococcal vaccine?

- All adults aged 65 and over—including NH residents—should receive the pneumococcal vaccine unless the vaccine has been administered within the last five years (and there is documentation for such), or the vaccine is contraindicated for that resident. (See: <http://www.cdc.gov/nip/recs/contraindications.htm>.)
- Anyone (of any age) who has long-term health problems such as heart disease, sickle cell disease, diabetes, lung disease, cirrhosis, leaks of cerebrospinal fluid or alcoholism should receive the pneumococcal vaccine.
- Anyone (of any age) who has a disease or condition that lowers the body's resistance to infection such as Hodgkin's disease, leukemia, lymphoma, multiple myeloma, HIV/AIDS, nephrotic syndrome, damaged spleen/no spleen, or any organ or bone marrow transplant should receive the pneumococcal vaccine.
- Anyone (of any age) who is taking a drug or treatment that lowers the body's resistance to infection - such as long-term steroids, radiation therapy or certain cancer drugs - should receive the pneumococcal vaccine.

Administration timing and frequency

Residents admitted to a nursing home should be assessed and vaccinated at the time of admission if the pneumococcal vaccination has not been performed, or if vaccination status is uncertain. PPV23 can be administered year-round. Influenza and pneumococcal vaccinations can be administered at the same time without increased risk of side-effects. Immunization status documentation should accompany the resident when they are transferred to another healthcare facility or to home. This serves to inform the family or caregiver that vaccination has already been done.

Immunization side effects

Soreness at the vaccination site is the most common side effect associated with the pneumococcal vaccination and affects 30-50% of individuals vaccinated. However, this rarely interferes with the individual's ability to conduct daily activities, and subsides in about 24-48 hours. Less common side effects include moderate systemic reactions (fever and myalgia). Severe generalized reactions are rare with pneumococcal immunization, even among individuals who are re-immunized

Vaccine Information Statements

Vaccine Information Statements (VISs) are one-page (two-sided) information sheets produced by the Centers for Disease Control and Prevention (CDC) that inform vaccine recipients or their legal representatives about the benefits and risks of vaccines. The law requires that VISs be given out prior to



administration of certain vaccines. Although the law does not require NHs to administer the Influenza and Pneumococcal Polysaccharide VISs to residents or staff prior to vaccination, best practice is to offer them. VISs in English are included in this toolkit. Other languages can be found online at: <http://www.cdc.gov/nip/publications/VIS/default.htm>.

Want more information?

CDC has a wealth of information on influenza and pneumococcal disease. Visit:

<http://www.cdc.gov/flu/keyfacts.htm>

<http://www.cdc.gov/nip/vaccine/pneumo/default.htm>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm>

Similarly, the Center for Medicare & Medicaid Services has created a comprehensive online resource of quality improvement information (including vaccination) for Medicare providers and beneficiaries:

<http://www.medqic.org/content/nationalpriorities/topics/projectdes.jsp?topicID=413>

Finally, you might check out the website developed by the National Foundation for Infectious Diseases:

<http://www.nfid.org/factsheets/>


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Myths and Facts

ICON KEY

 Valuable information

 Web Resources

 Sample Tools



Many myths persist about the effectiveness and safety of the flu and pneumococcal vaccines. The fact is, these vaccines are effective and safe for the majority of the population. Despite their safety, however, too many people who *should* get vaccinated *do not* out of fear that it will make them ill or cause complications.

The following are common myths & facts about the **FLU** and **PNEUMOCOCCAL** vaccines:




Myth:	Vaccines that are supposed to prevent flu and pneumococcal disease actually cause illness.
Fact:	The influenza and pneumococcal vaccines are made from inactivated viruses and bacteria and cannot cause illness.
Myth:	The flu is not a serious disease, so I don't need to worry about being vaccinated.
Fact:	Influenza is the most frequent cause of death from a vaccine-preventable disease in this country. Each year, an average of 36,000 deaths and 200,000 hospitalizations are attributable to influenza.
Myth:	You should not get the flu shot because the shot may not cover current strains of flu.
Fact:	Although the vaccine may not be a perfect match for the predominant virus strains circulating each year, getting the vaccine does provide some protection owing to cross-reactivity of strains. This means that those who are vaccinated and subsequently exposed to a different strain are less likely to have severe complications (including hospitalization and death), if they contract the flu.
Myth:	You should not give the influenza and pneumococcal vaccines at the same time due to the possibility of increased side effects.
Fact:	Both vaccines can be given at the same time (but at different sites), without increasing the risk of side effects.
Myth:	You must get signed consent from residents prior to giving vaccination.
Fact:	There are no federal or state laws or regulations (except in the State of Maryland) that require NHs to obtain signed consent prior to giving vaccinations. There are, however, strong recommendations that residents are informed of the risks and benefits and provide informed consent prior to vaccination.
Myth:	The pneumococcal vaccine is not very effective.
Fact:	Although the PPV23 vaccine is not as effective as other vaccines, it is 60-80% effective against invasive pneumococcal disease when it is given to immunocompetent persons 65 years of age and over, or people with chronic illness. The vaccine can significantly lower the risk of serious pneumococcal disease and its complications in most recipients.

See the Toolbox section for a brochure form of these Myths and Facts.



For more Q&A on Influenza and Pneumonia, ask the experts:
<http://www.immunize.org/catg.d/p2021.htm>



I C O N K E Y	
	Valuable information
	Web Resources
	Sample Tools

Medicare Billing and Other Tips



The following provides information on how to bill Medicare for influenza and pneumococcal immunizations.

TIPS FOR BILLING MEDICARE

- Reimbursement for vaccines and administration is available only under Medicare Part B.
- If you use state-provided vaccine, you can still bill Medicare Part B for administration of the vaccines.
- Use roster billing in order to simplify the reimbursement process. Remember: you are able to submit multiple vaccinated Medicare residents on one reimbursement form.
- Providers must submit separate roster billing forms for flu and pneumococcal vaccinations.
- Roster billing forms must include the resident's name, Medicare number, sex, date of birth, date of service, and signature.
- Providers need not have residents sign the roster billing form if a signature is on file.
- Check your residents' or patients' enrollment status with Medicare Part B.
- Contact your billing office personnel to confirm that they are billing for immunizations.

MEDICARE COVERAGE

The flu vaccine

- Medicare will reimburse one flu vaccination per person per season. This may result in more than one bill per 12-month period across two flu seasons.

