Guidance and Standing Orders for Influenza Vaccinations

Updated: 06/30/2023

This guidance is for all influenza vaccinations given by On-Site Medical Services or Regional Public Health Networks contracted by NH Department of Health and Human Services (DHHS). This guidance will be updated as new information and resources become available, including as new vaccines become available for use under a Food and Drug Administrations (FDA) Emergency Use Authorization (EUA), and after the U.S. Centers for Disease Control and Prevention (CDC) and their Advisory Committee on Immunization Practices (ACIP) provides medical recommendations for appropriate use of the vaccines.

If questions or issues arise during vaccine clinic operations, please refer to the contact sheet provided.

General Guidance:
Review CDC's Infection Control Guidance for Healthcare Professionals

All persons involved in handling, preparing or administering influenza vaccine must read and be familiar with these vaccine clinic protocols and standing orders, and the following influenza vaccine fact sheets from the FDA:

- Fluzone Quadrivalent FDA Information
- Fluarix Preservative FDA Information
- Influenza vaccine information specific for 2022-2023 season

Review CDC's:
- Influenza vaccine 2022-2023 season
- Information for the 2022-2023 Influenza Season
- Summary: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices.

All persons involved in handling, preparing or administering influenza vaccines must have been provided and completed vaccination training material developed by On-Site Medical Services and approved by the NH DHHS.

Infectious Disease Prevention
Face Mask Use:
- All healthcare providers and staff supporting the influenza vaccination clinic have the *option* to wear a surgical face mask over their nose and mouth when within the vaccination clinic facility, when entering a facility or person's home, and when outdoors and around other people.
    - Staff that opt to wear a mask should be given routine mask breaks as needed (ideally outside if weather permits) where staff are separated from others and can safely remove (and store) their face mask.
    - Avoid touching your face or adjust face covering without first sanitizing your hands. After touching a person's face or adjusting face coverings, hands must again be sanitized.
- All vaccine recipients (VRs) and visitors to an influenza vaccination clinic have the *option* to wear a face mask or cloth face covering over their nose and mouth when within the vaccination facility or outdoors and around other people.

Personal Protective Equipment (PPE) During a Vaccine Recipient (VR) Care Encounter:

- During VR encounters, or when interacting with members of the public, vaccination clinic staff should wear appropriate PPE, including the following:
    - Surgical face mask (if appropriate)
    - Eye protection: face shield (preferred) or goggles (note: eye protection is optional for vaccinators operating in areas that have a low or moderate level of Community transmission of influenza, but should be worn in areas of "substantial" community transmission)
    - Gloves are optional for healthcare workers delivering vaccines
- Staff going into a long-term care facility (LTCF) experiencing an outbreak or with concern for facility transmission must follow the facility's PPE guidance and infection control procedures.
- The above specified articles of PPE should be appropriately donned and doffed (put on and taken off) per CDC guidance on using PPE.
- Masks and face shields can be reused between VRs at fixed site (non-mobile) vaccination clinics as long as they are not contaminated; gloves should be changed in-between VRs.
    - Masks should be discarded, at a minimum, at the end of each shift, or if the mask becomes saturated or soiled.
    - Face shields and goggles can be reused and should be cleaned and disinfected at the end of each shift, or if they become soiled/contaminated; gloves should be used when cleaning and disinfecting (see cleaning and disinfection guidance below).
- Healthcare workers should practice hand hygiene immediately before AND after each VR care encounter.

Hand Hygiene:

- Alcohol-based hand sanitizer should be made readily available at the walk-in facility entrances, exists, throughout the facility, and at points of vaccination. Drive-thru clinics should also have alcohol-based hand sanitizer readily available, especially at points of vaccination for use by staff. Mobile vaccination teams should carry portable containers of alcohol-based hand sanitizer.
- All healthcare personnel delivering vaccination must practice hand hygiene immediately before and after vaccinating each VR.
- All staff should frequently perform hygiene throughout the day, including before and after taking a break or eating, before and after restroom use, etc.

Screening for fever, symptoms, and risk factors for influenza:

- Each staff member must be screened for symptoms of influenza, recent diagnosis of active influenza infection, and risk factors for influenza prior to each shift/clinic.
- Each VR and visitor entering a clinic (including drive thru clinics), or any household contact present for vaccination of a homebound individual must be screened for symptoms of influenza, recent diagnosis of influenza infection, and risk factors for influenza immediately prior, or upon entry, to the facility. Temperatures and responses to questions do not need to be documented or recorded.
- Anybody with new or unexplained symptoms of influenza (including fever of 100.4°F or higher) should be instructed to contact their healthcare provider for evaluation.
- All staff, VRs, visitors, and household contacts should be asked the following screening questions (people can be asked verbally, or provided the questions in writing and asked to identify any "yes" or affirmative answers to the screening questions):

- Do you have any symptoms of influenza that are new for you, including:
  - Fever, chills, or feeling feverish;
  - Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath;
  - General body symptoms such as muscle aches or severe fatigue;
  - Nausea, vomiting, or diarrhea.
- Have you recently tested positive for, or been diagnosed with, active influenza in the prior 10 days?

Cleaning and Disinfection:

- Review CDC's cleaning and disinfection guidance under their Infection Prevention and Control Recommendations for Healthcare Personnel (see "Environmental Infection Control" section), and general community Cleaning and Disinfecting guidance.
- Commonly touched surfaces should be routinely cleaned and disinfected.
- Shared tools and equipment, especially shared non-disposable medical equipment used during VR care, must be cleaned and disinfected according to manufacturer's instructions between each VR use.
- Use an EPA-approved disinfectant effective against the influenza (EPA List N disinfectant).
- Use disposable gloves to clean and disinfect.
- Follow manufacturer instructions on PPE use, and application and contact time needed for disinfectant.

Messaging and Communication:

- All healthcare workers and supporting staff and volunteers should be informed and educated about the infection control and influenza mitigation measures outlined in this and other supporting guidance documentation.
- VRs and visitors should be informed (e.g., through use of signage) that they should not enter the facility if they have any symptoms of influenza.
- School based clinics must send a clinic reminder to all families and VRs within the 10 days prior to the clinic. This reminder must include a contact for parents/guardians to contact if they wish to withdraw their consent form or make any changes.

