



*Taddle Creek*

## MEDICAL DIRECTIVE

### Family Health Team

<b>Title:</b>	<u>Influenza Immunization</u>	<b>Number:</b>	<u>TCFHT-MD03</u>
<b>Activation Date:</b>	<u>10-June- 2014</u>	<b>Review Date:</b>	<u>17-October-2017</u>
<b>Next Review Date:</b>	<u>1-October-2018</u>		

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**Order and/or Delegated Procedure:**

Appendix Attached:  No  Yes  
Title:

Authorized implementers may administer the influenza vaccine in accordance with the conditions identified in this directive.

**Recipient Patients:**

Appendix Attached:  No  Yes  
Title: Appendix A – Authorizer Approval Form

Recipients must be 6 months of age or older and:

- Be an active patient of a TCFHT primary care provider who has approved this directive by signing the Authorizer Approval Form
- Meet the conditions identified in this directive.

**Authorized Implementers:**

Appendix Attached:  No  Yes  
Title: Appendix B – Implementer Approval Form

Implementers must be TCFHT employed Regulated Health Care Providers or Physician Assistant (under the supervision of a physician) and sign the Implementer Approval Form after completing the

following preparation:

1. Maintain valid CPR certification\* (equivalent of the Red Cross CPR Level C plus AED).  
\*For registered pharmacists, must be equivalent of the Red Cross Standard First Aid with CPR Level C plus AED.
2. Demonstrated clinical competence and knowledge to Authorizers and has administered at least 3 influenza immunizations under MD/NP supervision.
3. Reviewed and are familiar with the National Advisory Committee on Immunization. *Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2016-2017*. Retrieved from <http://www.phac-aspc.gc.ca/naci-ccni/flu-2016-grippe-eng.php>
4. Reviewed most current guidelines for anaphylaxis management as per Canadian Immunization Guide (2013), accessible from <http://www.phac-aspc.gc.ca/publicat/cig-gci/p02-03-eng.php>
5. Registered Pharmacist implementers must also complete an Ontario College of Pharmacists (OCP) approved injection training course and register their training with OCP.

**Indications:**

Appendix Attached:  No  Yes  
Title:

Implementers are authorized to administer influenza vaccine to any patient, aged 6 months or older according to NACI (2016-2017) guidelines.

Implementers will consult with a physician or nurse practitioner if any contraindication to receiving the immunization is identified.

**Contraindications:**

- History of an anaphylactic reaction to a previous dose of the influenza vaccine or to any components of the vaccine (with the exception of egg).
- Previous history of oculo-respiratory syndrome (ORS).
- History of Guillain-Barre Syndrome (GBS) within the first 6 weeks following an influenza immunization.
- Patients with a severe acute illness with or without fever. (Note, vaccine should be postponed until symptoms have abated)
- Additionally, for Live Attenuated Influenza Vaccine (LAIV) (e.g., FluMist):
  - Children less than 24 months of age, due to increased risk of wheezing.
  - History of severe asthma, as defined as currently on oral or high dose inhaled glucocorticosteroids or active wheezing, or those with medically attended wheezing in the 7 days prior to immunization.
  - Receiving Aspirin or Aspirin containing products if 2 to 17 years of age.
  - Pregnant women
  - Persons with immune compromising conditions, due to underlying disease, therapy, or both, or those who cannot avoid association with such persons for at least 2 weeks following vaccination.

**Consent:**

Appendix Attached:  No  Yes  
Title:

The implementer will obtain verbal consent from the patient or legal substitute decision maker, and explain any potential risks and benefits prior to administering the vaccination.

**Guidelines for Implementing the Order/Procedure:**

<b>Appendix Attached:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Title:</b>
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Authorized implementer may administer the influenza vaccine upon receiving consent and confirming appropriateness (according to current NACI guidelines). Universal precautions will be taken to minimize transmission of blood borne pathogens and ensure patient and clinician safety.

