

Basics for Vaccination Services and Best Practices for Vaccine Administration and Documentation Webinar Transcript

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Access the webinar recording at [Basics for Vaccination Services and Best Practices for Vaccine Administration and Documentation](https://minnesota.webex.com/minnesota/ldr.php?RCID=fcd7168e8ed860a7991ea2ee25a8b1e8) (<https://minnesota.webex.com/minnesota/ldr.php?RCID=fcd7168e8ed860a7991ea2ee25a8b1e8>).

Good afternoon, everyone and welcome to the third session in our four-part series in immunizations in long-term care facilities. This session is basics for vaccination services and best practices for vaccine administration and documentation. Thank you for spending your lunch hour with us. I know that participation is ticking up, but we want to get started and respect your time. So, just a couple of housekeeping issues before we begin. My name is Tracy Schultz, I will be moderating today's call. Please utilize the Q and A box to ask all questions. So, if you've participated with us before, you know, that the Q and A box can be found, um, if you click the 3 dots or the ellipsis in the lower right-hand corner of your screen to access the Q and A function. So, if you have a question, please put it in the Q and A box, the questions will be addressed directly in the Q and A, or we may address them at the end of the session out loud. All URLs or web links that are shared on the screen during the session will be provided for you in the chat. They will also be provided within a transcript that will coincide with the recording of this session that we posted online at some point after this call. After the session we will also share a survey link with you and once you complete that survey, that quick five question survey, you will receive a certificate for one continuing education unit for today's session. This session again is being recorded, and again, the recording and transcript will be shared today and available at immunizations in long-term care facilities website. And I'm going to put that link for you in the chat [Immunizations in Long-term Care Facilities \(www.health.state.mn.us/people/immunize/hcp/ltc.html\)](http://www.health.state.mn.us/people/immunize/hcp/ltc.html). Also posted on that site are sessions one and session two. So, if you were unable to attend the first or second session, both of those recordings and transcripts are available on the website right now, along with the survey and access to the CEU, that will provide for those first two sessions. So, if you weren't able to attend live and in person, you can still watch it online and receive credit for it. Also, just a reminder, the slides for this session will not be shared. Access to any URLs or web links shared, well, throughout the presentation will be available within the transcript that will accompany the recording. Without further ado, thank you for your patience, we're going to get started with some basic for vaccination services, talk about best practices for administering vaccines, a little bit about documentation and then we'll wrap up the session today with our Q and A session. So, without further ado, let's turn things over to Sarah Spah talk about basics for vaccination services. Sarah.

Hi everyone. Thanks, Tracy. I'm Sarah Spah and I am one of the nurse specialists in the immunization program at MDH, and I'll be covering the basics for setting up vaccination services. We hope everyone can take something away from this information to either successfully start offering vaccinations in their facility or to ensure that their current services meet the best practices. Next slide please.

So, there's times when someone's been tasked to start immunizing their residents or staff and they figure how hard can this be? You get vaccine and you administer it. The technical skill of vaccine

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administration and the seven rights of administrations may be at the heart of their objective. But there are many components to giving immunizations. Next slide please.

In this webinar, we're gonna cover the best practice for vaccine administration, but there are other things that need to be considered. For example, your schedule considerations. In webinar number one of our series, we cover what vaccines are recommended and when they should be given. Another component is screening for contraindications and precaution, and this is knowing what things would prevent a person from receiving vaccinations at that visit and if there's any vaccines, a person should never receive. In webinar number two we covered storing and handling of vaccines where detail on what equipment is essential for keeping vaccines potent and what activities ensure that vaccines are handled properly. Documentation refers to what needs to be documented according to federal law and what needs to be documented to satisfy your company's legal counsel. We'll cover this in a bit more detail later in the webinar. And lastly, legal considerations. For example, who is allowed by law to write vaccine prescriptions. Before we get into some of those details, though, and resources for these components of your organization program, your facility is going to need to decide what level of immunization services you're going to provide to your residents and staff. This could be contracting for all services, this could be securing vaccine from a pharmacy and having your staff administer it, it could be purchasing your own vaccine and administering it. There's so many things to consider for providing onsite vaccination services. Next slide please.