The pneumococcal vaccine

- Medicare will reimburse claims for persons who are 65 and older and who have not received a pneumococcal vaccine in the last five years.
- Re-vaccination of individuals 65 and older and who are not at highest risk is inappropriate, but Medicare will reimburse if individuals are uncertain of their vaccination status.

BECOMING A PROVIDER OF THE FLU AND PNEUMOCOCCAL VACCINES AND ROSTER BILL MEDICARE PART B

- Any individual who meets state licensure requirements may apply for a provider number with the Medicare Part B carrier in his/her area.
- Physicians, nurses, public health clinics, and HMOs who vaccinate Medicare residents or patients - but are not HMO members - should use Form HCFA-1500 to bill for the flu and pneumococcal vaccines.



Medicare Billing and Other Tips, continued

MEDICARE BILLING CODES

Flu vaccine

- Diagnosis code: V04.8
- Vaccine code: HCPCS 90659
- Administration code: HCPCS G0008

PPV23 vaccine only (does not include pediatric conjugate vaccine)

- Diagnosis code: V03.82
- Vaccine code: HCPCS 90732
- Administration code: HCPCS G0009

The simplified roster billing form

- Use separate roster forms to bill for flu and pneumococcal vaccination.
- Roster billing forms can be obtained from the Medicare Part B carrier in your area.
- Attach each roster form to the appropriate HCFA billing form (1500).
- Use a “signature on file” stamp.

AND OTHER HELPFUL HINTS FOR ORGANIZING YOUR VACCINATION FILES...

Does your state allow for standing orders?

Standing orders programs authorize nurses and pharmacists to administer vaccinations according to an institution- or physician-approved protocol without a physician's exam. These programs have documented improved vaccination rates among adults. Standing orders programs can be used in inpatient and outpatient facilities, long-term-care facilities, managed-care organizations, assisted living facilities, correctional facilities, pharmacies, adult workplaces, and home health-care agencies to vaccinate patient, client, resident, and employee populations. Sample policies or guidelines for facilities in states with or without standing orders – for both influenza and pneumococcal vaccination – can be found on pages 26-33 of this toolkit. For more information on standing orders, see: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4901a2.htm>.

Not sure how to keep good vaccination records and a facility vaccination log?

Check out the sample admission checklist on page 38, as well as the sample log and tally sheet on pages 43-44 of this toolkit.





Loading Your Toolbox

What is Influenza?

Influenza is referred to as “the flu”. It is a contagious respiratory illness caused by the influenza viruses. Symptoms of influenza infection vary from mild to severe and are potentially life threatening.

What are the symptoms of the flu?

The most common symptoms of flu include: headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. Gastro-intestinal symptoms, such as nausea, vomiting, and diarrhea, are much more common among children and the elderly.

How can I prevent the flu?

The most effective way to prevent the flu is to get the vaccine in the fall of each year.



What can I do to stop the spread of the flu?

- Wash your hands frequently
- Avoid touching your nose, eyes, and mouth
- Avoid close contact with people who are sick

How do I avoid spreading the flu if I'm already sick?

- Cover your mouth and nose when you sneeze or cough (but NOT with your hands, so you don't spread the virus. Use a tissue.)
- Stay home until you are well.

What do I do if I get sick?

If you develop the flu, get plenty of rest, drink a lot of liquids, and avoid using alcohol and tobacco. There are medications you can take to relieve flu symptoms. If your symptoms are severe, however, you should see a doctor.

Where can I learn more?

www.qualitypartnersri.org

www.cdc.gov

www.immunize.org

Do No Harm . . .
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Today !

Riveting Facts About the Flu

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This material was prepared by Quality Partners of Rhode Island, the Medicare Quality Improvement Organization for Rhode Island, under contract with the Centers for Medicare & Medicaid Services, an agency of the U.S. Department of Health and Human Services. 7SOW-RI-QIOSC 04-01 10/04

You Can Help!

Did you know that you can directly effect the health of our elders living in long term care facilities?

That's right! You can personally keep elders healthier and happier this flu season. How, you ask?



By getting a flu vaccination.

Many elders in long term care settings get sick because of staff, volunteers and visitors who get the flu and then spread it. Elder immune systems are much more fragile and far more susceptible to flu. The discomfort, possibility of serious disease and potential for death are very real considerations and one which we can avoid with your help.

Myth: Vaccines that are supposed to prevent flu and pneumococcal disease actually cause illness.

Fact: The influenza and pneumococcal vaccines are made from inactivated viruses and bacteria and cannot cause illness.

Myth: The flu is not a serious disease, so I don't need to worry about being vaccinated.

Fact: Influenza is the most frequent cause of death from a vaccine-preventable disease in this country. Each year, an average of 36,000 deaths and 200,000 hospitalizations are attributable to influenza.

Myth: You should not get the flu shot because the shot may not cover current strains of flu.

Fact: Although the vaccine may not be perfect for the predominant virus strains circulating each year, getting the vaccine does provide some protection, meaning that those who are vaccinated and subsequently exposed to the predominant virus are less likely to have severe complications (including hospitalization and death) if they contract the flu.

Myth: You should not give the influenza and pneumococcal vaccines at the same time due to the possibility of increased side effects.

Fact: Both vaccines can be given at the same time (but at different sites) without increasing the risk of side effects.

Myth: You must get signed consent from residents prior to giving vaccination.

Fact: There are no federal or state laws or regulations (except in the State of Maryland) that require NHs to obtain signed consent prior to giving vaccinations. There are, however, strong recommendations that residents are informed of the risks and benefits of vaccination and provide informed consent prior to vaccination.

Myth: The pneumococcal vaccine is not very effective.

Fact: Although the PPV23 vaccine is not as effective as other vaccines, it is 60-80% effective against invasive pneumococcal disease when it is given to immunocompetent persons 65 years of age and over or people with chronic illness. The vaccine can significantly lower the risk of serious pneumococcal disease and its complications in most recipients.

Do No Harm . . .
Stick Out Your Arm !



Get a Flu Shot
Today !

