

# PUBLIC HEALTH MANUAL

## Standard Operating Procedure

<b>TITLE:</b>	Individual Immunization	<b>NUMBER:</b>	Revised-2018-02-07
<b>Sponsor:</b>	Senior Director; Population and Public Health	<b>Page:</b>	1 of 34
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<b>Applies To:</b>	All Staff working in Public Health, Public Health Managers, Public Health Directors, Medical Officers of Health for Nova Scotia		

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## PREAMBLE

Effective immunization programs are essential to the prevention and control of many infectious diseases (Public Health Agency of Canada, 2016). The Nova Scotia publicly funded immunization program offers immunization to targeted groups as part of routine and high risk situations. Public Health Staff will determine vaccine eligibility as per the Department of Health and Wellness Publicly Funded Vaccine/Immunoglobulin Eligibility Policy.

[https://novascotia.ca/dhw/CDPC/documents/150706\\_Vaccine\\_Immunoglobulin\\_eligibility\\_final.pdf](https://novascotia.ca/dhw/CDPC/documents/150706_Vaccine_Immunoglobulin_eligibility_final.pdf)

The purpose of this Standard Operating Procedure (SOP) is to outline the planning, implementation and follow-up processes for immunization in a Public Health setting. Panorama software will be used to document pre, during and post immunization activities as outlined in this SOP.

## STANDARD OPERATING PROCEDURE

### PART 1-REQUESTS FOR IMMUNIZATION

- When a client or Health Care Provider (HCP) contacts public health to request immunization:
  - the administrative assistant will direct the call to the appropriate nurse
  - the client will be directed to the appropriate person via an automated telephone system
- When public health requests the immunization, the nurse immunizer will initiate client contact.

### Role of the Nurse Immunizer

- Identify the need for client immunization based on provincial eligibility criteria [https://novascotia.ca/dhw/CDPC/documents/150706\\_Vaccine\\_Immunoglobulin\\_eligibility\\_final.pdf](https://novascotia.ca/dhw/CDPC/documents/150706_Vaccine_Immunoglobulin_eligibility_final.pdf)

- Discuss the immunization recommendation with the client (or HCP) and provide education as required.
- Search for the client in Panorama. [\[User Guide\]](#)
  - If a client profile exists, review and update the profile.
  - If a client profile does not exist, create a new profile.
- If the client chooses to be immunized book an appointment, or if applicable advise the client that immunization may be administered by their HCP.
  - If immunization is being administered by a HCP who is external to public health, refer to Part 4-Consent Directives: Request for Release of Vaccine(s) to External HCPs. [\[hyperlink to Part 4-Consent Processing\]](#)

### **Role of the Administrative Assistant**

- Some offices may use an administrative assistant rather than a nurse for booking individual appointments and creating client profiles.

## **PART 2- HCP REPORTS IMMUNIZATION**

### **Role of the HCP**

- Records the client immunization in the medical record.
  - If the HCP uses Nightingale software the EMR interface will automatically create a historical data file and regularly upload to Panorama for Public Health access.
  - If the HCP does not use Nightingale software they will complete a reciprocal form and send to Public Health for manual Panorama entry.

### **Role of the Administrative Assistant**

- Receive and review reciprocal form provided by the HCP.
  - If the form is incomplete, follow up with the HCP for any missing details.
  - Search for the client in Panorama. [\[User Guide\]](#)
  - If a client profile exists, review and update demographic information.
  - If a client profile does not exist, create new profile.
    - In order to ensure the accuracy of data for reporting purposes and to minimize duplicate profile entries, it is extremely important that a

careful and extensive client search is completed prior to creating a new profile.

- Always search first using a Nova Scotia HCN as the only criteria
    - If no HCN, the first search may be done using an alternate client number from the drop down list.
  - If a HCN or other client number is unknown, not applicable, or the client is not found in a search using this criteria; clear the HCN field and search using the following criteria in any combination available:
    - Name (first and last); gender; date of birth
  - If still no results; search only the client first and last name using a wildcard symbol AND/OR a phonetic match
  - A minimum of three searches must be attempted prior to the creation of any new client profile.
- If duplicate profiles are found for the same client, follow the process for reporting duplicates [\[hyperlink to Part 6-Other Documentation Considerations\]](#)
- Record the immunization information in the client profile under the non-provider category [\[User Guide\]](#)

### PART 3-ADMINISTRATION OF INDIVIDUAL IMMUNIZATIONS

- All immunizers must have current immunization competency and certification as outlined in the NSHA Immunization Policy [\[hyperlink to new policy when approved\]](#), the NSHA SOP [\[hyperlink to new SOP once available\]](#) and the Nova Scotia Immunization Manual <http://novascotia.ca/dhw/cdpc/documents/Immunization-Manual.pdf>
- Nurse Immunizers will confirm they can access the Panorama immunization module prior to the day of a scheduled immunization appointment. Any issues with software/hardware access are to be identified with sufficient time for rectification prior to the scheduled clinic date and brought to the attention of the Health Protection manager or designate.
- Nurse Immunizers with Panorama access will be able to use the application in any zone within Nova Scotia should it be required.

### Role of the Nurse Immunizer-Pre Appointment(s)

- Verify the inventory on hand for the required quantities of each vaccine needed.