Environmental Safety:

- Clinic supervisors and safety officers should ensure walkways and drive-up areas are safe and free of ice and snow to prevent slips and falls.
- Vaccination areas in outdoor drive-thru clinics should have space where staff can shelter from weather in a safe, socially-distanced space, and also provide a warm space for breaks and snack/lunch if needed due to cold weather.
- In the case of unsafe inclement weather (e.g., snow storm or Nor'easter), clinics should have plans for canceling and rescheduling VRs and have a plan/process in place for notification of staff.

Vaccination Clinic Work-Flow:

- Vaccine recipients screened at the door to ensure they are feeling well and have no symptoms of influenza.
- Documents that need to be provided to all VR's BEFORE vaccination include:
  - Influenza Vaccine Information Sheet:

        - Influenza vaccine, (for other language translations of the VIS statement, see the CDC website)
    - NHIIS Information for Parents & Patients
    - On Site Consent Form Flu
    - SBC Parent FAQ (For School based clinics only)
- Upon entry, staff should direct VRs to the registration area where the following should occur:
    - If VR has pre-registered and has a vaccination appointment, then registration staff will verify the person's information against their signed consent form.
    - If VR has NOT pre-registered, then staff register VR on-site. If registering on-site, the person registering the VR should screen the person for the above contraindications, precautions, and other health conditions.
    - Provide necessary documents outlined above, if not already provided
- If the VR has not been given or not reviewed the above information before the clinic, staff should direct the VR to a waiting area to review the provided information before vaccination. After reviewing the information, if the VR elects not to be vaccinated, registration staff should cancel the clinic appointment.
- Vaccinators should review information entered into the Pre-Vaccination Questionnaire, Recipient Details, and Medical Information with the VR.
    - Vaccinators should use the "Vaccination Screening Checklist" to quickly screen/review for any contraindications, precautions or other health conditions.
- If no contraindications, administer the appropriate influenza vaccine per standing order protocols (see attached protocols) using safe vaccination and infection prevention technique.
    - Vaccinators should follow general best practice guidelines for vaccine administration.
    - Sharps and syringes should be appropriately disposed of in a sharps container immediately after vaccination.
    - Sharps containers should be monitored and replaced when nearing capacity to prevent needle sticks when disposing of sharps.
- Documents that need to be provided to all VR's AFTER vaccination include:
    - Vaccination card
    - VIS statement for appropriate vaccine.
- Vaccinators should instruct the VR that they may have some side effects (muscle soreness at injection site, fatigue) from the vaccine in the next few days, and to contact their primary care provider if they experience any concerning adverse reactions after leaving the vaccine clinic. If a VR doesn't have a primary care provider, they should seek medical care at a local urgent care or emergency department if they have any concerning signs/symptoms after vaccination, or call 9-1-1 for serious life-threatening symptoms or reactions (e.g., chest pains, difficulty breathing, face or throat swelling, confusion, body rash or hives, etc.)
- After vaccination, the VR should be directed to wait in an observation area for at least 15 minutes after vaccination to ensure there are no immediate serious adverse vaccine reactions (e.g., anaphylaxis) – it is not mandatory that someone wait 15 minutes, but it is strongly recommended. People with a history of severe allergic reaction (e.g., anaphylaxis) due to any cause, OR persons with a history of an immediate allergic reaction of any severity (reaction within 4 hours) after receipt of another vaccine or other injectable medication therapy, that does not meet criteria as a contraindication should be instructed to wait for 30 minutes after vaccination.
    - Waiting areas should be large rooms (for walk-in clinics) with individual seating.

    - For drive-thru clinics, waiting areas should have enough space for cars to park spaced apart so that someone can walk up to a window to check on the person.
    - Clinic staff should monitor the waiting area
    - For vaccination of homebound persons, mobile vaccination teams should identify an area within the home where the VR can be safely observed for the appropriate time frame.
    - Any adverse vaccine reactions should be managed according to the "Medical Management of Vaccine Reactions" protocols.
    - In the event of a serious life-altering reaction occurring, provide BLS and call emergency services (9-1-1).
- Adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or online at https://vaers.hhs.gov/reportevent.html.
- Scan and submit all consent forms to designated On-Site Dropbox **within 1 business day**. If clinics/vaccine administrations occur over the weekend, forms need to be submitted by the end of business day the following Monday.
- *End of day* reporting forms (Daily reporting for mobile clinics, Daily/Hourly Temp Logs for mobile clinics) should be uploaded to your appropriate folder within eStudio. No PHI should be contained in any of these documents.

Additional Guidance for Vaccination Clinics in Long-Term Care Facilities:

- To efficiently provide influenza vaccination to long-term care facility (LTCF) or assisted living facility (ALF) residents, the required information and documents outlined above should be provided prior to a scheduled vaccination clinic, and signed consent forms for each vaccine recipient. LTCFs/ALFs should assist in sharing of information and obtaining agreement for vaccination.
- This agreement to vaccinate should be obtained:
    - Directly and verbally from residents with decision making capacity, or
    - From guardians or a person's healthcare power of attorney for residents without decision making capacity (e.g., with dementia or other cognitive impairment) – this can be obtained in writing via e-mail or fax.
- Prior to a scheduled clinic, LTCFs/ALFs should provide the vaccination clinic staff the list of residents who have agreed, or whose legal surrogates have agreed, to vaccination, and should indicate this on the provided vaccination list. Provide this list by secure fax or e-mail to the appropriate Regional Public Health Network contact.
- The LTCFs/ALFs should document in the resident's chart or medical record that the required information was provided to residents or healthcare powers of attorney, and that agreement was obtained prior to vaccination.

List of Medical Providers Approved to Administer Influenza Vaccine through NH State-Managed Vaccination Clinics

All persons administering vaccinations through clinics under the medical direction of On-Site Medical Services should have training and/or experience in administering vaccinations. All persons should be trained in the necessary processes and procedures outlined in this document, and provided vaccination refresher training. Any trainees (e.g., pharmacy interns, nursing students, medical students, etc.), must operate under the direct supervision of a provider/preceptor in their respective profession who is onsite, trained, experienced, and licensed/certified to provide vaccination.