10 Tips for a Successful Vaccination Campaign In Your Facility

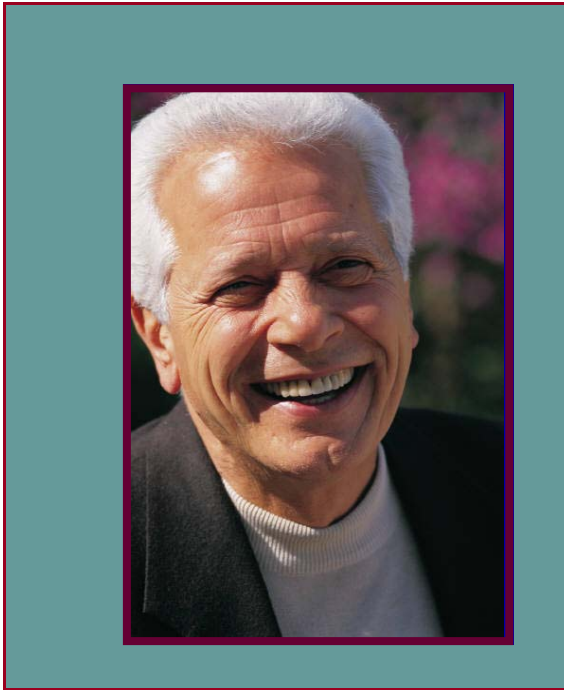
1. Go to the head of the line. Leadership gets the shot first and sets a highly visible example. It's just the right thing to do!
2. Give the shots for free (or at very low cost). A few dollars spent on flu vaccine now saves many more dollars in avoided absenteeism, serious complications and/or hospitalizations.
3. Be factual. Work to dispel vaccination myths: you won't get the flu from the shot, (it contains inactivated virus), and you're protected even if the strain that's "going around" doesn't exactly match the strain that's in the shot.
4. Be firm. "First, do no harm." Staff have an ethical obligation to protect themselves and the residents for whom they care. Very few people are truly contraindicated.
5. Use blitz advertising. We're talking: flyers in mailboxes, posters by the elevators, reminders inside restrooms.
6. Throw a party! Celebrate health & wellness, the changing seasons ... make it festive. Include food, music, and door prizes. Remember: it's the little things that mean the most!
7. Provide 24/7 services for stragglers. Have a traveling vaccination cart for the folks who can't make it to the party. All shifts, every day.
8. Make it competitive. Recognize the wing (shift, department) with the highest percentage vaccinated.
9. Track it. Report it. Keep a paper log, an Excel spreadsheet, or an expanded roster billing of who gets the shot, on what date, from what lot, etc. If the health department asks that you report rates of vaccination, do so.
10. Share Best Practices. If you are successful in your vaccination campaign, spread the news! Tell us – tell your peers in long term care - how you managed it. We can all learn from your success.



Do No Harm... Stick Out Your Arm!



Stay Healthy!



**Get Your Flu and
Pneumonia Shots**

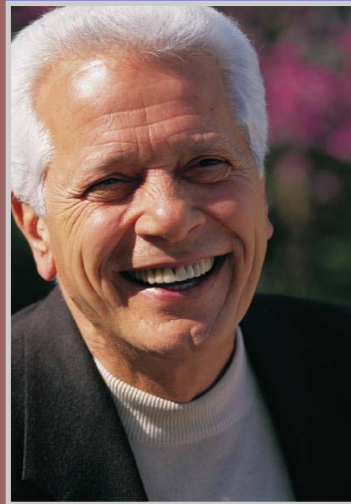
Do No Harm . . .
Stick Out Your Arm !



It's flu season and our residents are at high risk for complications from the flu.

Please help us protect our residents from getting the flu.


Get a Flu Shot Today !



**Help us keep your loved ones
healthy this flu season!**

**If you think you may have a cold or
the flu, please consider postponing
your visit until you are well.**

ICON KEY

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 Web Resources

 Sample Tools

Sample Letter - Staff



The following is a sample letter for employees that NH administrators might consider enclosing with paychecks just prior to the facility's vaccination campaign. Details of the campaign (date, time, location) can be inserted.

Dear [Employee],

Each year nearly 80,000 people die from vaccine-preventable influenza and pneumonia in the U.S., despite the availability of effective vaccines. Some 50-80% of these deaths could be prevented with timely and widespread vaccination.

You can protect yourself and our nursing home residents from flu and its complications by ensuring that you are immunized each year. An influenza vaccination will protect you from getting the flu and will prevent you from passing this serious illness to our most vulnerable residents. Getting immunized demonstrates your professional commitment to preserving the health of our residents.

Our goal is to increase influenza immunization rates to 90% or better this year. If you have any questions please contact _____.

Thank you, as always, for making a difference!

Sincerely,


[Name]

Enclosure: "Riveting Facts" Brochure


Do no harm ... Stick out your arm!



ICON KEY

 Valuable information

 Web Resources

 Sample Tools

Sample Letter - Family



The following is a sample letter for families that NH administrators might consider mailing or handing out to visitors just prior to the facility's vaccination campaign.

Dear [Family Member],

Each year nearly 80,000 people die from vaccine-preventable influenza and pneumonia in the U.S., despite the availability of effective vaccines. Some 50-80% of these deaths—most of which occur in persons over 65 years of age—could be prevented with timely and widespread vaccination.

You can protect your loved one from flu and pneumonia by making sure that you are immunized each year. An influenza vaccination will protect you from getting the flu and will prevent you from passing this serious illness to our most vulnerable residents. Getting immunized against influenza demonstrates your commitment to preserving the health of your loved one.

If you do become sick with a cold or a flu virus, or any other contagious illness, we ask that you postpone your visits here until you recover. Many of our residents are frail and are at risk for severe complications from any cold or illness.

Ask your employer, health plan, family doctor, or pharmacist about getting a flu shot. It's the right thing to do!


Sincerely,

[Name]


Enclosure: "Riveting Facts" Brochure



ICON KEY

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 Web Resources

 Sample Tools

Sample Letter - MD



The following is a sample letter for the NH medical director or other physicians involved with the facility.

Dear [Doctor],

As you are no doubt aware, each year nearly 80,000 people die from vaccine-preventable influenza and pneumonia in the U.S., despite the availability of effective vaccines. Some 50-80% of these deaths—most of which occur in persons over 65 years of age—could be averted with timely and widespread vaccination.

In an effort to improve efficiency and effectiveness, we have set an immunization goal of 90% or better among residents and employees in our facility. Enclosed is our guideline for immunization at _____.

This will provide a safe environment for both residents and employees. We seek your support and ask that you encourage family members to get immunized as well.

Thank you, as always, for making a difference.


Sincerely,

[Name]


Enclosure: Policy/Guideline for Immunization



ICON KEY

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 Web Resources

 Sample Tools



The following is a sample guideline (policy or procedure) for influenza vaccination of residents, staff, and volunteers. Nursing homes located in states **with standing orders allowed** can adapt this guideline for use in their particular facility.

