

**SECTION 2:**  
**NURSING FACILITY**  
**IMMUNIZATION**  
**PROCEDURES**





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The primary body responsible for establishing policies and programs in the nursing facility is the Quality Assessment and Assurance (QA) Committee. Any member of this committee can serve as the immunization “champion” and begin the discussion about the importance of having a formal immunization program within the facility that includes influenza and pneumococcal vaccinations. In addition, the facility should have an employee immunization program. In some larger facilities, the immunization initiative may begin with the Infection Control Committee, which is often a subcommittee of the QA Committee.

**Step 1: Educate key facility staff.**

All health professionals and facility staff need to be knowledgeable about immunization issues.

With adequate training and resources, any health professional or staff member can take the lead in promoting immunization in the facility and educating the other key players about this issue. This Immunization Resource Manual is intended to assist in these efforts.

**Step 2: Develop and approve an immunization program for the facility.**

After the members of the QA Committee have been educated about the importance of having an immunization program in the facility, the committee should develop and formalize an immunization program that meets the needs of the facility. To assist in this process, procedures that the facility may use as a starting point for discussion are included in this manual. At the discretion of the committee, a facility may make any needed changes in these procedures to meet the needs of the facility residents.

As a starting point, the QA Committee could adopt a policy on immunization of all health care and facility staff. The committee should consider a policy that includes pre-printed orders or standing orders for pneumococcal and influenza vaccines. Standing orders may offer an advantage over pre-printed orders. Once standing orders are in place, vaccines may be administered without any action on the part of the physician.

The key points of the resident immunization program are:

- ❖ Educate residents and/or responsible parties about immunizations upon admission to the facility. This should include provision of a vaccine information statement for influenza and pneumococcal vaccines.
- ❖ Upon admission to the facility, (or any time thereafter) add a pre-print order or standing order to client records. The pre-print admit order should include a mechanism for consent that can be used at admission and any time in the future. This will preclude the need to get a separate consent each time an annual influenza vaccine is given.
- ❖ For current residents, a similar process of education should be followed when the program is initiated, or when admit orders are updated.
- ❖ Complete an immunization record form on each facility resident. This form should remain in the active medical record at all times. This provides a permanent record of the resident's immunization history and all immunizations administered while residing in the facility. It (or a copy) can be used to communicate immunization status to off-site providers and can be used as a transfer discharge document.
- ❖ The facility should have an organized program for annual administration of influenza vaccine in the fall of each year.
- ❖ For other vaccines, there should be a system for ensuring that each resident gets the needed vaccines according to the recommended schedule. The Infection Control Nurse or Immunization Coordinator should oversee this system.

### **Step 3: Immunize current residents and new arrivals.**

Complete an Immunization Record Form (*see page 26*) for each current resident. Educate residents and/or responsible parties. Obtain consent forms as needed. Administer vaccinations to residents who need them. As each new resident arrives, create an immunization record and follow the same procedure as for current residents. Ideally, new residents will receive any needed immunizations as soon as is feasible after admission.

Before administration of a vaccine, physician authorization must be obtained. This can be done on the pre-admit order, or preferably by each physician's approval of the facility standing orders for immunization.

#### **Step 4: Develop a system to identify residents who are not immunized against influenza and pneumococcal disease.**

It is important to be able to quickly identify residents who are not immunized, and are therefore more vulnerable during an outbreak of disease. They may need special consideration like antiviral prophylaxis.

#### **Step 5: Bill Medicare or other insurance.**

The facility should have a protocol to ensure that billing for the vaccines, and the administration of the vaccines, is completed accurately and in a timely manner. See Section 6 of this manual for information about the administration of vaccines to Medicare beneficiaries and billing Medicare for vaccines.

Check with private insurance carriers for residents who are paying privately. The Medicaid program may also cover vaccinations. If a resident is enrolled in a Medicare HMO, contact membership services.

#### **Step 6: Evaluate the immunization program.**

It is important to periodically evaluate the effectiveness of the immunization program. The percent of residents immunized with the two key vaccines (influenza and pneumococcal) should be continually monitored. Healthy People 2010 objectives include immunization rates of 90% for flu and pneumococcal disease in people aged 65 and older. If a significant number of residents are not immunized, what are the barriers? Are the facility procedures being followed? Are residents frequently refusing the vaccines? If so, why are they refusing?

If the staff determines that the immunization program is less than fully effective, the procedures should be reviewed. Also, review the process for educating residents and responsible parties about immunization issues. What improvements can be made to increase immunizations?

Computer software that tracks immunization status of residents and employees has been developed by OMPRO.

For information, call (503) 279-0100.

Immunization of staff is an important part of protecting long-term care residents from infectious diseases, especially influenza. Facilities should strongly encourage staff to receive annual influenza immunizations.

## Sample Immunization Policy and Procedures for Nursing Facilities

### IMMUNIZATION POLICY:

All residents will be immunized against vaccine-preventable diseases that may be encountered in this facility. These vaccines will be provided to all persons upon admission, unless medically contraindicated or unless the resident or his or her responsible party refuses.

Upon admission:

1. Obtain an immunization history and complete an immunization record.
2. Advise residents on the benefits and adverse effects of each vaccine prior to administration of the vaccines.
3. If resident or responsible party consents to immunizations:
  - ❖ obtain/verify physician's order unless standing orders are being used;
  - ❖ administer immunizing agents per manufacturer guidelines, as soon as is feasible after admission;
  - ❖ monitor for any adverse reactions for 15-20 minutes after giving the vaccine;
  - ❖ document the immunization in the resident's immunization record;
  - ❖ document any adverse reactions in the medical record and on the resident immunization record and notify the attending physician.
4. If resident or responsible party refuses an immunizing agent included in these orders:
  - ❖ document refusal and the reason(s) in the immunization record.
5. Track the immunization status of individuals who are not immunized for any reason using the "Immunization Status Tracking Form" on pages 27 and 28. Immunize all residents who consent to immunization when vaccines are available.

Document immunization refusal in the immunization record.