### Role of the Zone Bio-Coordinator-Pre Appointment(s)

- If an insufficient quantity is on hand, the Zone Bio-Coordinator secures the stock.
  - When possible this will occur a minimum of one week prior to the scheduled appointment or with as much notice as possible the provincial Bio-Depot.

### Role of the Nurse Immunizer-During Appointment(s)

- Search the client in Panorama **and review/update the profile.** [\[User Guide\]](#)
- The nurse positively identifies the client by verifying two person-specific client identifiers as per NSHA policy CL-SR-025. [hyperlink to policy]
  - Confirm the client's full name, date of birth (together these are one identifier), and home address. Additional identifiers may be acceptable as per NSHA policy above.
- Obtain and record client consent for service. [\[User Guide\]](#) and [\[hyperlink to Part 4- Consent Processing\]](#)
- The Nurse Immunizer assesses the client to determine if immunization can proceed. If no contraindications exist, the immunization may proceed.
  - Immunize the client as per the NSHA immunization policy [\[hyperlink to Public Health policy MM-IM-001\]](#) and the Nova Scotia Immunization Manual. <http://novascotia.ca/dhw/cdpc/documents/Immunization-Manual.pdf>
  - Record the immunization in Panorama. [\[User Guide\]](#)
    - **Print a copy of the client's full immunization record [\[User Guide\]](#) and provide to the client.**
      - **The client should receive printed documentation at each appointment where vaccine dose(s) are administered.**
    - The client may share documentation with their HCP or a copy of the immunization record may be sent directly to the HCP from public health.
    - If an error in recording occurs, invalidate erroneous information and add correct information to the client record.

- - Record clinical notes if required. [\[User Guide\]](#)
- 
- If any vaccine doses were wasted, record them on a vaccine wastage form and forward the form to the Zone Bio-Coordinator upon completion of appointment(s).
- Deferral of immunization:
  - Immunization Deferral occurs in cases where a client is expected to receive the immunization in future but could not receive it on the day of the scheduled clinic (i.e. they are sick, more information is required from the HCP, etc.).
  - Refer to Part 6-Other documentation considerations [\[hyperlink to section\]](#)

### **Role of the Zone Bio-Coordinator-Post Appointment(s)**

- Search and review the vaccine wastage.
  - Enter vaccine wastage into Panorama.

### **Role of the Nurse Immunizer-Post Appointment(s)**

The following role is only applicable if the Panorama system was not accessible at the time of the immunization appointment.

- Each Nurse Immunizer will enter any paper immunization records they completed into Panorama. [\[User Guide\]](#) This should occur under exceptional circumstances only. [\[hyperlink to Part 8-Contingency Planning\]](#)
  - Depending on zone resources, where a Nurse Immunizer is not able to enter paper records into Panorama post-appointment(s), the administrative assistant/data entry clerk may enter records as a non-provider entry. These are never to be entered as historical records.

## **PART 4-CONSENT DIRECTIVES**

There are two types of consent directive processes outlined in this SOP (1) Consent for Service and (2) Consent for Disclosure. It is expected that Nurse Immunizers are familiar with both types of directive processes.

## Process for Consent for Disclosure

- Consent for Disclosure related to Panorama **must** be granted and put into effect by the DHW Privacy and Access Office.
  - Staff will advise clients who want to exercise this right to visit <https://novascotia.ca/dhw/phia/your-privacy.asp> for more information or consult the Privacy and Access Office at 1-855-640-4765 or [phia@gov.ns.ca](mailto:phia@gov.ns.ca)
- Once a request goes through the formal process the client file will not appear in a search. Nurses must obtain client consent to override this directive. [\[User Guide\]](#)
  - Only Nurse Immunizers and Medical Officers of Health (MOHs) are given permission in Panorama to complete a consent override.

## Process for Consent for Service

- Clients can choose to receive or refuse an immunization. Before an immunization is given, every client is asked if they understand, have any questions, and consent to being immunized.
- Consent must be documented under the client profile in Panorama [\[User Guide\]](#)
- If a client is a child and the parent requests that the immunization be given but the child refuses, the immunization will not be given.
- In cases where a minor client requests immunization but parents do not consent, refer to “Consent of a Minor” section below.

## **Consent of a Minor**

- In cases where a minor client requests immunization but parents have denied consent, the Nurse Immunizer will assess the student’s capacity to consent as a minor. This will occur on a case-by-case basis with the understanding that there is no age of majority in Nova Scotia. It is the responsibility of the Nurse Immunizer to ensure the following criteria has been met before allowing the minor to consent to immunization:
  - They are able to understand what the vaccine is and why it is given.
  - They are able to understand what the risks and benefits are of receiving the vaccine.
  - They are able to understand what the risks and benefits are of not receiving the vaccine.
- The Nurse Immunizer will advise the client that an assessment must occur before they are able to receive the vaccine.

