# Immunization Protocol

### Section 1: Immunization Service Description

Immunization against vaccine preventable diseases is one of the most effective public health measures that can be implemented in a population. Delivering an immunization program is a mandatory component of communicable disease control and management in any community/population. First Nations and Inuit Health Branch – Ontario Region (FNIHB-OR) has based its immunization program on the FNIHB-OR Immunization Protocol , the Canadian Immunization Guide from the Public Health Agency of Canada and Ontario's Ministry of Health and Long Term Care (MOHLTC) immunization programming (including immunization schedules, memos and direction). For additional information, refer to the Immunization Protocol at www.onehealth.ca.

## Vaccine Preventable Diseases

Ontario's immunization program protects against 15 vaccine preventable diseases:

| | | |
|---|---|---|
| Diphtheria | Haemophilus influenzae type B | Hepatitis B |
| Herpes zoster | Human papilloma virus | Influenza |
| Measles | Meningococcal disease | Mumps |
| Pertussis | Polio | Rotavirus |
| Rubella | Streptococcus pneumoniae | Tetanus |
| Varicella | | |

Information on the management and control of these diseases can be found in the MOHLTC Infectious Diseases Protocol: Appendix A.

## Staff training, Certification and Ongoing Education

For information on the FNIHB-OR certification process, refer to Section 2 of the Immunization Protocol. Community health nurses (CHNs) must complete the initial immunization orientation process in order to be an "Authorized Implementer" under the medical directive. To maintain this status, CHNs must attend all subsequent mandatory education sessions. For questions related to ongoing education, please contact your practice consultant.

Given the complexity of the Ontario immunization schedule, FNIHB-OR offers support via phone to answer immunization questions.
Immunization Phone Line: 1-866-297-3577

## Directives

A medical directive is signed in advance by a physician/ordering authorizer to enable an implementer to perform the ordered procedure(s) under specific conditions without a direct assessment by the physician or authorizer at the time of the procedure. FNIHB-OR has medical directives for immunizations and TST, among others. Current immunization related medical directives are found in Section 2 of the FNIHB-OR Immunization Protocol

## Publicly Funded Immunization Schedules for Ontario

To be as effective as possible at preventing vaccine preventable diseases, vaccinations should be given at the correct ages and intervals according to the series they are part of.
FNIHB-OR provides vaccinations according to the Ontario Publicly Funded Immunization Schedule, including vaccines that are routine and those that individuals with high risk circumstances would be eligible for. Refer to Section 3 of the Immunization Protocol, or the Publicly Funded Immunization Schedules – 2016 located at http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_schedule.pdf.

CHNs should offer all eligible immunizations to clients, to prevent vaccine preventable diseases in the individual and at the community level. Vaccines that aren't covered by the schedule, either as routine or high-risk immunizations, require a doctor's order and must be purchased by the individual.

## Cold Chain

The "cold chain" includes all of the materials, equipment and procedures used to maintain vaccines in the required temperature range of +2 °C to +8 °C from the time of manufacture until the vaccines are administered to individuals. Any vaccines exposed to temperatures outside of this range need to be separated in the fridge, clearly labelled "Do Not Use" and the Public Health Unit must be contacted to provide direction on which vaccines must be discarded and which can have a red dot placed on them and used at a later time provided they are not exposed again to a temperature outside the range which would render them not viable.

For information on cold chain equipment and monitoring, refer to Section 5 of the Immunization Protocol located at www.onehealth.ca.

## Vaccine supply

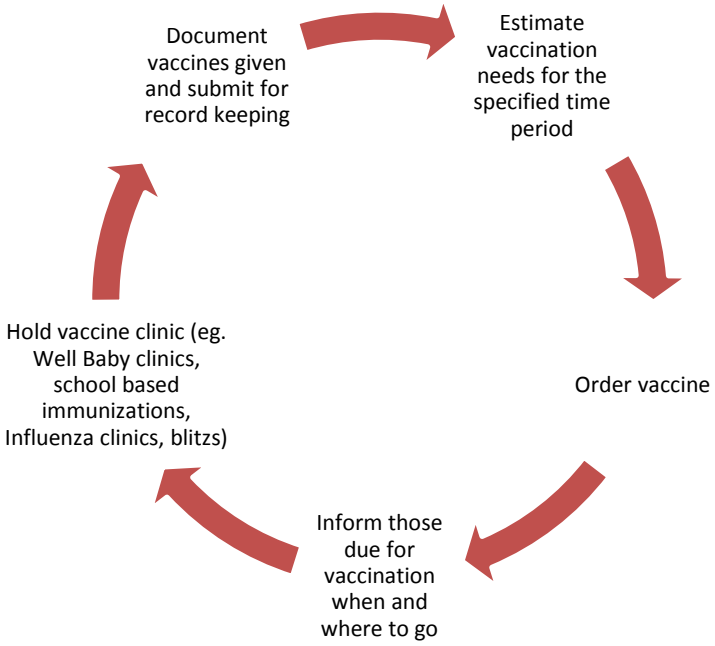
It is important to order vaccine to meet immunization needs but not to over stock in order to reduce wastage. As a general rule, order vaccines for a one month period. To do this, estimate the number of doses required to meet all immunization needs for the community for the month. Estimates can be based on several sources, such as the number of people in each age group due for immunization that month (use First Nations and Inuit Health Information System [FNIHIS or HIS] lists as a guide and validate the list using the client charts; develop a Bring Forward system; use immunization worksheets), consideration of clinics that will be held that month (eg. school based programs, influenza clinics, blitzes) or estimates from the previous year for that time period.

There are several advantages to ensuring that vaccines are not overstocked:

- Less wastage in the event of a cold chain failure
- Less risk of stocking expired vaccine due to large supply
- Ease of organizing the vaccine fridge to ensure vaccines most recently received are stored at the back of the shelf while older vaccines are stored closer to the front and used first

Depending on the community where you are working, vaccines are ordered either from the local Public Health Unit or the pharmacy that supplies vaccine (ie. Meno Ya Win hospital pharmacy or Weenaybayko General Hospital pharmacy) using the appropriate Public Health Unit ordering form. If you require assistance in estimating vaccine supply for a particular time period, please contact your Communicable Disease (CD) nurse for discussion.

