



Primary Care Network Information Toolkit for Flu Vaccine Campaign (Internal Use Only)

Version: 2

Date: December 17, 2020



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Introduction

Purpose of Toolkit

The Richmond Primary Care Network (PCN) team has initiated a flu vaccine campaign to support Richmond primary care practices in providing flu vaccines to their patients during the continued pandemic. This toolkit provides information about the flu vaccine campaign for use by the PCN health professionals and to inform primary care practices. The toolkit contains information about the campaign, partners, education required, protocols, required supplies, resources, communication and metrics.

Learnings about this campaign are welcome and will be collected from physician practices, the Richmond Division of Family Practice (RDFFP), the PCN team and any other partners in this initiative to apply to future vaccine campaigns.

About the Flu Vaccine Campaign

The ongoing COVID-19 pandemic has resulted in changes in patient care delivery methodology for Richmond primary care practices. COVID-19 safety protocols have altered how patient visits are able to be scheduled. Virtual patient visits have become the norm, with in-person visits mainly being held for more complex patients. Space and COVID-19 protocols also dictate the number of patients that may be in the practice at any given time. All this creates a challenge for practices that deliver “flu clinics” for their patients and that have vulnerable, homebound patients who do not want to come to the practice due to fear of the pandemic.

The purpose of the PCN flu vaccine campaign is to provide support to the Richmond primary care practices in the delivery of flu vaccines to their patients. This may be in the form of visiting patients in their home or assisting with in-practice clinics that may or may not be held at the physical location of the practice. Working with practices and the RDFFP, the PCN team will organize homebound visits or clinics by ensuring required supplies are available, that the appropriate protocols are followed and relevant communication with physicians is conducted. PCN nurses will obtain their certification to administer flu vaccines and protocols for ordering/transporting the biologicals will be coordinated between all the partners.

Objectives of the campaign include:

- Provide support to primary care practices during the COVID-19 pandemic
- Build relationships and team-based care opportunities with physician practices
- Support identified patients by administering flu vaccines
- Strengthen partnerships with Home Health, Public Health and other relevant programs.

About the PCN

The Ministry of Health (MoH), Richmond Division of Family Physicians (RDFFP) and Vancouver Coastal Health (VCH), in partnership, are working towards an integrated system of primary and community care through the establishment of three Primary Care Networks (PCNs) within the geographical area of Richmond. PCN clinicians, administration and change management staff will work with Richmond Family Physicians (FP) and Nurse Practitioners (NP) towards a model of integrated, team-based care for all Richmond residents with the goal of meeting the MoH PCN General Policy Directive of 8 core attributes of a PCN.

The PCN team, consists of primary care providers (FPs and NPs) and a variety of healthcare professionals (HP) including chronic disease management nurses, registered nurses, mental health counsellors, physiotherapists, occupational therapists, social workers and dieticians. Clinical pharmacists will be joining the team in the future. The PCN Team will respond and adapt to clinical needs identified by FPs and NPs and will function as a “wrap around” team supporting the clinical practice of the FP and NP.

Partners

The PCN team does not work in isolation, rather they will partner with relevant agencies who support the regional flu vaccine campaign. Key partners include VCH’s Richmond Public Health department and Richmond Home & Community Care.

The Richmond Public Health department was involved from the beginning. Consultation took place to avoid duplication, overlap and ensure the PCN team has pertinent information. These partners continue to work together, and Public Health will approach the PCN team for nursing support at some of their clinics.

Home & Community Care (HCC) becomes involved with requests to the PCN team for homebound patients. Part of the homebound procedure is to check if a patient is already attached to HCC. If so, the request to administer the flu vaccine is passed on to HCC to maintain the patient relationship.

Definitions

In this toolkit, the following terms will have the following meanings:

- a) **“Primary Care Network”** or **“PCN”** has the meaning set out in section – About the PCN.
- b) **“Practice”** means a solo FP, NP or group of FPs/NPs operating a clinic/practice.
- c) **“PCN Team”** includes FPs, NPs, Healthcare Professionals and PCN support staff.
- d) **“FP”** means family physician.
- e) **“NP”** means PCN contracted nurse practitioner practicing independently.
- f) **“Public Health”** means the VCH Public Health department that works to improve the health and well-being of residents through preventing disease, promoting health, and prolonging life among the population.
- g) **“Biologicals”** refers to the influenza vaccine supply.
- h) **“BCCDC”** means the BC Center for Disease Control. The BCCDC is key source of influenza information for the province of BC.
- i) **“AEFI”** means Adverse Event Following Immunization. A few forms have been developed by the BCCDC for recording and reporting anaphylaxis events resulting from administering the flu vaccine.

Education

PCN team members will become familiar with education information contained in this section. Nurses will be required to take two on-line modules to become certified to administer flu vaccines. Anaphylaxis on-line education is also available as a refresher.

All PCN team members, including administration support, will familiarize themselves with sections on anaphylaxis forms/kits, flu vaccine types, cold chain procedures, exclusion criteria, vaccine delivery in the presence of COVID-19 and other education resources as appropriate.

Certification – On-Line Modules

Two provincial on-line influenza courses must be completed to become certified to provide flu immunizations. These courses may be found on the Learning Hub.

- 1) Foundations of Influenza: Disease & Vaccines (2-4 hours to complete) [Register](#).
 - a. In-depth knowledge about influenza disease and immunizations
 - b. If you are new to influenza immunizations and/or want a refresher on influenza and vaccines.
- 2) Seasonal Influenza Updates 2020-21 (30 to 60 minutes to complete) [Register](#).
 - a. Must have completed Foundations of Influenza: Disease & Vaccines
 - b. Provides update on flu vaccines for the current flu season

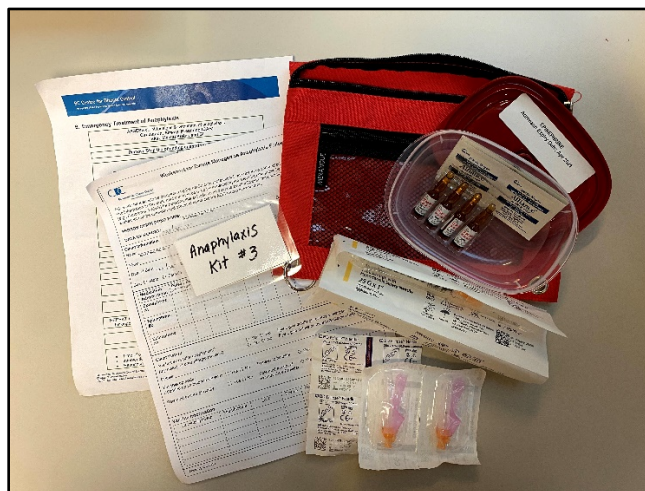
Anaphylaxis Education

For clinicians participating in the PCN flu vaccine campaign who would like a refresher on the emergency treatment of anaphylaxis, the following is available:

- a) Learning Hub 45-minute online eLearning Course titled Anaphylaxis Initial Emergency Treatment by Nurses (Adult & Pediatric) – [Register](#)
- b) BCCDC Immunization Manual, Part 3 – Management of Anaphylaxis in a Non-Hospital Setting (see [Resource Section](#))
- c) BCCDC Common Reactions to Influenza Immunization ([Resources](#))
- d) BCCDC Emergency Treatment of Anaphylaxis (Appendix I & [Resources](#)) is a one-page guide from the manual

An anaphylaxis kit is part of the RN supplies for homebound visits and in-practice clinics. This kit contains:

- Alcohol Swabs
- 6 x Epinephrine Injection 1mg/1mL ampules
- 4 (min) x Needle/Syringe combo: 1”, 25 gauge, 1mL syringe
- 4 (min) x Needle: 1 ½”, 25 gauge
- Guide: BCCDC Emergency Treatment of Anaphylaxis
- Form: BCCDC Worksheet for Events Managed as Anaphylaxis Following Immunizations form (Appendix J & [Resources](#))



Picture A – Anaphylaxis Kit




It is also recommended to review the anaphylaxis protocol. The BCCDC requires two forms to be completed in the event of an incident.

- a) BCCDC Worksheet for Events Managed as Anaphylaxis Following Immunizations form (Appendix J)
- b) BCCDC Adverse Event Following Immunizations (AEFI) Case Report Form (Appendix K & [Resources](#))

Flu Vaccine Types

Flu vaccine types change every year. The BCCDC releases current information on seasonal flu vaccines. [Part 4](#) of the BCCDC Immunization Manual provides an annual update of current vaccines and VCH produces a quick reference guide for publicly funded seasonal influenza vaccines.

Information for the 2020/21 season includes:

PCN Quick Reference for 2020-2021 Flu Campaign (pulled from VCH Quick Reference guide)	 PCN Quick Ref Flu Campaign 2020-2021
VCH Quick Reference for Publicly Funded Seasonal Influenza Vaccines (2020/21)	 VCH Quick Reference Flu Vaccines 2020.pdf
BCCDC – Intended Use of Influenza Vaccines (2020/21)	 2020-21 BCCDC Influenza_IntendedUse

Cold Chain (Storage/Transport Biological)

Understanding the “Cold Chain” process is vital to protecting the biological supply. Biologicals (vaccines) may be inactivated by exposure to excess light, heat or freezing, the temperature reached and the duration of the exposure.¹

It is recommended that all clinicians handling biological supplies review and understand the detailed information on safe vaccine handling and storage found in the following documents:

- a) VCH – Safe Vaccine Handling and Storage (Appendix H and [Resources](#))
- b) BCCDC – Vaccine Storage and Handline Quick Reference Guide – ([link to CDC Guide](#))
- c) BCCDC – Packing an Insulated Cooler ([Resources](#))

Exclusion Criteria

For various reasons, the PCN Flu Vaccine campaign will not administer all types of the annual vaccines. Exclusion criteria and the resulting protocol is to be determined at the start of each season.