The following licensed medical providers or trainees are allowed to administer influenza vaccines through vaccination clinics under the medical direction of On-Site Medical Services. Note that specific personnel are allowed to vaccinate minors under the age of 12, and must meet license requirements as stated in the below standing orders:

MD – Doctor of Medicine
DO – Osteopathic Medicine
PA – Physician Assistant
DMD – Doctor of Dental Medicine
DDS – Doctor of Dental Surgery
RDH – Registered Dental Hygienists
DPM – Doctor of Podiatric Medicine
ND – Naturopathic Doctor
APRN – Advanced Practice Registered Nurse
RN – Registered Nurse
LPN – Licensed Practical Nurse
RMA – Registered Medical Assistant
CMA – Certified Medical Assistant
Paramedic
Advanced-EMT
EMT – Emergency Medical Technician (including EMT-basic)*
68W and 4N – Military Medics
Pharmacist†
Pharmacy interns† *
Pharmacy Technician‡
Nursing, Medical, and PA Students*

Ages 12+: See above list from COVID-19 Standing Orders
Ages 3-11yrs: MD, DO, APRN, APRN Student*, PA, PA Student*, RN, RN Student*, LPN, Pharmacists and Pharmacy Technicians* (If they have an immunization endorsement through NH OPLC), Paramedic, Advanced-EMT, EMT*
Ages 6mo-3yrs: MD, DO, APRN, APRN Student*, PA, PA Student*, RN, LPN

** Interns and students must operate under the direct supervision of a provider/preceptor in their respective profession who is onsite, trained, experienced, and licensed/certified to provide vaccination. These individuals must all receive training on clinic processes and protocols, and training in injection safety and technique. EMTs must also conduct any training required through the NH Bureau of EMS.*

Influenza Vaccine Health Questionnaire

Please answer the questions below for the person who is receiving the vaccine to determine if there is any reason they should not get the influenza vaccine. **If you answer "yes" to any of the questions, please contact your medical provider to discuss other ways to receive the vaccine.** **If vaccine recipient is sick or unwell on the day of vaccination, they will not be vaccinated.**	**Yes**	**No**
1. Have you ever had a severe allergic reaction (like anaphylaxis) to eggs or any component* of the influenza vaccine? *More information on vaccine ingredients (components) is available from the FDA at: https://www.fda.gov/vaccines-blood-biologics/vaccines/influenza-virus-vaccine-quadrivalent-types-and-types-b		
2. Have you ever had a severe allergic reaction (like anaphylaxis) to a previous dose of any influenza vaccine?		
3. Have you ever had Guillain-Barre syndrome (GBS) (an autoimmune neurological condition that results in sudden muscle weakness) that developed within 6 weeks after receiving an influenza vaccine?		

Vaccination Screening Checklist (For Vaccinators)

This screening checklist is to help vaccinators identify important information, which may impact the ability of a person to receive the vaccine or affect vaccine selection or management of a person after vaccination.

Review vaccine recipient (VR) information on pre-vaccination questionnaires and verify information with VR prior to vaccination:

- **Is the VR feeling sick today?**
  - Moderate or Severe Illness: Vaccination should be delayed for any person with moderate-to-severe acute illness until their illness has improved.
  - Symptoms of influenza: A person with any new or unexplained symptoms of influenza (even mild cold symptoms) should be declined vaccination, instructed to seek evaluation by a medical provider.
- **Does the VR have active COVID-19 infection or isolation?**
  - Persons who are sick, who have COVID-19 or suspect they have COVID-19 should isolate to prevent the spread of illness and should not be vaccinated if vaccination will pose an exposure risk to others in the vaccination setting.
  - For persons who are mildly ill or asymptomatic, deferral might be considered to avoid exposure risk to others in the vaccination setting.
- **Does the VR have a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of the influenza vaccine, or to any component of the vaccine?**
  - If "yes" to either, this is a vaccine **Contraindication**: Do NOT give that vaccine.
- **Does the VR have an allergy to eggs or egg products?**

    - Persons who have experienced only hives after exposure to eggs may receive a FDA recommended influenza vaccine appropriate for their age and health status (i.e., any IIV4, RLV4, or LAIV4).
    - Persons reporting symptoms other than hives after exposure to egg (such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention) should be deferred to an inpatient facility equipped to observe and respond to symptoms.
- **Does the VR have a bleeding disorder or is VR taking a blood thinner?**
    - If "yes", vaccine may be given, but use a fine-gauge needle (23 gauge or smaller), followed by firm pressure on the site (without rubbing) for at least 2 minutes.
- **Is the VR currently pregnant?**
    - Persons who are pregnant or who might be pregnant during the influenza season should receive influenza vaccine.
    - Any age-appropriate IIV4 or RIV4 may be given in any trimester.
    - LAIV4 should not be used during pregnancy but can be used postpartum.

* An "immediate allergic reaction" is defined as any hypersensitivity related signs or symptoms consistent with urticaria (hives), angioedema, respiratory distress, or anaphylaxis that occurs within 4 hours following administration. Allergic reactions after vaccination should be differentiated from non-allergic reactions, such as vasovagal episodes and normal vaccine side effects.

** Severely immunocompromised conditions include being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with a CD4 lymphocyte count of less than 200, primary immunodeficiency disorder, high levels of steroids (e.g., receipt of prednisone >20 mg/day for more than 14 days), etc.

Standing Order for Administering the Influenza Vaccine

PURPOSE: To reduce the burden of disease and associated morbidity and mortality from the influenza vaccine by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.
POLICY: This standing order enables eligible healthcare professionals to assess and vaccinate persons who meet the criteria outlined below and are seeking influenza vaccination through the New Hampshire Department of Health & Human Services' State-managed influenza vaccine clinics and On-Site Medical Services without the need for clinician examination or direct order from the attending provider at the time of the interaction.

PROCEDURE:

1. Follow the "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)—United States, 2022-23"
2. Identify the following individuals for vaccination (i.e., the vaccine recipient, or VR):

APPROVED AGES & DOSE VOLUMES

Approved ages and volumes for intramuscular influenza vaccines (IIVrs and RIV4)

Vaccine	Approved Ages	Dose Volume
Afluria Quadrivalent	6 through 35 months ≥ 3 years	0.25 mL 0.5 mL
Fluarix Quadrivalent	**≥ 6 months**	**0.5 mL**
FluLaval Quadrivalent	≥ 6 months	0.5 mL
Fluzone Quadrivalent	**6 through 35 months** **≥ 3 years**	**0.5 mL (see below)** **0.5 mL**
Flucelvax Quadrivalent	≥ 6 months	0.5 mL
Flublok Quadrivalent	≥ 18 months	0.5 mL
Fluzone High-Dose Quadrivalent	≥ 65 years	0.7 mL
Fluad Quadrivalent	≥ 65 years	0.5 mL

