

## Medical Directive

### *Title: Administration of Influenza Vaccine by Pharmacist*

Number: C-FHT4

Activation Date:

Review due by:

Sponsoring/Contact Person(s):

(Name, position, contact particulars)

**Kathleen Whittaker, Executive Director**

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|---|--|
| <b>Order and/or Delegated Procedure:</b>  | <b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Title:</b>                                       |
| The clinical pharmacist (RPh) may administer annual influenza immunization to select patients within the Caroline Family Health Team (C-FHT)  |  |
| <b>Recipient Patients:</b>  | <b>Appendix Attached:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Title:</b> Appendix 1: Authorizer Approval Form  |
| 1) All patients 5 years and older and;<br>2) Rostered to C-FHT physicians who have signed the attached authorizer approval form (Appendix 1)  |  |
| <b>Authorized Implementers:</b>   | <b>Appendix Attached:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Title:</b> Appendix 2: Implementer Approval Form |
| Authorized to C-FHT clinical pharmacist (RPh) (Appendix 2)<br><br>In order to administer injections, the C-FHT clinical pharmacist (RPh) must:<br>1) Maintain valid certification in CPR and First Aid (CPR/AED Level C)<br>2) Successfully complete an Ontario College of Pharmacists (OCP) approved course for injection training<br>3) Register injection training with the Ontario College of Pharmacists |  |
| <b>Indications:</b>   | <b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Title:</b>                                       |
| 1) Active immunization for the prevention of influenza disease.   |  |
| <b>Contraindications:</b><br><br>1) History of an anaphylactic reaction to a previous dose of influenza vaccine<br>2) History of an anaphylactic reaction to any of the vaccine components with the exception of egg<br>3) History of developing Guillain-Barré Syndrome (GBS) within 6 weeks of influenza vaccination<br>4) Patients with serious acute illness  |  |
| <b>Consent:</b>   | <b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Title:</b>                                       |
| The clinical pharmacist (RPh) will obtain verbal consent from the patient or legal substitute decision maker. Potential risks and benefits of influenza vaccine will be explained along with the risk of not being immunized.   |  |
| <b>Guidelines for Implementing the Order/Procedure:</b>   | <b>Appendix Attached:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Title:</b>                                       |
| 1) Pre-vaccination counseling - RPh will clarify allergies and provide information regarding the risks and benefits of influenza immunization. Consent will be obtained from the patient or legal substitute decision maker.  |  |

- 2) Vaccine preparation - RPh will prepare each vaccine individually using appropriate precautions to mitigate the risk of infection. A 22 to 25 guage needle will be used for intramuscular injections (IM). Needle length will range between 7/8 to 1 ½ inches.
- 3) Vaccine administration – The site of injection will be assessed and landmarked. Skin will be cleansed with alcohol and left to air dry. Intramuscular (IM) injections will be administered at a 90 degree angle into the deltoid muscle.
- 4) Post vaccination - RPh will observe individuals for at least 15 minutes after the immunization for any adverse reactions or allergic reactions.

**Documentation and Quality Monitoring Guidelines:**

**Appendix Attached:** ☐ Yes ☒ No  
**Title:**

- 1) Document and update patient allergies
- 2) Documentation in the patient's medical record to indicate:
- i) Brand of vaccine
  - ii) Dose/volume administered
  - iii) LOT number
  - iv) Expiry date
  - v) Site of injection
  - vi) Details of adverse reaction (if applicable)

**Review and Quality Monitoring Guidelines:**

**Appendix Attached:** ☐ Yes ☒ No  
**Title:**

- 1) Annual routine review by at least one member of medical directive authorizer, one member of implementer and Executive Director.
- 2) Any staff member who identifies any inappropriate, untoward or unanticipated outcomes resulting from this medical directive implementation will immediately notify the most responsible physician and his/her program manager. The program manager, in collaboration with the sponsoring physician, will immediately trigger an ad hoc review

**Approving Physician(s)/Authorizer(s):**

**Appendix Attached:** ☒ Yes ☐ No  
**Title:** Appendix 1: Authorizer Approval Form

C-FHT Authorizer Approval Form (Appendix 1)

## Appendix 1: Authorizer Approval Form

*Title: Administration of Influenza Vaccine by Pharmacist*

*Number: C-FHT04*

| Name of Authorizer    | Signature | Date |
|-----------------------|-----------|------|
| Dr. Lori Chalklin     |           |      |
| Dr. Stephen Duncan    |           |      |
| Dr. Alicia Gallacio   |           |      |
| Dr. Dana Pinte        |           |      |
| Dr. Rebecca Stallwood |           |      |
| Dr. Robert Tohn       |           |      |
| Dr. David Wallik      |           |      |
| Dr. Kim Walsh         |           |      |
| Dr. Chris Williams    |           |      |

**Appendix 2: Implementer Approval Form**

*Title: Administration of Influenza Vaccine by Pharmacist*  
*Number: C-FHT04*

| Name of Implementer | Signature | Date |
|---------------------|-----------|------|
| Michael Pe, RPh     |           |      |
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