**Vaccine Ordering Cycle**




## Documentation

There are several forms for immunization documentation and several sources of immunization data that will assist you to keep up to date with the immunization status of community members. FNIHB-OR forms for immunization documentation can be found at www.onehealth.ca.

1. Client Core Information Form – This is completed and submitted to the HIS clerk for data entry. It is completed when there is a birth, death or an individual moves. It ensures that the HIS database has correct, up-to-date client information.
2. Immunization Consent Forms – These are legal documentation that an immunization was given. They are maintained in the client chart, or are faxes to the HIS data entry clerk if the community is using this system. If the community is not, the information is stored in the database or electronic medical record (EMR) the community uses.
3. HIS – This database contains information from the Client Core Information and Immunization Consent Forms. Reports can be generated by the community to indicate who is due for immunizations in a given time period.
4. Client chart – The consent form and nursing notes are contained in the client chart. Some communities use an EMR.
5. Public Health Units – Public health units track immunizations (particularly for the school pupils) in a database called Panorama.
6. Doctor's Offices – If a community member is immunized by their family doctor or pediatrician, their immunization records will be maintained in the client's chart in the family doctor's or pediatrician's office. If the community also uses HIS, an immunization consent form can be completed for immunizations received in the family doctor's or pediatricians office so that there is an immunization record also available in the community.

For more information on documentation, refer to Section 6 of the Immunization Protocol at www.onehealth.ca.

## Immunization Programming

There are many different ways to deliver immunization services. The steps outlined below are one way to organize immunizations, but you will find strategies that are effective for you and the community. Ensure that you work effectively with community based workers, as they are essential in informing individuals that they (or their children) are due for vaccination, setting up appointments, managing clinics, providing education, answering questions, etc.

**1. Create a list of children and adults that are due for vaccination and set up appointments.**
Review the HIS lists for people that are due in the coming month. Note that these lists may not be accurate. However, they provide a starting point for creating a list. All names should be confirmed by reviewing the client's chart prior to vaccination. If your program has a Bring Forward list (Excel is a good tool for this), review this to validate the names from HIS as well. If your community does not use HIS, create a list using the documentation and Bring Forward system that you use.

**2. Notify those that are due for vaccination and set up appointments.**
An effective method is to work closely with the Community Health Representative to set up appointments. They are familiar with community members and can facilitate attendance for vaccination but assisting clients to overcome barriers, etc.

Ensure that you also include any adult immunizations that are due. It can be challenging to keep adults up-to-date with their vaccinations, however, this is key element in preventing transmission of vaccine preventable diseases in the community and they should be encouraged to attend clinics. Creative methods of reaching this population may need to be considered to maintain herd immunity.

**3. Administer vaccinations.**
This step has several parts to it:

- Review fact sheets for the relevant vaccines and answer questions. Review common side effects and how they can be managed.
- Obtain and document consent.
- Administer vaccines. For children aged 0-5 years, ensure that the appointment is scheduled with sufficient time (for example, one hour) to also conduct a physical assessment, the Rourke Baby Record, the Nipissing District Developmental Screen, WHO growth charts and parent education. If any concerns are identified, refer the child appropriately.
- Document on the consent form which vaccines were given. Fax the consents to the HIS data entry clerk, or update the community's tracking system, as appropriate.

**4. Record vaccinations given.**
Ensure that records of immunizations that were given are faxed to the HIS data entry clerk if the community uses HIS, or are entered into the communities tracking system (eg., electronic medical record). All original consent forms should be maintained in the client's chart.

**5. Avoid missed opportunities**
At every client encounter regardless of reason and regardless of the age of the client, review their immunization status and provide any missing vaccinations they may be eligible for. Assess for high risk conditions that may result in eligibility for additional vaccines.

**6. Track vaccines given on an annual basis**
To meet reporting requirements of the Community Based Reporting Template, each community is required to provide numbers of vaccines given on an annual basis. An optional tool has been created by FNIHB-OR to assist with this. For a copy of the tool, speak to your Health Director. If a copy of the tool is required, it can be requested from your community's Senior Program Officer (SPO).

## School Based Immunization Program

Certain immunizations are delivered at specific grades, often in the school. These include immunizations for hepatitis B (HB - Energix or Recombivax), HPV (Gardasil) and meningococcal disease (Menactra). These are administered in Grade 7, but a catch up program for those students not immunized in Grade 7 should be offered to students in all grades up to Grade 12. Adacel (tetanus, polio, diphtheria, pertussis) is given at age 14-16 and may be given at schools if appropriate.

The following steps outline strategies that can be used to deliver this program in the school environment.

**1. Identify and engage stakeholders**
Stakeholders may include:

- School officials:
  - Explain the process
  - Describe ways the school can participate in the process, including discussing room requirements, provision of class lists and providing input on the dates of clinics to be held
- Chief & Council:
  - Inform them regarding the process and the importance of the school based immunization program and discuss strategies for their support and promotion of the program
- Parents, caregivers & students
  - Hold information sessions to explain eligibility, importance, and process for receiving school based immunizations. The school principal and teachers of the relevant grades can assist with this.

Stakeholders may also include:

- Public Health Units / Other Immunization Providers
  - Liaise with other immunization providers to understand how clients in community may be offered / receive vaccines off reserve
  - Build partnerships to ensure information sharing regarding vaccinations received by community members off reserve

**2. Determine eligible clients and create clinic lists**

- Request class lists from the school for Grades 7 – 12. Lists should indicate each student's grade and gender
- Create a list of clients in the age cohort that are not in school but are eligible for vaccination.
- Create clinic lists for each grade / age cohort by birth year. Populate with information from:
  - Class lists
  - HIS Records
  - Immunization Records in the client chart. It is essential to check the class lists and HIS records against the client chart to reduce errors.
  - Records from external health care providers (Public Health Units, doctor's offices, etc.)