- If a dose less than the necessary volume is administered:
    - If the error is discovered immediately (before the recipient has left the vaccination setting), administer the remaining additional volume needed.
    - If it is difficult to measure the remaining needed volume, or if the error is discovered after the recipient has left the vaccination setting, administer a repeat full dose.
    - Healthy non-pregnant persons aged 2 through 49 years may alternatively receive 0.2 mL of LAIV4, 0.1 mL per nostril, using the supplied intranasal sprayer

1. **Screen for any contraindications or precautions to vaccination (refer to the "Vaccination Screening Checklist" for vaccinators).**
    a. ***Contraindications***: Do NOT give influenza vaccination to any person who has a history of either: Anaphylaxis to previous influenza vaccination, egg, egg products.
        i. See CDC's information for ingredients
        ii. An **"immediate allergic reaction"** is defined as any hypersensitivity related signs or symptoms consistent with urticaria (hives), angioedema, respiratory distress, or anaphylaxis that occurs within 4 hours following administration. Allergic reactions after vaccination should be differentiated from non-allergic reactions, such as vasovagal episodes and normal vaccine side effects.
    b. ***Precautions***: Take additional precautions if a person has a history of either: 1) an immediate allergic reaction to other non-influenza vaccines or injection medication therapies (including intramuscular, intravenous, or subcutaneous injections), or 2) a non-severe, immediate allergic reaction after a previous dose of influenza vaccine
        i. Vaccine may be given, but persons with a vaccine "precaution" are recommended to discuss their allergy histories with their primary care provider so their provider can help

perform a risk assessment and discuss the potential risks/benefits of the influenza vaccines with the VR. If the VR chooses not to discuss their allergy history with their primary care provider before vaccination, the VR can still have the vaccine administered. Inform the VR about the potential increased risk of an allergic reaction to the influenza vaccine. VR must be monitored for at least 30 minutes after vaccination.

ii. If the VR has a known or diagnosed anaphylactic allergy to egg, the CDC recommends referral to an inpatient facility for administration.

c. If there is any question about whether a VR has an influenza vaccine contraindication vs. precaution, consult with the vaccine clinic medical lead to help determine if vaccination is appropriate. If there are concerns about whether a VR is appropriate to be vaccinated with available influenza vaccines, then the VR should be declined vaccination, and instructed to seek assessment and vaccination in a more appropriate medically monitored setting.

2. **Screen for other health conditions listed below (refer to the "Vaccination Screening Checklist" for vaccinators).**
   a. **Severe allergic reaction (e.g., anaphylaxis) due to any cause that does not qualify as a vaccine contraindication or precaution (including to other oral medications, food, environmental exposures, etc.)**: Vaccine may be given. It is recommended that the VR discuss their allergy history with their primary care provider before vaccination, but even if the VR did not discuss with their primary care provider, the vaccine can be given. VR must be monitored for at least 30 minutes after vaccination.
   b. **Moderate or Severe Immunosuppression**: Vaccine may be given and should be safe for VR to receive, but the vaccine may be less effective due to their immune system. Counsel the person to continue to take steps to protect themselves from influenza after vaccination. If questions or concerns, recommend the VR discuss with their health care provider.
   c. **Pregnancy/Breastfeeding**: Vaccine may be given, but ensure the VR received and reviewed the *"Information about the influenza Vaccine for Persons with Certain Health Conditions."*
   d. **Bleeding disorder or taking blood thinner**: Vaccine may be given, but use a fine-gauge needle (23 gauge or smaller), followed by firm pressure on the site (without rubbing) for at least 2 minutes.
3. **Provide documents or ensure vaccine recipient has already received the documents**: Provide all vaccine recipients (or, in the case of minors or people who lack decision making capacity, their parent or legal representative) with a copy of the most current required information (or verify the person, parent/guardian, or legal representative received and had the opportunity to review the information), including, but not limited to:
   a. Influenza vaccine: Fact Sheet for Recipients and Caregivers (for other language translations of the Fact Sheet, see the FDA website)
   b. NHIIS Opt-In or Opt-Out. Each vaccine recipient and/or parent/guardian must be given the option to Opt-in or Opt-out of the vaccine documentation within NHIIS. This documentation must be collected along with their consent form. No information shall be entered in NHIIS without first receiving explicit consent to share information (Opt-in) from the patient or the parent/guardian of a minor.
4. **Obtain consent for vaccination from a legal guardian for vaccine recipients under the age of 18 years, and for vaccine recipients 18 years of age or older who lack decision making capacity and cannot legally consent to vaccination themselves:** Follow instructions outlined in the "*Policy for*

Vaccinating Minors". Any new vaccine dose administration requires a new consent form (if the parent/guardian is not in attendance).

5. **Prepare to administer vaccine**: Choose the needle gauge, needle length, and injection site as outlined below. Follow manufacturer's instructions for storing and handling vaccine.

Children and Adolescents (5-18 years of age): Use a 1-inch needle (22-25 gauge) and administer in the deltoid muscle of the arm. Alternatively, the anterolateral thigh muscle can also be used with needle gauge and length according to the table below.

Age	Needle Gauge	Needle Length	Preferred Injection Site
Child 5-10 Years	22-25	⅝*-1''	Deltoid muscle of arm (preferred)
	22-25	1-1 ¼"	Anterolateral thigh (alternate)
Child 11-18 Years	22-25	⅝* - 1"	Deltoid muscle of arm (preferred)
	22-25	1- 1 ½"	Anterolateral thigh (alternate)

** A 5/8" needle may be used in children/adolescents weighing less than 130 lbs for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.*

Adults (19 years of age and older): Use needle size, gauge, and injection location as outlined in the table below based on a person's sex and weight. The deltoid muscle of the arm/shoulder is the preferred injection site, but if necessary due to a medical condition, the anterolateral thigh muscle can also be used for injection (use a 1.5 inch needle length for males and females of any weight when injecting the anterolateral thigh).