NURSING HOME GUIDELINE FOR STANDING ORDER INFLUENZA (FLU) VACCINATION OF RESIDENTS, STAFF, AND VOLUNTEERS

I. GUIDELINE:

The Advisory Committee on Immunization Practices recommends vaccinating persons who are at high risk for serious complications from influenza, including those 50 years of age and older, who are residents of nursing homes. The Association for Professionals in Infection Control, the Centers for Disease Control and Prevention, the Immunization Action Coalition and the National Foundation for Infectious Diseases all recommend that healthcare workers be immunized as well, because they work in close contact with residents.

Recognizing the major impact and mortality of influenza disease on residents of nursing homes; and the effectiveness of vaccines in reducing healthcare costs and preventing illness, hospitalization and death, **[Insert name of facility]** has adopted the following policy statements:

- (1) All residents, staff and volunteers of our facility should receive the influenza vaccine annually, unless there is a documented contraindication.
- (2) These vaccines may be administered by any appropriately qualified personnel who are following our facility procedures, without the need for an individual physician evaluation or order.

Every year, a log documenting how many people (residents, staff, and volunteers) received the vaccine, as well as the numbers who refused or did not get vaccinated, will be sent to **[Insert State Department of Health – or entity responsible for reporting of immunization status of NH residents, staff and volunteers]**.

II. ADMINISTRATION PROCEDURE:

- A. Current and newly admitted residents, all staff, and volunteers will be offered the influenza vaccine from September of each year through the end of March the following year.



- B. Each resident's, staff's, and volunteer's immunization status will be determined prior to vaccination, and will be documented in either the resident's medical record or staff/volunteer's immunization record.
- C. Informed consent in the form of a discussion regarding risks and benefits of vaccination will occur prior to vaccination. (In the case of residents, this may be with their authorized representative when appropriate. If signed consent is required according to state law, it would occur at this procedural step.)
- D. Residents, staff, and volunteers may refuse vaccination. Vaccination refusal and reasons why (e.g., allergic, contraindicated, did not want vaccine, etc.) should be documented by the facility.
- E. Ensure that the current year's influenza vaccine is used. Discard old vaccine.
- F. Vaccine will be administered according to the Standing Order: Administer 0.5ml IM of influenza vaccine to all residents, staff, and volunteers who meet vaccination criteria. Any large muscle may be used as an injection site (e.g., deltoid or quadriceps).
- G. Vaccine **should not** be administered to residents, staff, or volunteers who are allergic to chicken eggs, the vaccine, or any of the vaccine's components.
- H. Check body temperature before giving the vaccine. Anyone who is febrile (above baseline temperature, often 101 degrees or higher) or being treated for an infection **will not** receive the vaccine until he/she has recovered.
- I. Document the administration of the vaccine, including injection site, in the medical record (e.g., medication sheet, nurses' notes, immunization record, or progress sheet) or staff/volunteer immunization record. Submit immunization information to state entity, as required.
- J. The vaccine may be given at the same time or at any time before or after a dose of pneumococcal vaccine (PPV23). There are no minimal interval requirements between doses of the flu and PPV. If given at the same time as the PPV, the influenza vaccine must be given in a separate body site, using a different syringe.
- K. An epinephrine injection 1:1000 will be kept on hand for severe allergic reactions (i.e., anaphylaxis). Should anaphylaxis occur, a dose of 0.5cc epinephrine 1:1000 SC will be given, standing emergency treatment procedures followed, and the event reported to the Vaccine Adverse Events Reporting System at 1-800-822-7967 or at <http://www.vaers.org>.

Administrator

Director of Nursing

Medical Director

Date

Date


Date

Note: The above sample guideline also applies to agency staff.

Do no harm ... Stick out your arm!



ICON KEY

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The following is a sample guideline (policy or procedure) for influenza vaccination of residents, staff, and volunteers. Nursing homes located in states **WITHOUT STANDING ORDERS** can adapt this guideline for use in their particular facility.

NURSING HOME GUIDELINE FOR INFLUENZA (FLU) VACCINATION OF RESIDENTS, STAFF, AND VOLUNTEERS

I. GUIDELINE:

The Advisory Committee on Immunization Practices recommends vaccinating persons who are at high risk for serious complications from influenza, including those 50 years of age and older who are residents of nursing homes. The Association for Professionals in Infection Control, the Centers for Disease Control and Prevention, the Immunization Action Coalition and the National Foundation for Infectious Diseases all recommend that healthcare workers be immunized as well, because they work in close contact with residents.

Recognizing the major impact and mortality of influenza on residents of nursing homes and the effectiveness of vaccines in reducing healthcare costs and preventing illness, hospitalization and death, **[Insert name of facility]** with the advice of the Covering Physician/Medical Director, will offer the influenza vaccine yearly to **all** residents, staff, and volunteers, unless contraindicated. Vaccination will be offered from September of each year through the end of March the following year.

Every year, a log documenting to whom the vaccine was offered and how many people (residents, staff, and volunteers) received the vaccine, as well as those who refused or did not get vaccinated, will be sent to **[Insert State Department of Health – or entity responsible for reporting of immunization status of NH residents, staff and volunteers]**.

II. ADMINISTRATION PROCEDURE:

- A. Current and newly admitted residents, all staff, and volunteers will be offered the influenza vaccine from September of each year through the end of March the following year.
- B. Each resident's, staff's, and volunteer's immunization status will be determined prior to vaccination and will be documented in either the resident's medical record or staff/volunteer's immunization record.



- C. Informed consent in the form of a discussion regarding risks and benefits of vaccination will occur prior to vaccination. (In the case of residents, this may be with their authorized representative when appropriate. If signed consent is required according to state law, it would occur at this procedural step.)
- D. Residents, staff, and volunteers may refuse vaccination. Vaccination refusal and reasons why (e.g., allergic, contraindicated, didn't want vaccine, etc.) should be documented by the facility.
- E. An order from the resident's physician, nurse practitioner, or physician assistant must be obtained. If difficult to obtain, an order from the medical director should be obtained to prevent delay in vaccine administration.
- F. Ensure that the current year's influenza vaccine is used. Discard old vaccine.
- G. Make sure that resident does not have contraindications, then administer the influenza vaccine, as ordered.
- H. Vaccine **should not** be administered to residents, staff, or volunteers who are allergic to chicken eggs, the vaccine, or any of the vaccine's components.
- I. Check body temperature before giving the vaccine. Anyone who is febrile (above baseline temperature, often 101 degrees or higher) or being treated for an infection **will not** receive the vaccine until he/she has recovered.
- J. Document the administration of the vaccine, including injection site, in the medical record (e.g., medication sheet, nurses' notes, immunization record, or progress sheet) or staff/volunteer immunization record. Submit immunization information to state entity, as required.
- K. The vaccine may be given at the same time or at any time before or after a dose of pneumococcal vaccine (PPV23). There are no minimal interval requirements between doses of the flu and PPV. If given at the same time as the PPV, the influenza vaccine must be given in a separate body site, using a different syringe.
- L. An epinephrine injection 1:1000 will be kept on hand for severe allergic reactions (i.e., anaphylaxis). Should anaphylaxis occur, a dose of 0.5cc epinephrine 1:1000 SC will be given, standing emergency treatment procedures followed, and the event reported to the Vaccine Adverse Events Reporting System at 1-800-822-7967 or at <http://www.vaers.org>.

