



MEDICAL DIRECTIVE – Administration of Influenza Vaccine to Healthcare Workers

Approved by/Date: Medical Advisory Committee – Nov 24, 2015

Authorizing physician(s)

Physician(s) for the Occupational Health and Safety Department (herein after referred to as Occupational Health) of Lakeridge Health (LH).

Authorized to who

Nurses working in Occupational Health (OH) and Regulated Healthcare Professionals who are authorized by the Regulated Health Professions Act to perform IM injections, assigned to assist in the Occupational Health (OH) influenza vaccination campaign and are trained and authorized to administer influenza vaccine.

Patient Description / Population

Healthcare worker includes all persons employed by LH, all privileged staff contracted by LH, as well as volunteers, students, contract workers, and medical trainees (herein after referred to as “the recipient”).

All employees, physicians, volunteers, students, contract workers and medical trainees carrying on activities at LH will be offered annual influenza vaccination. Individuals are strongly encouraged to be immunized.

Medical Directive Description/Physician’s Order

Vaccination consists of 0.5 mL of the seasonal influenza vaccine administered intramuscularly into the deltoid muscle. The vaccine is provided by the Durham Region Health Department.

Administer seasonal influenza vaccine 0.5 mL by intramuscular injection in the deltoid.

Specific conditions/circumstances that must be met before the Directive can be implemented

The Nurse/designated Regulated Healthcare Professional must adhere to the following:

- Provide the recipient with information regarding influenza immunization (on the Adverse Effects and Precautions sheet and the Influenza Immunization Decision Form)

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- Ensure the recipient has read the Adverse Effects and Precautions sheet and has had any questions answered
- Review the Decision Form to ensure that it has been read, understood and signed
- Perform a brief assessment of relevant allergy status (including allergy to band aids), present health and present medications
- Explain the procedure
- Explain the risks, side effects, and precautions (on the Decision Form)
- Ensure there are no contraindications to vaccination with influenza vaccine documented on the Decision Form
- Administer the seasonal influenza vaccine 0.5 mL by intramuscular injection in the deltoid
- Advise the recipient to remain in the vicinity for 15 minutes post injection to ensure a serious reaction does not occur
- Advise the recipient to notify OH of significant side effects

Contraindications to the implementation of the Directive

This medical directive is contraindicated if the Influenza Immunization Decision Form for the approved/provided vaccine has not been completed and signed by the recipient. Specific contraindications for the approved influenza vaccine are listed on the Decision Form specific to the vaccine provided by Durham Region Health Department as different vaccines have different components. The contraindications are reviewed by the OHN/designated Regulated Healthcare Professional prior to administration.

1. Allergy or sensitivity to substances found in the influenza vaccine (see Decision Form).
2. Severe allergic/adverse reaction to a previous dose of influenza vaccine (including Ocular Respiratory Syndrome).
3. Previous Guillain-Barre Syndrome (GBS) occurring within 6 - 8 weeks of a prior influenza vaccination.
4. Fever or active infection at present.
5. A serious, active, unstable neurologic disorder.

Identify relevant Delegated Control Act or Added Skill associated with this Directive

The Nurse/designated Regulated Healthcare Professional will have knowledge of proper administration procedure for the influenza vaccine; the vaccine indications, contraindications, precautions, and side effects; and the anaphylaxis protocol.

Documentation requirements

The recipient will read and sign the Influenza Immunization Decision Form after reviewing the vaccine information, contraindications, precautions, and side effects of the vaccine.



The OHN/designated Regulated Healthcare Professional will sign for the administration of the vaccine on the decision form, including the lot # and expiry date. The original Decision Form will be kept on file in OH. Administration of the vaccine is charted accordingly by the administering OHN/designated Regulated Healthcare Professional in the recipients' electronic OH medical file(s). Decision Forms completed for volunteers, students and contract workers will be maintained on file in OH.

Review/Evaluation Process (how often/by who)

This medical directive and the Influenza Immunization Decision Form(s) will be reviewed and amended annually, by the OHN's and Occupational Health physician.

Related Documents

- Influenza Immunization Decision Form
- Adverse Effects and Precautions Sheet
- Management of Anaphylaxis Medical Directive
- Product Monographs (e.g. Vaxigrip, Influvac, Fluviral)
- Healthcare Worker Influenza Immunization Program and Outbreak Management Policy and Procedure

References

- 1) Annual National Advisory Committee on Immunization (NACI) Statement on Influenza.
- 2) Canadian Immunization Guide, 7th edition, 2006
- 3) Durham Region Health Department
- 4) OHA/OMA Communicable Disease Surveillance for Ontario Hospitals, reviewed and revised July 2014.
- 5) Product Monographs (e.g. Vaxigrip, Influvac, Fluviral)