For 2020/2021 season the following are *excluded* from the campaign and are to be redirected to a Public Health clinic:

- Individuals who have ever had an anaphylactic reaction to a previous dose of any type of influenza vaccine or to any vaccine component (hives, swelling of the mouth or throat, difficult breathing, low blood pressure, shock, etc.)
- First-time vaccines to children under 9 years old as these require a second does 4 weeks later.

¹ BC Centre for Disease Control – Vaccine Storage and Handling Quick Reference Guide (June 2015)

Vaccine Delivery in Presence of COVID-19

The presence of COVID-19 places a stress on public health capacity and affects clinic operations and attendance. The BCCDC developed a guide for flu vaccine delivery in the presence of COVID-19 ([Resources](#)). It contains recommendations and adaptations for flu vaccine programs including advance communication, screening before entry at all venues, physical distancing, infection prevention and control, clinic set up and vaccine process and additional considerations for other settings. VCH has produced a condensed version of infection recommendations for flu immunization clinics that may be found in [resources](#).

Additional Education Resources

The following list provides quick links to information on flu vaccines such as risks associated with influenza disease vs. influenza vaccine, myths and facts, seniors and the inactivated flu vaccines, common reactions and more detailed information on vaccine ingredients and various vaccine types. This list may be used as a refresher if required as many of these topics will be covered in the online courses. All links and documents may be found in the [resource](#) section.

- BCCDC Immunization Manual
- BCCDC – Risk Associated with Influenza Disease vs Reactions Following Influenza Vaccine
- BCCDC – Common Reactions to Influenza Immunizations
- CHP – Q&A Vaccine Ingredients: What You Should Know
- BCCDC – Quadrivalent Live Attenuated Influenza Vaccine (LAIV-Q) Flumist Quadrivalent
- BCCDC – Fluzone High-Dose Influenza Vaccine Q&A
- HealthLinkBC – Influenza (Flu) Immunization: Myths and Facts
- HealthLinkBC – Why Seniors Should Get the Inactivated Influenza (Flu) Vaccine
- HealthLinkBC – Inactivated Influenza (Flu) Vaccine

Procedures

Detailed PCN procedures related to the Flu Vaccine Campaign are separated into homebound clients, in-practice clinics (FP/NP Practice) and other agency/program clinics. Additionally, protocols are included for the RDFP, home safety & COVID-19 screening, cold chain for biologicals, ineligibility criteria, anaphylaxis and documentation.

Relevant procedures/protocols developed by other agencies are referenced with links and/or resource materials.

Note: Revisions to other agency procedures/protocols are not automatically updated in this manual.

Homebound Clients

FPs and NPs may refer their homebound patients for a home visit by a PCN nurse to deliver a flu vaccine. Other individuals who reside at the residence may also receive the flu vaccine at the time of the home visit. The following flowchart (Diagram A) and written procedures describe the process.

Note: Numbers beside each process box on the flowchart relate to a step in the procedure table below.

Toolkit – PCN Flu Vaccine Campaign (Internal Use)

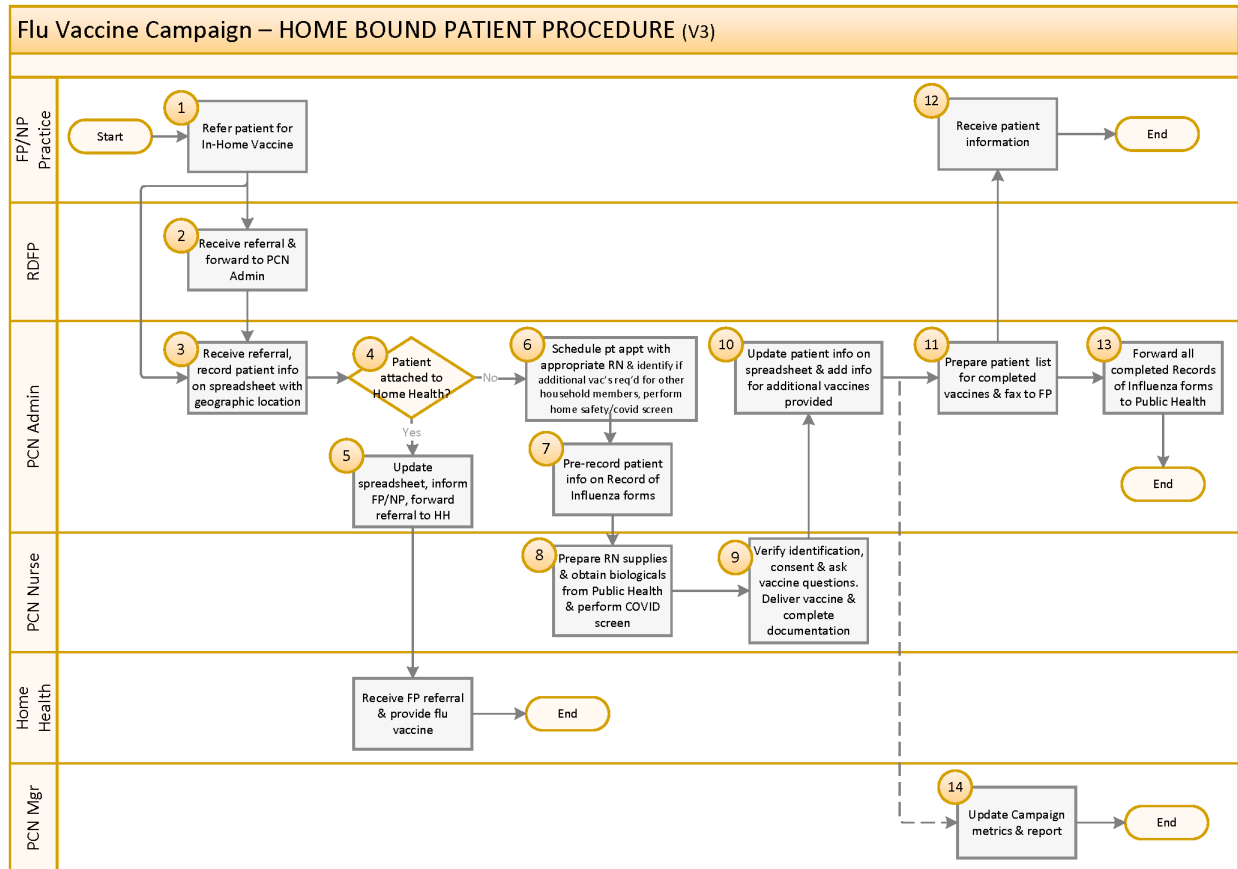


Diagram A: Flu Vaccine Campaign – Homebound Patient Procedure

Step	By	Details
1	FP/NP Practice	<ul style="list-style-type: none"> Refer patient for In-Home flu vaccine using PCN-Flu Shots for Frail Patients through Home Visit Referral form (Appendix B) (refer to RDFP or PCN)
2	RDFP	<ul style="list-style-type: none"> Forward all referrals for homebound flu vaccines to PCN Admin Coordinator
3	PCN Admin	<ul style="list-style-type: none"> Receive referrals Enter patient information into Homebound Flu Vaccine Spreadsheet (Appendix C) Information includes: <ul style="list-style-type: none"> ○ Patient Name ○ Date of Birth ○ PHN ○ Address ○ Phone Number ○ Patient Consent received? (Y/N) ○ Substitute Decision Maker? (Y/N) Determine geographical location (e.g.: West, Central) using the Master Street Index from Public Health and record on Spreadsheet. The index is stored on PCN share drive.
4	PCN Admin	<ul style="list-style-type: none"> Determine if patient attached to Home Health (look up in Paris) <ul style="list-style-type: none"> ○ If no, proceed to step 6
5	PCN Admin	<ul style="list-style-type: none"> If yes, patient is attached to Home Health: <ul style="list-style-type: none"> ○ Move patient to Home Health Tab on Spreadsheet and record their Paris ID

Toolkit – PCN Flu Vaccine Campaign (Internal Use)

Step	By	Details
		<ul style="list-style-type: none"> ○ Forward referral to PCN Flu Vaccine Campaign Coordinator to collect and forward to Home Health weekly for completion ○ Fax notification of transfer to Home Health to referring FP/NP Practice
6	PCN Admin	<ul style="list-style-type: none"> ● Schedule patient appointment with appropriate RN <ul style="list-style-type: none"> ○ Consider if language a requirement for RN choice ○ Complete a Home Safety & COVID-19 Screening (Appendix A) ● Identify if additional household members also require flu vaccination
7	PCN Admin	<ul style="list-style-type: none"> ● Pre-record patient information on a Complete Record of Influenza (FLU) and Pneumococcal Immunization(s) form (Appendix D) ● Forward pre-recorded forms to RN
8	PCN RN	<ul style="list-style-type: none"> ● Obtain supply of biologicals from Public Health ● Prepare RN supplies ● Conduct a COVID-19 Screening the day before appointment (Appendix A). Note: PCN Admin may conduct screening if required.
9	PCN RN	<ul style="list-style-type: none"> ● Verify identification & consent ● Complete checklist of flu vaccine patient questions (Resources) and <i>proceed as appropriate</i> ● Deliver flu vaccine to patient ● Complete Record of Influenza (FLU) and Pneumococcal Immunization(s) <ul style="list-style-type: none"> ○ Consent implied ○ Form includes ‘informed consent authorization’ for minor children and adults unable to self-consent ● Forward all documentation to PCN Admin
10	PCN Admin	<ul style="list-style-type: none"> ● Update Homebound Flu Vaccine Spreadsheet ● Add information to spreadsheet for any additional flu vaccines provided to other household members ● Make copy of spreadsheet available for campaign metrics upon request
11	PCN Admin	<ul style="list-style-type: none"> ● Prepare fax with list of patients who received flu vaccines for each FP/NP Practice (Appendix E & Resources) ● Information to include: <ul style="list-style-type: none"> ○ Patient Name ○ DOB ○ PHN ○ Date vaccine given ○ Vaccine type given ○ Lot number ● Fax patient lists to appropriate FP/NP Practice
12	FP/NP Practice	<ul style="list-style-type: none"> ● Receive Patient list ● Update patient files
13	PCN Admin	<ul style="list-style-type: none"> ● Forward all completed Record of Influenza (FLU) and Pneumococcal Immunization(s) forms (Appendix D) to the PCN Flu Campaign Coordinator to collect and forward weekly to Public Health
14	PCN Manager (designate)	<ul style="list-style-type: none"> ● Update Flu Vaccine Campaign metrics and update campaign final report as appropriate

In-Practice Clinic (FP/NP Practice)

FPs and NPs may request an in-practice flu vaccine clinic for their patients to be managed by PCN RNs. In-practice clinics may be held at the practice as space allows. In-practice clinics are for patients of that practice unless otherwise indicated by the FP/NPs.

