

# OSPA Flu Season Immunization Information

---

## **INFLUENZA SEASON INFORMATION:**

[www.cdc.nip/Flu/bulletins.htm](http://www.cdc.nip/Flu/bulletins.htm)

[www.cdc.gov/mmwr/preview/mmwrhtml/rr5103al.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5103al.htm)

Information on schedules, publications, etc and is a useful reference for all sorts of questions etc:

<http://www.immunize.org>

CDC Recommended Adult and Adults with Medical Conditions Immunization Schedule:

<http://www.cdc.gov/nip/recs/adult-schedule.pdf>

## **INFLUENZA VACCINE:**

[www.cdc.gov/nip.flu](http://www.cdc.gov/nip.flu)

NIP hotline: 800-232-2522

## **INFLUENZA SURVEILLANCE, PREVENTION, DETECTION, CONTROL:**

[www.cdc.gov/ncidod/diseases/flu/fluivirus.htm](http://www.cdc.gov/ncidod/diseases/flu/fluivirus.htm)

[www.immunizationinfo.org/features/index.cfm?ID=34](http://www.immunizationinfo.org/features/index.cfm?ID=34)

## **AMERICAN ACADEMY OF PEDIATRICS:**

[www.aap.org/policy/re9935.html](http://www.aap.org/policy/re9935.html)

## **ADULT IMMUNIZATION OREGON SOURCES:**

For information on immunizations, VIS's, immunization cards, schedules etc.

<http://www.ohd.hr.state.or.us/imm/>

[www.ohd.hr.state.or.us/acd/docs/influenza.htm](http://www.ohd.hr.state.or.us/acd/docs/influenza.htm)

Oregon DHS Adult Immunization Coordinator:

Mary Durbrow – 503-731-4342

[mary.s.durbrow@state.or.us](mailto:mary.s.durbrow@state.or.us)

## **THIOMERSOL FACT SHEET:**

[www.cdc.gov/nip/vacsafe/concerns/thimerosal/faqs-availfree.htm#3](http://www.cdc.gov/nip/vacsafe/concerns/thimerosal/faqs-availfree.htm#3)

## **VACCINE ADVERSE EVENT REPORTING;**

[www.vaers.org](http://www.vaers.org)

**FLYERS:** <http://www.cdc.gov/nip/flu/gallery.htm>

## **MEDICARE BILLING:**

[www.hcfa.gov/quality/3g8/htm](http://www.hcfa.gov/quality/3g8/htm)

## **OSHA & BBP RESOURCES:**

Oregon OSHA Home page

<http://www.cbs.state.or.us/external/osha/>

Oregon guidelines and blood borne pathogens educational materials, laws and requirements.

<http://www.cbs.state.or.us/external/osha/reference/bloodborne.html>

Order On-line: <http://www4.cbs.state.or.us/ex/osha/film/>

<http://www.cbs.state.or.us/external/osha/pdf/pubs/1089.pdf>

Bloodborne pathogens: Questions and answers about occupational exposure

<http://www.cbs.state.or.us/external/osha/pdf/pubs/2261.pdf>

A Resource for Promoting Health & Safety in the Workplace

<http://www.cbs.state.or.us/external/osha/standards/avlibad.htm>

Bloodborne pathogens Training:

<http://www.cbs.state.or.us/external/osha/educate/training/pages/materials.html>

---

## **Basic Requirements**

The basic requirements for initiating a program of vaccine administration are:

- Complete APhA certificate program for pharmacists “Pharmacy – Based Immunization Delivery” or equivalent program approved by OSPA/Board of Pharmacy.
- Current Basic Cardiopulmonary Resuscitation (CPR) card.
- Have a current copy (Published each January)of the CDC reference, “Epidemiology and Prevention of Vaccine-Preventable Diseases,” (the pink book).
- Have all necessary supplies to handle adverse events.
- Report in writing information about immunizations and/or adverse events to patient’s primary health-care provider.
- Signed copies, if necessary, of immunization protocols for pharmacists.
- Follow policies for handling and disposal of used or contaminated equipment and supplies. See Section I for OSHA requirements and your states specific requirements.
- Space allowing for some privacy for injections and an emergency situation such as CPR, syncope and fall.
- Refrigerator with thermometer adequate to maintain the vaccine supplies.

## **Supplies**

Should have a Three Drawer Container for emergency kit and supplies

### **Paperwork:**

- Accordion file to keep all paperwork in organized manner.
- File box or cabinet for permanent storage of immunization records.
- Copies of Vaccine Administration Forms (Influenza, Pneumococcal and Vaccine Administration Record for Pharmacists (VARP)
- Appropriate and most current VIS (Vaccine Information Sheets)
- Form letter to notify MD of immunizations given
- Vaccination Administration Report to send to OSPA
- Lifetime Immunization Records (LIRs)

### **Vaccines:**

- Flu Vaccine
- Hepatitis A (Havrix A SDV)
- Hepatitis A (Syringe)
- Hepatitis B (Engerix B 20mcg/ml)
- Pneumococcal (Pneumovax 23 MDV)
- Td Vial, Tubersol for TB testing (10 tests)

### **Emergency Kit**

- Ammonia Inhalant
- Diphenhydramine 50mg/ml
- Epipen 0.3mg (#2) or Epinephrine 1:1000 SQ
- Adult Pocket Mask with one-way valve for emergency CPR
- Blood-Pressure Cuff and Stethoscope (Auto)
- Blood-Pressure Cuff and Stethoscope (Manual)
- Spray Bottle for Bleach Solution (Prepare when needed)
- Tourniquet (A long Cloth Bandage would do)

