

Out of Hospital Care Provider Policy

Title: Influenza Virus Vaccine Administration Protocol

Effective Date: February 23, 2001

Who may administer Influenza Virus Vaccine?

New York State Advanced Emergency Medical Technician-Cardiac Care Technicians and Paramedics may administer the influenza virus vaccine after thoroughly reviewing this protocol and the Influenza Virus Vaccine Information Sheet and signing the verification notice below.

Indications:

For the purposes of this protocol, influenza virus vaccine is indicated for:

- Medical staff who provide care to high-risk patients
- Doctors, nurses and prehospital care providers
- All people 65 years of age and older
- Anyone with long-term health problems
- People with a compromised immune system
- Anyone who wants to reduce their chance of catching “the flu”

Contraindications:

For the purposes of this protocol, influenza virus vaccine should not be administered to the following individuals:

- Individuals with an allergy to chicken eggs
- Individuals allergic to Thimerosal or any other component of the influenza vaccine
- Anyone who has ever been diagnosed with Guillain-Barre syndrome
- Persons who had a reaction to previous influenza vaccine
- Women who are or might be pregnant
- Those who are ill or who have a fever
- Anyone less than 18 years of age

When to Administer Influenza Virus Vaccine:

Influenza virus vaccine may be administered as early as September, but is best administered between October 1 and November 30. Although not optimum, influenza virus vaccine may be administered in December after the start of flu season.

Dosage And Administration:

For the purposes of this protocol, influenza virus vaccine should be administered via IM injection (after appropriate cleansing of the skin with an appropriate germicide) according to the following table:

Age Group	Vaccine	Dosage	# of Doses
≥ 18 years	Fluzone whole or split-virus (subvirion)	.50 ml IM	1

After administration, the patient should be observed for any adverse reactions for at least 15 minutes. Epinephrine 1:1,000 should be readily available in the event that an anaphylactic reaction occurs. Patients suffering from an anaphylactic reaction should be treated according to the currently accepted *Western Regional Emergency Medical System Adult And Pediatric Advanced Life Support Protocols*.

Storage Of Influenza Virus Vaccine:

The influenza virus vaccine should be stored between 2 degrees and 8 degrees C (35 degrees to 46 degrees F). The influenza virus vaccine should not be frozen and should not be used if accidental freezing occurs.

Record Keeping:

A medical record should be maintained for each individual that receives the influenza virus vaccine. At a minimum this document should include the patient's name, address, date of birth, social security number, past medical history, medications, allergies, as well as a signed informed consent. In addition, for each individual dose administered the following should be documented: date, patient's temperature, any problems with previous dose(s), name of the individual administering the vaccination, injection site and the influenza virus vaccine lot number.

These hard copy consents and medical records will be maintained by the administering agency for a minimum of thirty years from the date of the last dose administered. All rules and regulations regarding medical records and confidentiality issues will be followed.

Affirmation of Receipt And Understanding Of This Protocol:

I _____ acknowledge receipt of these protocols and
(Print full name)
acknowledge having read them along with the Influenza Virus Vaccine Information
Sheet. I also affirm that any questions I have had have been answered by the
medical director.

(Signature)

(certification number)

(expiration date)

(date)

Check One: EMT-CC EMT-P

Influenza Virus Vaccine Consent

AFFIRMATION OF INFORMED CONSENT:

Please check **Yes** or **No** for each statement below. A **Yes** answer to ANY question is a contraindication for administration of the influenza virus vaccine. Please consult with your physician.

- Yes** **No** I have an allergy to chicken eggs.
- Yes** **No** I have a known allergy to Thimerosal or any of the other components of the Influenza vaccine.
- Yes** **No** I have been diagnosed with Guillain-Barre syndrome.
- Yes** **No** I have had a reaction to previous influenza vaccine.
- Yes** **No** I am pregnant or may be pregnant.
- Yes** **No** I am currently ill and/or have a fever.
- Yes** **No** I am less than 18 years of age.

By signing below:

I attest to the accuracy of the above checklist and certify that I have read or have had explained to me the information on the Influenza Virus Vaccine Information Sheet.

