PUBLIC HEALTH MANUAL
Standard Operating Procedure

TITLE:	School Immunization Clinics	NUMBER: Revised-2018-02-07	
Sponsor:		Page:	1 of 39
Approved by:	Senior Director; Population and Public Health	Approval Date:	
		Effective Date:	
Applies To:	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 grade 7 students as outlined in the Nova Scotia School Immunization Schedule AppendixB. 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_Immunoglobin_eligibility_final.pdf

The purpose of this Standard Operating Procedure (SOP) is to outline the planning, implementation and follow-up clinic processes for immunizers and other Staff working in the public health school-based immunization programs. This SOP captures students receiving immunization within public or private school contexts; a separate SOP provides additional direction for home schooled students. Panorama software will be used to document pre, during and post clinic activities as outlined in this SOP.

PROCEDURE

PART 1-PLANNING SCHOOL CLINICS

Vaccine and Supplies Required for School Immunization Clinics

- Prior to the start and at set intervals throughout the School Immunization Program each year, inventory of supplies ordered from stores and vaccine is requisitioned from the Provincial Biological Depot.
- Where required in a zone, the Immunization Team may prepare the 'school immunization clinic courier' form Appendix B which outlines student target number and schedule for clinic deliveries.

Role of the Clinic Lead

- Identify the target group as per the provincial school immunization schedule. [Appendix C](#)
- Select the date(s) and location for the clinic in collaboration with the school.
- If the clinic is at a public school, the clinic lead sends blank consent forms to the school. [Appendix D](#)
  - o The school is asked to distribute consent forms to parents for completion as soon as possible.
  - o The school is asked to collect completed consent forms for Public Health pick up; timelines for pick-up to be determined within the zones.
  - o Zones are responsible to ensure sufficient time is allotted for consent entry into Panorama at least one week prior to clinic dates.
- If the clinic is at private school, the clinic lead contacts the school to request class list(s) be sent to public health.
  - o Lists will then be uploaded to Panorama for use in the creation of clinic events.
    *determine how/who these lists are sent to for uploading to Panorama (i.e. will the clinic lead send an online ticket to Panorama support?)
- Assess the staff and supply needs as per zone requirements based on expected number of students to be immunized, distance to be travelled, resources available and existing zone protocols.
  - o The following formula may be useful to assist in the determination of staffing needs: *Target # of Students X 15 (max minutes per student)/240 (4 hours) =the number of nurses needed + 1 person for recovery*
- Recruit staff as per established zone process.
- Ensure verification of the inventory on hand in the zone. Sufficient quantity may be considered as the target number of expected students plus 10% surplus in case of additional students, wastage, or other unforeseen circumstances on clinic day.
  - o If sufficient quantity is on hand, the planning stage is complete.

Role of the Zone Bio-Coordinator

  - o If an insufficient quantity is on hand, the Zone Bio-Coordinator secures stock a minimum of one week prior to the scheduled date of clinic.

Role of the Nurse Immunizer

- Immunizers will confirm their availability with the Clinic Lead as soon as possible if recruitment for a clinic is requested.
- All immunizers must have current immunization competency and certification as outlined in the NSHA Immunization Policy <mark>[hyperlink to new policy when approved]</mark>, the NSHA SOP <mark>[hyperlink to new SOP once available]</mark> and the Nova Scotia Immunization Manual http://novascotia.ca/dhw/cdpc/documents/Immunization-Manual.pdf

PART 2-SET UP SCHOOL CLINICS

- Each clinic lead, nurse immunizer and admin/data entry clerk who are attending school clinics will be required to go equipped with a dedicated laptop device for use of Panorama onsite.
  - o Devices may not be shared as each user will need access to their own account.
  - o For those Staff who have not been assigned a regular laptop for day to day use (i.e. temporary/casual positions) the zones will have a process in place to ensure availability of a device for use at the clinic.
- Timing for set-up of clinics is at the discretion of each zone based on resources.
  - o At a minimum, event set-up and consent entry should be completed in Panorama one week prior to the scheduled clinic.
    - ▪ Where consent has not been received from a parent this far in advance, it should be entered into Panorama as soon as possible.

