

# **GREEN LAKE COUNTY HEALTH DEPARTMENT**

<b>PROCEDURE TITLE:</b>	<b>IMMUNIZATION PROGRAM</b>
<b>EFFECTIVE DATE:</b>	<b>12/20/11</b>
<b>DATE REVIEWED/REVISED:</b>	<u>2/11/13</u> Signature _____
	Signature _____
	Signature _____
	Signature _____
<b>AUTHORIZED BY:</b>	<b>KATHRYN MUNSEY, HEALTH OFFICER</b>

<b>TITLE:</b>	<b><u>IMMUNIZATION PROGRAM</u></b>
<b>PURPOSE STATEMENT:</b>	This procedure will outline the method that Green Lake County Health Department will follow to provide immunizations to children age 0-18 and targeted adult populations to reduce the burden of vaccine preventable diseases in the community.
<b>WHO PERFORMS ACTIVITIES:</b>	Green Lake County DHHS staff
<b>PROCEDURE:</b>	See Immunization Program Policy in Policy Procedure Manual (located in Room 1150). See performance-based contract.
<b>RELATED POLICY:</b>	IMMUNIZATION POLICY EXPOSURE CONTROL PLAN



## **GREEN LAKE COUNTY HEALTH DEPARTMENT IMMUNIZATION PROCEDURES**

Note: Green Lake County Health Unit will follow the “Policy and Procedure Manual (Protocols) from the WI Immunization Program, Bureau of Communicable Diseases”. See Immunization Protocols Tab. All staff and the medical advisor will receive copies of updates as they become available from the state immunization program.

### **General Clinic Tasks**

1. Health Officer will prepare schedule of clinics for the year in October.
2. Annual schedules will be sent to local clinics and WIC staff by administrative unit and will be posted on the Green Lake County website.
3. Staff will post clinic dates and times on Outlook.
4. Health Officer will confirm sufficient staffing for each clinic for the month at weekly staff meetings.
5. Immunization clinic assistant will stock current Vaccine Administration Records (VAR's), health history forms and Vaccine Information Sheets (VIS's).
6. To schedule an immunization:
  - Immunization call is received. Determine insurance status/eligibility. If insured, refer them to their primary care physician.
  - Staff will look client up on WI Immunization Registry (WIR) to see what immunizations are needed and verify current demographic information.
  - An appointment will be scheduled.
  - If client is coming to regularly scheduled clinics, document appointment on Outlook with name, vaccines needed, time, age, and a phone number and any special requests, i.e. only wants one shot at a time.
  - Print WIR record and attach to a purple health history sheet and put in appropriate file in blue bin in room 1150 with date and time of appointment on top of the record. Note: Those needing a varicella vaccine must be scheduled at the Green Lake site only.
7. RN will stock immunization clinic supplies per check list. Place order for necessary supplies through billing person.
8. RN or support staff will arrange for an interpreter on a case by case basis.
9. The day prior to the clinic, support staff will make reminder calls to clients.
10. The day of the clinic, support staff will print clinic schedule and verify that papers are printed for all clients.
11. Any returned mail from immunization reminders should be given to the administrative unit to update with new addresses.

**Revised 2/11/13**



**Green Lake County Health Department**



## Clinic Procedure

1. The client/parent/guardian/legal custodian completes the Vaccine(s) Administration Record (VAR), Form DOH 4702. Eligibility status must be updated at each visit. (For minors unaccompanied, see policy on immunization of minors.)
2. Registered nurse or support staff will review VAR for completeness, assess immunization history for appropriate vaccines needed, assess for contraindications, and offer most current Vaccine Information Sheets. In an effort to be green, laminated copies for viewing will be available for those not wishing to take a hard copy with them.
3. If client has Medical Assistance, registered nurse or support staff will obtain copy of card or number and record it on the VAR.
4. Declination forms will be signed if parent refuses age-appropriate vaccines. (In Appendix)
5. Registered nurse will review VAR and health history and administer appropriate vaccines at appropriate sites. When vaccinating adolescents, have them seated and post-vaccination assess and determine if patient should be observed for an additional 15 minutes if at risk for fainting. If syncope develops, patient should be observed until the symptoms resolve.
6. Registered nurse or support staff will fill in or circle lot number, manufacture, and expiration date of vaccine; as well as site of administration (if applicable) and initial on VAR.
7. Registered nurse or support staff will complete or start a Wisconsin Immunization Record or provide parent with WIR summary sheet including vaccines administered at that appointment. Staff will advise client of future appointment dates.
8. Registered nurse will keep track of any wasted vaccine and inform support staff of vaccine and lot number wasted.
9. All vaccinations will be recorded on WIR by support staff or RN, including historical data. Once entered on WIR, highlight the clients' name, indicating it has been recorded. Update all demographic changes at that time.
10. If unable to enter information immediately, place records in room 1150 in box "to be recorded".
11. If billing is required for vaccine, put in billing box in room 1150.
12. Once recorded, put in "to be filed" box and notify administrative staff so they can be filed.