Toolkit – PCN Flu Vaccine Campaign (Internal Use)

PCN supports will not be provided:

- For space where FP/NP is not legally covered to practice or any space that does not accommodate COVID-19 protocols (e.g.: hallways, parking lots).
- If Cold Chain requirements for biologicals are not met.

Recommendations for scheduling include 1 RN spending 10 minutes per patient.

The flowchart (Diagram B) and written procedures below describe the process.

Note: Numbers beside each process box on the flowchart relate to a step in the procedure table below.

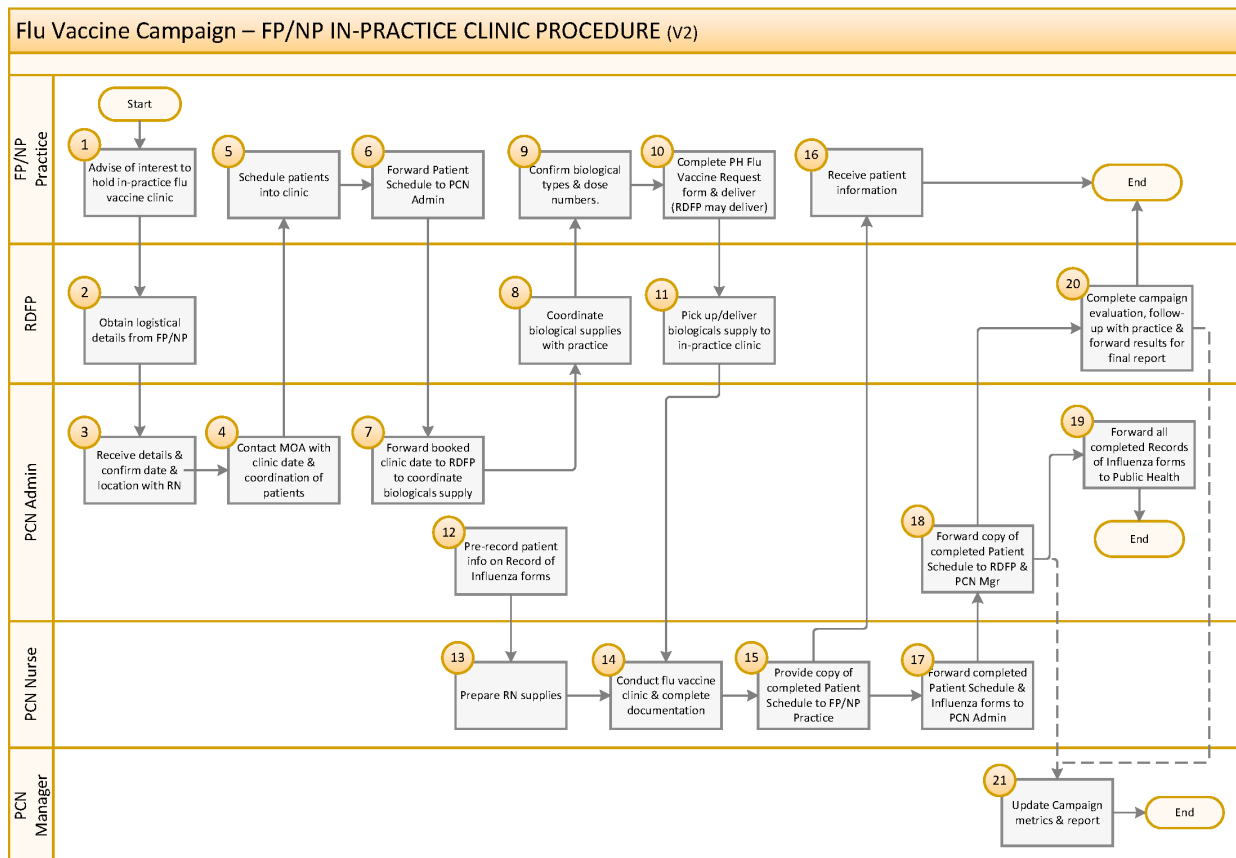


Diagram B: Flu Vaccine Campaign – NP/FP In-Practice Clinic Procedure

Step	By	Details
1	FP/NP Practice	<ul style="list-style-type: none"> Advise RDFP of interest to hold in-practice flu vaccine clinic
2	RDFP	<ul style="list-style-type: none"> Obtain logistical details from FP/NP practice, including: <ul style="list-style-type: none"> Days/hours of clinic availability Space – number of exam rooms or description/photos of alternate spaces MOA support to book patients Confirm Biological supply (e.g.: have or order) Appropriate Cold Chain equipment and process in place Estimated number of patients to vaccinate Waiting area for post-vaccination monitoring Availability of anaphylaxis kit.

Toolkit – PCN Flu Vaccine Campaign (Internal Use)

Step	By	Details
3	PCN Admin	<ul style="list-style-type: none"> • Receive request & logistical details • Coordinate/confirm clinic date and location with RN(s)
4	PCN Admin	<ul style="list-style-type: none"> • Contact MOA with clinic date • Coordinate patient bookings with MOA
5	MOA – FP/NP Practice	<ul style="list-style-type: none"> • Schedule patients into clinic • Provide FP/NP practice with a PCN Flu Vaccine In-Practice Clinic Support Orientation Checklist describing roles for clinic, RDFP & PCN team (Appendix F)
6	MOA – FP/NP Practice	<ul style="list-style-type: none"> • Generate a Patient Schedule including clinic date and <ul style="list-style-type: none"> ○ Patient name ○ DOB ○ PHN ○ Gender ○ Age ○ Appointment Time • Forward Patient Schedule to PCN Admin
7	PCN Admin	<ul style="list-style-type: none"> • Forward booked clinic dates to RDFP to coordinate supply of biologicals with FP/NP practice • Forward copy of Patient Schedule to RN to record biological type, lot # and no shows, etc.
8	RDFP	<ul style="list-style-type: none"> • Coordinate biological supplies with FP/NP practice
9	FP/NP Practice	<ul style="list-style-type: none"> • Confirm biological types and dose numbers
10	FP/NP Practice	<ul style="list-style-type: none"> • Complete a Public Health Flu Vaccine Request Form (Appendix G) • Present request in PERSON to obtain biologicals. Do NOT fax or email. <u>Note:</u> If required, RDFP may deliver request for FP/NP practice.
11	RDFP	<ul style="list-style-type: none"> • Pick up biologicals supply (if required) • Deliver to flu vaccine clinic
12	PCN Admin	<ul style="list-style-type: none"> • Pre-record patient information on a Record of Influenza (FLU) and Pneumococcal immunization(s) form for each patient scheduled (Appendix D) • Forward pre-recorded forms to RN
13	PCN RN	<ul style="list-style-type: none"> • Prepare RN supplies for the clinic • Obtain copy of Patient Schedule • Obtain pre-recorded Record of Influenza (FLU) and Pneumococcal immunization(s) forms for each patient
14	PCN RN	<ul style="list-style-type: none"> • Verify identification & consent • Complete checklist of flu vaccine patient questions (Resources) and <i>proceed as appropriate</i> • Conduct flu vaccine clinic • Complete Record of Influenza (FLU) and Pneumococcal immunization(s) for each patient <ul style="list-style-type: none"> ○ Consent implied ○ Form includes ‘informed consent authorization’ for minor children and adults unable to self-consent • Update Patient Schedule with vaccine type & lot number, no shows, etc.
15	PCN RN	<ul style="list-style-type: none"> • Leave copy of completed Patient Schedule with FP/NP Practice
16	FP/NP Practice	<ul style="list-style-type: none"> • Receive patient documentation • Update patient files
17	PCN RN	<ul style="list-style-type: none"> • Forward copy of completed Patient Schedule to PCN Admin • Forward all Record of Influenza forms to PCN Admin

Toolkit – PCN Flu Vaccine Campaign (Internal Use)

Step	By	Details
18	PCN Admin	<ul style="list-style-type: none"> Forward copy of completed Patient Schedule to RDFP Forward copy of completed Patient Schedule to PCN Manager (metrics)
19	PCN Admin	<ul style="list-style-type: none"> Forward all completed Record of Influenza (FLU) and Pneumococcal Immunization(s) forms (Appendix D) to Public Health, noting the source (i.e., from which clinic location and date.)
20	RDFP	<ul style="list-style-type: none"> Complete campaign evaluation with FPs/NPs & follow up with practices as appropriate Forward copy of evaluation results to PCN Manager (designate) for inclusion in campaign metrics and report
21	PCN Manager (designate)	<ul style="list-style-type: none"> Update Flu Vaccine Campaign metrics and update campaign final report as appropriate

Other Agency/Program Clinics

As capacity allows, the PCN will work with partner agencies, programs supporting frail seniors and other organizations in the delivery of flu vaccines for residents of Richmond. Coordination with Public Health is a priority to ensure overlap of support is avoided.

