

To All Influenza Campaign Immunization Providers – Public Health
From Regional Immunization Committee
Topic **Flu Campaign Documentation Standards**
Date 2021-2022 update

PUBLIC HEALTH INFLUENZA CAMPAIGN DOCUMENTATION STANDARDS	
Key Reminders	<p>Key reminders:</p> <ul style="list-style-type: none"> • PARIS documentation is required for children 8 years of age and younger who qualify for two doses of influenza vaccine. • 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 is a two-part self-carbonated system.</p> <ul style="list-style-type: none"> • White top copy: retained by immunization provider. • Yellow bottom copy: given to client. <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. This method of documentation meets BCCNM 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 or print shop at https://printing.healthbc.org/. Staff are encouraged to self report their immunization through the online reporting tool at www.influenzareporting.org. It’s easy and only takes a few minutes and once you report, you will be entered to win a prize! 3. Provide yellow copy to staff and white copies to Workplace Health December 2nd annually.
PARIS Documentation When is it required?	<p>PARIS</p> <ul style="list-style-type: none"> • An auto expiry of April 30th 2022 flu season 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 CHC or adult clinic: If influenza is the only vaccine administered, clinician 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 of all ages attending clinic-based service (CHC or adult clinic): Informed consent module (ICE) to be used for consents and dissents. This does not apply to the mass setting. ○ Clients who receive pneumococcal vaccines (PCV13 [conjugate] and PPV23 [polysaccharide]): All pneumococcal vaccines should be entered into Paris for all clinic settings. For mass clinics the vaccine can be recorded on onewrite and entered in Paris following the clinic.

Tip

- **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 at clinics:** Each PHN should submit all their onewrites in an envelope, or use the method chosen by your clinic/health unit to organize onewrites and report for statistical purposes.

Onewrite: Public

RECORD OF INFLUENZA (FLU) AND PNEUMOCOCCAL IMMUNIZATION(S) white copy → immunizer; yellow copy → client

Keep in a safe place

Date: _____ Name: Last, First: _____ Carecard #: _____ Birthdate (dd/mm/yyyy): _____ Gender: _____

Client completes: Date, Name, Care card#, DOB, Gender

PHN ✓ product administered

SCREENING QUESTIONS BEFORE RECEIVING THE INFLUENZA VACCINE
(Please check off either yes or no for each question below)

1. Have you had any problems with previous flu vaccines?
Yes No
2. Do you have any severe life-threatening allergies to the following?
a previous dose of vaccine or a component of the vaccine?
Yes No
3. Do you have a disease/treatment which lowers your immunity?
Yes No

ADDITIONAL SCREENING FOR FLUMIST ONLY

4. Are you currently receiving aspirin therapy or aspirin-containing therapy?
Yes No
5. Are you currently on treatment for asthma?
Yes No
6. Are you pregnant or think you may be pregnant?
Yes No

✓ When informed consent is given

PHN ✓ If dose 2 is needed. This applies to children ≤8 years & younger receiving flu for 1st time

PHN Completes ✓ Full lot#, clinic codes are not acceptable

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

Address _____ **Phone #** _____ **PARIS ID** _____

Trade name	Dose #	Lot #	Site	Immunizer signature
Influenza (Flu)	Afluria <input type="checkbox"/>		Deltoid <input type="checkbox"/> R <input type="checkbox"/>	
Fluzone Quad	FluLaval <input type="checkbox"/>		Intranasal <input type="checkbox"/>	
Fluzone HD	Flumist <input type="checkbox"/>			
Other:				
Pneumococcal			L <input type="checkbox"/> R <input type="checkbox"/>	

Informed consent authorized by:
Minor children and adults unable to self-consent

Print name and relationship to client _____

Children who are 8 years and younger and receiving a 1st shot for the first time require a second flu shot in 4 weeks.

Flu shot #2 due in 4 weeks. Date _____

Need more information? Call 811 or visit www.healthlinkbc.ca

Vancouver Coastal Health
VCH.0751 | SEP2021

Onewrite: Staff

RECORD OF INFLUENZA (FLU) IMMUNIZATION white copy → immunizer; yellow copy → staff

Last Name: _____ First Name: _____ Birth Date (dd/mm/yyyy): _____ Employee ID#: _____

VCH PHSA PHC FHA

Employer/Health Authority: _____

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, difficulty breathing, hypotension, shock)? 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/yyyy): _____ Worksite/Hospital: _____ Department: _____

OFFICE USE ONLY

Lot #	Vaccine	Site	Immunizer Signature	Clinic Location
	<input type="checkbox"/> Afluria <input type="checkbox"/> Flumist <input type="checkbox"/> FluLaval <input type="checkbox"/> Fluzone Quad <input type="checkbox"/> Other: _____	Deltoid <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> Intranasal		

Please keep this record in a safe place. Report all serious or unexpected reactions to People Safety at 604 875-4385 or email SafetyandPrevention@vch.ca

You MUST SELF-REPORT this vaccine.
Staff and Medical Residents: <https://influenzareporting.org>
Contracted Medical Staff: medicalstaffhealth@vch.ca or call 604 875-4111 ext. 69597
Other Staff/Volunteers (e.g. Environmental Services, Sodexo, contractors) must report to their managers as per established processes.

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