Taddle Creek
Family Health Team

MEDICAL DIRECTIVE

Title:	Influenza Immunization	**Number:**	TCFHT-MD03
Activation Date:	10-June- 2014	**Review Date:**	10-June-2023
Next Review Date:	10-June-2024		

Sponsoring/Contact Person(s) *(name, position, contact particulars):*

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Order and/or Delegated Procedure:

Appendix Attached: _X_ **No** __ **Yes**
Title:

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

Recipient Patients:

Appendix Attached: __ **No** _X_ **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** _X_ **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 as per Ontario College of Pharmacist standards.
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 2023-2024*. Retrieved from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-seasonal-influenza-vaccine-2023-2024.html
4. Reviewed and are familiar with the Public Health Agency of Canada and National Advisory Committee Guidance on the use of influenza vaccine in the presence of COVID-19. Retrieved from: https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-use-influenza-vaccine-covid-19.html
5. Reviewed most current guidelines for anaphylaxis management as per Canadian Immunization Guide (March 2021), accessible from https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html
6. 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: __X__ No ___ Yes
Title:

Implementers are authorized to administer influenza vaccine to any patient, aged 6 months or older according to NACI (2023-2024) 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).
- History of Guillain-Barre Syndrome (GBS) within the first 6 weeks following an influenza immunization.
- Additionally, for Live Attenuated Influenza Vaccine (LAIV) (e.g., FluMist):
  - People 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.
  - People with severe asthma (defined as currently on oral or high-dose inhaled glucocorticosteroids or active wheezing) or medically attended wheezing in the 7 days prior to vaccination.
    - It is not contraindicated for people with a history of stable asthma or recurrent

wheeze.
- Children less then 24 months of age, due to increased risk of wheezing.
- Children 2-17 years of age currently receiving Aspirin or Aspirin-containing therapy, because of association of Reye's syndrome.
  - Aspirin-containing products in children less than 18 years of age should be delayed for 4 weeks after receipt of LAIV.
- Pregnant women.
  - It is not contraindicated in breastfeeding mothers.

Precautions:

- Influenza vaccination should usually be postponed in people with serious acute illnesses until their symptoms have abated.
  - Vaccination should not be delayed because of minor acute illness, with or without fever.
- If significant nasal congestion is present that might impede delivery of LAIV defer until resolution of the congestion.
- LAIV should not be administered until 48 hours after antiviral agents active against influenza (e.g., oseltamivir, zanamivir) are stopped, and those antiviral agents, unless medical indicated, should not be administered until 2 weeks after receipt of LAIV.
- History of oculo-respiratory syndrome (ORS) with the influenza vaccine.
  - May revaccinate individuals with history of ORS without lower respiratory tract symptoms. Those with history of ORS and lower respiratory tract symptoms should be reviewed by the physician.

Consent:

Appendix Attached: __X__ 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:

Appendix Attached: __X__ No __ Yes
Title:

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 readily accessible on-site in the FHT for assessment and decision-making for patients who have contraindications to receiving the vaccine and to provide emergency treatment should a patient experience an acute, adverse reaction to the vaccine. A second person must also be present in the clinic, where the vaccine is being administered, for the purposes of safety and emergency response.

Documentation and Communication:

Appendix Attached: __ No __X__ Yes
Title: Appendix C – TCFHT-MD03 Stamp

- 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".
- 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:

Appendix Attached: _X_ No __ Yes
Title:

- 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 particularily if this new information has implications for unexpected outcomes, the directive will be reviewed by an authorizing primary care provider and a mimimum 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. Part 2: Vaccine Safety: Anaphylaxis and other Acute Reactions following Vaccination. March 2021. Retrieved from: https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html

National Advisory Committee on Immunization. *Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2023-2024*. Retrieved from: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-seasonal-influenza-vaccine-2023-2024.html

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.

Appendix A:

Authorizer Approval Form

Name	Signature	Date

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.

Name	Signature	Date
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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