



## **INFLUENZA VACCINE ADMINISTRATION PROCEDURE (HEA-P006)**

Clarksville-Montgomery County School System

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### **1.0 SCOPE:**

- 1.1 This procedure outlines the process under physician orders for nurses to vaccinate eligible candidates for influenza.

The online version of this policy is official.  
Therefore, all printed versions of this  
document are unofficial copies.

### **2.0 RESPONSIBILITY:**

- 2.1 School Nurse
- 2.2 District Registered Nurse
- 2.3 Safety and Health Manager

### **3.0 APPROVAL AUTHORITY:**

- 3.1 Safety and Health Director

### **4.0 DEFINITIONS:**

- 4.1 Influenza Vaccination – is an annual vaccine to protect against the highly variable influenza virus.

### **5.0 PROCEDURE:**

- 5.1 Identify adults with no history of influenza vaccination for the current influenza season.
- 5.2 Screen all adults for contraindications and precautions to influenza vaccine.
  - 5.2.1 Contraindications: a serious systemic or anaphylactic reaction after ingesting eggs, after receiving a previous dose of influenza vaccine, or to an influenza vaccine component. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to an adult with history of hypersensitivity to eggs, either anaphylactic or non-anaphylactic; who is pregnant, is age 50 years or older, or who has chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression, including that caused by medications or HIV.
  - 5.2.2 Precautions: moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for trivalent inactivated (TIV) only, allergic reaction to eggs; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination. For (Flu-mist) nasal spray, allergy to chicken (Kidney cells) and/or Gentamicin may cause allergic reaction. Some flu products do contain trace a amount of thimerosal (Afluria).
- 5.3 Provide all with the most current federal Vaccine Information Statement (VIS). The verification is documented on the Influenza consent (HEA-F065).
- 5.4 Administer influenza vaccine as follows:

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- 5.4.1 For adults of all ages, give 0.5 mL of injectable trivalent inactivated influenza vaccine (TIV-IM) intramuscularly (22–25 g, 1–1½" needle) in the deltoid muscle. (Note: A 5/8" needle may be used for adults weighing less than 130 lbs (<60 kg) for injection in the deltoid muscle only if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90 degree angle.
- 5.4.2 For healthy adults younger than age 50 years, may give 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position.
- 5.4.3 For adults ages 18 through 64 years, may give 0.1 ml TIV-ID intradermally by inserting the needle of the microinjection system at a 90 degree angle in the deltoid muscle.
- 5.4.4 For adults ages 65 years and older, give 0.5 mL of high-dose TIV-IM intramuscularly (22–25 g, 1–1½" needle) in the deltoid muscle.
- 5.5 Document each patient's vaccine administration information on form HEA-F065. Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine.
- 5.6 Be prepared for management of a medical emergency related to the administration of vaccine by following these guidelines for an anaphylatic reaction:
  - 5.6.1 If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.
  - 5.6.2 If symptoms are generalized, activate the emergency medical system (EMS; e.g., call 911). This should occur while a second person assesses the airway, breathing, circulation and level of consciousness of the patient.
  - 5.6.3 Administer aqueous epinephrine 1:1000 dilution intramuscularly, 0.01 mL/kg/dose (adult dose ranges from 0.3mL to 0.5mL, with maximum single dose of 0.5mL).
  - 5.6.4 Monitor closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in supine position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated.
  - 5.6.5 If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 10-20 minutes for up to 3 doses, depending on patient's response.
  - 5.6.6 Record interventions, including medications administered to the patient, the time, dosage, and response.

### **6.0 ASSOCIATED DOCUMENTS:**

- 6.1 Federal Vaccine Information Statement (VIS) <http://www.cdc.gov/vaccines/pubs/vis/>
- 6.2 Influenza Consent Form [HEA-F065](#)

### **7.0 RECORD RETENTION TABLE:**



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<b><u>Identification</u></b>	<b><u>Storage</u></b>	<b><u>Retention</u></b>	<b><u>Disposition</u></b>	<b><u>Protection</u></b>
Influenza Consent Form	School Nurse Supervisor Audit	Current year plus one fiscal year	Shred	Secured Office

### **8.0 REVISION HISTORY:**

<b><u>Date:</u></b>	<b><u>Rev.</u></b>	<b><u>Description of Revision:</u></b>
5/7/2012	IR	
9/14/12	A	Update Responsibility Titles
12/13/16		Updated department information.

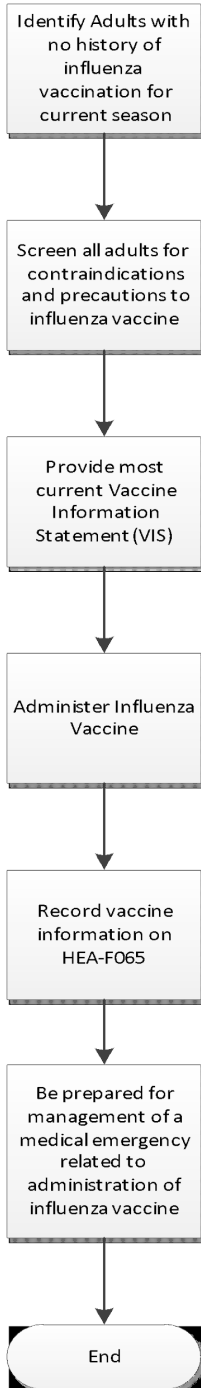
### **9.0 FLOWCHART:**

9.1 A flowchart detailing this process can be found below.

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\*\*\*End of Procedure\*\*\*