**Revised 2/11/13**



## Vaccine Management

1. Green Lake County Health Unit will follow the *WI Division of Health and Family Services, Division of Public Health Immunization Program Vaccine for Children (VFC) Program Resource Guide* as a reference for vaccine management. When transporting vaccine, registered nurse will place in a cooler with enough ice to keep the vaccine between 35-45 degrees Fahrenheit. Transport with portable thermometer. Varicella vaccine will remain frozen and only given at the Green Lake County location.
2. Continuous graphic thermometer will be placed in vaccine refrigerator and freezer. The continuous graph paper will be changed weekly and stored in file beside the refrigerator. These graphs must be kept for 3 years.
3. Freezer and refrigerator temperature will be checked and recorded twice daily on all work days and the completed monthly sheet will be faxed to the immunization program by the 5<sup>th</sup> day of each month. Faxed forms go in manila file in drawer in Exam #1.
4. In the event of inappropriate temperature range, or power outage, vaccine will be moved by staff to appropriate working refrigerator. All corrective actions will be documented on the "Vaccine Storage Troubleshooting Record" in Appendix IV.
5. Using WIR system, vaccine inventory will be monitored monthly and ordered by a Public Health Nurse as needed. A two month supply will be kept on hand for clinic use.
6. Support staff will complete a vaccine inventory at the end of each month. Reports will be shared with the Health Officer.
7. Staff member accepting a shipment of vaccine will immediately refrigerate or freeze after verifying the lot number and number of doses and accept the transfer in WIR. The packaging slip goes into the bottom drawer of the 4<sup>th</sup> file cabinet in room 1150 in the "package" file.

## Miscellaneous

8. Benchmark reports will be run quarterly by the WIC/MCH nurse to monitor progress towards performance-based contracts. Based on the Benchmark Report recall and reminder letters will be sent to those children who are more than two months behind in any of the primary vaccines so they can complete the primary vaccination series before 24 months of age. If a parent declines age-appropriate vaccines, the parent will be asked to sign a "Decision to Not Vaccinate My Child" form. Three attempts at recall will be made.
9. A PHN will collect School Immunization Reports and file report to state on designated date.

Revised 2/11/13

## **Green Lake County Health Department Vaccine Consent for Immunization of Minors**



**Green Lake County Health Department**



**Public Health**

## **Policy Statement**

Green Lake County Health Department supports the belief that parents/guardians/legal custodians should be present when their minor child receives a vaccine. The Health Department is aware that situations can and do occur when parents/guardians/legal custodians cannot be present. This can serve as a barrier to needed immunizations for their minor child(ren).

In order to reduce and eliminated this barrier, this policy allows for vaccines to be administered to a minor when a parent/guardian/legal custodian is not physically present at the time of vaccination. In order for this to occur, the public health nurse shall assure and document that the parent/guardian/legal custodian:

1. have requested the appropriate vaccine.
2. have an opportunity to provide information about allergies and contraindications (See Appendix VI for Guide to Contraindications to Vaccination).
3. understand that minor and major adverse events may occur as a result of the immunization.

## **Procedure**

1. Any minor under the age of 18 years not accompanied by their parent/guardian/legal custodial should present a written signed permission from the parent/guardian/legal custodian which includes:

- A. Request for appropriate vaccine(s).
- B. List any allergies or contraindications.
- C. Demonstrate understanding of potential adverse events of immunizations to the minor child.