**Implementers must ask every patient about allergies prior to application of this medical directive and update the medical record accordingly.**

A physician or nurse practitioner must be present or readily accessible for in-person assessment and decision-making for patients who have contraindications to receiving the seasonal influenza vaccine, and to provide emergency treatment should a patient experience an acute reaction to the vaccine.

**Documentation and Communication:**

<b>Appendix Attached:</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <b>Title:</b> Appendix C – TCFHT-MD03 Stamp
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- The implementer will document the patient’s allergies in the “Allergies” section of the patient's cumulative patient profile in the EMR.
- The implementer will document administration of influenza vaccine in the “Immunizations” section of the patient's cumulative patient profile in the EMR. Information to be documented will include: brand and dose of vaccine used, lot #, expiry date, site of injection, and details of any adverse reaction that occurs.
- The implementer will also document administration of the influenza vaccine in a chart note in the patient’s file in the EMR using the stamp “TCFHT-MD03\_Influenza\_Immunization” (see Appendix C).
- The primary care provider will be alerted (verbally or electronically) as soon as possible, if an adverse reaction occurs.
- The implementer will advise the patient of the immunization schedule for further doses, if applicable.

**Review and Quality Monitoring Guidelines:**

<b>Appendix Attached:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Title:</b>
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- Routine review will occur annually on the anniversary of the activation date. Reviews will involve a collaboration between the authorizing primary care providers and the authorized implementers.
- If new information becomes available between routine reviews, such as the publishing of new clinical practice guidelines, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by an authorizing primary care provider and a minimum of one implementer.
- At any such time that issues related to the use of this directive are identified, TCFHT must act upon the concerns and immediately undertake a review of the directive by the authorizing primary care providers and the authorized implementers.
- This medical directive can be placed on hold if routine review processes are not completed, or if indicated for an ad hoc review. During the hold, implementers cannot perform the procedures under authority of the directive and must obtain direct, patient-specific orders for the procedure

until it is renewed.

**References:**

Canadian Immunization Guide. (2013). *Part 2: Vaccine Safety – Early vaccine reactions including anaphylaxis*. Retrieved from <http://www.phac-aspc.gc.ca/publicat/cig-gci/p02-03-eng.php>

National Advisory Committee on Immunization. *Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2016-2017*. Retrieved from <http://www.phac-aspc.gc.ca/naci-ccni/flu-2016-grippe-eng.php>

**NOTE:**

**This medical directive is based on TCFHT’s previous medical directives, RN-Flu “Influenza Immunization by Registered Nurse,” and RPh-Flu “Influenza Immunization by Pharmacist,” which required revision in formatting to reflect the growth of the TCFHT organization. The majority of the content of RN-Flu and RPh-Flu has remained the same for the revised TCFHT-MD03 version. Therefore, all approved Implementers and Authorizers for medical directives RN-Flu “Influenza Immunization by Registered Nurse,” and RPh-Flu “Influenza Immunization by Pharmacist,” have grandfathered approval for TCFHT-MD03 “Influenza Immunization.” (This section explains why the current version has not been resigned. However, if resigned, suggest removing this section as it may be redundant.)**

**Appendix A:**

**Authorizer Approval Form**

Name	Signature	Date
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## Appendix B:

### Implementer Approval Form

To be signed when the implementer has completed the required preparation, and feel they have the knowledge, skill, and judgement to competently carry out the actions outlined in this directive.

<b>Name</b>	<b>Signature</b>	<b>Date</b>

## **Appendix C:**

### **TCFHT-MD03\_Influenza\_Immunization Stamp**

- Pt consented to administration of flu vaccine«, pt has read Influenza Information Sheet»
- Reviewed benefits of and possible s/e of vaccine
- «Feeling well; no serious acute illness»
- «NKDA»«Allergies verified and updated in EMR»
- Has «not» had flu shot before«, no adverse reaction»
- Immunization given, pt tolerated well
- Advised pt to remain in clinic x 15 mins for observation; no adverse reaction reported

\*actions and interventions in accordance with Medical Directive TCFHT-MD03