**3. Distribute consent forms and fact sheets**

Distribution to parents and caregivers via:

- Sending home with students. Be aware that this can be unreliable as it depends on the students' memory, desire to be immunized, keeping the consent, etc.
- Direct mail
- Door-to-door delivery. Working with community based workers (eg., CHRs) can be an effective strategy to obtain consents.
- At information/education sessions.

**4. Collect consents (resend if need be)**

- Sent home from school in student back packs (collected at school by teachers prior to clinics and provided to CHN)
- Direct mail
- Door-to-door

**5. Revise clinic lists – routine and catch-up immunizations**

- For which students have you received consent?
- Are there any refusals or completed series? If so, mark on clinic lists.
- Do you need to follow up with any individual parents or caregivers?
- Do you need to follow up with any Public Health Units / Other Immunization Providers?

**6. Deliver clinics**

Immunize ALL eligible clients for which you have consents.

Work with school staff and/or CHR to ensure that clinics run smoothly and that as many eligible students are reached as possible.

Follow all cold chain requirements to ensure vaccines are maintained between $2^{0}$C and $8^{0}$C. For information on equipment and maintaining temperatures during off-site clinics, refer to Section 5 of the Immunization Protocol, specifically the link to the Ministry of Health Long Term Care Vaccine Storage and Handling Guidelines.

**7. Repeat steps 5 and 6**

Because the vaccines in the school based immunization program are administered as part of a series to be administered in 6 months (except meningococcal (Menactra) and Adacel which are one dose each), timing of the clinics is important to ensure all doses of a series can be administered within the school year. The first dose should be administered in September, second in November and third in March, as per the immunization schedule.

For additional information on scheduling, refer to Appendix A.

Submit immunization consents to HIS clerk after each clinic, or, if HIS is not used by the community, enter all consents into the system used to track immunizations (eg., electronic medical record).

**8. Provide catch-up clinics for missed students**

- ***Where*** could "Catch Up Clinics" be held?
  - nursing station
  - in community (i.e. evening clinics)
  - at school
- ***When*** could "Catch Up Clinics" be held?
  - after each 'cycle' of clinics (i.e. October, January and April)
  - in the Spring / Summer (April – August)

**9. Evaluate program and compile statistics**

- What worked well?
- What didn't work well?
- What can be improved for next year?
- Coverage rates achieved for specific vaccines - by grade / age
- Inform Nurse-in-Charge (NIC) so statistics can be entered into month end report, if appropriate

## Influenza

Influenza requires specific planning each year. Mandatory education sessions are delivered each September by the regional Communicable Disease Team that all CHNs must attend to maintain their immunization certification. These sessions review the influenza vaccines that are available from the MOHLTC for that influenza season, as they change each year.

CHNs should consider strategies to encourage community participation in flu vaccination, particularly as this vaccine may be accompanied by myths and misconceptions within the community. On average, FNIHB-OR communities provide flu immunizations to approximately 11% of community members (this estimate is known to be underreported as many community members access flu shots outside of the community and these may not be known/considered in the community reports of the number of vaccines given).

The steps to delivering an influenza immunization program are as follows:

1. Work with community members to develop and deliver an influenza messaging campaign

   Health promotion and public health messaging is a key component of each influenza season (refer to your community's Influenza Plan for strategies the communication that have been identified for use). It is important to note that delivering an influenza campaign requires commitment and support from many community members, including chief and council, the Health Director, community workers, and formal and informal community leaders and mentors. The CHN should start working with these individuals and groups in the fall before flu season starts to give time for messaging to be disseminated.

2. Get a current community list

   The list should include age groups and names of community member. The community list will assist in estimating the number of vaccines that should be ordered, the number of children that require two doses and the types of vaccines that should be ordered (eg. quadrivalent vaccine for children).

3. Identify high risk individuals

   Use the community list and client charts to identify those individuals that are considered high risk, as listed by the MOHLTC. Note that all First Nations individuals are considered high risk and are eligible for influenza immunization. However, there are individuals that have specific health conditions that increase their risk as well. They should be actively educated on the importance of receiving the flu vaccine

4. Determine the method of immunization delivery

   There are multiple ways that the flu vaccine can be delivered, such as in the health facility as people present for other reasons, a call to come to the health facility specifically for flu vaccines (a specific time may be set aside for this), going to public areas to immunize people opportunistically (eg., the store, the arena, etc), choosing a specific location and delivering vaccine as a mass immunization clinic (refer to the Mass Immunization Clinic Guide at www.onehealth.ca), setting up school clinics with parental consent and other methods that appropriate to the community.

5. Hold clinics

   Depending on the type of clinic being conducted the needs of the clinic will vary (eg., whether held at the health facility or an off-site location). Ensure that there are sufficient consent forms and vaccine available. Provide a location for community members to wait for 15 minutes after being immunized and prior to leaving the location. Ensure there is access to an anaphylaxis kit wherever vaccines are being administered.

   Work with the Health Director, CHR and community members. They may assist with filling in consent forms, timekeeping and translation, if required. Snacks may be provided through the Health Director.

6. Submit consents for data entry

   Following the clinic, submit all consent forms for data entry. Communities may fax these to the HIS data entry clerk, or if there is an electronic health record in the community, ensuring that the immunization is recorded in the record.

7. Report to FNIHB-OR the number of vaccines given each week

   FNIHB-OR collects weekly information on the number of vaccines that are delivered in each community (this is a mandatory report for CHNs employed by FNIHB-OR and a recommended report for band employed CHNs).

## Community education

Effective community education uses a variety of methods and voices to disseminate information. Posters, radio announcements, messaging by community leaders and mentors, newsletters, mail outs promotion by community health workers, are all effective ways to disseminate information. Work with community members and staff to identify methods that have worked in your community. Be innovative and positive. Your role is very important as a promoter of immunizations. Immunize Canada states that "The advice of a health care professional is highly influential in the decision-making process of whether or not to immunize." (www.immunize.ca)

Below are links to online immunization resources that may be helpful. For additional information, refer to section 11 of the Immunization Protocol.

