

To All Influenza Campaign Immunization Providers – Public Health
From Regional Immunization Committee
Topic **Flu Campaign Documentation Standards**
Date 2018 - 2019 update

PUBLIC HEALTH INFLUENZA CAMPAIGN DOCUMENTATION STANDARDS	
Key Reminders	<p>Key reminders:</p> <ul style="list-style-type: none"> • Only children 8 years and younger need 2 doses need to be documented in PARIS • All pneumococcal vaccines are documented in PARIS. • PARIS informed consent module now includes an annual expiry date for flu vaccine. • Clinic signatures record form needs to be retained by all sites.
About the Onewrite Record	<p>Duplicate Onewrite Record: This system involves a two-part self-carbonated “receipt”</p> <ul style="list-style-type: none"> • White top copy: retained by immunization provider • Yellow bottom copy: given to client as a receipt <p>There are two versions for the flu campaign:</p> <ol style="list-style-type: none"> 1. Onewrite version for Public Health: The “onewrite” record is the standard for mass clinic settings, immunizations done by appointment or drop-in basis (current version dated 2013). This method of documentation meets CRNBC standards for recording immunizations and also provides data for reporting purposes. In order to maintain integrity of the records and the statistical data, forms need to be completed accurately. 2. Onewrite version for VCH Staff: These can be ordered by contacting fluprevention@vch.ca. Staff members are required to report their immunization through the online reporting tool at https://www.influenzareporting.org/. Provide yellow copies to staff and white copies to Workplace Health by December 2, 2017.
PARIS Documentation When is it required?	<p>PARIS</p> <ul style="list-style-type: none"> • An auto expiry of April 30, 2019 has now been implemented for influenza informed consent to coincide with end of flu season. • PARIS documentation applies to the following clients: <ul style="list-style-type: none"> ○ Clients ≤ 8 years of age inclusive who require 2 doses: the standard is to document in PARIS and write in the child’s baby book, regardless of the type of clinic attended (CHC or mass). It is optional to also provide your clients with a copy of the onewrite record. Your unit may decide to gather statistical information a different way for CHCs or also use the onewrite for that purpose. ○ Clients who received flu and other vaccines at a CHC or Adult clinic. If influenza is the only vaccine administered, may choose to use onewrite for documentation. <ul style="list-style-type: none"> ▪ Rationale: Flu vaccine is provided annually and there is limited space on the PARIS immunization history portion of the form. ○ Clients 19 years of age and younger: Informed consent module (ICE) to be used and dissents recorded in ICE if client attends a clinic-based service. This does not apply to the mass setting. ○ Clients who receive pneumococcal vaccines (PCV13 [conjugate] and PPV23 [polysaccharide]) at a mass clinic: The vaccine can be recorded on onewrite record at the clinic and then entered into PARIS following the clinic.
Tips	<ul style="list-style-type: none"> • Clinic signatures record form: Each PHN is required to sign the clinic signatures record prior to the start of a mass flu clinic. • Lot number recording: PHNs need to complete lot numbers in full. It is no longer acceptable to record a clinic code in lieu of the lot number.

- **Administration site recording:** Each PHN must document site on the form following administration.
- **Managing onewrite receipts at clinics:** Each PHN should submit all their receipts in an envelope, or use the method chosen by your clinic/health unit to organize receipts and report for statistical purposes.

Onewrite Completion: Public Health Mass Clinic Setting

Clinic greeter or client completes:

- Date
- Name
- Birthdate
- Sex
- Preq?

Keep in a safe place RECORD OF INFLUENZA (FLU) AND PNEUMOCOCCAL IMMUNIZATION(S) Keep in a safe place

Date	Name: Last, First	Carecard #	Birthdate (dd/mm/yyyy)	Preg? Y N	Sex
<p>Vaccines are very safe. It's much safer to get the vaccine than to get the disease. Common vaccine side-effects include soreness, redness, and swelling where the shot was given. Nasal spray vaccine may give cold-like symptoms. Some people get a mild fever, headache, and aching muscles starting 6 to 12 hours after getting the vaccine(s) and lasting about 1 to 2 days. Pain medication can help fever or soreness, consult package label for instructions. If something more serious happens contact your health care provider.</p> <p>With any vaccine or drug there is a very rare chance of an allergic response. Get medical help right away if it's hard to breathe, you have hives, or swelling of some part of your body.</p> <p>Please inform your health care provider, employer, and/or volunteer agency you work for that you have been immunized.</p> <p>Need more information? Call 811 or visit www.bccentrinkbc.ca</p>		Address	Phone #	PARIS ID	
		Trade name	Dose #	Lot #	Site
		Influenza (Flu)			
		Pneumococcal			
		<input type="checkbox"/> Informed consent authorized by: Minor children and adults unable to self-consent		Print name and relationship to client	
		<input type="checkbox"/> Flu shot #2 due in 4 weeks. Date		Children who are 8 years and younger and receiving a flu shot for the first time require a second flu shot in 4 weeks. Call to book your next appointment.	

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PHN
✓ When informed consent given

PHN
This section is completed only for "minor" children and adults unable to provide consent. Print name and relationship to the client of person providing consent. e.g. Jane Doe, mother

PHN completes
✓ If second dose is needed. This applies to children ≤ 8 years

PHN completes row(s)
after providing shot(s)

PHN completes FULL lot # clinic codes are not acceptable

Onewrite: VCH Workplace Health

RECORD OF INFLUENZA (FLU) IMMUNIZATION

Last Name	First Name	Birth Date (dd/mm/yy)	Employee ID#	<input type="checkbox"/> VCH <input type="checkbox"/> PHSA <input type="checkbox"/> PHC <input type="checkbox"/> FHA Employer/Health Authority
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QUESTIONS TO BE ANSWERED BEFORE RECEIVING THE INFLUENZA VACCINE

1. Is this the first time you have received the Flu Vaccine? Yes No
2. Do you presently have a fever or a serious illness? Yes No
3. Have you ever had an anaphylactic reaction to a previous dose of any type of influenza vaccine or to any vaccine components (Hives, swelling of the mouth or throat, difficult breathing, hypotension, shock, etc)? Yes No

NON-EMPLOYEES/CONTRACT STAFF

Physician (contracted)
 Volunteer
 Student
 Other: _____
 Organization: _____

CONSENT

I have read the BC Health File and understand the information. I consent to receiving the vaccine.

Employee Signature	Today's Date (dd/mm/yy)	Worksite/Hospital	Department
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OFFICE USE ONLY

Lot #	<input type="checkbox"/> Fluviral-multi-dose vial <input type="checkbox"/> Influvac	<input type="checkbox"/> L <input type="checkbox"/> R	Immunizer Signature	Clinic Location
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Please keep this record. Report all serious or unexpected reactions to Workplace Health at (604) 875-4385 or e-mail SafetyandPreventionFSN@vch.ca

You MUST SELF-REPORT this vaccine:

Health Authority Employees: influenzareporting.org/
 Contracted Medical Staff (e.g., physicians on contract, nurse practitioners, fellows, dentists, research staff, etc.): medicalstaffhealth.vch.ca
 Other Staff/Volunteers (e.g., Environmental Services, Sodexo, contractors, etc.) must report to their managers as per established processes.