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- Schedule a time for the client to meet individually with the Nurse Immunizer to ensure adequate assessment of the client's capacity to consent and for additional conversation to occur with the parent should the client choose.
- Once the Nurse Immunizer has had a discussion with the client and confirms these criteria have been met then the client may proceed with consent for immunization and the vaccine may be administered.
  - The Nurse Immunizer must clearly document the conversation with the client including the minor's capacity to make the decision and their informed consent.
- If a client is determined by the Nurse Immunizer as lacking the capacity to provide informed consent, this should also be documented in the profile and immunization should NOT be given.
  - The client will be advised of the reason for withholding immunization.
  - The Nurse Immunizer may also encourage the client to have additional discussion with the parent regarding the desire for immunization.
- The Health Protection Manager will be informed of situations where a client overrides parental consent either:
  - Immediately where the client receives the vaccine on the same day
  - As soon as possible, but always prior to, the scheduled date of assessment where the client is expected to be assessed at a later date.

### **Sharing of Personal Health Information (where consent of a minor was granted for immunization)**

- Sharing of personal health information, including record of immunization, generally requires client consent.
- If a student is assessed as capable of providing informed consent for immunization, the record of such immunization should be provided directly to the student. No further communication with the parent or guardian about the immunization should occur without the consent of the student.

For additional information, Nurse Immunizers will refer to their previous District Health Authority policies regarding consent to treatment until a NSHA policy is approved for use.



## Request for Release of Vaccine(s) to External HCPs

- Release of any publicly funded vaccine(s) to HCPs external to public health should be based on client eligibility criteria.
- The school based immunization program is a public health delivered program; other publicly funded immunizations are delivered by a mixed model including external HCPs.
- Release of school based immunization program vaccine(s) to HCPs external to public health should be done in exceptional circumstances only and approved on a case by case basis in consultation with the Health Protection manager or designate.
  - Considerations for approval may include the following:
    - Extended efforts have been made by public health to accommodate immunization at the school or local public health office.
    - Denial of vaccine release will likely result in the child remaining unimmunized.
- If approved public health must ensure that the HCP has been made aware that record of the vaccine administration must be submitted to public health via reciprocal form [\[hyperlink to Appendix E\]](#) OR entered directly into Nightingale (not both).
- A **free issue vaccine request form** is used for release of school based vaccine to external HCPs. [\[hyperlink to Appendix F\]](#) and <https://novascotia.ca/dhw/cdpc/documents/forms/High-Risk-Special-Release-Vaccine-Order-Request.pdf>

## PART 5-PANORAMA USE FOR NON-REGULAR STAFF

- It is expected that all Staff involved in client immunization will utilize Panorama regardless of employment status.
- All Non-Regular Staff who provide immunization related services to clients will require an Active Directory account in order to access and record information in Panorama.
  - Active Directory accounts are set up through the User Access Process with NSHA Information Technology Services.
  - The manager or delegate must be made aware of new users as soon as possible to ensure timely system access prior to scheduled immunization clinic(s).

- Requests for Active Directory accounts can be made through SharePoint at:  
<http://intra.nshealth.ca/it-self-service/SitePages/User%20Access%20%e2%80%93%20Bulk%20Users.aspx>
- Hardware (i.e. laptops) will be made available within the zones to any staff who do not already have dedicated equipment assigned.
- All Non-Regular Staff will confirm they can access the Panorama immunization module prior to scheduled appointments. Any issues with software/hardware access are to be identified with sufficient time for rectification prior to the scheduled date.

## **Nursing Students**

- Nursing students who are completing a practicum placement with NSHA Public Health may administer vaccine to clients provided that:
  - The post-secondary institution is in support of nursing students immunizing
  - An Active Directory account has been established within NSHA
  - A user account has been set up within Panorama
    - Students will be manually entered as providers and a provider drop-down option will be available for “student”.
  - Immunization competency has been established as required for all other Nurse Immunizers. [\[hyperlink to Part 3-Administration of Individual Immunizations\]](#)
- A preceptor or other Nurse Immunizer must be assigned and available at all times during client appointments to support and supervise nursing students who are administering vaccine.

## **Part 6-OTHER DOCUMENTATION CONSIDERATIONS**

### **Deletion of Errors**

- If information is entered accidentally on a client file (i.e. an allergy, address, consent typo, etc.) it should be deleted, not invalidated.
  - Deletions are only invisible to the end user; this information is still retrievable and auditable. In contrast, invalidated information can still be seen by the end user but is greyed-out.

- In some cases visibility of incorrect information may cause user confusion and more risk of harm to a client where the information was never relevant to them in the first place.
- Users are **NEVER** to delete clinical notes, another user's entry, or a past entry. In all of these cases the information would be updated so that all previous information is fully accessible and visible to the end user.
- Immunization administration errors entered by a nurse would be invalidated (not deleted) and correct information entered.
- Any amendment made to a client file that falls outside client demographic data must include a clinical note to indicate which fields have been changed and the reason for the change.

### Duplicate Client Profiles

- If a duplicate client profile is found, an online ticket will be submitted to the Help Desk at <https://ictservices.nshealth.ca/assystnet/application/assystNET.jsp>
  - The subject line should indicate "Panorama-possible duplicate client".
  - Include the client ID of all duplicate profiles; do not include client names, health card numbers or other identifying information in the ticket.
  - Tickets for Panorama will be forwarded to the appropriate support Staff for resolution.

