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be from calendar date to calendar date, for example, four (4) months equals January 8th to May 8th.

Precaution - a condition in which a recipient may have increased the chance of an adverse event. It may also compromise the ability of a vaccine to produce immunity

III. PROCEDURE

- A. Upon admission nursing staff shall ensure that all new youth arrivals shall be screened for and receive appropriate immunizations.
1. The Nurse shall review the immunization history of all youth on intake. If immunization records are inadequate or incomplete, the nurse shall contact the parent or guardian, and/or review school records in order to complete the youth's immunization record. The nurse may also review the computerized Health Department Vaccination Record page (via internet connection).
 - a. Youth requiring an immunization administration shall have a written order on the Doctor's Order Form XI.14.A. Refer to the following vaccination protocols for immunization order guidelines:
 - Hepatitis A Vaccination Protocol
 - Hepatitis B Vaccination Protocol
 - MMR Vaccination Protocol
 - Tdap Vaccination Protocol
 - Varicella
 - HPV
 - Meningococcal
 - b. Nurses shall ensure that youth are informed of each vaccine prior to administration. The nurse on the Immunization Administration Record (MDH) notes documentation. Nurses shall refer to the following Center for Disease Control and Prevention's "What you need to know before you or your child gets the vaccine" Vaccine Information Statements (VIS): (Refer to www.cdc.gov)
 - Tetanus Toxoids, Diphtheria and Acellular Pertussis (Tdap) VIS
 - CDC Measles, Mumps, and Rubella (MMR) VIS
 - CDC Hepatitis A VIS
 - CDC Hepatitis B VIS
 - CDC Varicella VIS
 - CDC Human Papillomavirus VIS
 - CDC Meningococcal VIS
 - c. The Varicella vaccination is the only vaccine that can be deferred if the youth and/or parent document that the youth has a history of Varicella (chicken pox). If however the history can not be verified or the parent is unsure then the Varicella vaccine should be given.
 - i. If the youth is 13 years of age or older the he/she will require a series

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of 2 vaccinations 4 – 8 (four – eight) weeks apart.

- ii. Varicella vaccine may be given at the same time as other vaccines.
 - d. The nurse shall document administration of all immunizations on the Immunization Administration Record (MDH). This form shall be maintained in the youth's medical record.
 - e. The nurse shall also be responsible for entering the youth's immunization history and all administered immunization by DYS nurses in the computerized Department of Health Vaccination Record page.
2. If allergies, contraindications, or precautions exist, the vaccine shall not be administered and the youth shall be referred to the facility physician for assessment.
 - a. If the physician deems the vaccine shall not be administered, the physician shall clearly document the reason in the health record, Interdisciplinary Progress Notes form XI.8.A.
 - b. If the physician deems the vaccine shall be safe for administration, the nurse shall administer the vaccine while the physician is on site.
 3. Youth refusing vaccines shall be referred to the Health Service Supervisor.
 - a. The Health Service Supervisor shall notify the contract physician for direction if youth still refuses after Health Services Supervisor's consultation.
 - b. The Health Service Supervisor shall notify the Facility Administrator if youth still refuses after the contract physician's consultation.

B. Procurement of Vaccines

1. Vaccines shall be obtained from the Mississippi Department of Health (MDH), through the Mississippi Vaccines for Children (MVFC) via completion of a vaccine request form. A copy of the order form shall be sent to the MVFC's program.
2. The Mississippi Department of Health issues the ordered vaccines with a packing list (invoice). The packing list shall indicate the following information:
 - Name of vaccine
 - Number of units sent

C. Receipt and Storage of Vaccines

1. Upon receipt in the clinic, medical staff shall inventory the vaccine and cross-reference with the packing list for accuracy. The nurse who receives and inventories the vaccine shall then sign and date the packing list. Any discrepancies shall be documented on the packing list and the MDH MVFC's program shall be immediately notified.

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2. Following inventory, vaccines are stored in a secure refrigerator designated for medication storage. Vaccines shall be checked on a monthly basis for expiration dates. See Expired Vaccine (Section E) form for processing of outdated medication.
3. The original signed packing list shall be maintained in the medical department.

D. Vaccine Storage and accountability

1. Vaccines shall be stored per MVFC and CDC recommendations, they are as follows;
 - a. Vaccines stored in the freezer are as follows:
 - Proquad (combination of MMR and Varicella)
 - Varicella
 - MMR
 - b. Vaccines stored in the refrigerator are as follows:
 - Tdap
 - Hepatitis A & B
 - HPV
 2. An accountability record (perpetual inventory form) and the vaccine vials/pre-filled syringes shall be placed in a zip lock bag;
 - a. The accountability records shall be completed as each dose is administered. The original completed accountability form shall be maintained in the medical department.
 - b. Tetanus Toxoids, Diphtheria and Acellular Pertussis (Tdap) and the Varicella vaccine are issued in a multi-dose vial; only one vial should be open at a time from which to administer doses. Keeping the corresponding accountability record with the open vial prevents incorrect documentation of the accountability sheet.
- E. The Health Services Coordinator shall revise this policy as necessary.