Administrator

Director of Nursing

Medical Director

Date


Date

Date

Note: The above sample guideline also applies to agency staff.



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 Sample Tools



The following is a sample guideline (policy or procedure) for pneumococcal vaccination (PPV) of residents, staff, and volunteers. Nursing homes in states **with standing orders allowed** can adapt this guideline for use in their particular facility.

NURSING HOME GUIDELINE FOR STANDING ORDER PNEUMOCOCCAL VACCINATION (PPV) OF RESIDENTS

I. GUIDELINE:

The Advisory Committee on Immunization Practices (ACIP) recommends vaccinating persons at high risk for serious complications from pneumococcal pneumonia, including those 65 years and older and all residents of nursing homes.

Recognizing the major impact and mortality of pneumococcal disease on residents of nursing homes; and the effectiveness of vaccines in reducing healthcare costs and preventing illness, hospitalization and death, **[Insert name of facility]** has adopted the following policy statements:

- (1) All residents of our facility should receive the pneumococcal vaccine if they are 65 years of age or older; or younger than 65 years with underlying conditions that are associated with increased susceptibility to infection or increased risk for serious disease and its complications.
- (2) Re-vaccination with the pneumococcal vaccine if 5 or more years have passed since the previous dose **and** the person was less than 65 years at the time of the previous dose.
- (3) These vaccines may be administered by any appropriately qualified personnel who are following our facility procedures without the need for an individual physician evaluation or order.

Every year, a log documenting the number of residents who received the vaccine, as well as the number who refused or did not get vaccinated, will be sent to **[Insert State Department of Health – or entity responsible for reporting of immunization status of NH residents]**.

II. ADMINISTRATION PROCEDURE:

- A. Each resident's pneumococcal immunization status will be determined upon admission or soon afterwards, and will be documented in the resident's medical record. Current residents will have their immunization status determined by reviewing available past and present medical records.



- B. All residents with undocumented or unknown pneumococcal vaccination status will be offered the vaccine.
- C. Informed consent in the form of a discussion regarding risks and benefits of vaccination will occur prior to vaccination. (This may be with the resident's authorized representative when appropriate. If signed consent were required according to state law, it would occur at this procedural step.)
- D. Residents may refuse vaccination. Vaccination refusal and reasons why (e.g., allergic, contraindicated, did not want vaccine, etc.) should be documented by the facility.
- E. Check to make sure that the current Pneumococcal Vaccine vials have not expired. Discard old vaccine.
- F. Vaccine will be administered according to the Standing Order: Administer 0.5ml IM or SC of Pneumococcal Vaccine (PPV23) to all residents who meet vaccination criteria. Any large muscle may be used as an injection site, (e.g., deltoid or quadriceps).
- G. Vaccine **should not** be administered to residents who are allergic to the vaccine or any of its components.
- H. Check resident's body temperature before giving the vaccine. Any resident who is febrile (above baseline temperature, often 101 degrees or higher) or being treated for an infection **will not** receive the vaccine until he/she has recovered.
- I. Document administration of vaccine, including injection site, in the medical record (e.g., medication sheet, nurses' notes, immunization record, or progress sheet). Submit immunization information to state entity as required.
- J. The vaccine may be given at the same time or at any time before or after a dose of influenza vaccine. There are no minimal interval requirements between doses of the flu and pneumococcal vaccines. If given at the same time as the influenza vaccine, the pneumococcal vaccine must be given in a separate body site, using a different syringe.
- K. An epinephrine injection 1:1000 will be kept on hand for severe allergic reactions (i.e., anaphylaxis). Should anaphylaxis occur, a dose of 0.5cc epinephrine 1:1000 SC will be given, standing emergency treatment procedures followed, and the event reported to the Vaccine Adverse Events Reporting System at 1-800-822-7967 or at <http://www.vaers.org>.

Administrator

Director of Nursing

Medical Director


Date

Date


Date



ICON KEY

 Valuable information

 Web Resources

 Sample Tools

Sample Guideline



The following is a sample guideline (policy or procedure) for pneumococcal vaccination (PPV) of residents, staff, and volunteers. Nursing homes located in states **without standing orders** can adapt this guideline for use in their particular facility.

NURSING HOME GUIDELINE FOR PNEUMOCOCCAL VACCINATION (PPV) OF RESIDENTS

I. GUIDELINE:

The Advisory Committee on Immunization Practices (ACIP) recommends vaccinating persons who are at high risk for serious complications from pneumococcal pneumonia, including those 65 years of age and older, as well as all residents of nursing homes.

[Insert name of facility], with the advice of the Covering Physician/Medical Director, will offer the pneumococcal pneumonia vaccination (PPV) to **all** residents who meet immunization criteria and who cannot provide documentation of a previous vaccination. Given that there is no risk in re-vaccination, those who are unsure or do not know their vaccination status will be offered the vaccine.

Every year, a log documenting to whom the vaccine was offered and how many residents received the vaccine, as well as the number who refused or did not get vaccinated, will be sent to **[Insert State Department of Health – or entity responsible for reporting of immunization status of NH residents]**.

II. ADMINISTRATION PROCEDURE:

- A. Each resident's pneumococcal immunization status will be determined upon admission or soon afterwards, and will be documented in the resident's medical record. Current residents will have their immunization status determined by reviewing available past and present medical records.
- B. All residents without a documented history of immunization or with unknown pneumococcal vaccination status will be offered the vaccine.
- C. Informed consent in the form of a discussion regarding risks and benefits of vaccination will occur prior to vaccination. (This may be with the resident's authorized representative when appropriate. If signed consent is required according to state law, it would occur at this procedural step.)