### Immunization Deferral

- Immunization Deferral occurs in cases where a client is expected to receive the immunization in future but could not receive it on the day of the scheduled appointment (i.e. they are sick, more information is required from the HCP, etc.).
- The Nurse Immunizer assesses the client and uses clinical judgement as to the necessity for deferring an immunization.
  - Deferrals are documented on the deferral page in Panorama and should always include a comment in the comments section to indicate the reason for deferral.

#### [\[User Guide\]](#)

- The comments section is preferable over a clinical note as the clinical notes are not attached to a specific event and are more time consuming to locate. The end user must also know to search for a clinical note

whereas comments are available to any user on the same page that indicates the deferral was made. If necessary, a clinical note may also be included.

- Whenever possible, a deferral should indicate both the start and end date (i.e. the date the deferral was put in place and the date it is expected to end in immunization).
  - If an end date is unknown it may be left blank.

### Immunity Status Interpretation

- Where applicable (i.e. the client is a known contact person of high risk notifiable disease case) the immunity status of the client will be determined by the nurse based on immunization history, history of previous illness, and lab reports.
- Immunity status will be recorded in Panorama and updated as new information is available. [\[User Guide\]](#)
  - A nurse can take verbal report of immunity from a parent (i.e. history of a disease that would typically result in immunity) and indicate the report as verbal in the comments section. If the same student is later discovered to be non-immune this can be added to the client profile.

### Special Considerations [\[Special Conditions\]](#)

*\*confirm & include definition chart from training material*

- Special considerations are updated in the client profile where factors that may impact immunization exist.
  - If a consideration exists that is applicable to ALL immunization (i.e. a needle phobia) then a warning should be added rather than a precaution. [\[User Guide\]](#)
    - Warnings will appear for any vaccine given whereas precautions appear for specific agents.
  - Allergies recorded in Panorama will not affect the forecaster function. A contraindication (found under special considerations) should also be added to the client profile when a vaccine should not be administered again. Contraindications will adjust the forecaster. [\[User Guide\]](#)

- If subsequent doses **are** being recommended, do not use contraindications; instead add a precaution (i.e. longer post-immunization observation period).  
[\[User Guide\]](#)
- Allergies being captured that are unrelated to immunization may all be listed together under “other” in the comments section. [\[User Guide\]](#)

## PART 7-ADVERSE EVENTS

### Role of the Nurse Immunizer

- If a client faints at the immunization appointment the event is reported in the Safety Improvement and Management System (SIMS). [\[hyperlink to SIMS user guide\]](#)
- In the case of reaction to a vaccine, an Adverse Event Following Immunization (AEFI) report is completed in addition to the SIMS report. [\[hyperlink to SIMS user guide\]](#) and [\[hyperlink to SOP for Reporting an AEFI\]](#)
- Clients who experience an AEFI are managed in accordance with the organizational policy for anaphylaxis [\[link to the new NSHA Anaphylaxis Policy once approved\]](#) and as outlined in the AEFI SOP and Nova Scotia Immunization Manual.  
<http://novascotia.ca/dhw/cdpc/documents/Immunization-Manual.pdf>
- All adverse events are documented in a clinical note on the client profile in Panorama. [\[User Guide\]](#)
- The Health Protection manager will be made aware of any adverse events as per established zone process.

## Part 8-CONTINGENCY (PANORAMA INACCESSIBLE)

- Should Panorama access be interrupted at any stage of the clinic process, Staff will:
  - First attempt to connect to the system by tethering to their organization-issued mobile device.
  - If tethering is unsuccessful, revert to paper-based documentation.
  - Information will be entered into Panorama as soon as possible.

**Pre Appointment(s):**

- The **Vaccine Usage Form** will be used to document any vaccine taken from the fridge including the vaccine name, lot number, expiry date, and number of doses taken.  
[\[hyperlink to Appendix G\]](#)

**During Appointment(s)**

- Reciprocal forms will be completed at the appointment except in the case of school program vaccines where documentation will be completed on the consent form.
  - A hard copy provided to the client as a record of the immunization received.
- Where clinical notes or other additional documentation is required, it will be captured on a hard copy progress note and scanned/attached to the client profile once Panorama becomes available.

**Post Appointment(s)**

- All documentation must be entered into Panorama as soon as the possible once the system becomes accessible.
- The **Vaccine Usage Form** will be used to document any vaccine returned to the fridge, the number of doses used at the clinic, and the number of doses wasted.  
[\[hyperlink to Appendix G-Vaccine Usage Form\]](#)
- The Nurse Immunizer will note on the **Vaccine Usage Form** that the system was unavailable at the clinic and doses used have not been decremented in Panorama.
  - The Clinic Lead will be accountable to ensure that doses used have been entered against the event and to notify the Zone Bio-Coordinator once this has been completed.
- Each Nurse Immunizer will enter any paper immunization records they completed from the clinic into Panorama. [\[User Guide\]](#). This should occur under exceptional circumstances only.
  - Depending on zone resources, where a Nurse Immunizer is not able to enter paper records into Panorama post-clinic, the clinic lead or admin/data entry clerk may enter records as a non-provider entry. These are never to be entered as historical data.
  - Immunization records must be entered into Panorama as soon as the system becomes available and within a one week maximum timeframe.
  - This process is important to ensure the accuracy of inventory reconciliation and prevent counting errors.