So, with the ending of the public health emergency in May of 2023, and the commercial, commercialization of COVID-19 vaccine, we found that there's many less resources to assist long term care facilities in supporting onsite vaccination for COVID and flu. You know, pharmacies are no longer providing the vaccinations on site and if they are, they may be charging fees and offering limited times to conduct those clinics. Government funded COVID-19 vaccine must be incorporated into long term care budgets now, like other recommended vaccines. More vaccines are also being recommended for adults and costs must be incorporated into your operating budgets. As we know long term care facilities are striving to increase their vaccination coverage rates, but at the same time, they're trying to balance the most cost-effective way to offer onsite vaccination to their residents. So, here is some of the options for onsite vaccination services. The first thing you could do is secure vaccine through a long-term care pharmacy, a vaccine distributor or a manufacturer and affiliated health care system or local pharmacy. Basically, MMCAP Infuse is an option for government entities to purchase vaccines. Any government own long term care facility can learn more about this resource and apply at the website that we will be putting into the chat [MMCAP Infuse \(https://infuse-mn.gov/about/index.jsp\)](https://infuse-mn.gov/about/index.jsp). Administer vaccine by utilizing long term care facilities' licensed nursing staff or contract for these services. One of the newer resources that we've learned about is called superior health alliance, which is the Centers for Medicare and Medicaid services, and they are a designated quality innovation network, quality improvement organization program for both, Michigan, Minnesota, and Wisconsin. They are a resource that can offer mobile vaccinations services to long term care facilities through their partnership with pharmacy and the network of pharmacies called CPESN. Please note, this resources currently available now, and it goes through September of 2024. So, for more information you can contact them by using their web address that's listed on the slide and we will also be sharing that in the chat immunizations@superiorhealthqa.org. And also, for that resource, we will be going into a little bit more detail into that resource in our next long term care call. You can also check if programs that residents

attend on site vaccination, onsite vaccinations. For example, do your residence attend day program, senior citizens centers, congregate, nutrition programs and maybe those places they are offering on site vaccination services. You can also consider contacting your local public health department to identify resources in your community to assist with securing vaccine and providing vaccination. They may also know of other community resources that could help you. You also may be wanting to reach out to an association you're a member of to assess if there are any other resources that may be available. For example, care providers in Minnesota, Leading Age Minnesota, etc. So, there's a lot to consider and long-term care facilities need to continue to build these costs into their business planning. They need to promote vaccination in the community, or at the residents next medical appointment, and coordinate providers vaccinating folks as appropriate. Next slide please.

So, when you're looking at vaccinating on site, you definitely want to consider offering times that your staff can really, if they're working different shifts, you want to make sure that it's accessible and available to them. So, consider that all times for all shifts. In terms of vaccinating staff, you may also want to refer them off site. You can refer them to their medical home, their pharmacy, local health department, and other retail locations. You can also refer staff to vaccines dot Gov to assist them in finding a location that provides covid, 19 and influenza vaccinations and we'll be putting that in the chat also [Vaccines.gov \(www.vaccines.gov/\)](https://www.vaccines.gov/). For those who are age nineteen years and older who do not have health insurance or whose insurance does not cover vaccines, you can refer them to our MDH webpage that explains the uninsured and under insured adult vaccination program [Vaccination Clinics Serving Uninsured and Underinsured Adults \(www.health.mn.gov/people/immunize/basics/uuavsearch.html\)](https://www.health.mn.gov/people/immunize/basics/uuavsearch.html). This program offers free or low-cost vaccines, and the webpage also directs them to participate in clinics. For your staff you may also want to consider the CDCs Bridge Access Program that provides free COVID-19 vaccines to adults without health insurance and adults whose insurance does not cover all COVID-19 vaccines costs [CDC: Bridge Access Program \(www.cdc.gov/vaccines/programs/bridge/index.html\)](https://www.cdc.gov/vaccines/programs/bridge/index.html). You can use the resource listed on CDCs web page to promote the program to your staff. Your staff can then visit vaccine.gov as is also list providers that offer free COVID vaccines, um, through the Bridge Access Program. But please note this program does end by December 31, 2024. Next slide please.