Sex and Weight	Needle Gauge	Needle Length	Preferred Injection Site
Female or male <130 lbs	22-25	⅝*-1''	Deltoid muscle of arm
Female or male 130-152 lbs	22-25	1"	Deltoid muscle of arm
Female 153-200 lbs	22-25	1- 1 ½"	Deltoid muscle of arm
Male 153-200+ lbs	22-25	1- 1 ½"	Deltoid muscle of arm
Female 200+ lbs	22-25	1 ½"	Deltoid muscle of arm
Male 260+	22-25	1 ½"	Deltoid muscle of arm

** A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.*

6. **Administer the vaccine.**
7. **Document vaccination**: Document each person's vaccine administration immediately in administrative portion of the consent form and later enter required information in NHIIS.
8. **Give vaccine recipient the required post-vaccination documents**
9. **Be prepared to manage medical emergencies**: Be prepared to manage medical emergencies related to the administration of vaccine by following the emergency medical protocols ("Medical Management of Vaccine Reactions"). To prevent syncope, vaccinate patients while they are seated. Observe vaccine recipient for at least 15 minutes after vaccination; persons with a history of a severe allergic reaction (e.g., anaphylaxis) due to any cause, a history of a non-severe immediate (onset less than 4 hours) allergic reaction after a previous dose of an influenza vaccine, or a history of any immediate allergic reaction of any severity to other non-influenza vaccines or injectable medication therapies that do not qualify as a vaccine contraindication should be observed for 30 minutes after vaccination.
10. Report adverse events to VAERS: Report adverse events following administration of vaccine to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or online at https://vaers.hhs.gov/reportevent.html.

On-Site Medical Services Policy for Vaccinating Minors

For All Vaccine Recipients Under the Age of 18

It is the policy of On-Site Medical Services that each vaccine recipient under the age of 18 years must have a signed consent form associated with each vaccination dose. The parent or guardian of each child must sign a physical copy of the consent form prior to any vaccine being administered. If the legal parent or guardian is not present at the time of vaccine administration, please see the section below on *Clinics When a Parent or Guardian is NOT in Attendance.* **Consent forms are valid for **90 days** from the date of parent/guardian signature. Prior to any vaccination of a minor without a parent/legal guardian present, there will be a requirement of a signed attestation from school nurse/administrator attesting that a vaccination clinic reminder was sent to families within the 10 days leading up to the clinic.*

Guidance for Conducting School-Based Clinics When a Parent or Guardian is NOT in Attendance

Additional documentation is required when vaccinating minors under the age of 18 years and *without a legal parent or guardian present*. For each vaccine given to a minor without a parent or guardian present, a consent form must be signed by the legal parent or guardian prior to any vaccine administration.

1. On-Site Medical Services Influenza Consent
2. NHIIS Opt-In or Opt-Out. Each vaccine recipient and/or parent/guardian must be given the option to Opt-in or Opt-out of the vaccine documentation within NHIIS. This documentation must be collected along with their consent form. No information shall be entered in NHIIS without first receiving explicit consent to share information (Opt-in) from the patient or the parent/guardian of a minor.
    a. Parents must be provided information on NHIIS to make an informed decision. ***See NHIIS Information for Parents and Patients***
3. Signed attestation by school nurse, administrator, or team member attesting that a reminder notification was sent to all families/vaccine recipients within the 10 days prior to vaccination clinic. This reminder must inform them to call/notify the vaccine clinic if there are any changes to the consent form or if vaccination is no longer wanted.

** Consent must be completed correctly. If the consent form is not completed in its entirety (i.e. missing an answer to a question or not signed/dated by a parent/guardian, etc.), vaccination must be declined.*

***** If a signed attestation acknowledging a vaccination clinic reminder was sent to families is not present at the vaccination clinic, vaccination of all minors without a parent/guardian present must be deferred.***

For international students or recipients whose parent or guardian is not locally available, they will need a copy of proof of guardianship that has been individually signed by the parent authorizing medical rights to another named individual. If possible, having a signed consent form from the parent along with the proof of guardianship would be preferred.

The medical screening questionnaire (on pediatric consent form) should be used to screen children for any serious adverse reactions or side effects that might have occurred after a prior dose. The vaccinator should also verify and inquire of the VR whether they had any serious adverse side effects after a prior dose of the vaccine. **If a parent/guardian reports on the consent form that their child did experience serious/severe side effects or allergic reactions after an earlier vaccine dose, then the vaccinator should seek additional information from the parent/guardian to clarify (if needed), or decline vaccination if it is not medically appropriate.**

<u>Guidance for Minors in New Hampshire Division for Children, Youth, and Families Custody</u>

For vaccine recipients under the age of 18 years and in the custody of Children, Youth and Families of NH (DCYF), there is additional information and documentation needed.

1. Letter from medical provider recommending the influenza vaccine for the VR
2. Medical Authorization Form for the VR
3. NHIIS Opt-In and Opt-Out. Each vaccine recipient or parent/guardian must be informed given the opportunity to opt-in or opt-out of vaccination documentation in NHIIS.
4. On-Site Medical Services consent form signed by DCYF case coordinator for that minor.

Consents must be completed correctly. If **any of the consent forms are not completed in their entirety (i.e. missing an answer to a question or not signed/dated by a parent/guardian, etc.), vaccination must be declined.*

The medical screening questionnaire (on pediatric consent form) should be used to screen children for any serious adverse reactions or side effects that might have occurred after a prior dose. The vaccinator should also verify and inquire of the VR whether they had any serious adverse side effects after a prior dose of the vaccine. **If a parent/guardian/foster parent reports on the consent form that the VR did experience serious/severe side effects or allergic reactions after an earlier vaccine dose, then the vaccinator should seek additional information from the parent/guardian/foster to clarify (if needed). If further information is not available, the vaccinator is to seek advice from the clinic supervision, or decline vaccination if it is not medically appropriate.**

If all of the above requirements are present, then the VR may be vaccinated with the appropriate influenza vaccine and documented accordingly.

Blood Borne Pathogen Exposure

Blood-borne pathogens (BBPs) include Human Immunodeficiency Virus (HIV), hepatitis C virus (HCV), and hepatitis B virus (HBV). A healthcare worker can be exposed to these viral pathogens when exposed to an infected person's blood or other potentially infectious body fluids* through a percutaneous exposure (i.e., needle stick), or when blood or body fluids are exposed to a break in the skin or mucous membranes (i.e., eyes, nose, and mouth). In
the setting of a COVID-19 vaccination clinic or influenza clinic, the primary route of exposure to BPPs is from a contaminated needle stick; the risk of mucous membrane exposure should be minimal given brief patient contact, limited care targeting vaccine delivery, and the provider and clinic staff wearing eye protection (full face shield preferred over goggles). Clinic staff should follow the Advisory Committee on Immunization Practices (ACIP) General Best Practice Guidelines for Vaccine Administration to minimize the risk for a needle stick and BBP exposure.