Role of the Admin/Data Entry Clerk

- Search Panorama for the school immunization event. [User Guide]
  - o If the event exists, update event information as required.
  - o If the event does not exist, create the immunization event.
    - ▪ The naming convention used for school clinics is "**zone-venue-date**" (i.e. WZ-Middleton Regional-YYYYMMDD)
- Lookup the Service Delivery Location (SDL.) [User Guide]
  - o If the SDL exists, set the event to the SDL.

- If the SDL does not exist, submit a ticket to the online help desk to request support in setting up a new SDL.

    https://ictservices.nshealth.ca/assystnet/application/assystNET.jsp

- Add the immunizing agents to the event. All four school vaccines must be added to each round of clinics. [User Guide]

- Search the client (student) name by school and grade under the "advanced search" option.

    - If the student already exists in Panorama, review and update the profile. [User Guide]
        - When new student names are added to class lists, school information should be confirmed in the client profile.

    - If the student does not exist, create a new client profile. [User guide]
        - 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 7-Other Documentation Considerations]

Role of the Clinic Lead

- Add the provider (Nurse Immunizer) details to the event once availability for the clinic has been confirmed. [User Guide]

- o All Nurse Immunizers must have an Active Directory in the electronic system including students, temporary and casual staff. [hyperlink to Part 6-Panorama Use for Non-Regular Staff]
- Review hardcopy consent forms from parents.
  - o Enter the consent for immunization service under client profile as "confirmed". [User Guide] [hyperlink to Part 5-Consent Processing]
  - o Add any special considerations if applicable. [User guide]

- The Clinic Lead accountable for ensuring a second check of the consent entry is completed by another Nurse Immunizer prior to the clinic date.

Role of the Nurse Immunizer

- Nurse Immunizers will confirm they can access the Panorama immunization module prior to clinic day. 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 Clinic Lead or designate.

- Nurse Immunizers with Panorama access will be able to use the application in any zone within Nova Scotia should it be required.

PART 3-CONDUCTING SCHOOL CLINICS

Role of the Clinic Lead (pre-clinic)

- Schedule the immunization forecaster on the student worksheet [User Guide] as close to the scheduled clinic as possible to ensure forecasting accuracy but not less than a half hour prior to printing the worksheet.
  - o This function is configured to run at set intervals in Panorama thus requiring a minimum time period prior to printing for the most accurate results.
- Print the student worksheet for use at the clinic. [User Guide]
- Determine the required quantities for each vaccine.
- Identify lot numbers with the earliest expiration date in the operational Holding Point Location (HPL).
- Move quantities from the school clinic fridge to the coolers.

- Complete hardcopy School Vaccine Usage Form to indicate inventory taken from the clinic fridge. [hyperlink to Appendix G]
- Set the auto-decrement to the clinic HPL. [User Guide]
- Pack in coolers and transport to the clinic location according to protocols outlined in the Nova Scotia Immunization Manual.
  http://novascotia.ca/dhw/cdpc/documents/Immunization-Manual.pdf
- Ensure all non-vaccine related supplies are packed and transported to the clinic location (includes any shared hardware required for Panorama use such as portable printers).

Role of the Admin/Data Entry Clerk

- Register the client (student). Where an admin/data entry clerk is not available at a clinic for registration, this process may be completed by a nurse.
- If the student is already listed on the clinic worksheet, direct the student to the Nurse Immunizer station.
- If the student is not already listed on the clinic worksheet, search for the student in Panorama. [User Guide]
  o   If the student profile exists:
      ▪   Review and update client demographic information [User Guide]
      ▪   add profile to the event list
  o   If the student profile does not exist, create a new profile including student demographic information.[User Guide]
      ▪   Add the student to the event list [User Guide]
      ▪   Review and update the profile [User Guide]

Role of the Nurse Immunizer

- Search the student in Panorama and review/update the profile. [User Guide]
  o   There is no expectation to update all sections of a student profile while at the clinic.
      ▪   Only those sections relevant to the immunization being given that day must be entered (i.e. the fields answered on the parent consent form).
      ▪   If time allows and a nurse has additional historical, demographic, clinical or other information it can be added at the clinic. If no time but additional information has been received this must be entered on the client file once back at the office.