So, when providing vaccinations services, I just wanted to kind of show you a little bit of a list, a helpful list to help you when setting up those services. So, a step-by-step task list is first off you want to obtain support and cooperation from clinic staff and management. You want to seek out community resources, who else is doing this in long term care facilities? They can be a really great asset to you in terms of how they're doing it and sharing some best practices within their facilities. You need to assign a vaccine coordinator and a backup for that person, you wanna plan workflow and workspace, you want to determine how and where vaccines will be stored, and then purchase that equipment. You want to purchase vaccine administration supplies along with emergency response supplies and determine who can provide vaccinations in your setting. You definitely wanna arrange for staff training is that is very important. We always think that nurses can just do anything and there was, is licensed to do, but that doesn't mean that they're specifically trained in vaccinations at all times. You also wanna organize your vaccination paperwork and reference materials and create standing orders documents for times when a supervising clinician is not available to write orders and then lastly, you want to order your vaccines. Next slide please.

So, whether your facility plans to conduct all immunization services or contract them out, you definitely want to designate an immunization coordinator as that's the critical step in having a successful organization program. It's also really good to have a backup coordinator and that's especially important if your facility is going to store and handle vaccine. Even when a pharmacy maybe purchase it for you and drops that vaccine off, you're still going to be storing and handling that vaccine. So, the responsibilities for an immunization coordinator might include ordering and maintaining an inventory of vaccine, syringes and other supplies. They might develop or acquire screening checklists. They might also get procedural guidelines and other protocols for vaccinators and assure competence of that of your staff. They may also ensure proper storage and handling of the vaccine and monitor compliance with several record keeping requirements and evaluating the program. To help support some of these responsibilities, let's kinda dive into some of those resources that can help you. Next slide please.

So, I turn to immunize dot org for a lot of these helpful resources. So, I would really encourage you to go on to immunize that org's website. They have a health, a very helpful supply list to assist you in what to order and maintain in your inventory of vaccine syringes and other supplies and in this supply list, also we will have as a resource at the end of these slides [Immunize.org: Clinical Resources: Administering Vaccines \(www.immunize.org/clinical/topic/admin-vaccines/\)](https://www.immunize.org/clinical/topic/admin-vaccines/). Next slide. Please.

Immunize dot org also has many templates and resources for your procedural vaccine needs. For example, they have screening checklists and the, for contraindications and those could be for vaccines for adults but also they have a screening checklist for contraindications for influenza vaccine only [Immunize.org: Clinical Resources: Screening Checklists \(www.immunize.org/clinical/topic/screening-checklists/\)](https://www.immunize.org/clinical/topic/screening-checklists/). They also have a template for healthcare workers who make who make the choice to decline influenza vaccine [Immunize.org: Declination of Influenza Vaccination \(www.immunize.org/clinical/topic/documenting/\)](https://www.immunize.org/clinical/topic/documenting/). They also have a lot of standing order templates for all the vaccines that you most likely will administer [Immunize.org: Standing Orders Templates Archives \(www.immunize.org/clinical/topic/standing-orders-templates/\)](https://www.immunize.org/clinical/topic/standing-orders-templates/). And lastly, they have a template called the vaccine administration record for adults and I know that this is a hard copy in many of you may be maybe documenting vaccine administration in electronic format, but you could look at this as a resource, just to make sure that you're ensuring you're documenting all of the requirements for vaccine administration [Immunize.org: Vaccine Administration Record for Adults \(www.immunize.org/clinical/topic/documenting/\)](https://www.immunize.org/clinical/topic/documenting/). And Caitlyn at the end of this webinar will really go into more of what is required for documentation. Next slide please.