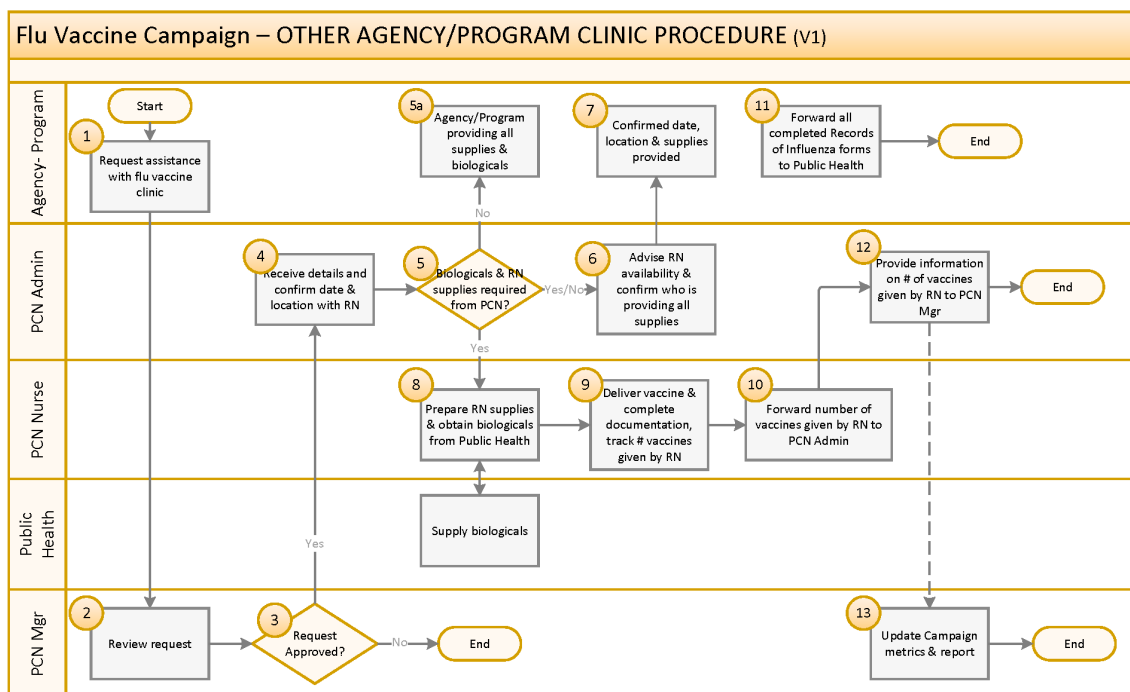


Diagram C: Flu Vaccine Campaign – Other Agency/Program Clinic Procedure

Step	By	Details
1	Agency/Program	<ul style="list-style-type: none"> Request assistance with flu vaccine clinic
2	PCN Manager	<ul style="list-style-type: none"> Obtain details of request including: <ul style="list-style-type: none"> Date/hours of clinic RN requirements (e.g.: number) Who will be ordering Biological supply Appropriate Cold Chain equipment and process in place Estimated number of patients to vaccinate Waiting area for post-vaccination monitoring Availability of anaphylaxis kit.

Step	By	Details
3	PCN Manager	<ul style="list-style-type: none"> • If request approved, go to step 4 • If request non approved, end.
4	PCN Admin	<ul style="list-style-type: none"> • Receive request & logistical details • Coordinate/confirm clinic date, hours and location with RN(s)
5	PCN Admin	<ul style="list-style-type: none"> • Confirm if PCN RN to bring RN supplies and biologicals <ul style="list-style-type: none"> ○ If no, proceed to step 6 ○ If yes, proceed to step 6 and note step 8
6	PCN Admin	<ul style="list-style-type: none"> • Advise Agency/Program of RN availability • Re-Confirm who is providing supplies & biologicals
7	Agency/Program	<ul style="list-style-type: none"> • Confirm date, location and supplies provided
8	PCN RN	<ul style="list-style-type: none"> • If <u>not</u> being provided by Agency/Program: <ul style="list-style-type: none"> ○ Prepare RN supplies ○ Obtain biologicals from Public Health
9	PCN RN	<ul style="list-style-type: none"> • Verify identification & consent • Ask flu vaccine questions and <i>proceed as appropriate</i> • Delivery vaccine & complete Record of Influenza forms (Appendix D) • Track # of vaccines given by RN
10	PCN RN	<ul style="list-style-type: none"> • Forward number of vaccines given by RN to PCN Admin
11	Agency/Program	<ul style="list-style-type: none"> • Forward all completed Record of Influenza forms to Public Health
12	PCN Admin	<ul style="list-style-type: none"> • Provide clinic name, date and number of vaccines given by RN to PCN Manager
13	PCN Manager	<ul style="list-style-type: none"> • Update Flu Vaccine Campaign metrics and final campaign report

Richmond Division of Family Practice

The RDFP works with Richmond FPs and NPs and the PCN team during flu vaccine season.

The RDFP works with FPs and NPs re the provision of flu biologicals. The RDFP manages their own protocol for determining FP/NP quotas of biologicals and assisting with supply delivery.

The RDFP also works with the PCN team and FP/NP practices in coordinating the supply of biologicals for any in-practice clinics to be held. Refer to [In-Practice Clinic section](#) for details of their participation.

Home Safety & COVID-19 Screening

It is important to perform a home safety and COVID-19 screen before conducting a home visit. Questions are detailed on the Home Safety & COVID-19 Screening form (Appendix A).

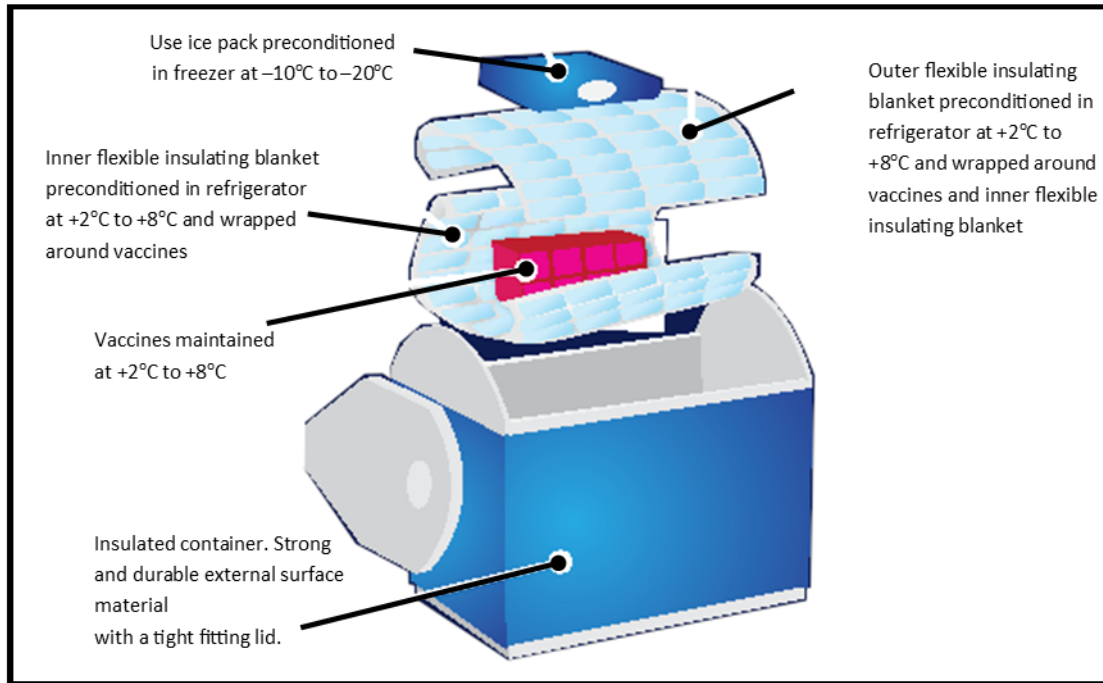
- The home safety screen may be conducted by the PCN Admin Coordinator at the time of booking an appointment.
- The COVID-19 screen may be conducted by the PCN Admin or RN and the time of booking and the day before the home visit.

Additional requests for clients prior to home visit must also be covered with patient, either at time of booking or day prior to appointment. These questions are on the Home Safety & COVID-19 Screening form (Appendix A)

Cold Chain for Biologicals

The “Cold Chain” process is always to be followed to maintain optimal temperature conditions for biologicals during transport, storage and handling. At all times, a temperature of +2°C to +8°C is recommended for vaccine storage and handling.² Detailed information on the Cold Chain may be found under [Education](#).

A supply of insulated coolers, ice packs and flexible insulating blankets are available in the PCN office. Picture B depicts how to pack a cooler. Also see BCCDC – Packing an Insulated Cooler ([Resources](#)).



Picture B – How to Pack the Insulated Cooler

Vaccine Criteria

For various reasons, the PCN Flu Vaccine campaign will not administer all types of the annual vaccines.

For 2020/2021 season the following are *excluded* from the campaign and are to be redirected to a Public Health clinic:

- Individuals who have ever had an anaphylactic reaction to a previous dose of any type of influenza vaccine or to any vaccine component (hives, swelling of the mouth or throat, difficult breathing, low blood pressure, shock, etc.)
- First-time vaccines to children under 9 years old as these require a second dose 4 weeks later.

Anaphylaxis Protocol

“While anaphylaxis is extremely rare, every immunization carries an associated risk of producing an anaphylactic reaction”, *BCCEC Immunization Manual 2019*. Anaphylaxis is covered in detail under the Education Section of this toolkit. Here we are reminding individuals providing flu vaccines to be prepared for the emergency treatment of anaphylaxis.

² BC Centre for Disease Control – Vaccine Storage and Handling Quick Reference Guide (June 2015)

- a) Always have an anaphylaxis kit as part of your RN supplies for home visits and in-practice clinics. In-practice clinics may provide anaphylaxis kits; however, it is recommended that you confirm before providing flu vaccines.
- b) The BCCDC Emergency Treatment of Anaphylaxis (Appendix I) is a one-page guide containing dosages for administering Epinephrine Intramuscular³.