- All documentation must be completed in a timely way as per Nova Scotia nursing college standards.
- The nurse positively identifies the student by verifying two person-specific client identifiers as per NSHA policy CL-SR-025. [Policies](#)
  - o Confirm the student's full name, date of birth (together these are one identifier), and home address with the information available in the student record.
  - o If discrepancies exist between information provided by the student and what is recorded in Panorama, consult with Clinic Lead.
- Obtain consent for service from the student. [hyperlink to Part 5-Consent Directives]
- The Nurse Immunizer assesses the client (student) to determine if immunization can proceed. If no contraindications the immunization may proceed.
  - o Immunize the student as per 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
  - o Record the immunization in Panorama. [User Guide]
    - Print the immunization record at the clinic using the shared portable printer [User Guide] and provide a copy of full immunization record to the client once the vaccine series has been completed (not after each dose).
    - If an error in recording occurs, invalidate erroneous information and add correct information to client record.
- If any vaccine doses were wasted during the clinic, advise the Clinic Lead for recording.
- Deferral at Clinics:
  - o Immunization Deferral occurs in cases where a student 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 parent or HCP, etc.).
  - o Refer to Part 7-Other documentation considerations hyperlink to section]

Role of the Clinic Lead

- End the clinic once all eligible clients in attendance have received their immunization.
  - o The clinic status is not set as "complete" in Panorama until subsequent pick-ups are completed and captured in the system. See Part 4-Post-Clinic Activities for more information about closing school clinic events.

PART 4-POST CLINIC ACTIVITIES

Role of the Clinic Lead

- Transport the remaining vaccine back to the Public Health Office (PHO) according to protocols outlined in the Nova Scotia Immunization Manual.
  http://novascotia.ca/dhw/cdpc/documents/immunization-manual.pdf

- Return the remaining vaccine to the PHO refrigerator.
  - Record all doses used, wasted, and returned on the School Vaccine Usage Form [hyperlink to Appendix G] and forward to the form to the Zone Bio-Coordinator.

Role of the Zone Bio-Coordinator

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

Role of the Clinic Lead

- Arrange pick-up process for missed students. [hyperlink to Part 10-Pick-Up Process]
- Update the clinic event status to complete once the pick-up process has finished for the associated round. [User Guide]
  o Prior to the start of each new round of school clinics in a zone, all clinic events from the preceding round must be closed in Panorama.

Role of the Nurse Immunizer

- 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 and within the timeframe indicated for contingency data entry. [hyperlink to Part 9-Contingency Planning]
  o Depending on zone resources, where the Nurse Immunizer is not available 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 records.

PART 5-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.
  - o 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

- 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]
  - o Only Nurse Immunizers and Medical Officers of Health (MOHs) are given permission in Panorama to complete a consent override.

Process for Consent for Service

Prior to School Immunization Clinic(s)
- The Clinic Lead will review all hardcopy consent forms from parents.
  - o The consent for immunization service will be entered on the client profile in Panorama as "confirmed".
  - o Add any special considerations (if applicable) will also be documented on the client profile.

- The Clinic Lead is accountable for ensuring a second check of the consent entry is completed by another Nurse Immunizer prior to the clinic date.

  - o The Nurse Immunizer performing the second check will review the information entered on the client profile against the paper consent to confirm the student's full

name; date of birth (DOB); gender; reactions to previous vaccine; parent/guardian comments; signature and date are correctly captured.

- If previous vaccines are documented, the Clinic Lead or nurse designate verifies the dose intervals to determine that the vaccine history is adequate for protection. If required, PHN/LPN contacts parent/guardian to clarify immunization history.

- Consultation with a Public Health Nurse (PHN) is required for previous Adverse Events Following Immunization (AEFI) or any other variance that deviates from the LPN scope of practice.

- All notes received from a parent/guardian are uploaded to the student profile in Panorama and originals are attached to the hard copy consent form.

- When parental consent is entered on a student profile ahead of the clinic date, student consent will not be recorded again during the clinic as this will override parental consent in Panorama. An exception to this occurs in cases where a parent has denied consent for immunization but the student is assessed as capable of providing their own informed consent (refer to "Consent of a Minor" section below).

During School Immunization Clinic

- Grade 7 students can choose to receive or refuse an immunization. Before an immunization is given, every student is asked if they understand, have any questions, and consent to being immunized.

- If the parent requests that the student be immunized but the student refuses, the immunization will not be given.