- D. Residents may refuse vaccination. Vaccination refusal and reasons why (e.g., allergic, contraindicated, did not want vaccine, etc.) should be documented by the facility.
- E. An order from the resident's physician, nurse practitioner, or physician assistant must be obtained. If difficult to obtain, an order from the medical director should be obtained to prevent delay in vaccine administration.
- F. Check to make sure that the current Pneumococcal Vaccine vials have not expired. Discard old vaccine.
- G. Make sure that resident does not have contraindications, then administer recommended dosage for the pneumococcal vaccine (PPV23), as ordered.
- H. Vaccine **should not** be administered to residents who are allergic to the vaccine or any of its components.
- I. Check resident's body temperature before giving the vaccine. Any resident who is febrile (above baseline temperature, often 101 degrees or higher) or being treated for an infection **will not** receive the vaccine until he/she has recovered.
- J. Document administration of vaccine, including injection site, in the medical record (e.g., medication sheet, nurses' notes, immunization record, or progress sheet). Submit immunization information to state entity, as required.
- K. The vaccine may be given at the same time or at any time before or after a dose of influenza vaccine. There are no minimal interval requirements between doses of the flu and pneumococcal vaccines. If given at the same time as the flu vaccine, the pneumococcal vaccine must be given in a separate body site using a different syringe.
- L. An epinephrine injection 1:1000 will be kept on hand for severe allergic reactions (i.e., anaphylaxis). Should anaphylaxis occur, a dose of 0.5cc epinephrine 1:1000 SC will be given, standing emergency treatment procedures followed, and the event reported to the Vaccine Adverse Events Reporting System at 1-800-822-7967 or at <http://www.vaers.org>.

Administrator

Director of Nursing

Medical Director

Date

Date

Date





The following is a sample guideline, (also known as a policy and procedure), for treatment of residents, staff, or volunteers with vaccination adverse reactions. Nursing homes can adapt this guideline for use in their particular facility.

NURSING HOME GUIDELINES FOR PROTOCOL FOR TREATMENT OF ADVERSE REACTIONS FOLLOWING IMMUNIZATION*

Because of possible hypersensitivity to vaccine components, persons administering biologic products or serum should be prepared to recognize and treat allergic reactions, including anaphylaxis. The necessary medications, equipment, and staff competent to maintain the patency of the airway and to manage cardiovascular collapse must be immediately available. Vaccine providers must be in close proximity to a telephone so that emergency medical personnel can be summoned immediately, if necessary. Whenever possible, residents should be observed for an allergic reaction for 15-20 minutes after receiving immunization(s).

I. Treatment for Syncope

Syncope may occur after vaccination. Personnel should be aware of pre-syncope manifestations and take appropriate measures to prevent injuries if weakness, dizziness, or loss of consciousness occur. The relatively rapid onset of syncope in most cases suggests that having resident sit or lie down for 15 minutes after immunization could avert many syncopal episodes and secondary injuries.

- A. If resident becomes pale and/or feels faint:
 - Have resident lie flat or sit with head between knees for several minutes
 - Observe resident until asymptomatic
 - Notify attending physician of incident

- B. If resident loses consciousness but has a steady pulse, normal blood pressure and respirations:
 - Place resident flat on back with feet elevated
 - Have resident rest in a quiet area and observe for 30 minutes after regaining consciousness
 - Notify attending physician of incident
 - Continue to monitor vital signs
 - If resident regains consciousness in three minutes, observe 30 minutes more
 - **CALL FOR AMBULANCE** if resident remains unconscious for more than three minutes



- C. If vital signs are abnormal (e.g., decreased BP, decreased/increased/irregular pulse),
 - 1. Place resident flat on back with feet elevated.
 - 2. If indicated and you have a physician's order, administer IV fluids.
 - 3. Notify attending physician (if you have not already done so).
 - 4. Continue to monitor vital signs:
 - o If vital signs stabilize, observe for at least 30 minutes more.
 - o If vital signs do not stabilize, **CALL FOR AMBULANCE.**

II. Treatment of a local reaction

Soreness of the arm is the most common side effect associated with vaccination and affects 30%-50% of individuals vaccinated. However, this rarely interferes with the individual's ability to conduct daily activities, and subsides in about 24-48 hours. Symptoms of local reaction may include mild pain, redness, pruritis, or swelling at the injection site.

- A. Apply ice to site
- B. If indicated, administer PO acetaminophen or ibuprofen
- C. If indicated, administer PO diphenhydramine or hydroxyzine
- D. Notify attending physician of incident
- E. If resident has local reaction and symptoms subside, observe for at least 30 minutes

III. Treatment for mild symptoms of anaphylaxis

Symptoms of mild systemic anaphylaxis may include pruritus, erythema, urticaria and angioedema.

- A. Administer epinephrine 1:1000 0.5cc SC. Epinephrine may be repeated every five to 15 minutes, up to a maximum number of three times. If the resident's condition improves with this management and remains stable, a physician may also recommend that the resident take an oral antihistamine for the next 24 hours
- B. Notify attending physician of incident
- C. If symptoms subside, observe for at least 30 minutes
- D. If symptoms do not subside after appropriate administration of medications, **CALL FOR AMBULANCE.**

IV. Treatment for more severe or potentially life-threatening systemic anaphylaxis

Symptoms of more severe or potentially life-threatening systemic anaphylaxis may include severe bronchospasm, laryngeal edema, shock, and cardiovascular collapse.

- A. **CALL FOR AMBULANCE**
- B. Maintenance of the airway and oxygen administration should be instituted immediately
- C. If resident is wheezing, has generalized hives or is in respiratory distress, have him/her sit
- D. If resident has low blood pressure or pulse is weak, have resident lie down on back and elevate feet
- E. If cardiac and/or respirator arrest occur, start CPR
- F. Administer epinephrine 1:1000 0.5cc SC. Epinephrine may be repeated every five to 15 minutes, up to a maximum number of three times
- G. Notify attending physician of incident



V. Document all adverse events

- A. Document administration of all emergency medications according to established MAR procedures
- B. Document vital signs and other relevant clinical information and all adverse events in the resident's medical record
- C. Report adverse event(s) to the Vaccine Adverse Event Reporting System 1-800-822-7967 or at <http://www.vaers.org>

VI. Emergency equipment and supplies to have on hand

- A. Sphygmomanometer and stethoscope
- B. Emergency medications:
 - 1. Epinephrine 1:1000
 - 2. Diphenhydramine hydrochloride – PO and injectible
- C. Syringes:
 - 1. 1cc syringes with 5/8 – 3/4 inch needles (for epinephrine injection)
 - 2. 1 and 2cc syringes with 1 – 1 1/2 inch needles (for diphenhydramine injection)
- D. Oral airways (small, medium, large)
- E. Alcohol wipes and bandaids
- F. Paper and pen

Administrator

Director of Nursing

Medical Director

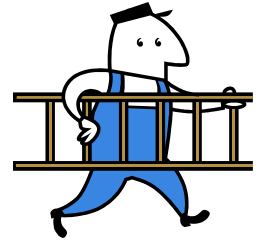
Date

Date

Date


*Adapted from the Massachusetts Department of Public Health: Massachusetts Immunization Program






*Going
To
Work*

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Sample Admission Checklist



The following checklist specifies risk factors for contracting influenza and pneumonia, and the contraindications and possible outcomes of vaccination among residents.