- Zones will be accountable to allot the resources required for data entry to occur within the timeframe required.

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## RELATED DOCUMENTS

### Policies

NSHA Client Identification Policy [Interdisciplinary Clinical CL-SR-025]

[http://policy.nshealth.ca/Site\\_Published/NSHA/document\\_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=67407](http://policy.nshealth.ca/Site_Published/NSHA/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=67407)

NSHA Public Health Care Directive: Immunization Administration by Nurses (RN and LPN) Employed in Public Health [Public Health CD-PH-010]

[http://policy.nshealth.ca/Site\\_Published/nsha/document\\_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=69188](http://policy.nshealth.ca/Site_Published/nsha/document_render.aspx?documentRender.IdType=6&documentRender.GenericField=&documentRender.Id=69188)

**Reference and link to the new NSHA Immunization Policy** [Public Health MM-IM-001] once approved (*will supersede all former DHA immunization-related policies*)

**Reference and link to the new NSHA Anaphylaxis Policy** once approved (*will supersede all former related DHA policies*)

### Appendices

Appendix A-Definitions

Appendix B-Nova Scotia Immunization Schedule for Children

[https://novascotia.ca/dhw/cdpc/documents/13078\\_NsChildhoodImmPoster\\_En.pdf](https://novascotia.ca/dhw/cdpc/documents/13078_NsChildhoodImmPoster_En.pdf)

Appendix C-Nova Scotia Immunization Schedule for Adults

[https://novascotia.ca/dhw/cdpc/documents/13155\\_AdultImmunizationSchedule\\_En.pdf](https://novascotia.ca/dhw/cdpc/documents/13155_AdultImmunizationSchedule_En.pdf)

Appendix D-Nova Scotia School Immunization Schedule

[https://novascotia.ca/dhw/cdpc/documents/13153\\_SchoolImmunizationSchedule\\_En.pdf](https://novascotia.ca/dhw/cdpc/documents/13153_SchoolImmunizationSchedule_En.pdf)

Appendix E-Sample Reciprocal Immunization Form

<https://novascotia.ca/dhw/CDPC/documents/forms/Reciprocal-Notification-Form.pdf>

Appendix F-**Vaccine Order Request Form: Special Order**

<https://novascotia.ca/dhw/cdpc/documents/forms/High-Risk-Special-Release-Vaccine-Order-Request.pdf>

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Appendix G-Vaccine Usage Form

Appendix H-SIMS: Reporting Faints-A Step by Step Guide

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## Appendix A-Definitions

Consent for Disclosure	Consent granted by a client to a Nurse or MOH to view a file that has been masked by the DHW Privacy and Access Office. Masking is a process that limits the disclosure of specific portions of that client's personal health information.
Consent for Service	Consent given for the specific purpose of a given intervention (i.e. receipt of vaccine, or a series of vaccine, at school clinics).
Deferral	A postponement status assigned where a student is expected to have an eligible immunization at a date in the foreseeable future but could not receive it on the day originally scheduled.
Event	The clinic(s) held for a defined cohort of individuals.
Health Care Professional (HCP)	All persons employed by NSHA facilities, or NSHA funded facilities, as well as members of the medical staff, volunteers, board members, students, and others associated through contracts
Holding Point Location (HPL)	A discrete location where immunization product is kept in inventory. Immunization product must be received into, and issued from a specific HPL.
Immunization	The process by which immunity is conferred, either by injection of antigens (active Immunization) or by injection of serum containing specific antibodies (passive immunization).
Immunization Coverage	A measure of the extent to which immunizations administered cover the potential need in the population.
Immunization Team	Clinic Leads, PHNs, LPNs, and administrative support Staff who deliver the school immunization program.
Informed Consent	The process of giving information about a particular treatment or test in order for you to decide whether or not you wish to undergo a treatment or test. This process of understanding the risks and benefits of treatment is known as informed consent.
Lot Number	Number assigned to each vaccine by the vaccine manufacturer for identification purposes.
Non-Regular Staff	Refers to all learners, temporary and casual Staff who provide immunization related services to clients as part of assigned work activities within Public Health at the NSHA. This may include both administrative and nursing related functions.

Nurse Immunizer	Refers to all permanent status registered nurses and licensed practical nurses who provide immunization services to clients as part of assigned work activities within Public Health at the NSHA.
Panorama	An electronic public health surveillance system designed to increase efficiency in tracking vaccine usage, immunization coverage rates, and control of infectious notifiable diseases including outbreaks.
Publicly Funded Immunization Program	A provincially determined list of publicly funded vaccine which falls under various routine and non-routine eligibility criteria including childhood, school, adult and high risk categories.
Service Delivery Location (SDL)	The location where a service, such as immunization, is received by the client (i.e. the specific school or office where a clinic is held).
Staff	Unless specifically limited by a certain policy, refers to all employees, physicians, learners, volunteers, board members, contractors, contract workers, franchise employees, and other individuals performing work activities within NSHA.
Vaccination	Vaccination is a method of preventing certain infections. It consists of introducing preparations called Vaccines into an organism for the purpose of inducing active immunity.
Vaccine	An antigenic preparation which, when introduced into an organism, induces the production of antibodies capable of fighting off infection of that organism by a given micro-organism.
Zone Bio-Coordinator	Administrative personnel (i.e. secretary, clerk) assigned within the Zone to the functions related to vaccine inventory, storage, handling and distribution.