- In cases where a student 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 client's capacity to consent. 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:
  o They are able to understand what the vaccine is and why it is given.
  o 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.
  - The student will be scheduled to meet with the Nurse Immunizer at the next round of school clinics in order to ensure enough time is available to adequately counsel and assess the student's capacity to consent. This will also allow time to address cases of peer influence and for subsequent discussion to occur with the parent should the student request this.
  - If a student is adamant that they be immunized on the same day, the Nurse Immunizer will direct the student back to class until all other immunizations are completed for that clinic. The student will then be called back to the clinic for assessment on the criteria for capacity to consent (as outlined above).
- Once the Nurse Immunizer has had a discussion with the student and confirms these criteria have been met then the minor may proceed with consent for immunization and the vaccine may be administered.
  - The Nurse Immunizer must clearly document the conversation with the student including the minor's capacity to make the decision and their informed consent.
- If a student 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 student will be advised of the reason for withholding immunization and informed that they may return the following year for reassessment.
  - The Nurse Immunizer may also encourage the student to have additional discussion with the parent regarding the desire for immunization.
- The Health Protection Manager will be informed of situations where a student overrides parental consent either:
  - Immediately where the student receives the vaccine on the same day
  - As soon as possible, but always prior to, the next scheduled clinic where the student is expected to be assessed for capacity to consent

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

- 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 of the exceptional circumstance and 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 Special Order 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

Out of Grade Immunization Request

- If the student DOB falls in a cohort that was previously immunized, the Nurse Immunizer assesses student eligibility for publicly funded vaccine and if approved, provides follow-up as required.

PART 6-PANORAMA USE FOR NON-REGULAR STAFF

- It is expected that all Staff involved in immunization clinics 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 for sign-out within the zones to any clinic staff who do not already have dedicated equipment assigned.
- All Non-Regular Staff will confirm they can access the Panorama immunization module prior to clinic day. Any issues with software/hardware access are to be identified with sufficient time for rectification prior to the scheduled clinic 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".

- o Immunization competency has been established as required for all other Nurse Immunizers [hyperlink to Part 1 Planning School Clinics (Role of the Nurse Immunizer)]
- A preceptor or other Nurse Immunizer must be assigned and available at all times during clinics to support and supervise nursing students who are administering vaccine.

Part 7-OTHER DOCUMENTATION CONSIDERATIONS

Clinic Event Deletions

- When a clinic event that has been set-up in Panorama is no longer relevant (due to cancellation, entry in error, etc.) the event will be deleted from the system by the zone that created it.
    - o Deletions should **only** occur in cases where no action was taken in the event.
    - o Deletions remove the event from Panorama; however any immunizations administered as part of an event are attached directly to individual client records and are not impacted.
    - o Whenever possible the individual who created the event in Panorama will also be responsible for deletion.

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.
    - o 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.
    - o 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 in a clinic setting 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 student is expected to have 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 parent or HCP, etc.).
- The Nurse Immunizer assesses the student 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).

- o If an end date is unknown it may be left blank.
- In cases where a student did not arrive at the clinic as expected, or for any other reason they may be added to a pick-up list, the student would not be deferred. Deferrals only occur where a student is assessed as unsuitable for vaccine receipt at the clinic.

Immunity Status Interpretation

- Immunity status of a student 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]

- o 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[User Guide]
*confirm & include definition chart from training material

- Special considerations are updated in the client profile where factors that may impact immunization exist.
  - o 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]
  - o 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 8-ADVERSE EVENTS AT SCHOOL CLINICS

Role of the Nurse Immunizer

- The Nurse Immunizer will make the Clinic Lead aware of any adverse events.
- If a client faints at the immunization clinic the event is reported in the Safety Improvement and Management System (SIMS).
- In the case of reaction to a vaccine, an Adverse Event Following Immunization (AEFI) report is completed in addition to the SIMS report. [User Guide] and [hyperlink to SOP for Reporting an AEFI]
- Students 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]

Role of the Clinic Lead

- Parents will be contacted as part of follow-up after any adverse event.
- The Health Protection manager will be made aware of any adverse events at the clinic as per established zone process.

Part 9-CLINIC 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-Clinic:

- The School 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-School Vaccine Usage Form]
- Pack the student work sheets and completed parental consent forms.
  - Hard copy student work sheets will be taken to all school clinics.
  - Hard copy parental consent forms will be taken to all school clinics.