(A completed Vaccine(s) Administration Record, Form DOH F-44702, or corresponding computer generated form fulfills this requirement.)

2. The public health nurse is responsible to assess and evaluate if the above conditions have been met. If met:
  - A. Complete the Vaccine(s) Administration Record Form DOH F-44702.
  - B. Attach the signed parent/guardian/legal custodian written permission to Form DOH F-44702.
  - C. Write, “see attached permission” on signature line of Form DOH F-44702.
  - D. Administer the vaccine according to agency policy and procedure.

3. If the public health nurse determines the conditions in 2 are not met on the signed permission form, the public health nurse will attempt to contact the parent/guardian/legal custodian to assess their intention of having the minor vaccinated. Upon determining the intent for the minor to be vaccinated, the public health nurse will:

- A. Complete the Vaccine(s) Administration Record, Form DOH F-44702.
- B. Document on the DOH F-44702 the date, time, contact person, assessment, and evaluation of parent/guardian/legal custodian understanding of adverse side effects and verbal consent to immunizations.
- C. On the signature line of DOH F-44702 write in permission by “phone call to (name)” parent/guardian/legal custodian.
- D. Administer the vaccine according to agency policy and procedure.

4. Public health situation application

- A. Accompanied minors without permission – if a minor is accompanied by an adult or competent minor who is not the parent/guardian/legal custodian and does not have written



and signed permission from the parent/guardian/legal custodian, the public health nurse will follow steps in 3 above.

- B. Unaccompanied minor without permission – the public health nurse assesses the competency of the minor such as teen parent, teen living alone. If assessed competent the nurse will attempt to contact the parent/guardian/legal custodian for permission to immunize. If unable to contact parent/guardian/legal custodian, the public health nurse will provide the immunization if the minor is at least 16 years of age and assessed as competent. \*See note regarding legal requirement.
- C. Minor Foster Child(ren) – check with foster parent of Human Services, social worker regarding who can authorize immunization.
- D. Minor Foreign Exchange Student(s) – host family may authorize for required vaccination if they have signed a medical release for necessary medical action. When possible, attach a copy of medical release.
- E. Minor Parents – unmarried minors with children may sign for their children.
- F. Divorced Parents (and step-parent) – a divorced (or step) parent may or may not be authorized by the court to control a child’s medical care. However, if the person alleges that he or she is the parent and the public health nurse has no reason to suspect the contrary, the vaccine request should not be denied. The public health nurse does not bear the “burden of proof” that the individual accompanying the minor either is or is no the parent/guardian/legal custodian.

#### 5. Multiple Immunizations

Parent/guardians/legal custodians may be given extra copies of the vaccine information sheets and the Vaccine(s) Administration Record, Form DOH F-44702 and instructed to sign and date close to the time the immunization is to be given. The adult or competent minor accompanying the minor must present the Form DOH F-44702 at the clinic.

\*Note: Under special circumstances, a competent minor could sign for himself/herself. Evaluation should be done on a case-by-case basis. Authorization by the minor would be done as a last resort barring the signature of the parent/guardian/legal custodian.

## Green Lake County Health Department

(1) **IMMUNIZATION PROGRAM ORDERS (Medical Authorization.** The preceding **POLICIES AND PROCEDURES (PROTOCOLS)** have been reviewed and are approved for the immunization program of:



Green Lake County Health Department



Agency Name: **Green Lake County Health Department**

Address: 571 County Road A  
PO Box 588  
Green Lake, WI 54941

Phone Number: 920-294-4070

Physician signature: \_\_\_\_\_

Medical License # \_\_\_\_\_

Date: \_\_\_\_\_

### **(2) POLICIES AND PROCEDURES APPROVAL**

**Dr. Jeanne Lyke**, the medical advisor for Green Lake County Health Department's immunization clinics (check one)

- Agrees to accept the Immunization Program Policies and Procedures as written.
- Agrees to accept the Immunization Program Policies and Procedures with the enclosed modifications.

### **(3) INDEMNIFICATION**

**Dr. Jeanne Lyke**, medical advisor for Green Lake County Health Department's immunization clinics requests indemnified by the state (check one):

- Yes
- No