ADMISSION CHECKLIST INFLUENZA AND PNEUMOCOCCAL IMMUNIZATION*

Resident:	Room#:
Assessed by:	Date:
Influenza Vaccine (given October – March)	Pneumococcal Vaccine (offered year round)
<p>Considered <u>high risk</u> due to:</p> <p><input type="checkbox"/> Every nursing home resident is at risk for influenza infection.</p>	<p>Considered <u>high risk</u> due to (<i>check all that apply</i>):</p> <p><input type="checkbox"/> Resident is 65 years of age or older and does not have documentation of previous immunization for pneumococcal pneumonia in past 5 years</p> <p><input type="checkbox"/> Age less than 65 and history of heart disease, lung disease, end stage renal disease, weakened immune system, diabetes or other chronic medical condition. Refer to VIS for PPV</p> <p><input type="checkbox"/> None of the above – STOP HERE</p>
Contraindications	Contraindications
<p>Vaccine not indicated due to (<i>check all that apply</i>):</p> <p><input type="checkbox"/> Serious (anaphylactic) allergy to eggs or thimerosal (preservative in contact lens solution)</p> <p><input type="checkbox"/> Previous adverse reaction to influenza vaccine</p> <p><input type="checkbox"/> Physician order not to vaccinate at this time</p> <p><input type="checkbox"/> Acute febrile illness</p> <p><input type="checkbox"/> Other</p> <p>If contraindicated – STOP HERE</p>	<p>Vaccine not indicated due to (<i>check all that apply</i>):</p> <p><input type="checkbox"/> Hypersensitivity (to any component of the vaccine)</p> <p><input type="checkbox"/> Previous adverse reaction to PPV</p> <p><input type="checkbox"/> Physician order not to vaccinate at this time</p> <p><input type="checkbox"/> Febrile respiratory illness or other active infection</p> <p><input type="checkbox"/> Other</p> <p>If contraindicated – STOP HERE</p>
Outcome	Outcome
<p><input type="checkbox"/> Vaccine indicated but NOT administered Resident declined Why? _____</p> <p><input type="checkbox"/> Vaccine indicated and administered (list on separate facility vaccination log)</p>	<p><input type="checkbox"/> Vaccine indicated but NOT administered Resident declined Why? _____</p> <p><input type="checkbox"/> Vaccine indicated and administered (list on separate facility vaccination log)</p>

*Adapted from the CMS/CDC Standing Orders Project



INACTIVATED INFLUENZA VACCINE

WHAT YOU NEED TO KNOW

2004-2005

1 Why get vaccinated?

Influenza ("flu") is a serious disease.

It is caused by a virus that spreads from infected persons to the nose or throat of others.

Influenza can cause:

- fever
- sore throat
- chills
- cough
- headache
- muscle aches

Anyone can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes an average of 36,000 deaths each year in the U.S., mostly among the elderly.

Influenza vaccine can prevent influenza.

2 Influenza vaccine

Two types of influenza vaccine are now available. Inactivated (killed) influenza vaccine, given as a shot, has been used in the United States for many years. A live, weakened vaccine was licensed in 2003. It is sprayed into the nostrils.

Influenza viruses change often. Therefore, influenza vaccine is updated every year.

Protection develops about 2 weeks after getting the shot and may last up to a year.

Some people who get flu vaccine may still get flu, but they will usually get a milder case than those who did not get the shot.

Flu vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

Some inactivated flu vaccine contains thimerosal, a form of mercury, as a preservative. Some contains only a trace of thimerosal. There is no scientific evidence that thimerosal in vaccines is harmful, and the known benefits of the vaccine outweigh any potential risk from thimerosal. If you have questions about thimerosal or reduced-thimerosal flu vaccine, ask your doctor.

3 Who should get inactivated influenza vaccine?

People 6 months of age and older at risk for getting a serious case of influenza or influenza complications, and people in close contact with them (including all household members) should get the vaccine.

An annual flu shot is recommended for:

- **All children** 6-23 months of age.
- **Household contacts and out-of-home caretakers** of infants from 0-23 months of age.
- **People 50 years of age or older.**
- Residents of **long-term care facilities** housing persons with chronic medical conditions.
- People who have **long-term health problems** with:
 - heart disease
 - kidney disease
 - lung disease
 - metabolic disease, such as diabetes
 - asthma
 - anemia, and other blood disorders
- People with a **weakened immune system** due to:
 - HIV/AIDS or another disease that affects the immune system
 - long-term treatment with drugs such as steroids
 - cancer treatment with x-rays or drugs
- People 6 months to 18 years of age on **long-term aspirin treatment** (these people could develop Reye Syndrome if they got the flu).
- Women who will be **pregnant** during influenza season.
- Physicians, nurses, family members, or anyone else coming in **close contact with people at risk** of serious influenza.
- Anyone else who wants to **reduce their chance of catching influenza.**

An annual flu shot should be *considered* for:

- People who provide **essential community services.**
- People at high risk for flu complications who **travel** to the Southern hemisphere between April and September, or who travel to the tropics or in organized tourist groups at any time.
- People living in **dormitories** or under other crowded conditions, to prevent outbreaks.

Inactivated Influenza Vaccine

5/24/04

4 When should I get influenza vaccine?

The best time to get a flu shot is in October or November.

Some people should get their flu shot in *October* or earlier. This includes:

- people **50 years of age and older**,
- younger people at **high risk** from flu and its complications (including **children 6 through 23 months of age**),
- **household contacts** of persons at high risk,
- **health care workers**, and
- **children under 9 years of age** getting the flu shot for the first time.

The flu season can peak anywhere from December through March, but most often it peaks in February. So getting the vaccine in December, or even later, can be beneficial in most years.

Most people need only one flu shot each year to prevent influenza. **Children under 9 years old getting flu vaccine for the first time** should get 2 doses. With the inactivated vaccine, these doses are given one month apart. Children in this age group who got one dose the previous year, even if it was the first time they got the vaccine, need only one dose this year.