In the event of anaphylaxis event:

- a) a BCCDC Worksheet for Events Managed as Anaphylaxis Following Immunizations form (Appendix J & [Resources](#)) must be completed by the health care professional who observed and treated the anaphylaxis episode.
- b) A BCCDC Adverse Event Following Immunizations (AEFI) Case Report Form (Appendix K & [Resources](#)) must be completed and submitted to Public Health.

Documentation

Pertinent documentation for the flu vaccine campaign is listed below separated into forms and samples/info. The location of document in this toolkit is indicated by: (A) = appendixes, (R.) = resource section, (R&A) = both resource section and appendixes. The resource section contains embedded pdfs of forms.

- a. Form – PCN Flu Shots for Frail Patients through Home Visit Referral (R&A)
- b. Form - Home Safety & COVID-19 Screening (R&A)
- c. Form – PCN Immunization Supplies Checklist (R&A)
- d. Form – PCN Flu Vaccination Supply Sign Out Sheets (R&A)
- e. Checklist – PCN Flu Vaccine RN Patient Q&A (R.)
- f. Form - Record of Influenza (FLU) and Pneumococcal immunization(s) (A)
- g. Form - Fax for Compiled List of Homebound Flu Vaccines Delivered (R&A)
- h. Form – BCCDC Worksheet for Events Managed as Anaphylaxis Following Immunization (R&A)
- i. Form – BCCDC Adverse Event Following Immunization (AEFI) Case Report (R&A)
- j. Form – PCN Flue Campaign 2020 Feedback Form (R.)

- k. Sample – Homebound Flu Vaccine Spreadsheet (A)
- l. Sample – Booking Schedule for FP/NP In-Practice Clinic (A)
- m. Sample – Public Health Flu Vaccine Request Form (for physicians) (A)
- n. Info – VCH Safe Vaccine Handling and Storage of Biologicals (R.)
- o. Info – BCCDC Emergency Treatment of Anaphylaxis (One-Page) (R&A)

Supplies

There are two streams of supplies for the PCN Flu Vaccine Campaign. One for biologicals and one for supplementary supplies needed for the RN delivering the vaccines.

Biologicals

All biologicals are supplied by Public Health. Biologicals may be accessed one of two ways depending on if the vaccine will be delivered at an FP/NP in-practice clinic or at a patient’s home.

³ BCCDC Manual, Chapter 2: Immunization, Part 3 – Management of Anaphylaxis in a Non-Hospital Setting

Biologicals for homebound patients will be ordered directly from Public Health. The PCN Admin Coordinator or RN will contact a pre-determined individual at Public Health. They will provide the date required, number required and type of vaccines. The type of vaccine supplied will be determined by the supply that Public Health has in stock.

Biological supplies for in-practice clinics will come from the practice's quota/supply. The RDFP will work with the PCN team and FP/NP practices in coordinating the supply of biologicals. This includes assisting the FP/NP practice with ordering a supply from Public Health. Public Health generates a fax order form for individual FP/NP practices to use. See sample – Appendix G.

Other Supplies

In addition to biologicals, RNs will need to bring supplementary supplies with them for homebound visits and an FP/NP in-practice clinics. The PCN Admin Coordinator will ensure an inventory of all supplementary supplies are available for RNs at the PCN office.

There are three groups of supplies:

- a) Immunization Cooler Kit - all supplies required to administer the flu vaccine, as well as supplies for managing the Cold Chain for biologicals.
- b) Anaphylaxis Kit –emergency supplies to manage an anaphylaxis reaction to the flu vaccine.
- c) PPE/IPAC Supplies – RNs supply of personal protection equipment.

A PCN Immunization Supplies Checklist (Appendix M & [Resources](#)) details the contents of each kit and may be utilized by RNs or Admin Coordinators to prepare kits as required. A pdf version of this form may also be found under Resources.

Wheeled supply carts are available for transporting supply kits to/from flu vaccine locations, either homebound or FP/NP in-practice clinics.

PCN Flu Vaccination Supply Sign Out sheets (Appendix L & [Resources](#)) are kept in a binder with the inventory of supplementary supplies. RNs are to sign the following items out and back in when finished:

- a) Coolers
- b) Anaphylaxis kits
- c) Wheeled supply carts











Resources & Forms

Health Professionals

Health professional resources are sorted into two categories: forms & checklists and education resources. Forms and checklist are embedded pdf documents that you may open and print out. Education resources are a combination of links and embedded pdf document. Please ensure you are working with current information for the vaccine season.

A sampling of information for clients is included below.







Forms & Checklists

Item	Link/PDF Document
Form – PCN Flu Shots for Frail Patients through Home Visit Referral	 Form - Richmond PCN Frail Patients Refi
Checklist – PCN Flu Vaccine In-Practice Clinic Support Orientation	 Checklist - PCN Flu Campain In-Practice C
Form – Home Safety & COVID-19 Screening	 Form - Home Safety-COVID Screen 1
Form - PCN Immunization Supplies Checklist	 Form - PCN Immunization Supplies
Form - PCN Flu Vaccination Supply Sign Out Sheets	 Form - PCN FLU VACCINE SUPPLY SIGN
Checklist - PCN Flu Vaccine RN Patient Q and A	 Checklist - PCN Flu Vaccine RN Patient Qa
Fax – Fax for Compiled List of Homebound Flu Vaccines Delivered	 Fax - PCN Flu Vaccine Weekly FP-NP Report
Form - BCCDC Worksheet for Events Managed as Anaphylaxis Following Immunization	 Form - Worksheet for Events Managed as A
Form - Adverse Event Following Immunization (AEFI) Case Report	 BCCDC AEFI Case Report Form.pdf
Form – PCN Flu Campaign 2020 Feedback Form (for staff)	 Form - PCN Flu Campaign 2020 Feedt

Education Resources

Item	Link/PDF Document
BC Centre for Disease Control Immunization Manual	Link to CDC Webpage

Toolkit – PCN Flu Vaccine Campaign (Internal Use)

Item	Link/PDF Document
VCH – Safe Vaccine Handling and Storage of Biologicals	 VCH RPH Safe Vaccine Handling and
BCCDC Vaccine Storage and Handling Quick Reference Guide	Link to CDC Guide
BCCDC – Packing an Insulated Cooler (Cold Chain)	 BCCDC Cold Chain Resource Reference-C
BCCDC – Emergency Treatment of Anaphylaxis (one-pager)	 BCCDC Management of Anaphylaxis - Emer
BCCDC Manual, Chapter 2: Immunization, Part 3 – Management of Anaphylaxis in a Non-Hospital Setting	Link to CDC Manual
BCCDC – Guidance for Influenza Vaccine Delivery in the Presence of COVID-19 (August 21, 2020)	 BCCDC Guidance for Influenza Vaccine Deli
VCH – Infection Prevention Recommendations for Flu Immunization Clinics: September 2020	 Infection Prevention Recommendations for
BCCDC – Risk Associated with Influenza Disease vs Reactions Following Influenza Vaccine	 BCCDC Risk of Influenza disease vs R
BCCDC – Common Reactions to Influenza Immunizations	 BCCDC Common Reactions to Influenza
CHP – Q&A Vaccine Ingredients: What You Should Know	 CHP - Vaccine Ingredients.pdf
BCCDC – Quadrivalent Live Attenuated Influenza Vaccine (LAIV-Q) Flumist Quadrivalent	 BCCDC Influenza Flumist.pdf
BCCDC – Fluzone High-Dose Influenza Vaccine Q&A	 BCCDC FluzoneHD QandA.pdf
HealthLinkBC – Influenza (Flu) Immunization: Myths and Facts	Link to HealthLinkBC
HealthLinkBC – Why Seniors Should Get the Inactivated Influenza (Flu) Vaccine	Link to HealthLinkBC
HealthLinkBC – Inactivated Influenza (Flu) Vaccine	Link to HealthLinkBC

Clients

Item	Link/PDF Document
HealthLinkBC – Influenza (Flu) Immunization: Myths and Facts	Link to HealthLinkBC
HealthLinkBC – Why Seniors Should Get the Inactivated Influenza (Flu) Vaccine	Link to HealthLinkBC
HealthLinkBC – Inactivated Influenza (Flu) Vaccine	Link to HealthLinkBC

Communications

There is a vast amount of communication materials for the provincial and regional flu vaccine campaigns. Staying current is essential. The BCCDC website is a good source of information. Other communication sources for information includes Richmond Public Health and physician updates from the Office of the Chief Medical Health Office at VCH.

Public Health Updates

An open line of communication with Public Health will be maintained during the flu vaccine campaign. This not only supports the partnership, but also keeps the PCN team updated on changes in ordering biologicals and any other Public Health related items that may impact the campaign.

Physician Updates

The Office of the Chief Medical Health Office at VCH posts physicians’ updates during the flu vaccine campaign. PCN team members may wish to register to receive this bulletin so they receive the same information that is going out to physicians. You may register by emailing your request to VCHPhysiciansUpdate@vch.ca.

Invite to Practices

The PCN team will reach out to Richmond FP/NP practices to determine interest in support with flu vaccines, either with homebound patients or in-practice clinics. Methods for reaching out include the RDFP Rapid Read communication tool and/or PCN team members speak directly with the FP/NPs in their respective PCN area.