Canadian Immunization Guide –
https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html

Don't Wait, Vaccinate –
https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/family-health/immunization/immunization-first-nations-health-canada.html

Immunize Canada –
www.immunize.ca

Canadian Paediatric Society –
https://www.caringforkids.cps.ca/handouts/immunizations-index

National Advisory Committee on Immunization (NACI) Updates –
https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html

MOHLTC Immunization Factsheets and Tools -
http://www.health.gov.on.ca/en/pro/programs/immunization/resources.aspx

## Errors

Errors in vaccination can occur in an immunization program, either through misinterpretation of complex schedules, heavy workload or documentation inconsistencies. FNIHB-OR takes a supportive approach to errors. Calling the immunization phone line can assist in developing a plan on how to correct the error, and provide a discussion on any concerns that may arise. A Medication Error Form should be completed and submitted to the Nurse-In-Charge (NIC) with a copy to the Nursing Practice Consultant (NPC). This form is used to support learning and to determine any trends there may be in errors so that education sessions can be provided broadly to address any knowledge deficits.

## Exemptions

School aged children who attend school outside of a First Nations community must follow the Immunization of School Pupils Act or ISPA (some First Nations communities may apply this practice to their school as well). The ISPA requires that children have documented proof that they were immunized against diphtheria, tetanus, polio, measles, mumps, rubella, meningococcal disease, pertussis, and varicella (if born after 2010). Parents can obtain one of two types of exemptions under the ISPA:

1. Medical reasons – may be because the child has a medical condition that prevents them from getting the vaccine or there may be evidence of immunity, making further vaccination unnecessary. A statement of medical exemption for must be completed and kept on the child's chart, as well as submitted to the relevant public health unit.
2. Conscience or religious belief – As of September 1, 2017, any parent who wishes to not have their child immunized due to conscience or religious belief must attend an education session provided by the relevant public health unit that covers basic information about immunization, vaccine safety, immunization and community health, and immunization law in Ontario. They will need to complete the Statement of Conscience or Religious Belief form, have it signed by a commissioner for taking affidavits and submit it to the public health unit. A certificate will be issued to the parents for the exemption.

Additional information on exemptions can be found on the Ministry of Health and Long Term Care's website at https://www.ontario.ca/page/vaccines-children-school.

**Section 2: Medical Directives**

FNIHB-OR has established medical directives to support nurses working in First Nation communities in particular roles to administer immunizations. Nurses should review these medical directives annually to ensure that they meet the indications outlined for their use (eg. have completed the immunization certification process, have attended all mandatory immunization education sessions, etc.)

The medical directives are as follows:

Link to

Authority to Administer Immunizations as per the Publicly Funded Immunization Schedule for Ontario by Nurses Working in First Nations Communities in FNIHB-Ontario Region

Authority to Administer Immunizations as per the Publicly Funded Immunization Schedules for Ontario by Maternal Child Health Nurses Working in FNIHB-Ontario Region

Authority to Provide Influenza Immunizations by Band Employed Registered Nurses and Registered Practical Nurses Working Within the Home & Community Care Program in Ontario Region

Authority to Administer Tuberculin Skin Tests by Nurses Working in First Nations Communities in FNIHB-Ontario Region

Link to

Immunization Certification Process

**Section 3: Ministry of Health and Long Term Care (MOHLTC) Publicly Funded Immunization Schedules for Ontario**

The FNIHB-OR medical directives authorize nurses to administer immunizations as per the MOHLTC Publicly Funded Immunization Schedules for Ontario. Any immunizations that an individual is recommended to receive that fall outside of the schedule require a doctor's order for the nurse to administer and they are not publicly funded by the MOHLTC (ie. must be purchased by the client). The most recent Publicly Funded Schedule was released in December 2016 and can be retrieved at http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_schedule.pdf.

**Section 4: Canadian Immunization Guide**

Processes and guidelines for immunizations delivered in Canada are provided by the Public Health Agency of Canada in the Canadian Immunization Guide (CIG). This is an evergreen document and forms the basis of

FNIHB-OR's immunization processes, along with the Ontario Publicly Funded Immunization Schedules. The CIG has five parts:

- Part One – Key Immunization Information
- Part Two – Vaccine Safety
- Part Three – Vaccination of Specific Populations
- Part Four – Active Vaccines
- Part Five - Passive Immunization

Link to

The Canadian Immunization Guide

https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html

**Section 5: Vaccine Storage and Handling Guidelines**

Vaccine storage and handling is an essential component of a successful immunization program. It must be closely monitored and any issues addressed immediately. Through proper vaccine storage and handling, CHNs and communities are assured that vaccines are effective and wastage of vaccines can be minimized. The Ontario Ministry of Health and Long Term Care Vaccine Storage and Handling Guidelines can be found here:

Link to

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/vaccine%20_storage_handling_guidelines_en.pdf

**Immunization Contingency Plan**

The Immunization Contingency Plan outlines roles and responsibilities for monitoring the vaccine fridge, as well as outlines the planned approach the health facility will take in the event of a prolonged power outage. This plan should be updated when staff members change, or if there is a change in location or process of how to manage a power outage. The plan should be shared with the CD nurse at the time that the vaccine fridge is replaced, or when there is a change/update to the plan.

Link to

Immunization Contingency Plan Form

**Vaccine Equipment Ordering Process – FNIHB-OR**

CD nurses will replace min/max thermometers for all communities before they expire. If there is a need for items such as coolers, koolatrons, etc. please contact your CD nurse who will order the item and have it delivered to your community. For vaccine fridges, please follow the appropriate process as outlined for either FNIHB or band employed nurses.

Link to

FNIHB Employed Nurses – Ordering Process for Vaccine Storage and Handling Equipment - see Appendix A

Band Employed Nurses – Ordering Process for Vaccine Storage and Handling Equipment – see Appendix B

**Fridge Monitoring**

The following activities **must** be completed by the primary vaccine personnel indicated in the community's immunization contingency plan, unless delegated to the alternate personnel.

1. Twice daily temperature logs.
2. Monthly vaccine fridge inspection.
3. Monthly vaccine fridge inventory.

For each of these three activities, use the form provided by your vaccine provider and submit it to the vaccine provider as per their processes. Keep the forms on file for 2 years in the event a review is needed.