In the event of a potential exposure to a source patient's (i.e., the person who is the source of exposure) blood or other potentially infectious body fluid, the healthcare provider or clinic staff should take the following steps:

1. Immediately and thoroughly wash with soap and water any needle stick, other sharp wounds, or broken skin that has been exposed to another person's blood or body fluids.
2. Copiously flush and irrigate any exposed mucous membranes with clean water or sterile saline.
3. Once the wound is cleaned or mucous membranes are flushed, immediately report any exposure to the onsite clinical lead/supervisor.
4. Evaluation and testing should be offered to both source patient and staff member via a local urgent care utilizing personal health insurance.
5. Clinical supervisor shall discuss the situation with the source patient and ask if the source patient is willing to get blood borne pathogen testing to help inform care/management of the staff member who was stuck with a needle.
    a. The source patient should be advised to seek blood borne pathogen testing at a local urgent care using their personal insurance if they choose to.
6. Clinical supervisor shall discuss the situation with the staff member with injury and advise them to seek blood borne pathogen testing at a local urgent care using their personal insurance if they choose to.
    a. Staff member should also seek follow up testing via urgent care or PCP utilizing personal insurance outlined by their provider.
7. Fill out the "Incident Report Form" below. This is critical to complete to ensure appropriate coordination between public health, On-Site Medical Services, the staff member, and the source patient. Be sure to document:
    a. Staff name, date of birth, and contact information (including phone number and email address)
    b. Date, time, and clinic location of incident and exposure
    c. Description of the exposure, including:

i. Nature of the exposure (i.e., percutaneous needle stick, non-intact skin, mucosal, human bite, etc.)
ii. Type of body fluid involved
iii. Body location of exposure and contact time with the body fluid
iv. For percutaneous needle stick injuries, include a description of the injury including, type of needle used (solid vs. hollow bore needle), depth of wound, use in source patient
v. Actions taken after the exposure

d. Source patient's name, date of birth, and contact information (including phone number, mailing address, and email)
e. Source patient's pertinent medical history (including known HIV, HBV, or HCV infection status)

8. Supervisor should notify On-Site Medical Services by phone, and submit the Incident Report Form by secure email. All staff and source patient information must be kept confidential.
9. Staff should follow-up with their agency occupational medicine group or primary care provider.

**Body fluids considered potentially infectious include: blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, or any body fluid contaminated with visible blood. HBV and HCV can be detected in saliva, so these viruses could potentially be transmitted through bite wounds, although uncommon. Fluids generally NOT considered infectious (unless they contain blood) include feces, nasal secretions, sputum, sweat, urine, and vomit.*

NH Influenza Vaccination Clinic: Blood Borne Pathogen Exposure Report

Date of Incident: _____ **Time of Incident**: _____

Clinic Name/Location: _____

STAFF INFORMATION:

Name: _____ Date of Birth: _____

Phone Number: _____

E-mail Address: _____

Employer/Staff Type (circle all that apply):

RPHN Hospital Fire/EMS Volunteer Other:_____

Clinic Supervisor Name and Contact Information: _____

Phone Number: _____ Email: _____

DESCRIPTION OF EXPOSURE/INCIDENT:

Type of Exposure (circle all that apply):

Needle Stick Non-intact skin Mucous membrane Bite Other: _____

Type of Body Fluid: **Blood Other:_____**

Body location of exposure: _____

Estimated Contact Time: _____

Describe the injury (for a needle stick: describe the type of needle, depth of wound, etc.):

Actions Taken: _____

Location of Medical Evaluation: _____

Name & Contact information of healthcare provider following staff after needle stick:

_____

SOURCE PATIENT INFORMATION (person who is the source of the exposure):

Name: _____ Date of Birth: _____

Phone Number: _____

Mailing Address: _____

E-mail address: _____

Source Patient Has a Known History of Infection with (circle all that apply):

HIV Hepatitis C Virus Hepatitis B Virus None Unknown

Call On-Call Provider to report (800-640-5114)
Upload this form to On-Site Medical Services Secure Dropbox

INFLUENZA VACCINATION CLINIC INCIDENT REPORT FORM

Note: for blood borne pathogen incident (needle stick, etc.), use the incident form included in the current Influenza Standing Order document

Today's Date: _____Date of Incident:_____Time of Incident: _____

Clinic Name/Location: _____/_____

Staff Reporting

Staff Name:_____Phone: _____

E-mail Address: _____

Clinic Name/Location: _____

Patient Information

Patient Name: _____DOB:_____ Age: _____

Gender as Assigned at Birth: M ☐ F ☐ Choose not to disclose: ☐

Phone Number (Cell): _____

E-mail Address:_____

Incident Information

Type of Incident:
- ☐ Vaccine administration error
- ☐ Vaccine Reaction
- ☐ Other (brief description):_____

Vaccine given: _____Date: _____Route/Site: _____Lot number: _____

Place of incident/accident (e.g. gym, classroom, library, or nurse's office): _____

Describe what happened:

_____

_____

Describe all symptoms or injuries:

_____

_____

Describe treatment and actions taken (include any vital signs taken):

_____

_____

Outcome of incident (did the patient recover, require further intervention, etc.?):

_____

_____

Witnesses to incident/accident:

Name/phone:_____Name/phone:_____

Parent or Guardian Contacted (if minor)? Yes_____No_____

Name: _____Phone: _____ Date/Time_____

Health Care Provider Contacted? Yes_____No_____

Name of contact: _____Date/Time_____

Other persons contacted (name/phone): _____Date/Time_____

VAERS Report Submitted:

VAERS Case #: _____

Date of Submission:_____

AFTER INCIDENT: CONTACT NHIP, at 603-271-4482 and ask to speak to the Nurse on Call

Name of NHIP contact: _____Date/Time_____

Form completed by (please print):_____Phone:_____

Signature: _____

(Note: this form should be completed by the medical professional who responded to the event)

_____Phone:_____

Person in charge of clinic (please print):

Signature:_____

Call On-Call Provider to report (800-640-5114)
Upload this form to On-Site Medical Services Secure Dropbox

Medical Management of Vaccine Reactions in Adults

All vaccines have the potential to cause an adverse reaction. In order to minimize adverse reactions, patients should be carefully screened for precautions and contraindications before vaccine is administered (see www.immunize.org/catg.d/p3072.pdf, guidance in provided clinic protocols, and vaccine standing orders). Even with careful screening, reactions may occur. These reactions can vary from minor (e.g., soreness, itching) to severe and life threatening (e.g., anaphylaxis). Vaccine providers should be familiar with identifying allergic reactions, including anaphylaxis, and must be competent in managing these vaccine events at the site of vaccine administration. Providers should also have a plan in place to immediately contact emergency medical services (EMS) in the event of a severe vaccine reaction. Maintenance of the airway, oxygen administration, and administration of intravenous medications might be necessary. The table below describes procedures to follow if various reactions occur.