During Clinic

  - Where Panorama is inaccessible at a school clinic, consent forms will be used for recording any vaccine given and entered into Panorama as outlined in post-clinic activities for contingency.
- If the immunization series are complete, a copy of the consent form is given to the student.
- Where clinical notes or other additional documentation is required, it will be captured on a hard copy progress note, attached to the Public Health copy of the consent form, and scanned/attached to the student profile once Panorama becomes available.

Post-Clinic

- The School 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]
- The Clinic Lead 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 (within the timeframe outlined below) and to notify the Biological Coordinator once this has been completed.
- Each Nurse Immunizer will enter any paper immunization records they completed from the clinic into Panorama using the event worksheet. [User Guide]. This should occur under exceptional circumstances only.
  - It is important to capture the doses given using the event worksheet and NOT through the individual client record.
  - 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.

- o Immunization records from the event 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 at subsequent clinics.
  - ▪ Zones will be accountable to allot the resources required for data entry to occur within the timeframe required.

PART 10-PICK-UP PROCESS:

- Pick-up process will remain **status quo** in each zone until a unified provincial approach is determined.
- All immunizations given to students as part of the pick-up process must be entered into Panorama. [User Guide]
- At the end of the school year, the Clinic Lead or nurse designate reviews all students with incomplete vaccines who are eligible for pick-up.
- A zone may also complete this process throughout the school year as long as a list of eligible students is identifiable at the end of a given school year.
- A custom Panorama report is available to generate pick up lists of those students remain outstanding for immunization.
  - o The Clinic Lead will generate a pick up list in Panorama for use in the planning of additional pick up clinics/appointments. [User Guide]
- In situations where the number of students to be picked up is determined as sufficient for the creation of a separate event, the naming convention for such an event will be "zone-venue-pickup-date" (i.e. NZ-EnfieldDistrictSchool-pickup-yyyymmdd).

REFERENCES

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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

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

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

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-School Clinic Courier Form

Appendix C-Nova Scotia School Immunization Schedule

https://novascotia.ca/dhw/cdpc/documents/13153_SchoolImmunizationSchedule_En.pdf

Appendix D-School Immunization Consent Form

https://novascotia.ca/dhw/CDPC/documents/13135_SIPConsent_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

Appendix G-School Vaccine Usage Form

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

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. In the case of school immunization, round one (autumn) may require two (or more) visits to the same school but would still fall under the same event in Panorama. Round two (spring) is set-up as a separate event.
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.
Home Schooled Students	School aged children and youth who have educational programming provided by a parent/guardian within the home environment as per the Education Act educated per the Education Act, 1995-96.
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.
School Immunization Schedule	A provincially determined schedule of routine, publicly funded vaccine recommended for all youth who fall within a minimum specified age category, typically as part of a Grade 7 cohort.
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-School Immunization Clinic Courier Form

School Immunization Clinics 2017-2018
Courier Schedule for Clinic Supplies & Vaccine
Clinics with a target of 50 & over to be delivered by courier

ROUND # _					
Date	**Time**	**School**	**Target**	**Clinic Facilitator**	**Cell #**

Appendix C-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
VACCINES	**HPV (for both boys and girls)** Human papillomavirus vaccine (2 doses)	✓
	Hepatitis B (HB) Hepatitis B vaccine (2 doses)	✓
	Tdap Tetanus, diphtheria, and acellular pertussis (whooping cough) vaccine	✓
	Meningococcal Quadrivalent Meningococcal Quadrivalent vaccine (Groups A, C, Y and W 135)	✓

13153 /APR15 REV15-16

Appendix D-School Immunization Consent Form

Do Not separate the 3 copies of the Consent Form. Return all 3 copies to your school public health nurse. Your child will receive a copy after all vaccine(s) have been given.
Please complete in pen.

School Immunization Consent Form

The vaccines covered by this form are: Tetanus, Diphtheria, and Acellular Pertussis (Tdap) Vaccine; Meningococcal Quadrivalent Vaccine; Hepatitis B Vaccine; and Human Papillomavirus (HPV) Vaccine

Complete Sections 1 and 2. Please print FIRMLY with a ballpoint pen—you are making 3 copies!