**Section 6: Immunization Documentation**

**Immunization Documentation Overview**

As per the Canadian Immunization Guide, vaccines administered to an individual should be recorded in three locations:

- The personal immunization record held by the person or his/her parent/guardian
- The record maintained by the health care provider
- The local or provincial registry (i.e. FNIHIS or community immunization registry)

The record should include the following:

- Brand name of the administered product
- Time and date given (dd/MMM/yyyy)
- Dose
- Site and route of administration
- Lot number and expiry date
- Name and professional designation of person administering

In an effort to support this key component of the immunization process, the following forms are to be used regionally:

Link to

Immunization Tracking Form
Immunization Documentation & Consent Form
School-Based Immunization Documentation & Consent Form
Influenza Consent Form
FNIHIS Core Data Form
TST Consent Form
Influenza Tracking Form

**Immunization Tracking Form**
Every client should have this form kept at the front of their chart. The purpose of this form is to provide health care providers with a client's immunization history "at a glance". All immunizations must be entered on this form in chronological order. When one form is full, another form should be numbered (top right) and placed on top of the previous form.

**Immunization Documentation & Consent Form**
This form should be used for all immunizations given with the exception of those covered by the School-Based Program. A separate form should be filled out for each immunization visit. If multiple vaccines are given at one visit, only one form needs to be filled out. However, if a person returns at a later date for another vaccine, a new form must be filled out.

Page one covers immunization screening, informed consent, and mandatory nursing actions. If additional nursing notes are required this should be noted by checking off the appropriate box in the "Immunization Screening Questions" area. If necessary, an additional note can also be made at the bottom of the page. Check the box beside the signature area if reference to further nursing notes is required.

Page two captures detailed demographic information, vaccine(s) given and vaccine details. This page provides all information required for data entry and should be faxed to your zone's data entry clerk upon completion. This page provides space for 5 vaccines to be entered. If fewer vaccines are given, cross off any unused "vaccine/signature" boxes.

After faxing page two for data entry, place the original form in the client's chart.

Information on the rationale on the Immunization Screening Questions on the Immunization Documentation &Consent Form is found:

Link to

Rationale for Immunization Screening Questions

**School-Based Documentation & Consent Form**
This form should be used for all school-based immunizations. A separate form should be filled out for each immunization visit, although consent may be obtained once for a series of vaccines (i.e. HB or HPV).

Page one covers basic demographic information, a list of vaccines to be given (nurse is to initial those vaccines being offered, as well as the vaccine trade name), consent and screening questions. This page may be sent home to the parent/guardian to be returned at a later date. In the space provided, enter a phone number which can be used should the parent/guardian have questions. Screening questions must be repeated at each immunization visit.

Page two captures detailed demographic information, vaccine(s) given and vaccine details. As with the above "Immunization Documentation & Consent Form", this page will be faxed to your zone's data entry clerk upon completion. This page provides space for 5 vaccines to be entered. If fewer vaccines are given, cross off any unused "vaccine/signature" boxes.

After faxing page two for data entry, place the original form in the client's chart.

Information on the rationale on the Immunization Screening Questions on the School-Based Documentation & Consent Form is found here:

Link to

Rationale for Immunization School-Based Screening Questions – see Appendix C

**Influenza Consent Form**

This form should be used for all Influenza immunization. It is updated annually by FNIHB-OR to reflect the Influenza vaccines provided by the MOHLTC for that flu season.

Information on the rationale on the Influenza Screening Questions on the Influenza Consent Form is found here:

Link to

Rationale for Influenza Screening Questions – see Appendix D

**Section 7: Adverse Events Following Immunization (AEFI)**

**Reporting of Adverse Events Following Immunization (AEFIs) Occurring in First Nations Communities in Ontario**

**Responsibility to Report**
In Canada, it is the responsibility of all vaccine providers caring for patients who may have had an Adverse Event Following Immunization (AEFI) to report the AEFI to the Public Health Agency of Canada through their local public health units. Post –marketing vaccine safety surveillance provides important data about vaccine safety that is integral to ongoing vaccine evaluation and regulation.

**What is an AEFI?**
An AEFI is any untoward medical occurrence in a vaccine which follows immunization and which does not necessarily have a causal relationship with the administration of the vaccine. The adverse event may be any unfavourable and/or unintended sign, abnormal laboratory finding, symptom or disease.

**Should all AEFIs be reported?**
No. During their development, vaccines undergo rigorous testing for safety and efficacy. During these "pre-licensure trials" efforts are made to capture every single adverse event that follows immunization. By the time a vaccine is authorized for marketing, the safety profile for common adverse events such as inflammation at the injection site or mild fever is well known. It is always important to counsel vaccinees or their guardians regarding the possible occurrence of such reactions, but there is no need to report such expected events unless they are more severe or more frequent than expected.

**What type of AEFI should be reported?**
AEFIs should be reported when the event:

- *Has a temporal association with a vaccine* which can be defined as two or more events that occur around the same time but are unrelated

- *Has no other clear cause at the time of reporting:* A causal relationship between immunization and the event that follows does not need to be proven and submitting a report does not imply or establish causality. Sometimes the vaccinee's medical history, recent disease, concurrent illness/condition and/or concomitant medication(s) can explain the event(s).

Of particular interest are those AEFIs which meet one or more of the following criteria:

- *Are of serious nature:* A serious adverse event is one that is life threatening or results in death, requires hospitalization or prolongation of an existing hospitalization, results in residual disability or causes congenital malformation.
- *Require urgent medical attention.*
- *Are unusual or unexpected:* An event that has either not been identified previously or one that has been identified previously but is, at current, being reported at an increased frequency. If there is any doubt as to whether or not an event should be reported, a conservative approach should be taken and the event should be reported.

It is not necessary to report AEFIs that occur following the administration of a passive immunization agent (only active immunizing agents are reported through this system), a diagnostic test such as a TST, another drug product (unless an active immunizing agent was administered concomitantly or immunization program errors not temporally associated with an adverse event. These have their own reporting forms and processes. Please refer to Appendix B: Adverse Events Following Immunization of the MOHLTC Infectious Disease Protocol (link below).