## Appendix B-Nova Scotia Immunization Schedule for Children

# Routine Childhood Immunization Schedule

Childhood immunizations have changed in the past few years. This schedule reflects these changes and may be different from what you or your children may have received in the past.

The immunizations shown on this schedule are those that are given **free of charge**.

**High-risk children may be eligible for additional vaccines.** For more information, talk to your health care provider or call your local Public Health Services office.

		SCHEDULE					
		2 months	4 months	6 months	12 months	18 months	4-6 years
VACCINES	<b>DTaP-IPV-Hib</b> Diphtheria, tetanus, acellular pertussis (whooping cough), polio, and Haemophilus influenzae type b vaccine	✓	✓	✓		✓	
	<b>Pneumo Conj.</b> Pneumococcal conjugate vaccine	✓	✓		✓		
	<b>Men C Conj.</b> Meningococcal group C conjugate vaccine				✓		
	<b>MMRV*</b> Measles, mumps, rubella and varicella vaccine				✓	✓*	✓*
	<b>Tdap-IPV</b> Tetanus, diphtheria, acellular pertussis (whooping cough), and polio vaccine						✓

\*The second dose of MMRV can be given only once between 18 months and 6 years of age.

### Seasonal Flu Vaccines

- Seasonal flu vaccines are free for all Nova Scotians. They are recommended for all adults and children EXCEPT for babies under 6 months.
- Seasonal flu vaccines are strongly recommended for anyone who lives with or takes care of a child under 5 years, and for anyone living in a home where a newborn is expected during influenza season (October to April). This includes both adults and older children.
- Seasonal flu vaccines are also strongly recommended for children with a health condition that places them at high risk and for anyone who lives with or takes care of these children.
- Children under 9 years old getting their first flu vaccine need 2 doses.

For more information about seasonal flu vaccines, see: [novascotia.ca/DHW/CDPC/flu.asp](http://novascotia.ca/DHW/CDPC/flu.asp)

Aussi disponible en français



13/51/APRIS REV15-16

## Appendix C-Nova Scotia Immunization Schedule for Adults

### Immunization Schedule for Adults

The immunizations shown here are given free of charge.

Adults at high risk may be eligible for additional vaccines. For more information, talk to your health care provider or call your local Public Health office.

		SCHEDULE	
		Adults to age 64	Adults 65 and older
<b>VACCINES</b>	<b>Seasonal Flu<sup>1</sup></b> <i>Influenza vaccine (every flu season)</i>	✓	✓
	<b>Td</b> <i>Tetanus, diphtheria vaccine. (Every 10 years. 1 dose should be given as Tdap<sup>2</sup> if not previously given in adulthood.)</i>	✓	✓
	<b>Pneumococcal polysaccharide</b> <i>Pneumococcal polysaccharide vaccine (1 dose)<sup>3</sup></i>	✓ <i>(high risk only)</i>	✓
	<b>MMR</b> <i>Measles, mumps and rubella vaccine (2 doses)</i>	✓ <i>(Adults born in 1970 or later)</i>	

1 For more information about flu vaccine, see [novascotia.ca/flu](http://novascotia.ca/flu)

2 Tdap (tetanus and diphtheria toxoid combined with acellular pertussis vaccine)  
 • All adults who have not received a dose of pertussis vaccine in adulthood should receive a single dose of Tdap for the prevention of pertussis (whooping cough), particularly if they are in regular contact with infants.

3 In most cases, pneumococcal polysaccharide vaccine should be given only once. More than one dose decreases the effectiveness of the vaccine. For some people, re-vaccination may be required.  
 For more information on re-vaccination,  
 • talk to your health care provider or  
 • visit [www.phac-aspc.gc.ca/publicat/clg-gcl/p04-pneu-eng.php](http://www.phac-aspc.gc.ca/publicat/clg-gcl/p04-pneu-eng.php)

## Appendix D-Nova Scotia School Immunization Schedule

### School Immunization Schedule

The immunizations shown on this schedule are those that are given **free of charge**.

**Children at high risk may be eligible for additional vaccines.** For more information, talk to your health care provider or talk to your local Public Health Office.

		School Year
		Grade 7
<b>VACCINES</b>	<b>HPV (for both boys and girls)</b> Human papillomavirus vaccine (2 doses)	✓
	<b>Hepatitis B (HB)</b> Hepatitis B vaccine (2 doses)	✓
	<b>Tdap</b> Tetanus, diphtheria, and acellular pertussis (whooping cough) vaccine	✓
	<b>Meningococcal Quadrivalent</b> Meningococcal Quadrivalent vaccine (Groups A, C, Y and W 135)	✓

13153 / APR15 REV15-16



Appendix E-Sample Reciprocal Immunization Form

# Reciprocal Notification Form

Public Health Services  
7 Meilor Avenue, Unit 5  
Dartmouth, Nova Scotia  
BSB 0E8



www.gov.ns.ca/dhw

This form is to be completed by the person administering a vaccine.  
The blue copy is to be sent to the local Public Health Office.  
The yellow copy is to be sent to or retained by the health care provider.

