

Immunization Clinic Guidelines

The following procedure provides guidelines to be followed at immunization clinics.

1. The School Vaccine Provider shall be authorized to administer the vaccine at immunization clinics.
2. An emergency plan must be in place in the event of anaphylaxis or symptoms of immediate hypersensitivity following administration of the vaccine.

Prior to the clinic, School Vaccine Providers attending the clinic shall be familiar with the emergency procedures for anaphylaxis and the administration of Epinephrine and Benadryl.

Note: An emergency Kit Containing the following items must be at the clinic site:

- 2 ampules Epinephrine (adrenaline) 1:1000
- 1 vial of Benadryl (diphenhydramine) 50mg/ml
- 4 TB syringes
- (2) 3cc syringes (w/needle – 22-25 ga, 1–1.5” length)
- Alcohol swabs
- B/P cuff and stethoscope
- CPR mask

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There must be a second responsible person present at each clinic site while vaccine is being administered in order to activate the Emergency Medical Services if necessary. The second person may be from a program other than the school.

3. There shall be no pre-filling of syringes at clinics. All doses of vaccine and emergency medication shall be drawn up at the time of administration.
4. During the clinic, if the vaccine is stored in a transport container/cooler, the insulating barrier must be left in place between the vaccine and the refrigerated/frozen packs.
5. During the clinic, the School Vaccine Provider shall check the temperature in the cooler, as vaccine is accessed or at least hourly to ensure that the cold chain is not broken. If the temperature range is out of the acceptable CDC ranges for storage of vaccine (35° to 46°F) the following action must be taken immediately:

- a. Label the vaccine that it has been stored out of range
 - b. Notify the manufacturer of the product for instructions in handling the vaccine (see contact numbers below). Notify the Maine Immunization Program (287-3746) if vaccine comes from the Maine Immunization Program.
6. The School Vaccine Provider shall verify that the medical screening/permission form is complete and shall be used for the purpose of determining possible contraindications to receiving the vaccine. As recommended best practice, copy of the Vaccine Administration Record (VAR) or consent form and the health history shall be retained for 3 years by the Vaccine Provider.
 7. Persons with a negative health history (no contraindications) or who have written permission from their primary health care provider may receive the vaccine.
 8. Each School Vaccine Provider shall have their own sharps container at their station. During use, sharps containers shall be:
 - a. Easily accessible to personnel and located at the area where sharps are used or can be found.
 - b. Maintained upright throughout use.
 - c. Replaced when $\frac{2}{3}$ full.
 9. The School Vaccine Provider shall notify the client that they are expected to remain for 15 minutes at the clinic site after receiving the vaccine for the purpose of observing for a reaction to the vaccine. All students shall be observed for 15 minutes. If an adult client refuses to stay for the 15-minute observation period the nurse shall request their signing the Refusal to Remain at Clinic Site statement.
 10. If an adverse reaction should occur, the School Vaccine Provider shall follow the Policy: Anaphylaxis Emergency Plan and the Protocol: Administration of Epinephrine and Benadryl.

Influenza 2011/2012 Season Manufacturer Contact Information

Manufacturer	Phone Number	Products
CSL Biotherapies	888-435-8633	Afluria
GlaxoSmithKline	866-475-8222	Fluarix and FluLaval
Medimunne	877-633-4411	Flumist
Novartis	800-244-7668	Fluvirin
Sanofi- Pasteur	800-822-2463	Flu-zone including High Dose