REACTION	SIGNS and SYMPTOMS	MANAGEMENT
Localized	Soreness, redness, itching, or swelling at the injection site _____ Slight bleeding _____ Continuous bleeding	Apply a cold compress to the injection site. Consider giving an analgesic (pain reliever) or antipruritic (anti-itch) medication. _____ Apply Pressure and an adhesive compress over the injection site. _____ Place a thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's heart.
Psychological fright and syncope	Fright before injection is given	Have the patient sit or lie down for vaccination

(fainting)	Patient feels "faint" or has paleness, sweating, nausea, lightheadedness, dizziness, weakness, or visual disturbances. Fall, without loss of consciousness Loss of consciousness	Have the patient lie flat. Loosen any tight clothing and maintain an open airway. Apply cool, damp cloth to the patient's face and neck. Keep them under close observation until full recovery. Examine the patient to determine if injury is present before attempting to move the patient. Place the patient flat on their back with feet elevated. Check the patient to determine if injury is present before attempting to move the patient. Place the patient flat on back with feet elevated. Call 911 if the patient does not recover immediately.
Anaphylaxis	**Skin and mucosal symptoms** such as generalized hives, itching, or flushing; swelling of lips, face, throat, or eyes. **Respiratory symptoms** such as change in voice, sensation of throat closing, stridor, shortness of breath, wheeze, or cough. **Gastrointestinal symptoms** such as nausea, vomiting, diarrhea, cramping abdominal pain. **Cardiovascular symptoms** such as collapse, dizziness, tachycardia, hypotension.	See "Emergency Medical Protocol for Management of Anaphylactic Reactions in Adults" on the next page for detailed steps to follow in treating anaphylaxis.

Adapted from www.immunize.org and online.lexi.com by the New Hampshire Division of Public Health Services (DPHS) Updated 12/20/2020

Emergency Medical Protocol for Management of Anaphylactic Reactions in Adults

1. If itching and swelling are confined to the injection site where the vaccination was given, observe the patient closely for the development of generalized symptoms.
2. If symptoms are generalized, activate the emergency medical system (i.e., call 911). This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.
3. **Drug dosing information: The first-line and most important therapy in anaphylaxis is epinephrine. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.**
    a. **First-line treatment**: Use **epinephrine** 1.0 mg/mL aqueous solution (1:1,000 dilution). Administer 0.01 mg/kg per dose intramuscularly (adult dose ranges from 0.2 mg to 0.5 mg; maximum single dose is 0.5 mg). Prefilled autoinjector use is preferred. Repeat every 5-15 minutes in the absence of clinical improvement. Administration should preferably occur in the mid-outer thigh; administer through clothing if necessary. Follow manufacturer instructions for autoinjector use – hold the device/needle in the thigh for at least 3 seconds. Never reinsert needle. Do not administer repeated injections at the same site. B.

b. **Optional treatment: H_1 antihistamines** – for hives or itching use **diphenhydramine**. Administer 25 mg orally every 4–6 hours or 50 mg every 6-8 hours (maximum single dose is 50 mg). H1 antihistamines do NOT relieve upper or lower airway obstruction, hypotension, or shock.

4. Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep the patient in supine position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, the patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse at least every 5 minutes.
5. If EMS has not arrived and symptoms are still present, repeat the dose of epinephrine every 5–15 minutes for up to 3 doses, depending on the patient's response.
6. Record the patient's reaction (e.g., hives, anaphylaxis) to the vaccine, all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.
7. Report adverse events to VAERS: Report adverse events following administration of vaccine to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or online at https://vaers.hhs.gov/reportevent.html.
8. Notify the patient's primary care provider. If unable to contact, notify the patient that they will need to follow up with their primary care provider as soon as possible.

Emergency Medical Protocol for Management of Cardiac Arrest in Adults

1. If the patient is found to be in cardiac arrest, a medical emergency is under way.
2. Activate the emergency medical system (i.e., call 911). This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.
3. Feel for carotid pulse. Keep pulse check to 10 seconds or less
4. If no pulse or if unsure if a pulse is felt, begin CPR.
5. Place heel of hand on lower half of sternum
6. Place other hand on top and interlock fingers
7. Keep arms straight and press down, compressing the chest 2 inches
    a. If alone, the compressions to breaths ratio are 30:2
    b. If two healthcare providers are present, the compressions to breaths ratio are 15:2
8. Let the chest completely recoil between compressions
9. Have an assistant gather the nearest AED.
10. As compressions are being done, attach the AED.
    a. Once AED is on and active, follow directions of AED.
11. Continue with compressions until EMS arrives.

Medical Management of Vaccine Reactions in Children & Teens

All vaccines have the potential to cause an adverse reaction. In order to minimize adverse reactions, patients should be carefully screened for precautions and contraindications before vaccine is administered (see www.immunize.org/catg.d/p3072.pdf, guidance in provided clinic protocols, and vaccine standing orders). Even with careful screening, reactions may occur. These reactions can vary from minor (e.g., soreness, itching) to severe and life threatening (e.g., anaphylaxis). Vaccine providers should be familiar with identifying allergic reactions, including anaphylaxis, and must be competent in managing these vaccine events at the site of vaccine administration. Providers should also have a plan in place to immediately contact emergency medical services (EMS) in the event of a severe vaccine reaction. Maintenance of the airway, oxygen administration, and administration of intravenous medications might be necessary. The table below describes procedures to follow if various reactions occur.

REACTION	SIGNS and SYMPTOMS	MANAGEMENT
Localized	Soreness, redness, itching, or swelling at the injection site	Apply a cold compress to the injection site. Consider giving an analgesic (pain reliever) or antipruritic (anti-itch) medication.
	Slight bleeding	Apply Pressure and an adhesive compress over the injection site.
	Continuous bleeding	Place a thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's heart.
Psychological fright and syncope (fainting)	Fright before injection is given	Have the patient sit or lie down for vaccination
	Patient feels "faint" or has paleness, sweating, nausea, lightheadedness, dizziness, weakness, or visual disturbances.	Have the patient lie flat. Loosen any tight clothing and maintain an open airway. Apply cool, damp cloth to the patient's face and neck. Keep them under close observation until full recovery.
	Fall, without loss of consciousness	Examine the patient to determine if injury is present before attempting to move the patient. Place the patient flat on back with feet elevated.
	Loss of consciousness	Check the patient to determine if injury is present before attempting to move the patient. Place the patient flat on back with feet elevated. Call 911 if the patient does not recover immediately.