Please print firmly with a ball-point pen—you are making 2 copies.

PATIENT INFORMATION																											
Surname		Given Names		Phone Number																							
Address					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>																						
Address					Postal Code																						
If Attending School, Name of School																											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>							<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>				
Y	M	D	M	F	Health Card Number																						
Date of Birth			Sex																								
Health Care Provider's Name (Please Print)			Health Care Provider's Phone Number																								

ANTIGEN ADMINISTERED. CHECK (✓) BOXES WHERE APPROPRIATE				
<b>DTaP-IPV-Hib</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Meningococcal group C <input type="checkbox"/> Tdap-IPV	<b>Hepatitis B</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <b>Hepatitis A</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <b>MMR</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<b>Varicella</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Pneumococcal Polysaccharide <input type="checkbox"/> Td <b>MMRV</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd	<b>Influenza</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Hib <input type="checkbox"/> Tdap Other _____ <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	<b>Pneumococcal Conjugate</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <b>Hepatitis A &amp; B</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Other _____ <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
Site:	Site:	Site:	Site:	Site:
Dosage:	Dosage:	Dosage:	Dosage:	Dosage:
Route:	Route:	Route:	Route:	Route:
Lot #:	Lot #:	Lot #:	Lot #:	Lot #:

\_\_\_\_\_ Date Given (YYMM/DD)
\_\_\_\_\_ Signature of Person Giving Vaccine

\_\_\_\_\_ Office / Location where Immunization was Given
13068/JUN12 REV12-13

**Appendix F-Vaccine Order Request Form: Special Order**

**Vaccine Order Request:  
High Risk or Special Order**

<b>Place Vaccine Order</b> Phone: Fax: Email:
--

Immunization Provider Information			
Provider Name		Email	
Professional Designation <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist		Public Health Practitioner Yes <input type="checkbox"/> No <input type="checkbox"/>	
Practice Address			
Contact Person			
Phone:	Fax:	Email:	
Order Date	Mode of Delivery Allow 2-3 days	<input type="checkbox"/> Pick up	<input type="checkbox"/> Courier

Patient Details			
Patient 's Last Name	First Name	HCN	DOB
Reason for Vaccine Request	Specify details		
<input type="checkbox"/> Close contact or exposure to VPD			
<input type="checkbox"/> High Risk Condition			
<input type="checkbox"/> Other			

Immunizing Agent/ Product requested	# doses	Adult	Pediatric
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Approved by: _____ Date _____
-------------------------------

5/24/2013

Appendix G-Vaccine Usage Form

*\*To be added here*

DRAFT

## Appendix H-SIMS Reporting Faints: A Step-By-Step Guide

### SIMS

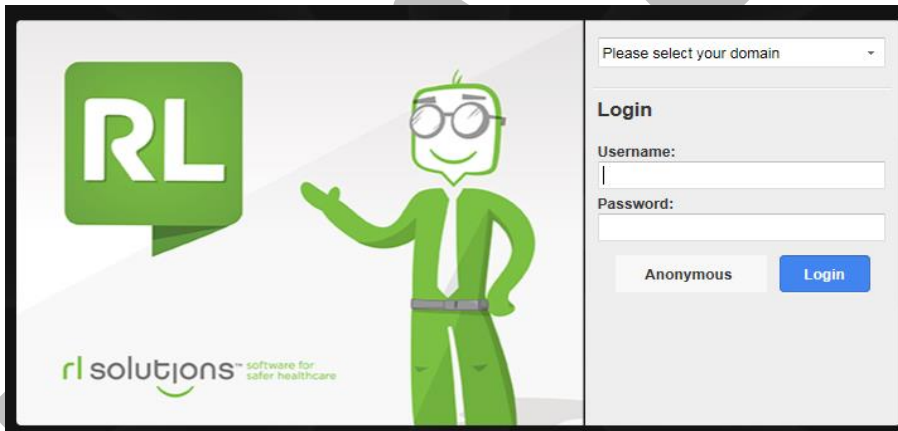
(Safety Improvement & Management System)

## Reporting Faints – A Step-By-Step How-To Guide

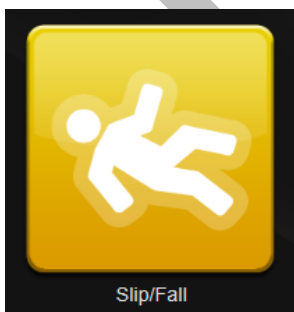
- ❖ Click on SIMS icon on desktop



- ❖ Sign in with Username/Password



- ❖ Click on Slip/Fall icon



## Slip/Fall

### General Information about Slip/Fall Event

1. Specific event type - choose other
2. Other specific event type - enter faint
3. Type of person affected - choose community based client
4. Severity level (reported) - choose no harm incident
5. Harm/injury occurred - choose no
6. Equipment involved/malfunctioned - choose no
7. Give brief factual description (what occurred and nursing action)