**AEFI Reporting Forms and Resources**

The most up-to-date AEFI report form can be found at http://www.publichealthontario.ca/en/eRepository/Report_Adverse_Event_Following_Immunization_Form_fillable_2013.pdf

AEFI Fact Sheet: http://www.publichealthontario.ca/en/eRepository/AEFI_factsheet_healthcare_providers.pdf

Infectious Diseases Protocol: Appendix B; Adverse Events Following Immunization (PHO): http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/aefi_cd.pdf

**Reporting AEFIs Occurring in First Nations Community in Ontario**

1. The Health Care Professional (HCP) who identifies the AEFI notifies the Communicable Disease (CD) Nurse by phone immediately, once the patient is stabilized, followed by a fax of the appropriate AEFI report form. If the AEFI is identified after business hours, the CD Nurse should be notified on the next business day.
2. The HCP should inform the patient that the AEFI will be reported to the local public health unit and Health Canada and that the HCP will contact the patient with recommendations for future immunization.
3. The CD Nurse will follow up with the HCP to ensure that no information is missing from the AEFI form.
4. The CD Nurse will forward copies of the AEFI report without recommendation within one business day to the:
   - ☐ Director of Public Health for recommendation regarding future immunization
   - ☐ Local Public Health Unit of the community where the AEFI was identified for entry into provincial and federal vaccine safety surveillance systems.
   - ☐ *Regional Immunization Coordinator in special circumstances (eg. rollout of pandemic vaccine, hospitalization or death related to an AEFI).*
5. The Director of Public Health will provide recommendations regarding future immunization of the client in writing on the AEFI report form and return the signed form to the CD Nurse within one week of receiving the AEFI report.

6. A copy of the AEFI report with recommendation for future immunization will be sent by the CD Nurse within two weeks of receiving the AEFI report to the:

- HCP who reported the AEFI (or Nurse in Charge (NIC)) for client notification, and chart and FNHIS (if applicable) updates. If the HCP who reported the AEFI is not the client's primary health care provider, a copy of the report with recommendations should be forward by the HCP who reported the AEFI (or NIC) to the HCP who routinely provides immunizations to the client.

☐ Regional Immunization Coordinator for tracking of AEFIs in Ontario First Nations communities.

☐ The local Public Health Unit may require a copy of the AEFI report complete with recommendations for future immunization from the Director of Public Health.

**AEFIs Identified By HCPs Outside of First Nations Communities**

If a HCP working at a health care facility in a First Nations community is notified of a possible AEFI in one of their clients by a HCP from a health care facility outside of the community, a copy of the AEFI report, including recommendations for future immunization from a physician or the local provincial Medical Officer of Health, should be requested and kept on file. A copy of this report should be sent to the Zone CD Nurse. *The Zone CD Nurse may choose to consult with the Zone Medical Officer regarding recommendations for future immunization.* The report complete with all recommendations should be forwarded by the Zone CD Nurse to the Regional Immunization Coordinator.

**Section 8: Anaphylaxis**

Anaphylaxis is a serious, life-threatening allergic reaction. It is rare and occurs in 1-10 per million doses of vaccine administered. Information on anaphylaxis is provided in the Canadian Immunization Guide.

Link to:

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#p2c3a4

Every CHN is responsible for knowing the signs and symptoms of anaphylaxis as well as its management. To support nurses in understanding its management, the following information is provided:

Link to:

Anaphylaxis Memo

Anaphylaxis Quick Reference Card

In all cases of suspected anaphylaxis, the CHN should refer to the Infectious Diseases Protocol: Appendix B; Adverse Events Following Immunizations to determine if an AEFI form should be filled out and submitted.

According to the Canadian Immunization Guide, the following equipment are components of the anaphylaxis kit, which is present at all immunization visits or clinics:

☐ **Essential Items**

- A clear, concise summary of the anaphylaxis emergency management protocol
- Laminated table of dosage recommendations for epinephrine and diphenhydramine hydrochloride (e.g. Benadryl) by weight and by age
- Two vials of aqueous epinephrine 1:1000

- A range of autoinjectors of epinephrine labelled by age and weight (optional)
- One vial of injectable diphenhydramine hydrochloride
- Two - 1 cc syringes with attached needles (1 - 25 gauge,1 inch needle; 1 - 25 gauge, 5/8 inch needle)
- One - 25 gauge, 5/8 inch needle (extra)
- Two- 25 gauge, 1 inch and 1.5 inch needles (extra for larger adults)
- Scissors
- Alcohol swabs
- One nasopharyngeal airway and one oropharyngeal airway for each age range anticipated in the clinic
- Pocket mask
- Stethoscope and sphygmomanometer
- Tongue depressors
- Flashlight
- Wristwatch with second hand to measure pulse
- Cell phone if no easy access to onsite phone

☐ **Additional Items**
- IV lines and fluids, and related equipment (e.g., tourniquet)
- Oxygen and related equipment

A checklist is available for regular monitoring of the content of this kit. The form should be submitted monthly by FNIHB and agency nurses to the zone nursing office. Band employed nurses can use the checklist as a tool to ensure equipment and medications are functional and are not expired.