### **Immunization Supplies**

- Alcohol Prep Pads
- Band-Aids
- Cotton Balls
- Gloves, Latex (Small, Medium, Large, X-Large)
- Gloves, Vinyl (Small, Medium, Large, X-Large)
- Gloves, Vinyl (Powder Free)
- Needles 5/8" 25 G, 1½" 22 G
- Sharp's Container 2 gallon or larger size if needed
- Syringe 1cc with 3/8" 26 G
- Syringe 1 cc with 1" 25

## Immunization Notification

Dear \_\_\_\_\_,

The patient below has identified you as their primary care provider. We have provided the following immunizations. Please update your patient's clinic chart to include the immunization information below:

**Patient's Name:** \_\_\_\_\_ **Patient's Birth Date:** \_\_\_\_\_

**Date Administered:** \_\_\_\_\_

| Vaccine      | Dose # | Brand | Vaccine       | Dose # | Brand |
|--------------|--------|-------|---------------|--------|-------|
| Hepatitis B  |        |       | Meningococcal |        |       |
| Influenza    |        |       | Hepatitis A   |        |       |
| Pneumococcal |        |       | Td            |        |       |

Pharmacist Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Store Stamp

## Immunization Notification

Dear \_\_\_\_\_,

The patient below has identified you as their primary care provider. We have provided the following immunizations. Please update your patient's clinic chart to include the immunization information below:

**Patient's Name:** \_\_\_\_\_ **Patient's Birth Date:** \_\_\_\_\_

**Date Administered:** \_\_\_\_\_

| Vaccine      | Dose # | Brand | Vaccine       | Dose # | Brand |
|--------------|--------|-------|---------------|--------|-------|
| Hepatitis B  |        |       | Meningococcal |        |       |
| Influenza    |        |       | Hepatitis A   |        |       |
| Pneumococcal |        |       | Td            |        |       |

Pharmacist Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Store Stamp

# Monthly Temperature Log

Range: 36° -- 46° (refrigerator)

\_\_\_\_ / \_\_\_\_

Month      Year

| Date | Morning | Initials | Evening | Initials |
|------|---------|----------|---------|----------|
| 1.   |         |          |         |          |
| 2.   |         |          |         |          |
| 3.   |         |          |         |          |
| 4.   |         |          |         |          |
| 5.   |         |          |         |          |
| 6.   |         |          |         |          |
| 7.   |         |          |         |          |
| 8.   |         |          |         |          |
| 9.   |         |          |         |          |
| 10.  |         |          |         |          |
| 11.  |         |          |         |          |
| 12.  |         |          |         |          |
| 13.  |         |          |         |          |
| 14.  |         |          |         |          |
| 15.  |         |          |         |          |
| 16.  |         |          |         |          |
| 17.  |         |          |         |          |
| 18.  |         |          |         |          |
| 19.  |         |          |         |          |
| 20.  |         |          |         |          |
| 21.  |         |          |         |          |
| 22.  |         |          |         |          |
| 23.  |         |          |         |          |
| 24.  |         |          |         |          |
| 25.  |         |          |         |          |
| 26.  |         |          |         |          |
| 27.  |         |          |         |          |
| 28.  |         |          |         |          |
| 29.  |         |          |         |          |
| 30.  |         |          |         |          |
| 31.  |         |          |         |          |



**VACCINATION ADMINISTRATION REPORT  
(Required by Oregon Board of Pharmacy rules)**

Return this document **via mail** to:

Oregon State Pharmacy Association, 29702-B SW Town Center Loop W., Wilsonville, OR 97070

The recommendation is to return Vaccination Administration Reports weekly or monthly as determined by volume

|     | <b>Vaccine Administered</b> | <b>Age of Patient</b> | <b>Zip Code of Pt.</b> | <b>Date</b> | <b>Risk Factors</b> | <b>Pharmacist</b> |
|-----|-----------------------------|-----------------------|------------------------|-------------|---------------------|-------------------|
| 1.  |                             |                       |                        |             |                     |                   |
| 2.  |                             |                       |                        |             |                     |                   |
| 3.  |                             |                       |                        |             |                     |                   |
| 4.  |                             |                       |                        |             |                     |                   |
| 5.  |                             |                       |                        |             |                     |                   |
| 6.  |                             |                       |                        |             |                     |                   |
| 7.  |                             |                       |                        |             |                     |                   |
| 8.  |                             |                       |                        |             |                     |                   |
| 9.  |                             |                       |                        |             |                     |                   |
| 10. |                             |                       |                        |             |                     |                   |
| 11. |                             |                       |                        |             |                     |                   |
| 12. |                             |                       |                        |             |                     |                   |
| 13. |                             |                       |                        |             |                     |                   |
| 14. |                             |                       |                        |             |                     |                   |
| 15. |                             |                       |                        |             |                     |                   |
| 16. |                             |                       |                        |             |                     |                   |
| 17. |                             |                       |                        |             |                     |                   |
| 18. |                             |                       |                        |             |                     |                   |
| 19. |                             |                       |                        |             |                     |                   |
| 20. |                             |                       |                        |             |                     |                   |

A pharmacist who administers vaccines to report the above information as provided in OAR 855-041-0520 (3).

A pharmacist must have current CPR card to administer injections to patient.

Signature of PIC

Date

**Printed name of PIC**

|   |
|---|
| <p><b>Store Stamp</b></p><br><br><br><br> |
|---|