5 Some people should talk with a doctor before getting influenza vaccine

Talk with a doctor before getting a flu shot if you:

- 1) ever had a serious allergic reaction to eggs or to a previous dose of influenza vaccine, or
- 2) have a history of Guillain-Barré Syndrome (GBS).

If you have a fever or are severely ill at the time the shot is scheduled, you should probably wait until you recover before getting influenza vaccine. Talk to your doctor or nurse about whether to reschedule the vaccination.

6 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated flu vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- fever
- aches

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is within a few minutes to a few hours after the shot.
- In 1976, swine flu vaccine was associated with a severe paralytic illness called Guillain-Barré Syndrome (GBS). Influenza vaccines since then have not been clearly linked to GBS. However, if there is a risk of GBS from current influenza vaccines, it is estimated at 1 or 2 cases per million persons vaccinated . . . much less than the risk of severe influenza, which can be prevented by vaccination.

7 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-2522 (English)
 - Call 1-800-232-0233 (Español)
 - Visit CDC's website at www.cdc.gov/flu



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM

Inactivated Influenza Vaccine (5/24/04) Vaccine Information Statement

PNEUMOCOCCAL POLYSACCHARIDE VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Pneumococcal disease is a serious disease that causes much sickness and death. In fact, pneumococcal disease kills more people in the United States each year than all other vaccine-preventable diseases combined. Anyone can get pneumococcal disease. However, some people are at greater risk from the disease. These include people 65 and older, the very young, and people with special health problems such as alcoholism, heart or lung disease, kidney failure, diabetes, HIV infection, or certain types of cancer.

Pneumococcal disease can lead to serious infections of the lungs (pneumonia), the blood (bacteremia), and the covering of the brain (meningitis). About 1 out of every 20 people who get pneumococcal pneumonia dies from it, as do about 2 people out of 10 who get bacteremia and 3 people out of 10 who get meningitis. People with the special health problems mentioned above are even more likely to die from the disease.

Drugs such as penicillin were once effective in treating these infections; but the disease has become more resistant to these drugs, making treatment of pneumococcal infections more difficult. This makes prevention of the disease through vaccination even more important.

2 Pneumococcal polysaccharide vaccine (PPV)

The pneumococcal polysaccharide vaccine (PPV) protects against 23 types of pneumococcal bacteria. Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well or at all.

3 Who should get PPV?

- All adults 65 years of age or older.
- Anyone over 2 years of age who has a long-term health problem such as:
 - heart disease
 - lung disease
 - sickle cell disease
 - diabetes
 - alcoholism
 - cirrhosis
 - leaks of cerebrospinal fluid
- Anyone over 2 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
 - Hodgkin's disease
 - lymphoma, leukemia
 - kidney failure
 - multiple myeloma
 - nephrotic syndrome
 - HIV infection or AIDS
 - damaged spleen, or no spleen
 - organ transplant
- Anyone over 2 years of age who is taking any drug or treatment that lowers the body's resistance to infection, such as:
 - long-term steroids
 - certain cancer drugs
 - radiation therapy
- Alaskan Natives and certain Native American populations.



4

How many doses of PPV are needed?

Usually one dose of PPV is all that is needed.

However, under some circumstances a second dose may be given.

- A second dose is recommended for those people aged 65 and older who got their first dose when they were under 65, if 5 or more years have passed since that dose.
- A second dose is also recommended for people who:
 - have a damaged spleen or no spleen
 - have sickle-cell disease
 - have HIV infection or AIDS
 - have cancer, leukemia, lymphoma, multiple myeloma
 - have kidney failure
 - have nephrotic syndrome
 - have had an organ or bone marrow transplant
 - are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

Children 10 years old and younger may get this second dose 3 years after the first dose. Those older than 10 should get it 5 years after the first dose.

5

Other facts about getting the vaccine

- Otherwise healthy children who often get ear infections, sinus infections, or other upper respiratory diseases do not need to get PPV because of these conditions.
- PPV may be less effective in some people, especially those with lower resistance to infection. But these people should still be vaccinated, because they are more likely to get seriously ill from pneumococcal disease.
- **Pregnancy:** The safety of PPV for pregnant women has not yet been studied. There is no evidence that the vaccine is harmful to either the mother or the fetus, but pregnant women should consult with their doctor before being vaccinated. Women who are at high risk of pneumococcal disease should be vaccinated before becoming pregnant, if possible.

Pneumococcal - 7/29/97
Vaccine Information Statement



6

What are the risks from PPV?

PPV is a very safe vaccine.

About half of those who get the vaccine have very mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

Severe allergic reactions have been reported very rarely.

As with any medicine, there is a very small risk that serious problems, even death, could occur after getting a vaccine.

Getting the disease is much more likely to cause serious problems than getting the vaccine.

7

What if there is a serious reaction?

What should I look for?

- Severe allergic reaction (hives, difficulty breathing, shock)

What should I do?

- Call a doctor, or get to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at 1-800-822-7967.

8

How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
 - Call your local or state health department.
 - Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-7468 (English)
 - OR
 - Call 1-800-232-0233 (Spanish)
 - OR
- Visit the CDC National Immunization Program website at <http://www.cdc.gov/nip>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program



ICON KEY

Valuable information

Web Resources

✘ Sample Tools

Sample Vaccination Tally Sheet



The Vaccination Tally Sheet can be used to tally the numbers of residents and staff who have received each of the two vaccines, the numbers for whom the vaccines were contraindicated, and the numbers who refused. This Tally Sheet can be completed on a monthly basis, at the end of flu season, or for any time period desired.

VACCINATION TALLY SHEET

INSTRUCTIONS

This tool allows for separate tallying of resident and staff vaccination data. Specify below the time period for which data is being summarized. Because Resident Census fluctuates, choose a method for determining census that you will be able to use consistently. Examples include the midpoint census, the average census, or the highest census during the chosen data collection time period.

Examples of contraindications: allergic to eggs, hospice patient, medical contraindications.

Time Period: _____ to _____ **Facility:** _____

Floor/Wing: _____ **Recorder:** _____

RESIDENTS

Total Resident census	
Total Residents receiving flu vaccine	
Total Residents for whom flu vaccine contraindicated and/or resident refused	
Total Residents receiving pneumonia vaccine in facility	
Total Residents previously vaccinated for pneumonia	
Total Residents for whom pneumonia vaccine contraindicated and/or resident refused	

STAFF

Total number of Staff	
Total Staff receiving flu vaccine in facility	
Total Staff receiving flu vaccine outside of facility	