Link to

Checklist

**Section 9: Mass Immunization Clinic Guide**

The Mass Immunization Clinic Guide is a resource for communities to assist them in the planning process of delivering immunizations to a large group of people within a short period of time. Although this guide was initially created in a response to a pandemic influenza outbreak, it can also be used to assist communities with detailed planning of mass immunization clinics for other events such as seasonal influenza. The guide provides information on various areas for planning including:

- ☐ Identification of roles and responsibilities
- ☐ Logistics
- ☐ Security
- ☐ Documentation

Link to

https://www2.onehealth.ca/Portals/4/Ontario/PHU/Comm%20Disease/Immuniz/Immunization%20Tools/2012-10-18%20%20Mass%20Immunization%20Guide.pdf

**Section 10: Immunization Fact Sheets**

Diphtheria, Tetanus, Pertussis and Polio (DTaP-IPV)
Diphtheria, Tetanus, Pertussis, Polio and Haemophilus B (DTaP-IPV)
Hepatitis A (HA)
Hepatitis B (HB)
Human Papillomavirus (HPV-4)
Influenza (Inf)
Measles, Mumps & Rubella (MMR)
Measles, Mumps, Rubella & Varicella (MMRV)
Meningococcal Group C Conjugate (Men-C)
Meningococcal Conjugate Quadrivalent Groups A,C, Y, W-135
Pneumococcal Conjugate 13-valent (Pneu-C-13)
Pneumococcal Polysaccharide 23-valent (Pneu-P-23)
Rotavirus (Rot-1)
Tetanus and Diphtheria (Td)
Tetanus, Diphtheria and Pertussis (Tdap)
Tetanus, Diphtheria, Pertussis and Polio (Tdap-IPV)
Varicella (Var)
Reducing Pain from Immunization

**Section 11: Immunization Resources**

**FNIHB-OR - Immunization Phoneline and Email Support**
FNIHB-OR provides in person immunization advice and support to any person in the community who is responsible for an aspect of the immunization program. Support is provided during business hours and includes advice on immunization schedules, errors, vaccine action, AEFIs and other subjects. Contact Information is as follows:
*Immunization Phoneline:* 1-866-297-3577
*E-mail:* immunization-fnih-ontario@hc-sc.gc.ca

**Don't Wait, Vaccinate** - https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/family-health/immunization/immunization-first-nations-health-canada.html
An immunization website maintained by the Government of Canada. It contains First Nations and Inuit specific education and resource materials for download.

**Immunize Canada** – www.immunize.ca
*Immunize Canada is a coalition of national non-governmental, professional, health, consumer, government and private sector organizations with a specific interest in promoting the understanding and use of vaccines recommended by the National Advisory Committee on Immunization.*

The goal of Immunize Canada is to contribute to the control/elimination/eradication of vaccine-preventable diseases in Canada by increasing awareness of the benefits and risks of immunization for all ages via education, promotion, advocacy and media relations.

**Canadian Paediatric Society** - https://www.caringforkids.cps.ca/handouts/immunizations-index
*Caring for Kids* provides parents with information about their child's and teen's health and well-being. Because the site is developed by the Canadian Paediatric Society — the voice of more than 3,000 Canadian paediatricians—you can be sure the information is reliable.

**National Advisory Committee on Immunization (NACI) Updates -** https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html
The National Advisory Committee on Immunization (NACI) is a national advisory committee of experts in the fields of pediatrics, infectious diseases, immunology, medical microbiology, internal medicine and public health. NACI makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada, including the identification of groups at risk for vaccine-preventable diseases for whom vaccination should be targeted. NACI knowledge syntheses, analyses and recommendations on vaccine use in Canada are included in published literature reviews, statements and updates. NACI recommendations are also published in the Canadian Immunization Guide.

**MOHLTC Immunization Factsheets and Tools -**
http://www.health.gov.on.ca/en/pro/programs/immunization/resources.aspx
An immunization website maintained by the Ontario Ministry of Health and Long Term Care and provides factsheets for clients and health care providers, as well as tools to assist health care providers to provide education on expansions to Ontario's public funded immunization program.

## Appendix A

# FNIHB Employed Nurses

# Ordering Process for Vaccine Storage & Handling Equipment

Equipment is defined as: Purpose-Built Vaccine Refrigerator

**CHN and CD Nurse identify problem with equipment**

⇒ Trouble-shoot equipment problems.
⇒ If equipment is covered under warranty (or you are unsure), contact your purchasing department. Upon expiry of any manufacturer's warranty, all refrigerators in need of repair will be replaced.

**Once need for equipment determined, CHN and CD Nurse will review the following to choose appropriate equipment:**

⇒ Population of community.
⇒ Amount of vaccine kept on site.
⇒ Number of vaccines given on a monthly basis.
⇒ Space available to accommodate equipment.

**CD Nurse will:**

⇒ Recommend equipment based on criteria indicated above.
⇒ Forward quote to Cost Centre Manager for approval.

**Cost Centre Manager will:**

⇒ Approve quote.
⇒ Arrange with administrative support for purchase as per regional process.

**When refrigerator arrives in community, CHN will:**

⇒ Notify CD Nurse of arrival.
⇒ Set up fridge to prepare for vaccine storage according to the vaccine storage and handling guidelines.
⇒ Enter product information on "Equipment Inventory Form" (see FNIHB Immunization Protocol)
⇒ Forward packing slip to the CD nurse.

**CD Nurse will:**

⇒ Provide community with support on setting up the fridge once it is in the community.
⇒ Update Vaccine Storage and Handling Equipment Summary.

## Appendix B

# Band Employed Nurses

# Ordering Process for Vaccine Storage & Handling Equipment

Equipment is defined as: Purpose-Built Vaccine Refrigerator

**CHN and CD Nurse identify problem with equipment**

⇒ Trouble-shoot equipment problems.
⇒ If equipment is covered under warranty (or you are unsure), contact your purchasing department. Upon expiry of any manufacturer's warranty, all equipment in need of repair will be replaced.

**Once need for equipment is determined, CHN and CD Nurse will review the following to choose appropriate equipment:**

⇒ Population of community.
⇒ Amount of vaccine kept on site.
⇒ Number of vaccines given on a monthly basis.
⇒ Space available to accommodate equipment.

**CD Nurse will:**

⇒ Provide CHN with a written recommendation of equipment to order based on criteria outlined above. Recommendation will include: equipment requirements; possible suppliers; list of required information for quote.
⇒ A copy of this recommendation will be sent to the appropriate cost centre manager at FNIHB.

**Band CHN will:**

⇒ Contact 3 suppliers of their choice to obtain three quotes, which will include all shipping, handling and tax costs, and meets required fridge specifications.
⇒ Quote will include contact name, full mailing address, phone and fax number.
⇒ Forward quotes along with Chief and Health Director names, email addresses, phone and fax numbers to the CD nurse.
⇒ Lowest quote which meets requirements will be approved.