Immunize dot org also has some helpful resources for staff training and competence. The first, one, I want to kind of highlight a little bit is called key vaccination resources for healthcare professionals [Immunize.org: Key vaccination resources for Healthcare Professionals \(www.immunize.org/clinical/topic/healthcare-personnel/\)](https://www.immunize.org/clinical/topic/healthcare-personnel/). They have a foundational content, which every vaccinator should be familiar with, so that's the content that, you know, all of your vaccinators should be familiar with. They have a supplemental content that's useful after completing foundational training. And then they have additional tools to help providers grow in their vaccination expertise and lastly, they offer major organization websites offering additional vaccination resource. So definitely check that one out. I think the biggest thing that I've really utilized in practice is skills checklist or vaccine

administration [Immunize.org: Skills checklists for vaccine administration \(www.immunize.org/clinical/topic/admin-vaccines/\)](https://www.immunize.org/clinical/topic/admin-vaccines/). This is really helpful to ensure that all your staff who are administering vaccines are doing it correctly. Next slide please.

So, regardless of who does the vaccination, long term care facilities registered nurses will most likely do the and provide the education. Vaccine Information Statements are great resource for you for providing that education to both residents and staff [CDC: Vaccine Information Statements \(VISs\) how to use \(www.cdc.gov/vaccines/hcp/vis/index.html\)](https://www.cdc.gov/vaccines/hcp/vis/index.html). They are called VIS for short, but the VIS they contain up to date information and if there are changes, a new version is created. And I've kind of shown you a little bit of a, a picture you've probably seen these VISs before, but the first picture is the front of the pneumococcal VIS and the second picture is the back of that VIS, and on the bottom right-hand corner in the red box with the red arrow pointing to it is the date of that VIS version. And you always want to make sure that you're handing out the current version. So, if you are a facility that prints a lot of them off and has them available in a drawer, you need to be having that immunization coordinator or backup making sure that those are the current versions of the VIS and I'll also have a link at the end of this, of these slides showing what the most current versions are [CDC: Current VIS list \(www.cdc.gov/vaccines/hcp/vis/current-vis.html\)](https://www.cdc.gov/vaccines/hcp/vis/current-vis.html). VISs also talk about common side effects, and this is important in your education to your residents and staff. You want to relay some of those common side effects, so they know what to expect and don't think that they're getting, you know, actually, I got the disease from the vaccine. VISs are also legally required to provide before vaccination and that's important to know. You need to provide it before vaccination, so that the person that's receiving the vaccine has time to absorb the information and ask questions before vaccination and just remember that there are translated versions of these VISs. So, in terms of your residents and staff, if, you know, English is a second language, you may want to offer a language that they prefer. And next slide, please.

Oh, no, before we go on, sorry Trace, if we could go back to that slide another good resource for educating your residents and staff is why adults should stay up to date with immunizations and immunize.org has that and that's that third picture on the slide, and I encourage you to take a look at it [Adult Immunization: Importance of Staying Up to Date with Vaccines \(www.immunize.org/clinical/topic/adult-vaccination/\)](https://www.immunize.org/clinical/topic/adult-vaccination/). It's just an overall, why adults should get vaccinated. Next slide please.

And here's the slide that I talked about that has a lot of these links of these resources that we discussed above. And you'll find much more on some of these immunized dot org web pages. And with that, I'm going to turn it over to my colleagues, Kathleen, and Kari, thank you.

- [Immunize.org: Clinical Resources: Screening Checklists \(www.immunize.org/clinical/topic/screening-checklists/\)](https://www.immunize.org/clinical/topic/screening-checklists/).
- [Immunize.org: Declination of Influenza Vaccination \(www.immunize.org/clinical/topic/documenting/\)](https://www.immunize.org/clinical/topic/documenting/).
- [Immunize.org: Standing Orders Templates Archives \(www.immunize.org/clinical/topic/standing-orders-templates/\)](https://www.immunize.org/clinical/topic/standing-orders-templates/).

