



Harmonized

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## Authorizing Prescriber(s)

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

## Authorized to Whom

Registered Nurses and Registered Practical Nurses in Occupational Health (OH) and the Regulated Health Care Professionals (RHCP) assigned to and trained to assist in the OH worker influenza vaccination campaign.

## Patient Description/Population

Any Lakeridge Health Colleague (LHC) over the age of 14 who requires an influenza vaccine.

LHCs include:

- employees,
- privileged staff (physicians, dentists, midwives),
- volunteers,
- board members,
- contract workers, and
- students

## Order and/or Procedure

1. Provide the LHC with information regarding influenza vaccination found on the decision form
2. Review the decision form with the LHC to ensure that it has been read, understood and signed
3. Perform relevant assessment of allergy status, present health and current medications
4. Explain the procedure, the risks, side effects, and precautions found on the consent form
5. Ensure there are no contraindications to vaccination with influenza vaccine found on the decision form
6. Administer 0.5 mL influenza vaccine intramuscularly into the deltoid muscle.
7. Advise the recipient to remain in the vicinity for 15 minutes post injection to be monitored for a serious reaction
8. Advise the recipient to notify OH of significant side effects

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## **Indications to the Implementation of the Directive**

1. LHC who are not up to date with Influenza vaccine.

## **Contraindications to the Implementation of the Directive**

1. Contraindications as indicated on the Decision Form specific to the vaccine as provided by Public Health
2. Lack of consent as indicated by an unsigned Influenza Immunization Decision form.

## **Consent**

The recipient will read and sign a decision form (may be electronic) for influenza vaccination after reviewing the vaccine information, contraindications, precautions, and side effects of the vaccine. The original form will be kept on file in OH (may be electronic).

## **Documentation Requirements**

Administration of the vaccine is documented by the administering vaccinator on the decision form and in the recipient's OH medical record, including the name of the vaccine, dose, site, lot number and expiry date.

## **Review/Evaluation Process**

This medical directive will be reviewed annually, by Occupational Health.

## **References**

Annual NACI statement on influenza.  
Canadian Immunization Guide  
Durham Public Health  
OHA/OMA Communicable Disease Surveillance Protocols – Influenza Protocol  
Product Monographs for seasonal influenza vaccine