I acknowledge having had an opportunity to ask questions which were answered to my satisfaction.

I affirm that I understand the benefits and risks of influenza vaccine and request the vaccine to be given to me.

(Print Full Name)

(Signature)

(Date)

Influenza Virus Vaccine Administration Record

PATIENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Social Security Number: _____

Sex: _____ Home Phone: _____

Address: _____

Past Medical History: _____

Medications: _____

Allergies: _____

Pulse Rate: _____ Respiratory Rate: _____ Temperature: _____ Blood Pressure: _____

INFLUENZA VIRUS VACCINE ADMINISTRATION INFORMATION:

Manufacturer: _____ Lot Number: _____

Expiration Date: _____ Injection Site: _____

Injection Done By: _____ Date of Injection: _____

WHAT YOU NEED TO KNOW BEFORE YOU GET THE VACCINE

ABOUT THE DISEASE:

Influenza (sometimes called “the flu”) is a serious disease. Here are a few important facts:

1. It spreads when the influenza viruses passes from an infected person to the nose or throat of others.
2. Influenza can cause:
 - fever
 - chills
 - headache
 - cough
 - sore throat
 - muscle aches
3. It can lead to pneumonia and death

ABOUT THE VACCINE:

The viruses that cause the flu change often, and protection declines within a year after vaccination. People who need the vaccine should get it every year.

The vaccine contains killed viruses that are the same or similar to those predicted to occur in the U.S. this year.

Because the flu vaccine contains only nonliving viruses it cannot cause the flu. Occasionally cases of respiratory disease following vaccination represent coincidental illness unrelated to the vaccine. Flu shots will not protect all persons against the flu. They also will not protect against other illnesses that resemble the flu.

POSSIBLE SIDE EFFECTS FROM THE VACCINE:

Most people have no side effects from recent influenza vaccines. Flu shots are given by injection, usually into a muscle of the upper arm. This may cause soreness around the vaccination site for up to two days. In addition, the following types of systemic reactions may occur:

- **FEVER**
- **MALAISE**
- **MYALGIA**

Other systemic symptoms occur infrequently and most often affect persons who have had no prior exposure to the influenza virus antigens in the vaccine. These reactions begin 6 to 12 hours after vaccination and can persist for 1 to 2 days. Unlike the 1976 swine flu vaccine, recent flu shots have not been clearly linked to the paralytic Guillain-Barre Syndrome. As in the case with most drugs or vaccines, there is a possibility that an allergic or more serious reaction, or even death, could occur with the flu shot.

WHO SHOULD GET THE VACCINE?

- Medical staff who provide care to high-risk patients
- Doctors, nurses and prehospital care providers
- All people 65 years of age and older
- Anyone with long-term health problems
- People with a compromised immune system
- Anyone who wants to reduce their chance of catching “the flu”

WHEN SHOULD YOU GET THE INFLUENZA VACCINE?

The vaccine begins to protect you after 1 to 2 weeks and protection may last up to one year. Influenza is most common in the U.S. from December to April, so it is best to get the vaccine in the fall.

SIMULTANEOUS USE OF OTHER VACCINES:

The target group for flu and pneumococcal vaccinations overlap. Both can be given simultaneously at different injection sites without increasing side effects.

WARNING! THE FOLLOWING PEOPLE SHOULD CHECK WITH A PHYSICIAN BEFORE RECEIVING THE INFLUENZA VACCINE:

- Individuals with an allergy to chicken eggs
- Individuals allergic to Thimerosal or any other component of the influenza vaccine
- Anyone who has ever been diagnosed with Guillain-Barre syndrome
- Persons who had a reaction to previous influenza vaccine
- Women who are or might be pregnant
- Those who are ill or who have a fever

QUESTIONS:

If you have any questions about the flu vaccine, please call your doctor before requesting the vaccine.

REACTIONS:

If anyone who received the influenza vaccine gets sick and visits a doctor, hospital or clinic in the 4 weeks following vaccination they should report this to the **Department of Health/Disease Control at 858-7698**.