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- [Immunize.org: Vaccine Administration Record for Adults \(www.immunize.org/clinical/topic/documenting/\)](http://www.immunize.org/clinical/topic/documenting/).
- [Immunize.org: Key vaccination resources for Healthcare Professionals \(www.immunize.org/clinical/topic/healthcare-personnel/\)](http://www.immunize.org/clinical/topic/healthcare-personnel/).
- [Immunize.org: Skills checklists for vaccine administration \(www.immunize.org/clinical/topic/admin-vaccines/\)](http://www.immunize.org/clinical/topic/admin-vaccines/).
- [CDC: Vaccine Information Statements \(VISs\) how to use \(www.cdc.gov/vaccines/hcp/vis/index.html\)](http://www.cdc.gov/vaccines/hcp/vis/index.html).
- [CDC: Current VIS list \(www.cdc.gov/vaccines/hcp/vis/current-vis.html\)](http://www.cdc.gov/vaccines/hcp/vis/current-vis.html)
- [Adult Immunization: Importance of Staying Up to Date with Vaccines \(www.immunize.org/clinical/topic/adult-vaccination/\)](http://www.immunize.org/clinical/topic/adult-vaccination/).

Thanks, Sarah. My name is Kari Bergman, and I'm a nurse specialist with the ICAR unit, which stands for infection control, assessment, and response and today along with my colleague, Kathleen will be presenting on best practices for administering vaccines and injection safety. So, I can turn it over to Kathleen.

Thank you, Kari. My name is Kathleen Thielen. I am one of the nurses working in the Vaccines Management and Improvement Unit. A little bit about my background had worked in many types of health care over the years but my first job was working as a CNA in a nursing home as a summer filling when I was a student nurse. Next slide please.

Oh, sorry you are there. Also preparing vaccine product. We're going to start at the very beginning and talking about some of the things you should consider. So, there's the three checks. So, what are those? That's when you remove the vaccine from the storage unit, check that label and make sure that you have the right product. Because you want to avoid errors. The second, step would be that when you withdraw the vaccine or activate the prefilled syringe, check it the label again and then lastly when you dispose that syringe or placed the multidose vial back into storage, do one last check of that that label. When preparing vaccine diluent, check their expiration dates, and never administer if they are expired. Visually inspect the vaccine and diluent to determine if it's damaged, contaminated, discolored, or has precipitators, like little things floating around in it. You definitely don't want to use any vaccine that that does not appear normal. And you want to make sure that it has been stored and handled properly. Always wash your hands before preparing vaccines and use sterile alcohol swabs to clean vial stoppers and use separate alcohol swabs for the patient's skin prep. Next slide.

I don't know what happened there, hold on. Let me get back to where I need to be.

That's fine. Vaccine presentation types. There you go. Great. Thanks. There are several vaccination types. Vaccine vials are either single dose vials or multi dose vials. Single those vials are just that, they are also called SDVs. But these are punctured just once for use in one patient and for one injection. They do not contain preservatives to help prevent microbial growth. Once you withdraw that vaccine, the vial must be discarded. Never save any leftover vaccine for later use. Manufacturer field or prefilled syringes deliver a single dose of vaccine and are sealed under sterile conditions by the manufacturer. Like SDVs, they are also used for one patient for one injection, because they do not contain a preservative. Once their sterile seal is broken, the vaccine should be discarded, either use or discarded by the end of the

workday. Multi dose vials or MDVs contain more than one vaccine dose. So, the vial can be used for multiple patients. They typically have an antimicrobial preservative so you can use that vial more than once. It can be punctured more than once. Be sure to keep MDVs in a clean dedicated medication preparation area that is away from nearby patient care areas. Withdraw only the number of doses from the multi dose vial as indicated in the manufacturers package insert. Never pool or combine doses from two or more vials to make a full dose. The other vaccine presentation types are also single-use, and they include the nasal spray and an oral applicator. Next slide please.