Anaphylaxis	**Skin and mucosal symptoms** such as generalized hives, itching, or flushing; swelling of lips, face, throat, or eyes. **Respiratory symptoms** such as change in voice, sensation of throat closing, stridor, shortness of breath, wheeze, or cough. **Gastrointestinal symptoms** such as nausea, vomiting, diarrhea, cramping abdominal pain. **Cardiovascular symptoms** such as collapse, dizziness, tachycardia, hypotension.	See "Emergency Medical Protocol for Management of Anaphylactic Reactions in Adults" on the next page for detailed steps to follow in treating anaphylaxis.
Cardiac Arrest	**Symptoms leading up to cardiac arrest**: syncope, dizziness, rapid heart rate, palpitations, shortness of breath. **Cardiac arrest**: collapse, pulselessness.	See "Emergency Medical Protocol for Management of Cardiac Arrest in Adults" on the next page for detailed steps to follow in treating cardiac arrest.

Adapted from www.immunize.org and online.lexi.com by the New Hampshire Division of Public Health Services (DPHS) Updated 12/20/2020

Emergency Medical Protocol for Management of Anaphylactic Reactions

1. If itching and swelling are confined to the injection site where the vaccination was given, observe the patient closely for the development of generalized symptoms.
2. If symptoms are generalized, activate the emergency medical system (i.e., call 911). This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.
3. **Drug dosing information: The first-line and most important therapy in anaphylaxis is epinephrine. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.**
    a. **First-line treatment**: Use **epinephrine** 1.0 mg/mL aqueous solution (1:1,000 dilution). Administer 0.01 mg/kg per dose intramuscularly (pediatric dose ranges from 0.15 mg to 0.3 mg; maximum single dose is 0.3 mg). The 0.15 mg dose is labeled for patients 15 to 30 kg (33 to 66 lbs), and the 0.3 mg dose is labeled for patients ≥30 kg (66 lbs). Prefilled autoinjector use is preferred. Repeat every 5-15 minutes in the absence of clinical improvement. Administration should preferably occur in the mid-outer thigh; administer through clothing if necessary. Follow manufacturer instructions for autoinjector use – hold the device/needle in the thigh for at least 3 seconds. Never reinsert needle. Do not administer repeated injections at the same site. B.
    b. **Optional treatment: H_1 antihistamines** – for hives or itching use **diphenhydramine**. Administer 12.5 mg orally every 4–6 hours or 25 mg every 6-8 hours (maximum single dose is 25 mg). Adolescents: Oral: 25 to 50 mg/dose; may repeat every 4 to 8 hours. H1 antihistamines do NOT relieve upper or lower airway obstruction, hypotension, or shock.
4. Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep the patient in supine position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, the patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse at least every 5 minutes.
5. If EMS has not arrived and symptoms are still present, repeat the dose of epinephrine every 5–15 minutes for up to 3 doses, depending on the patient's response.

6. Record the patient's reaction (e.g., hives, anaphylaxis) to the vaccine, all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.
7. Report adverse events to VAERS: Report adverse events following administration of vaccine to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 or online at https://vaers.hhs.gov/reportevent.html.
8. Notify the patient's primary care provider. If unable to contact, notify the patient that they will need to follow up with their primary care provider as soon as possible.

For your convenience, approximate dosages based on weight and age are provided in the following charts. Please confirm that you are administering the correct dose for your patient.

First-Line Treatment: Epinephrine					Epinephrine Dose	
					1.0 mg/mL aqueous solution (1:1000 dilution); intramuscular. Minimum dose is 0.05 mg	Epinephrine autoinjector (0.1 mg 0.15 mg or 0.3 mg)
Recommended dose is 0.01 mg/kg body weight up to 0.5 mg maximum dose. May be repeated every 5–15 minutes for a total of 3 doses.		Age group	Range of weight (lbs)	Range of weight (kg)*		
	Infants and children	1–6 months	9–19 lbs	4–8.5 kg	0.05 mg (or mL)	Off label
		7–36 months	20–32 lbs	9–14.5 kg	0.1 mg (or mL)	0.1 mg†
		37–59 months	33–39 lbs	15–17.5 kg	0.15 mg (or mL)	0.15 mg/dose
		5–7 years	40–56 lbs	18–25.5 kg	0.2–0.25 mg (or mL)	0.15 mg/dose
		8–10 years	57–76 lbs	26–34.5 kg	0.25–0.3 mg (or mL)	0.15 mg or 0.3 mg/dose
	Teens	11–12 years	77–99 lbs	35–45 kg	0.35–0.4 mg (or mL)	0.3 mg/dose
		13 years & older	100+ lbs	46+ kg	0.5 mg (or mL) – max. dose	0.3 mg/dose

Note: If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.
* *Rounded weight at the 50th percentile for each age range*
† 0.1 mg autoinjector is licensed for use in 7.5 kg to 14 kg infants and children

Emergency Medical Protocol for Management of Cardiac Arrest In Children

1. If the patient is found to be in cardiac arrest, a medical emergency is under way.
2. Activate the emergency medical system (i.e., call 911). This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.
3. Feel for carotid pulse. Keep pulse check to 10 seconds or less
4. If no pulse or if unsure if a pulse is felt, being CPR.
5. Place eel of hand on lower half of sternum
6. Place other hand on top and interlock fingers
7. Keep arms straight and press down, compressing the chest 2 inches
    a. If alone, the compressions to breaths ratio are 30:2
    b. If two healthcare providers are present, the compressions to breaths ratio are 15:2
8. Let the chest completely recoil between compressions
9. Have an assistant gather the nearest AED.
10. As compressions are being done, attach the AED.
    a. Once AED is on and active, follow directions of AED.
11. Continue with compressions until EMS arrives.

Updated: 06/30/2023

These standing orders shall remain in effect for all patients being vaccinated under the direction of On-Site Medical Services, effective 06/30/2023 and until rescinded.

Medical Director:
Cecilia Keady, DNP, APRN
Cecilia Keady 06/30/2023