**FNIHB Cost Centre Manager will:**

⇒ Approve quote.
⇒ Provide Chief with a letter advising of approval of quote, with a cc. to the Health Director, person who originated the order, and the Program Manager.
⇒ Provide Program Manager (PM) with a copy of the approved quote and the schedule for equipment purchase.
⇒ Transfer money from communicable disease cost centre to PM cost centre with appropriate coding along with template for standard letter.

**Program Manager will:**

⇒ Amend Contribution Agreement and forward to recipient for signature.
⇒ Send standard letter to community Chief with cc. to the Health Director, CHN, and FNIHB Cost Centre Manager.

**When refrigerator arrives in community, CHN will:**

⇒ Notify CD Nurse of arrival.
⇒ Set up fridge to prepare for vaccine storage according to the Vaccine Storage and Handling Protocol.
⇒ Enter product information on “Equipment Inventory Form” (see FNIHB Immunization Protocol)
⇒ Forward packing slip to PM.

**CD Nurse will:**

⇒ Provide community with support on setting up the fridge once it is in the community.
⇒ Update Vaccine Storage and Handling Equipment Summary.

# Appendix C

## Immunization and School-Based Documentation & Consent Form Screening Question Rationale

1. Do we need to make any corrections to your/client's name or date of birth? If so, what changes?
*As an individual's immunization records are entered into the HIS database, which is searchable by both their name and birth date, it is necessary to have accurate personal information. Many people also go by different name/aliases, and it is important to ascertain whether they have used an alias for immunizations in the past. It is possible for an individual's vaccination history to be entered under two or more names.*

2. Have you/the client received any vaccine(s) that we do not know about?
*When reviewing the client's immunization history, it is imperative to ensure that the records are complete in order to prevent over immunization.*

3. Have you/child received any vaccine(s) in the past 4 weeks?
*It is important that a client does not receive a live vaccine if another live vaccine was given in the last 28 days and that the minimal interval between doses in a vaccine series is observed.*

4. Have you/the client ever had a serious reaction to a vaccine (i.e. Guillain-Barre syndrome, difficulty breathing or swallowing, rash, etc.)?
*Any known or suspected hypersensitivity to a vaccine or any components of the vaccine is a contraindication to vaccination. Although anaphylactic reactions to vaccines are rare, they can be life threatening. The Canadian Immunization Guide states: "Such patients should be referred to an allergist to determine the specific cause of the allergic reaction and to assess which vaccines should be avoided and for how long."*

5. Are you/the client feeling ill today? If yes, tell me about your/the child's symptoms (fever, loss of appetite, etc.)
*Vaccines should not be given if the client has a high fever or serious infection more severe than a cold. In this instance, it is recommended that vaccination be deferred until after the client has recovered.*

6. Do you/the client have any allergies? (antibiotics, antipyretics, previous vaccines, latex rubber, adhesive band-aids, rubbing alcohol or food)
*It is important to ascertain whether the client has any allergies to a vaccine or any component of a vaccine (such as neomycin, kanamycin, eggs, yeast, etc.), or to any material related to the process of vaccination (latex in the vaccine stopper, thimerosal, alcohol swabs, band-aids, etc.).*

7. Do you/the client take any medications on a regular basis? (prescription, over-the-counter medicine, traditional or herbal/natural medicines).
*Knowing the medications that a client is taking can alert you to acute or chronic conditions that may have significance with regards to receiving the vaccine, or alert you to other vaccines that the client may be eligible for (such as the Pneumococcal Polysaccharide vaccine).*

8. Do you/the client have any health concerns that require regular visits to a health care professional? (i.e. on a transplant list, without a spleen, immunocompromised, etc.)

*This question could alert you to situations where the client may have contraindications or precautions to vaccines, or if they qualify for additional/high-risk vaccines.*

9. Have you/the client received any blood products/transfusions in the past year?
*The recommended interval between immune globulin or other blood products and subsequent immunization with live vaccines varies from 3 to 11 months, depending on the specific product and dose given. Passive immunization with products of human origin can interfere with the immune response to live vaccines.*

10. Is it possible that you/the client could be pregnant (if applicable)?
*Immunization with live vaccines is contraindicated in pregnancy.*

# Appendix D

## Influenza Documentation & Consent Form Screening Question Rationale

1. Are you / the child feeling ill today? If yes, tell me about your/the child's symptoms (fever, loss of appetite, etc.)
*Vaccines should not be given if the client has a high fever or serious infection more severe than a cold. In this instance, it is recommended that vaccination be deferred until after the client has recovered.*

2. Have you / the child ever had a serious reaction to a vaccine? (i.e. difficulty breathing, rash, etc.)
*Any known or suspected hypersensitivity to a vaccine or any components of the vaccine is a contraindication to vaccination. Although anaphylactic reactions to vaccines are rare, they can be life threatening. The Canadian Immunization Guide states: "Such patients should be referred to an allergist to determine the specific cause of the allergic reaction and to assess which vaccines should be avoided and for how long."*

3. Do you / the child have any allergies to the vaccine or vaccine components?
*It is important to ascertain whether the client has any allergies to a vaccine or any component of a vaccine (such as neomycin, kanamycin, eggs, yeast, etc.), or to any material related to the process of vaccination (latex in the vaccine stopper, thimerosal, alcohol swabs, band-aids, etc.).*

4. Do you/the child have any health concerns that require regular visits to a health care professional? (i.e. on a transplant list, without a spleen, immunocompromised, bleeding disorder, etc.)
*This question could alert you to situations where the client may have contraindications or precautions to vaccines, or if they qualify for additional/high-risk vaccines.*

5. Have you ever been diagnosed with Guillain – Barré Syndrome within 6 weeks of receiving a seasonal influenza vaccine?
*Guillain-Barre Syndrome (GBS) is a rare disorder in which a person's immune system damages their nerve cells. Most people recover fully. GBS can occur following the flu, or after diarrheal or respiratory illnesses. In rare cases, it may develop days to weeks after receiving the influenza vaccine.*