



Medical Directive

Title: Administration of Vaccines for Travel Health (Pharmacist)

Number: C-FHT6

Activation Date:

Review due by:

Sponsoring/Contact Person(s):

(Name, position, contact particulars)

Kathleen Whittaker, Executive Director

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<p>Order and/or Delegated Procedure:</p> <p>The clinical pharmacist (RPh) may administer select vaccines (Appendix 1) for the purpose of providing travel medicine.</p>	<p>Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 1: Travel vaccines administered by pharmacist</p>
<p>Recipient Patients:</p> <p>1) All patients 5 years and older and; 2) Rostered to C-FHT physicians who have signed the attached authorizer approval form (Appendix 2)</p>	<p>Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 2: Authorizer Approval Form</p>
<p>Authorized Implementers:</p> <p>Authorized to C-FHT clinical pharmacist (RPh) (Appendix 3)</p> <p>In order to administer injections, the C-FHT clinical pharmacist (RPh) must:</p> <p>1) Maintain valid certification in CPR and First Aid (CPR/AED Level C) 2) Successfully complete an Ontario College of Pharmacists (OCP) approved course for injection training 3) Register injection training with the Ontario College of Pharmacists</p>	<p>Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Appendix 3: Implementer Approval Form</p>
<p>Indications:</p> <p>1) Active immunization for vaccine-preventable illnesses during travel.</p>	<p>Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:</p>
<p>Contraindications:</p> <p>1) History of an anaphylactic reaction to a previous vaccine 2) History of an anaphylactic reaction to any vaccine components 3) Patients with serious acute illness 4) Any other contraindication specified in the drug monograph for the selected vaccine</p>	
<p>Consent:</p> <p>The clinical pharmacist (RPh) will obtain verbal consent from the patient or legal substitute decision maker. Potential risks and benefits of vaccination will be explained along with the risk of not being immunized.</p>	<p>Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:</p>
<p>Guidelines for Implementing the Order/Procedure:</p> <p>1) Pre-vaccination counseling - RPh will clarify allergies and provide information regarding the risks and benefits of</p>	<p>Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:</p>

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 gauge needle will be used for intramuscular injections (IM). Needle length will range between 7/8 to 1 ½ inches. For subcutaneous injections, a 25 gauge needle will be used with a needle length of 5/8 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. Subcutaneous injections will be given in the upper triceps area at a 45 to 90 degree angle.

4) Post vaccination - RPh will observe individuals for at least 15 minutes after immunization for any adverse reactions or allergic reactions.

Documentation and Communication:

Appendix Attached: Yes No
Title:

1) 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 2: Authorizer Approval Form

C-FHT Authorizer Approval Form (Appendix 2)

Appendix 1: Travel Vaccines Administered by Pharmacist

Title: Administration of Vaccines for Travel Health (Pharmacist)


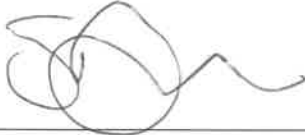




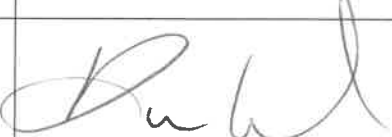

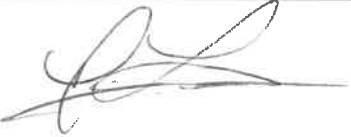
Number: C-FHT06

Vaccine Preventable Disease	Immunizing Agent/Vaccine(s)	Route
Hepatitis A	Avaxim/Avaxim-Pediatrix Havrix/Havrix Jr	IM
Hepatitis B	Engerix-B/Engerix-B Pediatric Recombivax HB/Recombivax HB-Pediatric/ Recombivax HB-Dialysis	IM
Japanese Encephalitis	Ixiaro	IM
Meningococcal disease	Menactra Menveo Nimenrix Bexsero	IM
Pneumococcal disease	Pevnar 13 Pneumovax	IM
Rabies	IMOVAX Rabies RabAvert	IM
Typhoid	Typhim	IM
Yellow Fever	YF-Vax	SC
Combination Vaccines	Twinrix/Twinrix Jr (HAHB) Vivaxim (HA-Typh-I)	IM

Appendix 2: Authorizer Approval Form

Title: Administration of Vaccines for Travel Health (Pharmacist)


Number: C-FHT06

Name of Authorizer	Signature	Date
Dr. Lori Chalklin		9/13/2019
Dr. Stephen Duncan		9/13/2019
Dr. Alicia Gallacio		9/13/2019
Dr. Dana Pinte		5/10/2019
Dr. Robert Tohn		9/13/2019
Dr. David Wallik		9/26/2019
Dr. Kim Walsh		9/13/2019
Dr. Chris Williams		9/13/2019
Dr. Helena Liu		Sept 18, 2019

Appendix 3: Implementer Approval Form

Title: Administration of Vaccines for Travel Health (Pharmacist)

Number: C-FHT06

Name of Implementer	Signature	Date
Michael Pe, RPh		Sept 13, 2019