**Slip/Fall**

**Confidential Quality Improvement Information pursuant to the Quality Improvement Information Protection Act**

General information about the slip/fall event

Specific Event Type	* Other (please specify) ▾
Other Specific Event Type	* <input type="text"/>
Type of Person Affected	* <input type="text"/> ▾
Severity Level (Reported)	* <input type="text"/> ▾
Harm/Injury occurred?	* <input type="text"/> ▾
Equipment Involved/Malfunctioned?	* <input type="text"/> ▾
Brief Factual Description	* <input type="text"/>

Slip/Fall Event Details

1. Fall witnessed – choose appropriate answer
2. Mobility status at time of fall – leave blank
3. Attempted action prior to fall – leave blank
4. Was lift equipment used – leave blank
5. Fall risk assessment done on admission - leave blank
6. Time of last fall risk assessment – leave blank
7. Last fall risk assessment score – leave blank
8. Fall risk assessment score post fall – leave blank
9. Restraints in place – leave blank
10. History of falls in last month – leave blank
11. Medication contributed to fall – choose yes
12. Fall safety precautions in place at time of fall - leave blank

**Slip/Fall Event Details**

Details of the slip/fall event

Fall witnessed?	<input type="text"/>
Mobility status at time of fall	<input type="text"/>
Attempted action prior to fall	<input type="text"/>
Was lift equipment used?	<input type="text"/>
Fall risk assessment done on admission?	<input type="text"/>
Time of last fall risk assessment	<input type="text"/>
Last fall risk assessment score	<input type="text"/>
Fall risk assessment score post fall	<input type="text"/>
Restraints in place?	<input type="text"/>
History of falls in the last month?	<input type="text"/>
Medication contributed to fall?	* Yes <input type="text"/>
Fall safety precautions in place at time of fall?	<input type="text"/>

Medication Involved

- Click add to enter medication details

**Medication Involved**

Click Add to enter medication details

Medication(s) Involved


Drug Generic Name Ordered	Drug Generic Name Administered
Not Specified	

[Add](#) [Modify](#) [Delete](#)

When or Where Event Occurred

- Event date (dd/mm/yyyy)
- Time (use 24 hour clock)
- Authority/Zone/Branch – choose correct Zone
- Site – choose Public Health
- Medical service or department – choose Public Health
- Floor/Clinic/Unit – choose PH – Protecting Health team

**When and Where Event Occurred**

Event Date \*  

dd/mm/yyyy

Time (00:00) \*

(Please use 24 hour time)


Authority/Zone/Branch \*

Site \*

Medical Service or Department \*

Floor/Clinic/Unit \*

Click TRASH BIN to clear location values



Person Affected Details (Details of the person affected by the event)

- Medical record number – leave blank
- Health card number (MSI) – enter HCN if provided
- Alternate number (OOP/Mil/etc.) – leave blank
- Person affected first name - \*mandatory field\*
- Person affected last name - \*mandatory field\*
- Person affected date of birth – dd/mm/yyyy
- Person affected age – will automatically populate field

**Person Affected Details**

Details of the person affected by the event

Medical Record Number

Health Card Number (MSI)

Alternate Number(OOP/Mil/etc.)

Person Affected First Name \*

Person Affected Last Name \*

Person Affected Date of Birth

dd/mm/yyyy

Person Affected Age

Disclosure Details

- Was the event initially disclosed to patient/client – choose yes
- Was the event disclosed to the decision maker/family – choose yes

Disclosure Details

Was the event initially disclosed to patient/client?

Was the event disclosed to the decision maker/family?



Parties' Involved/Notified/Witnesses

- Click add
- Add any staff involved/witnesses/family that was notified by filling in drop-down attachments

**Parties Involved / Notified / Witnesses**

Click Add to enter parties involved / notified / witnesses in the event

Party Involved / Notified / Witnesses

Role	Name
Not Specified	

[Add](#) [Modify](#) [Delete](#)

Attachments

- Do not add any health record or human resource documentation

**Attachments**

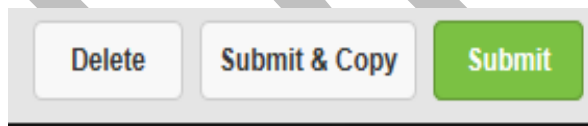
**Do NOT attach ANY health record or human resources documentation.**

Attachments

FileName	Category	Description
Not Specified		

[Open](#) [Add](#) [Modify](#) [Remove](#)

- ❖ Submit (located on the bottom right of screen)



**HISTORY**

<b>CURRENT VERSION</b>
<p>1. <b>Prepared by:</b> Catharine Langlois (Consultant-Health Protection)</p>
<p>2. <b>Reviewed by:</b> Michelle Huntington (PHN-Eastern Zone); Krista Piek (PHN-Northern Zone), Jeanette Ryan (LPN-Central Zone); Stacey Bent (PHN-Western Zone), Health Protection Provincial Team (HPPT) -managers; Panorama Immunization working group members as part of User Acceptance Testing January 22-26, 2018</p>
<p>3. <b>Version #:</b> February 1, 2018</p>

**Version History**

(To Be Completed by the Policy Office)

<b>Major Revisions (e.g. Standard 4 year review)</b>	<b>Minor Revisions (e.g. spelling correction, wording changes, etc.)</b>