Metrics & Learnings

Metrics

Data will be collected, compiled and included in a final report at the end of the campaign. Data may be collected manually from homebound patient spreadsheets and in-practice clinic schedules. Data collected will include:

Topic	Breakdown
Referrals	<ul style="list-style-type: none"> • # Homebound • # per physician
Vaccines Completed	<ul style="list-style-type: none"> • # Homebound • # Other Household members (Homebound) • # via In-Practice Clinics • # other clinics

Topic	Breakdown
Vaccines Not Completed	<ul style="list-style-type: none"> • Attached to Home Health • No show • Ineligible • Patient refused
Patient information	<ul style="list-style-type: none"> • Gender • Age
Number of Clinics	<ul style="list-style-type: none"> • In-Practice <ul style="list-style-type: none"> ○ # patients per clinic • Other clinics <ul style="list-style-type: none"> ○ # patients per clinic
FP/NP Uptake	<ul style="list-style-type: none"> • # of FPs/NPs utilizing PCN team for flu vaccines
Vaccine Type Administered	<ul style="list-style-type: none"> • Note: sometimes based on biologics availability not preference

Learnings

Individuals participating in the PCN Flu Vaccine Campaign including FPs, NPs, MOAs, PCN team members, partners and patients will be given the opportunity to provide feedback on the campaign. There are three types of feedback forms.

- 1) A simple feedback form with 3 questions for PCN team members ([Resources](#)).
 - a. What went well?
 - b. What can be improved?
 - c. Other comments?
- 2) An on-line form that is sent to FP/NPs who referred a homebound patient for a flu vaccine (Appendix N).
- 3) An on-line form that is sent to FP/NPs who held an in-practice clinic for flu vaccines (Appendix O).

Feedback forms may be distributed and collected by RDFP staff, PCN nurses or PCN administrative staff.

Information collected will be compiled and included in a final report at the end of the campaign.


Reporting

Complete a final report at the end of the flu campaign that contains metrics and learnings. Distribute to PCN leadership and others as advised.

Appendixes

Appendix A – Home Safety & COVID-19 Screening Form

Note: 2 of 4 pages included.

 Home Safety & COVID-19 Screening PCN Flu Vaccine Campaign	
Name:	PHN:
DOB:	GP:
Phone:	Caregiver:
Address:	GP:
Buzzer#:	PHN:
	DOB:

PATIENTS WHO ANSWER “YES” TO THE FOLLOWING QUESTION WILL NOT RECEIVE A FLU VACCINE IN A HOME SETTING:


Have you ever had an anaphylactic reaction to a previous dose of any type of influenza vaccine or to any vaccine component (Hives, swelling, of the mouth or throat, difficult breathing, low blood pressure, shock etc.)?

A) Home Safety Screening Questions (at Time of Booking)

- Additional flu vaccines** – Are any members or your household or caregiver interested in receiving a flu vaccine during this visit? If so, how many and what are there ages?
- Site access** – e.g. parking restrictions especially for town house/apartment, enter from certain doors or through the back.
- Phone access** - best number to call if clinician is running behind.
- Pets/animal** - Yes- please put your pet into a different space while the clinician is onsite.
- Smoking** - anyone smokes or vape in the household? No smoking during home visit, please open windows to air out the house 1 hr before home visit.
- Oxygen** - anyone on O₂ therapy, CPAP, Nebuliser? (Please notify PCN Nurse for further screening)
- Violence /aggression/abuse/behaviour** - Patient, household members, past and present.
- Firearm/weapons** - If yes, are they locked up?
- Substance use** - drugs? Injectable, if yes, needles (how are they stored?)
- Infections/communicable disease** – e.g. TB, MRSA, VRE.
- Infestation** - any bedbugs, cockroaches, rats. History - how long ago
- Sanitisation** - is it a safe and clean environment for the clinicians?

Ref: Form - Home Safety-COVID Screen for Home Bound Patients.docx Rev: November 26, 2020 Page 1 of 2

Appendix A Continued...

 **Home Safety & COVID-19 Screening**
PCN Flu Vaccine Campaign

B) COVID-19 Screen (at Time of Booking and Day Before Appointment)

Does Client or any household members have:

1. **Fever** - If yes, date of onset:
2. **Cough** - If yes, date of onset:
3. **Difficulty breathing** (new or getting worse than usual) If yes, date of onset:
4. **Sore throat** - If yes, date on onset:
5. **Nausea/Vomiting** (New) - If Yes, date of onset:
6. **Diarrhea** (New) - If Yes, date on onset:
7. **Fatigue** - If Yes, date of onset:
8. **Headache/muscle ache** - If yes, date of onset:
9. **A recent COVID- 19 test** (positive/pending result) - If yes, date:
10. Did client or a household member provide care or have close contact with a person confirmed COVID-19? If yes, date:

C) Additional Requests for Clients Prior to Home Visit

1. Please have clients /+ caregiver put a mask on (if available) during vaccination. Please let us know if they do not have a mask, we will be bringing one in.
2. Please wear clothing like short sleeves for the nurse to have access to your upper arm.
3. Please choose a comfortable area, setting, chair for you to receive the vaccine and stay rested for 15 minutes after the flu shot.
4. Please provide some physical distance between yourself and the nurse once she arrives and while she is setting up her 'workstation'. If possible, provide garbage bag or bin for the nurse to discard her PPE before leaving your home.

Ref: Form - Home Safety-COVID Screen for Home Bound Patients.docx Rev: November 26, 2020 Page 2 of 2

Appendix C – Sample of Homebound Flu Vaccine Spreadsheet

Excel, with password protection, is utilized for the Homebound Flu Vaccine Spreadsheet.

Last Name	First Name	DOB	PHN	Address	District	Phone Number	Consent Given (Y/N)	Sub Decision Maker (Y/N)	GP	Date Vaccine Given	Which Vaccine Given	Lot #
Jones	Jim	13/11/2012	0000 000 000	123 Somewhere St	East	888-888-8888	Y	N	Dr. Primary	02-Nov-20	Fluaval Tetra	F9553
Smith	Janet	15-Apr-60	0000 000 000	124 Somewhere St	South	888-888-8889	Y	N	Dr. Primary	30-Oct-20	Agrifu	274914A,1A
Grey	Meredith	05-Nov-35	0000 000 000	125 Somewhere St	South	888-888-8890	Y	N	Dr. Primary	29-Oct-20	Fluad	279824
Duck	Donald	21-Dec-31	0000 000 000	126 Somewhere St	South	888-888-8891	Y	Daisy Duck	Dr. Primary	30-Oct-20	Fluad	279824

Appendix D – Record of Influenza (FLU) and Pneumococcal immunization(s)

Note: This is a multiple copy form.

Keep in a safe place **RECORD OF INFLUENZA (FLU) AND PNEUMOCOCCAL IMMUNIZATION(S)** *Keep in a safe place*

Date	Name: Last, First	Carecard #	Birthdate (dd/mm/yyyy)	Sex
-------------	--------------------------	-------------------	-------------------------------	------------

SCREENING QUESTIONS BEFORE RECEIVING THE INFLUENZA VACCINE
(Please check off either yes or no for each question below)

- Have you had any problems with previous flu vaccines?
 Yes No
- Do you have any severe life-threatening allergies to the following?
a previous dose of vaccine or a component of the vaccine?
 Yes No
- Do you have a disease/treatment which lowers your immunity?
 Yes No

ADDITIONAL SCREENING FOR FLUMIST ONLY

- Are you currently receiving aspirin therapy or aspirin-containing therapy?
 Yes No
- Are you currently on treatment for asthma?
 Yes No
- Are you pregnant or think you may be pregnant?
 Yes No
- Do you work in a health care setting?
 Yes No

Address	Phone #	PARIS ID
----------------	----------------	-----------------


Trade name	Dose #	Lot #	Site	Provider Signature
Influenza (Flu)				
Pneumococcal				

Informed consent authorized by:
 Minor children and adults unable to self-consent **Print name and relationship to client**

Children who are 8 years and younger and receiving a flu shot for the first time require a second flu shot in 4 weeks. Please book your next appointment online or call your local community health center.

Flu shot #2 due in 4 weeks. Date _____

Need more information?
 Call 811 or visit www.healthlinkbc.ca


 VCH.0704 | SEP2020

Appendix E – Fax Form for Compiled List of Homebound Flu Vaccines Delivered



Primary Care Network
 340 – 8100 Granville Ave.
 Richmond, BC V6Y3T6
 Tel. No. (604) 233-5686
 Fax No. (604) 244-8599

Fax Transmittal: CONFIDENTIAL

Primary Care Network (PCN) Flu Vaccine Campaign

<p>To: Dr.</p> <p>From: Sonya Narayan PCN Administrative Coordinator Return Fax no. (604) 244 - 8599</p> <p>Date:</p>	<p>Fax:</p>
--	--------------------

Dear Dr.:

Following is a list of your home bound patients who received a flu vaccine from a PCN nurse last week.

For Week of:

Patient Names


Last Name	First name	DOB	PHN	Date Vaccine Given	Vaccine Type Given	Lot #

If you have any questions please contact us at 604-233-5686.


Thank you,
 Sonya Narayan
 PCN Administrative Coordinator
 Primary Care Network
 Ph: 604-233-5686
 Fax: 604-244-8599

The information transmitted is intended only for the person to whom it is addressed and may contain confidential, proprietary and/or privileged material. Any unauthorized review, distribution, or other use of or the taking of any action in reliance upon this information is prohibited. The contents of this message may be subject to privilege and all rights to that privilege are expressly claimed and not waived. If you receive this in error, please contact the sender at (604) 233-5610 and delete or destroy this message and any copies. Thank you.

Appendix F – Checklist-PCN Flu Vaccine In-Practice Clinic Support Orientation



PRIMARY CARE NETWORKS
Richmond



Richmond
Division of Family Practice
A GPSC initiative

PCN Flu Vaccine In-Practice Clinic Support Orientation

Through the Primary Care Networks initiative, PCN nurses are available for placement into clinics to deliver the flu vaccine to attached patients of Richmond FPs.