Section 1: STUDENT'S PERSONAL INFORMATION   Grade: _____
Full Name: _____   Parent/Guardian's Name: _____
Address: _____
                                                                             Postal Code: ☐☐☐☐☐☐
Parent's Daytime Phone: _____   Parent's E-mail: _____
Health Care Provider's Name: _____
School Name: _____   Teacher's Name and Room Number: _____

HEALTH CARD NUMBER: ☐☐☐☐-☐☐☐-☐☐☐   Date of Birth: ☐☐☐☐☐☐☐   Sex: ☐☐☐
                                                                         Year   Month   Day   M   F   Other
Has your child ever had an allergy or a reaction to a vaccine?
☐ No   ☐ Yes   If yes, please explain: _____

Section 2: PARENT/GUARDIAN CONSENT
- I have read the information I was given on these 4 vaccines. I understand the benefits, risks, and possible reactions of each vaccine.
- The following consent is valid for the time needed to give all doses of the vaccines unless I cancel my consent in writing.
- By signing below, I consent for the following vaccines to be given (check Yes or No for each of the vaccines).

Tetanus, Diphtheria, and Acellular Pertussis (Tdap) Vaccine (1 dose)
☐ YES, I CONSENT ☐ NO, I DO NOT CONSENT
If your child has received this vaccine recently, please give the name of vaccine: _____ and the date: _____

Meningococcal Quadrivalent Vaccine (1 dose)
☐ YES, I CONSENT ☐ NO, I DO NOT CONSENT
If your child has received this vaccine recently, please give the name of vaccine: _____ and the date: _____.

Hepatitis B Vaccine (2 doses)
☐ YES, I CONSENT ☐ NO, I DO NOT CONSENT
If your child has already received Twinrix vaccine, please give the dates: Dose 1: _____ Dose 2: _____ Dose 3: _____
If your child has already received Hepatitis B vaccine, please give the name of vaccine: _____
and the dates: Dose 1: _____ Dose 2: _____ Dose 3: _____

Human Papillomavirus (HPV) Vaccine (2 doses)
☐ YES, I CONSENT ☐ NO, I DO NOT CONSENT
If your child has already received this vaccine, please give the name of vaccine: _____
and the dates: Dose 1: _____ Dose 2: _____ Dose 3: _____

SIGNATURE REQUIRED

Signature: _____   Print Name: _____   Date: _____
                 (Parent/Guardian)   (Parent/Guardian)
Public Health Services may get in touch with you if any other information is needed.

TO BE COMPLETED BY THE PUBLIC HEALTH NURSE

Tetanus, Diphtheria, and Acellular Pertussis (Tdap) Vaccine   Vaccine Trade Name: _____
1 Dose: _____   Site: Rt arm ☐   Lt arm ☐   Route: IM ☐   Lot # _____
Time: _____   Date: _____   Signature: _____

Meningococcal Quadrivalent Vaccine   Vaccine Trade Name: _____
1 Dose: _____   Site: Rt arm ☐   Lt arm ☐   Route: IM ☐ Lot # _____
Time: _____   Date: _____   Signature: _____

Hepatitis B Vaccine   Vaccine Trade Name: _____
1st Dose: _____   Site: Rt arm ☐   Lt arm ☐   Route: IM ☐ Lot # _____
Time: _____   Date: _____   Signature: _____
2nd Dose: _____   Site: Rt arm ☐ Lt arm ☐   Route: IM ☐ Lot # _____
Time: _____   Date: _____   Signature: _____

Human Papillomavirus (HPV) Vaccine   Vaccine Trade Name: _____
1st Dose: _____   Site: Rt arm ☐   Lt arm ☐   Route: IM ☐   Lot # _____
Time: _____   Date: _____   Signature: _____
2nd Dose: _____   Site: Rt arm ☐   Lt arm ☐   Route: IM ☐   Lot # _____
Time: _____   Date: _____   Signature: _____

Copy Distribution: WHITE – PHS; YELLOW – Health Care Provider; PINK – Parent/Guardian or Student

Aussi disponible en français

13135/APR15 REV15-16

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Appendix E-Sample Reciprocal Immunization Form

