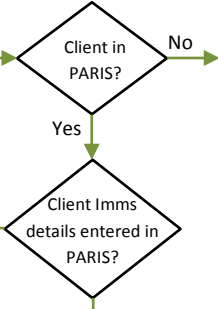


All Programs Immunization Adverse Event Reporting

Informed of Adverse Event following Immunization (AEFI)

PA/PHN: Central Index-(Person) Search
Check for client in PARIS database. Search by:

1. PARIS ID (if known)
2. PHN
3. Last name, First initial with asterisk (*)
4. DOB
5. Last name with asterisk (*)



PA/PHN: Main → Central Index
(Register Client Demographics)

1. Click on "New"
2. **Personal Details** Enter name, DOB, sex, GP***, Address, phone number in "contact details" grid
3. **Names** (if preferred or alternate names)
4. **Identifiers** – add PHN***
5. **Addresses** (to change an address)
6. **Associated People** – related people where enough information is available to register the person as a client or if you can find the related person in the Person Search.
7. **Unregistered contacts** – for any contacts for which an address, PHN, or DOB is unknown and you cannot find the person in the Person Search (e.g. nanny).
8. **Languages**
9. **Allergies** (if any, create an Alert as well)
10. Family physician name and phone #

*** these must be completed to print on the AEFI Report Form

Confirm/Update Demographics

Freedom of information permission?

Call client/parent/legal guardian and obtain freedom of information

PA/PHN: Imms Entry (by Adhoc or Campaign)
Record Immunizations given

Provider Details section:

1. Team – Select your team
2. Given By – enter your name
3. Click External History if dose provided by non-VCH staff

Immunization Results section: Tip: Never Enter Dose #

1. Click insert a row
2. Enter Date, Antigen, Lot #, Trade Name, Body Site, dose (mL)
3. Save and PARIS will validate dose

Campaign Manager Screen:
Click on 'Campaign Results Entry'
Tick appropriate antigen boxes
Enter Date, Antigen, Lot #, Trade Name, Body Site, dose (ml)
Tick appropriate clients then **Save**

PHN: Care Modules → Clinical Summary

1. Select the Immunization Adverse Event
2. Check to see if Adverse Event has begun for this client. If yes, select the row and click 'copy row'. Otherwise, click the 'insert a row' icon
3. Complete the following info:
 - Team
 - Reaction Reported Date
 - Name of Person who Administered Vaccine
 - All vaccines given and date given
 - Adverse Reaction info – click on the applicable boxes
 - Enter reporter information (name and fax#), if reporter is a pharmacist or workplace health, in the comments section
 - Miscellaneous section – if the client has had a previous reaction, check the 'History of previous reaction' box and enter: date of previous reaction, causative vaccine, and reporting health unit for previous adverse reaction

Comments Further Describing Adverse Events – (no personal identifiers)

- Did an AEFI follow a previous dose of any of the above immunizing agents?
- Did this AEFI follow an incorrect immunization? Medical history up to time of AEFI onset (interpret this as 'relevant' medical history please)
- Highest impact of AEFI: did not interfere with daily activities; interfered with but did not prevent daily activities; prevented daily activities
- Treatment received

4. Check '**Section Complete**' box (Name/date will auto-populate)
5. Complete the following:
 - Physician and hospital follow-up info and FOI
6. Check '**Form Complete**' box for outcome section
7. Accept the popup and **Save**

Tip: Remember that the time is NOT how long the event lasted but the length of time between the administration of the vaccine and the start of the event

Tip: When you add further notes to a section already completed, you should **select the latest edited grid (the last grid on the screen) and click 'copy row'** to differentiate a new form.

PHN: While in Clinical Summary-Notify
Notifying the MHO and Designate that the form is ready for Recommendations

1. 'Click on Notify' Ensure the Adverse Event (yellow) Form is closed. **Remain in the Adverse Event Grid for this client.**
- 2a. Confirm Current Client – Ensure this is the client with the Adverse Event OR
- 2b. If person does not have a status of Client in PARIS, fill in: Name and PARIS ID in the comment field

Complete the following fields:

3. Inbox Comment field:
 - Specify either 'Adverse Event'
 - Specify: Name and PARIS ID for persons
4. Enable User to go to Current Form – leave box unticked
5. Send To – Click on 'Individual' button
6. Select from:
 - Click on Individual column header
 - In the 'Type and Find' search names of Medical Health Officer and Designate responsible for AEFI follow up
7. Send the message – Click Accept check mark
8. **Send an email with PARIS ID to local MHO and Karen Peel**

PHN: Immunization – Immunization Alerts: Create Imm Alert

1. Alerts- Insert a row
2. Complete fields: Antigen, Category, Alert, From date
3. In Notes- Write "See Adverse Reaction Form in Health Summary - MHO in progress/under review"

MHO: Inbox- Assigned MHO or designate completes recommendations

Inbox

1. Receive the Adverse Event Message
2. View the Adverse Event Form

MHO: Clinical Summary - Assigned MHO or designate completes recommendations

Adverse Event Form

1. Review and complete Adverse Event Form
2. Complete MHO recommendations per Adverse Event Guidelines

MHO or Designate: Clinical Summary-Notify
MHO Notifying the PHN that the form is ready for Follow-up

- 1a. Go to inbox 'Click on Reply' to send message to PHN.
- 1b. If reply is required to be sent to another PHN, click on individual button, type & find in individual field then search for PHN.

1. Type: 'AEFI recommendations complete. Please provide appropriate follow up'
2. Send the message – Click Accept check mark

MHO & PHN: Care Modules > Care Reports Print and Communicate the Adverse Reaction Form as needed

1. Find and double click the 'CD Immunization Adverse Event Form' row in the Available Reports section
2. Enter the following into the report prompt: PARIS ID of the Client, Reported Date, and Site – select site as appropriate (Vancouver or Richmond or Coastal)
3. Accept the popup → Report will print to printer
4. Designate sends a copy of the completed Adverse Reaction form to the reporter (e.g. pharmacist, workplace health), client's physician, and BCCDC.

-For Vancouver- Regional CDC Program Assistant prints and sends
-For Coastal Urban/Rural-MHO prints report and sends
-For Richmond- PHN prints report and sends

Tip: when you make changes to a completed section, you should **select the latest edited grid and click 'copy row'** to differentiate a new form is completed.

PHN: Care Modules → Clinical Summary-Notification to Client

1. PHN undertakes community follow up as requested in MHO recommendations
2. PHN notifies client of MHO recommendations