Role of Clinic

- Submit referrals to RDFP at rdfpcovid@divisionsbca.ca.
 - Provide specific dates and times for requested in-clinic supports
 - Provide an estimate number of patients to be booked
 - Provide contact of MOA to coordinate appointments bookings
 - Confirm availability of dedicated clinic space i.e. rooms for vaccine administration, post-vaccination waiting space
 - Confirm availability of emergency, anaphylaxis kits
- Ensure access to flu vaccine.
If the clinic is needing to re-order vaccines, arrange with Public Health directly or forward request forms to RDFP at rdfpcovid@divisionsbca.ca for flu vaccine delivery support.
- Ensure proper cold chain management of flu vaccines
- MOA to room prep and cleaning between patients
- MOA to coordinate – covid-19 prescreens, pre-vaccination patient instructions RE clothing (loose or short sleeves)
- MOA to direct patients to public flu clinics & pharmacies in instances where patients are unable to receive in-clinic vaccinations
- Input patient vaccination records into EMR upon receipt from PCN upon clinic completion

Role of Richmond Division of Family Practice (RDFP)

- Receive referrals from requesting clinics
- Confirm referral details and clinic availability with referring family physicians
- Forward complete referral information to PCN Administrative Coordinators
- Provide flu vaccine stock/delivery support to clinics
- Provide PPE/supply delivery support for PCN when requested by PCN
- Follow-up with clinics regarding program feedback

Role of Primary Care Network (PCN)

- Coordinate with referring clinics patient bookings and patient lists
- Inform RDFP of confirmed in-clinic dates and times for vaccine/supply delivery coordination
- Complete patient pre-screening prior to vaccination i.e. allergies, etc.
- Ensure access to an emergency kit/anaphylaxis kit
- Coordinate own PPE
- Coordinate own vaccination supplies
- Complete documentation to be provided to clinics: Patient information, consent, vaccine name, lot #, etc.

Ref: Checklist - PCN Flu Campaign In-Practice Clinic Supports Orientation FP-MOA V3.docx

Appendix H – VCH Safe Vaccine Handling and Storage



VCH-Richmond
Richmond Public Health
Communicable Disease & Harm Reduction Program
8100 Granville Avenue
Richmond BC V6Y 3T6
Tel: 604-233-3150 Fax: 604-233-3198

SAFE VACCINE HANDLING AND STORAGE

- Designate a person to handle and store vaccines to ensure the **cold chain** is maintained.
- Vaccine is to be stored in a dedicated **biologicals refrigerator** that is not frost-free. If it has a freezer it must have a separate door.
- Refrigerators require defrosting when ice is greater than 1 cm (1/4 in.) in the freezer compartment.
- Make sure the refrigerator is plugged into an outlet in a protected area where it cannot be disconnected accidentally.
- Store bottles of water on the upper and lower refrigerator shelves and in the door. This maintains the stability of the temperature in the refrigerator.
- Do not store any food or drink in the refrigerator. This will prevent accidental contamination and limit temperature fluctuations from frequent door opening.
- Maintain the refrigerator temperature between 2 – 8°C.
- Place a thermometer in the center of the refrigerator next to the vaccine.
- Post a temperature log on the refrigerator door and record the temperature at the **start and end of each workday**.
- Record the minimum and maximum temperatures reached over the past 24 hours on the Temperature Log [if using a minimum/maximum thermometer].
- Store vaccines in the middle of the refrigerator not in the door shelves, storage drawers or directly below the freezer.
- Rotate vaccine stock according to expiry date (*placing those with the longest expiry date at the back*).
- Print the date of opening on the label of multi-dose vials. Please refer to product monograph or contact the Richmond Public Health Biological Program Assistant at 604-233-3136 to determine the expiration dates of opened products.
- Check the vaccine expiration dates monthly and remove expired vaccine from the fridge. Vaccine received from Richmond Public Health that has expired is to be returned to Richmond Public Health.
- Limit vaccine orders to the amount required in **one month**. This will reduce wastage in the event of a fridge failure.

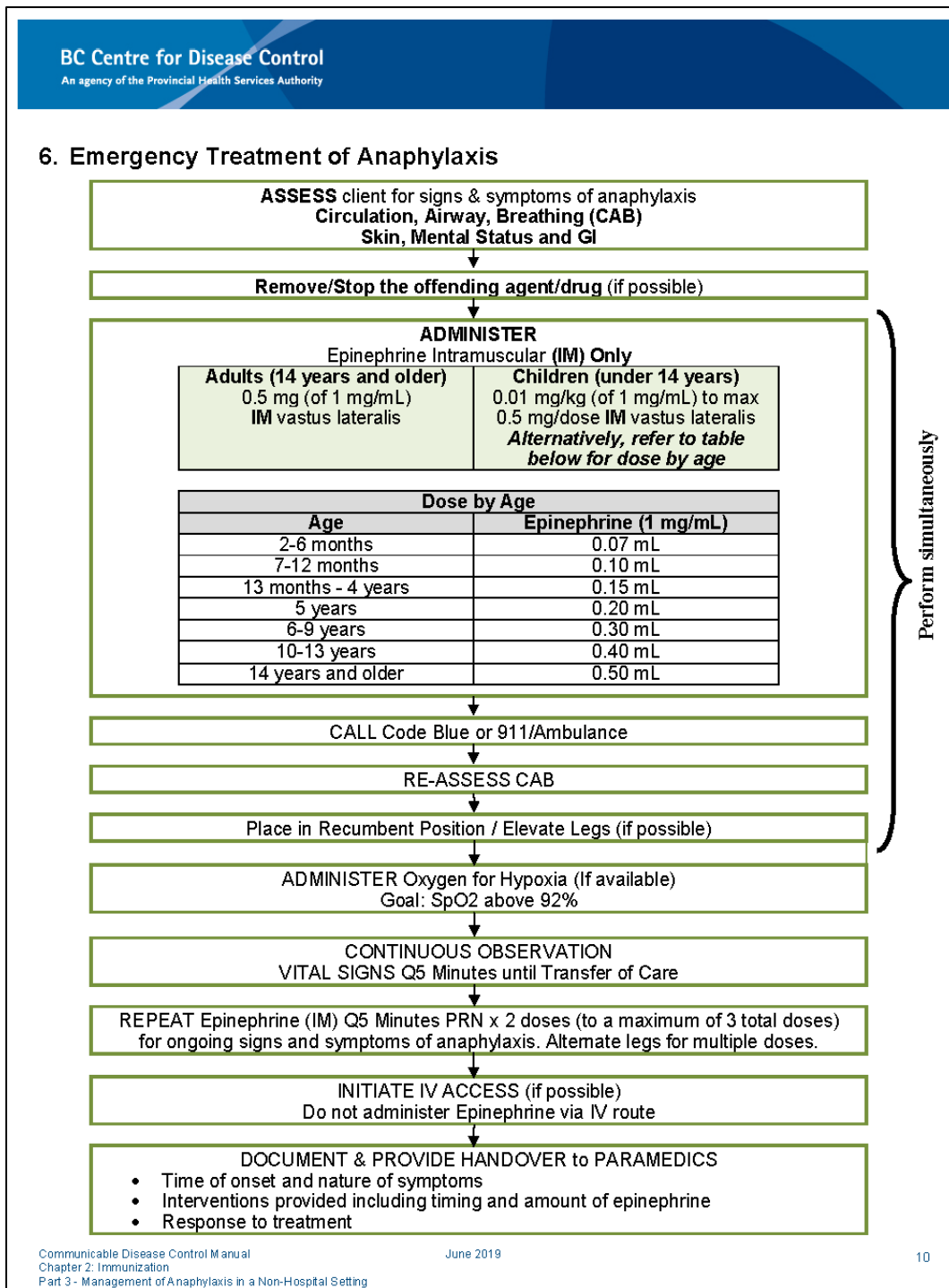
If the temperature range of the fridge is not between 2 – 8°C immediately:

1. Mark the vaccines '**DO NOT USE**' and store in another refrigerator or cooler with frozen ice packs at a temperature between 2 - 8°C.
2. Record the name(s), lot number(s) and expiry date(s) of the vaccine(s), temperature of the fridge and period of time the refrigerator was not between 2 – 8°C.
3. Contact the Richmond Public Health Biological Program Assistant at **604-233-3136** for further direction.

For further information on vaccine handling and storage, see the *BCCDC Immunization Manual* (<http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization>) – Appendix E - Management of Biologicals.


Revised Sept. 2020

Appendix I - BCCDC Emergency Treatment of Anaphylaxis




Appendix J - BCCDC Worksheet for Events Managed as Anaphylaxis Following Immunization

Note: Pages 1 only of 4-page form.

 Worksheet for Events Managed as Anaphylaxis Following Immunization									
<p>BC Centre for Disease Control <small>Provincial Health Services Authority</small></p> <p>This worksheet should be completed by the health care professional who observed and treated the anaphylaxis episode. The information in the worksheet can then be used for transcribing the event into the public health information system (e.g., Panorama, PARIS) for reporting this episode as an adverse event following immunization (AEFI). The completed worksheet can be uploaded and attached to the client's AEFI record in Panorama.</p>									
<p>PERSON COMPLETING FORM: _____ <small>(Last Name, First Name)</small></p> <p>DATE OF REPORT: ____/____/____ DATE OF EVENT: ____/____/____ <small>YYYY / MM / DD</small> <small>YYYY / MM / DD</small></p>									
<p>Client Information</p> <p>Name: _____ <small>(Last Name, First Name)</small></p> <p>PHN: _____</p> <p>Date of Birth: ____/____/____ <small>YYYY / MM / DD</small></p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X</p>					<p>Parent/Guardian</p> <p>Name: _____ <small>(Last Name, First Name)</small></p> <p>Contact Number: _____</p> <p>Relationship to Client: _____</p>				
Medication Administered	Pulse (per min)	Resp (per min)	Time (24-hour)	Lot #	Route*	Dose (mL)	Site*	Administered By (Last name, First Name)	Signature
Epinephrine #1									
Epinephrine #2									
Epinephrine #3									
<p>Client History</p> <p>Any history of prior anaphylaxis? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, give details of severity & allergen below</i></p> <p>Any history of prior allergic reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, give details of severity & allergen below</i></p> <p>Details: _____</p> <p>For this episode:</p> <p>Attended by ambulance services <input type="checkbox"/> Yes <input type="checkbox"/> No Transfer to hospital <input type="checkbox"/> Yes <input type="checkbox"/> No Time of Transfer: _____ <small>(24-hour)</small></p> <p>Released to care of family <input type="checkbox"/> Yes <input type="checkbox"/> No Released to care of Primary Care Provider <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Primary Care Provider: _____</p>									
Vaccine Information									
Vaccine(s) Given	Manufacturer	Lot #	Dose #	Route*	Site*	Approx Time Vaccine Given (24-hour)			
<p>February 20, 2019 Page 1 of 4</p>									

Appendix K - BCCDC Adverse Event Following Immunization (AEFI) Case Report

Note: Page 1 only of 7 pages.