Reciprocal Notification Form

Public Health Services
7 Mellor Avenue, Unit 5
Dartmouth, Nova Scotia
B3B 0E8

NOVA SCOTIA

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

Address   Postal Code

If Attending School, Name of School

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

DTaP-IPV-Hib	Hepatitis B	Varicella	Influenza	Pneumococcal Conjugate
☐ 1st	☐ 1st	☐ 1st	☐ 1st	☐ 1st
☐ 2nd	☐ 2nd	☐ 2nd	☐ 2nd	☐ 2nd
☐ 3rd	☐ 3rd		☐ Hib	☐ 3rd
☐ 4th	**Hepatitis A**	☐ Pneumococcal Polysaccharide	☐ Tdap	**Hepatitis A & B**
☐ Meningococcal group C	☐ 1st	☐ Td	Other_____	☐ 1st
	☐ 2nd	**MMRV**	☐ 1st	☐ 2nd
☐ Tdap-IPV	**MMR**	☐ 1st	☐ 2nd	☐ 3rd
	☐ 1st	☐ 2nd	☐ 3rd	**Other_____**
	☐ 2nd		☐ 4th	☐ 1st
				☐ 2nd
				☐ 3rd
Site:	Site:	Site:	Site:	Site:
Dosage:	Dosage:	Dosage:	Dosage:	Dosage:
Route:	Route:	Route:	Route:	Route:
Lot #:	Lot #:	Lot #:	Lot #:	Lot #:

Date Given (YY/MM/DD)   Signature of Person Giving Vaccine

Office / Location where Immunization was Given

130s8/JUN12 REV12-13

Appendix F-Vaccine Order Request Form: Special Order

Place Vaccine Order
Phone:
Fax:
Email:

Vaccine Order Request:
High Risk or Special Order

Immunization Provider Information		
Provider Name	**Email**	
Professional Designation ☐ Physician ☐ Nurse Practitioner ☐ Nurse ☐ Pharmacist		**Public Health Practitioner** Yes ☐ No ☐
Practice Address		
Contact Person		
Phone:	**Fax:**	**Email:**
Order Date	**Mode of Delivery** Allow 2-3 days	☐ Pick up ☐ Courier

Patient Details			
Patient 's Last Name	**First Name**	**HCN**	**DOB**
Reason for Vaccine Request	**Specify details**		
☐ Close contact or exposure to VPD			
☐ High Risk Condition			
☐ Other			

Immunizing Agent/ Product requested	# doses	Adult	Pediatric
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Approved by:_____ Date _____

5/24/2013

Appendix G-School Vaccine Usage Form

*To be added here

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
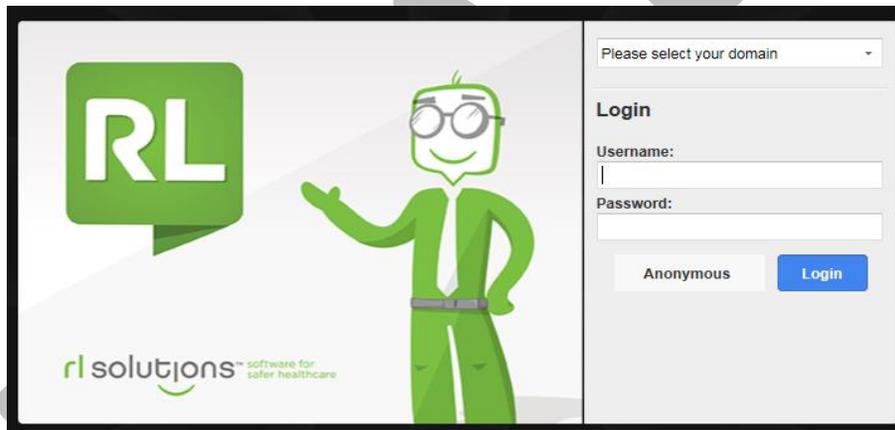
❖   Click on Slip/Fall icon

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)

<u>Slip/Fall Event Details</u>

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?

Mobility status at time of fall

Attempted action prior to fall

Was lift equipment used?

Fall risk assessment done on admission?

Time of last fall risk assessment

Last fall risk assessment score

Fall risk assessment score post fall

Restraints in place?

History of falls in the last month?

Medication contributed to fall?   * Yes

Fall safety precautions in place at time of fall?

Medication Involved

- Click add to enter medication details

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

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

Attachments

- Do not add any health record or human resource documentation

❖   Submit (located on the bottom right of screen)

HISTORY

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

Version History

(To Be Completed by the Policy Office)

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