 <p>BC Centre for Disease Control Provincial Health Services Authority</p>		<h2>Adverse Event Following Immunization (AEFI) Case Report Form</h2>
<p align="center">INSTRUCTIONS</p> <ul style="list-style-type: none"> Complete this reporting form for AEFIs listed in the BC Immunization Manual, Part 5 - Section 6. Summary of Reporting Criteria in a vaccine recipient which follows immunization that cannot be clearly attributed to other causes. A causal relationship with the administration of the vaccine does not need to be proven. Public health staff: Enter into the public health information system used for AEFI in your region. Community vaccine providers: Submit the completed form to local public health. Complete all pertinent fields except for Section G & H. See the AEFI reporting map here for instructions on where to send the form according to health authority. For additional information on reporting criteria, clinical management and interpretation of AEFIs, as well as implications for subsequent immunization, please refer to BC Immunization Manual, Part 5 – Adverse Events Following Immunization. 		<p>Reporting Tips</p> <p>Refer to the User Guide for Completion and Submission of AEFI Reports for full instructions.</p>
<p>REPORTER INFORMATION</p>		
Health Authority: <input type="checkbox"/> FHA <input type="checkbox"/> IHA <input type="checkbox"/> NHA <input type="checkbox"/> VCH <input type="checkbox"/> VIHA <input type="checkbox"/> PHSA <input type="checkbox"/> FNHA		Reporter is the health care provider who received and reported the AEFI information to the public health unit.
Setting: <input type="checkbox"/> Physician office <input type="checkbox"/> Public health <input type="checkbox"/> Hospital <input type="checkbox"/> Pharmacy <input type="checkbox"/> Health authority workplace health <input type="checkbox"/> Other, specify:		
Name: <small>Last</small> _____ <small>First</small> _____	Phone Number: () _____ - _____ ext.	
Email: _____	Fax Number () _____ - _____	
Address: _____	Branch Office: <small>(if applicable)</small>	
Province/Territory: _____	Postal code: _____	
Signature: _____	Date reported: _____ <small>YYYY / MM / DD</small>	
<input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> IMPACT <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other, specify:		
Reported to public health unit by: <input type="checkbox"/> Reporter <input type="checkbox"/> Client <input type="checkbox"/> Other, complete section A.		
<p>A. SOURCE OF INFORMATION</p> <p><i>Only complete Section A if "Other" selected for "Reported to public health unit by"</i></p>		
Name: <small>Last</small> _____ <small>First</small> _____	Phone Number: () _____ - _____ ext.	Source of information can be the same as reporter, the client, or a secondary source such as a parent/guardian.
Email: _____	Relationship to client: _____	
Address: <small>Unit #</small> _____ <small>Street #</small> _____ <small>Street Name</small> _____ <small>City</small> _____		
Postal Code: _____	Province: _____	
<p>B. CLIENT INFORMATION</p>		
Name: <small>Last</small> _____ <small>First</small> _____ <small>Middle</small> _____		
Date of Birth: _____ <small>YYYY / MM / DD</small>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown	
Health Card Number: _____	Alternate Name(s): _____	
Phone Number (home/work/mobile): () _____ - _____ ext.		
Address: <small>Unit #</small> _____ <small>Street #</small> _____ <small>Street Name</small> _____ <small>City</small> _____		
Postal Code: _____	Province: _____	Country of Residence <small>(if not Canada)</small> : _____
ADVERSE EVENT ID: _____	IMPACT LIN: _____	PARIS ID: _____
<p>PATIENT'S PHYSICIAN (OR PRIMARY CARE PROVIDER)</p>		
Name: <small>Last</small> _____ <small>First</small> _____	Phone Number () _____ - _____ Ext. _____	
Address: _____		
<p>www.bccdc.ca Version Date: November 1, 2019</p>		
		Page 1 of 7

Appendix L – PCN Flu Vaccination Supply Sign Out Sheets (Sample)

PCN FLU VACCINE SUPPLY SIGN OUT

COOLER				
Date & Time Signed OUT	Clinician Name & Initial	Cooler #	Date/Time Signed IN	Clinician Name & Initial
Oct 15/20 09:00	Joe Cool <i>JC</i>	1	Oct 15/20 15:00	Charlie Brown <i>CB</i>

PCN FLU VACCINE SUPPLY SIGN OUT

ANAPHYLAXIS KIT				
Date & Time Signed OUT	Clinician Name & Initial	Kit #	Date/Time Signed IN	Clinician Name & Initial
Oct 15/20 09:00	Joe Cool <i>JC</i>	2	Oct 15/20 15:00	Charlie Brown <i>CB</i>

PCN FLU VACCINE SUPPLY SIGN OUT


WHEELED SUPPLY CART				
Date & Time Signed OUT	Clinician Name & Initial	Cart #	Date/Time Signed IN	Clinician Name & Initial
Oct 15/20 09:00	Joe Cool <i>JC</i>	3	Oct 15/20 15:00	Charlie Brown <i>CB</i>

Ref: Form - PCN FLU VACCINE SUPPLY SIGN OUT sheets rev2.docx – November 2020


Appendix M – PCN Immunization Supplies Checklist

PCN IMMUNIZATION SUPPLIES CHECKLIST		Last Updated: Oct 21, 2020
1) IMMUNIZATION COOLER KIT		
PRODUCT	AMOUNT (per # of patients)	
Cooler – 9 quart	1	
Ice pack (blue)	2	
Cold blanket	2	
Vaccine vials		
Alcohol swab		
Band-aid (spot shape)		
Cotton balls (for bleeding)		
Needle: 1", 25 gauge		
Needle: 1 ½", 25 gauge		
Needle: 5/8", 25 gauge (children)		
Syringe/needle combo: 1", 25 gauge, 3cc syringe		(in place of single 3cc syringe – out of stock)
Syringe: 3cc, luer lock	-no stock-	
Syringe dead cap (red)		
Sharps container – 3.1L (Clinic)	1	
Sharps container – 1.4L (Home Visit)	1	
Pen	1	
Form: Record of Immunization		
Form: Consent for Immunization		
Scrap Paper		
2) ANAPHYLAXIS KIT		
PRODUCT	AMOUNT	
Alcohol Swabs		
Epinephrine Injection 1mg/1mL ampules	6	
Needle/Syringe combo: 1", 25 gauge, 1mL syringe	4 (min)	
Needle: 1 ½", 25 gauge	4 (min)	
Form: BCCDC Management of Anaphylaxis	1	
Form: BCCDC Anaphylaxis Form	1	
3) PPE/IPAC SUPPLIES		
PRODUCT	AMOUNT	
Mask		
Face Shield/Goggle	1	
Gloves	1 box	
Gown		
Cavi-wipe	1 container	
Hand Sanitizer (Home Visit)		
Blue Pads (Home Visit)		
Tissue Box	1 box	
Ref: Form - PCN Immunization Supplies Checklist V2.docx – November 2020		

Appendix N – Form – Online PCN Homebound Patients FP Evaluation



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PCN Flu Vaccination Home Visits for Homebound Patients FP Evaluation Form Winter 2020

Date (DD/MM/YYYY):




































*Your Name:

Clinic Name:


*1. Please rate your level of agreement with the following statements:

	Strongly Disagree		Neutral		Strongly Agree
	1	2	3	4	5
1.1 The program was easy to access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2 The PCN kept me well informed of organized home visits or patient referrals to home health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3 I am satisfied with the documentation provided from the PCN on my patient's vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.4 This program was valuable to the practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5 This program was valuable to patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


2. If you answered "Strongly Disagree" to any statements above, please explain:

B *I* U ~~S~~ ^{x²} _{x₂}                                   

Appendix O – Form – PCN In-Clinic Support FP Evaluation



Richmond
Division of Family Practice



PRIMARY CARE NETWORKS
Richmond

PCN in-clinic Flu Vaccination Supports
FP Evaluation Form Winter 2020/21

Date (DD/MM/YYYY):

*Your Name:

Occupation:

Family Physician

Medical Office Assistant

Other:

Clinic Name:

*1. Please rate your level of agreement with the following statements:

	Strongly Disagree		Neutral		Strongly Agree
	1	2	3	4	5
1.1 The program was easy to access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2 The expectation that my staff schedule my patients and support the RN clinic was reasonable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3 The service provided all necessary medical supplies and equipment (PPE, influenza vaccine, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.4 I was satisfied with the service delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5 PCN RNs integrated well within my clinic and the service was not disruptive to my practice in any way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.6 I am satisfied with documentation provided by the RNs upon patient vaccination completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.7 This program was valuable to the practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.8 This program was valuable to patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. If you answered "Strongly Disagree" to any statements above, please explain:

3. Did you receive any patient feedback? If so, what was the feedback?

4. Do you have any suggestions to improve the program?

After fully completing the evaluation form, click on the "Next" button below to access the reimbursement form. A completed evaluation form is mandatory to receive a sessional payment.