So, let's talk a little bit about expiration dates because you're going to see them two different ways. When the expiration date has a month, day, and year, the vaccine may be used through the end of the up to the through the end of the day that's listed on the vial. For example, if the expiration date was January 16, 2025, the vaccine could be used to the end of that day and then discarded. It cannot be used starting January 17. If a vial just has a month and a year, the vaccine may be used up to and including the last day of that month. In this example, on the right, if the expiration date was January 2025, the vaccine could be used through the whole month of January. You would not be using it on February first. If you administer vaccine that expired, that is a vaccine error, and you need to repeat the dose according to recommended guidelines. Next slide.

Sometimes a vaccine must be used by date earlier than the expiration date listed on the vial. I've seen with multi dose vials or reconstituted vaccines. This is called the beyond use date or BUD. For example, the package insert for some inactivated influenza vaccines indicate that once the stopper of the multi dose vial has been pierced, the vial must be discarded within 28 days. If you puncture a multi dose file for the first time on October 1, pull out a calendar and start counting. And starting the next day, count out 28 days. The new expiration date or BUD would be October 29. Do not use the vaccine on October 30 and again make sure it's discarded. If you are the person change in the vial expiration date to a new beyond use date, write the beyond use date on the vial, write on the label along with your initials so that others know the new expiration date. Next slide please.

Some vaccines require reconstitution with a specific diluent. A helpful resource from immunize.org. that is called vaccines with diluent, how do you use them, shows the required diluent for a specific vaccine, when the vaccine must be used once it's reconstituted, and where to store the diluent [Immunize.org: Vaccines with Diluents: How to Use Them \(www.immunize.org/wp-content/uploads/catg.d/p3040.pdf\)](https://www.immunize.org/wp-content/uploads/catg.d/p3040.pdf). In your facility, you may consider posting this resource in a medication room, and you can highlight the vaccines that require reconstitution that you typically administer in your facility. Next slide please.

There are a few general vaccine injection principles to consider. Inactivated vaccines are generally intramuscular or IM. And live vaccines are generally subcutaneous or SubQ. Some vaccines can be administered by either route and I have a resource listed on the slide that lists the route, so that's very helpful on this particular handout [Immunize.org: Administering Vaccines to Adults: Dose, Route, Site, and Needle Size \(www.immunize.org/wp-content/uploads/catg.d/p3084.pdf\)](https://www.immunize.org/wp-content/uploads/catg.d/p3084.pdf). Some vaccines can be, again, they can be administered by either route. Aspiration is not needed because vaccines are given in locations where there are no major blood vessels. So, that's important to know that you don't need to aspirate and just actually causes a little bit more discomfort to the patient. You can inject though, through tattoos, but make sure you avoid any lumps, swelling, bruises, redness, or obviously don't inject through a wound. If a partial dose is given, because maybe the patient shirked while you're

administering it or when you attach the needle, the needle hub didn't get it wasn't tight so that when you administer the vaccine it leaks. You don't want to guess how much leaked, and you just need to repeat the dose. Again, following the, the recommendations for that situation, so just repeat the dose. Next slide, please.

For syringe and needle selection, I've been saying this a lot, but I always use one needle, on syringe, one time. For vaccines that are administered intramuscular, use either a one milliliter or three milliliters syringe. Remember that vaccines are not very thick, so they're less viscous. So, you can use a smaller gauge needle, such as a 22-to-25-gauge needle. It is important that an intramuscular vaccine is given into the muscle and not the subcutaneous tissue. So, make sure that your needle is long enough. Some syringes and needles also have expiration dates, so be sure to check the dates and do not use them if they are expired. There are many resources available that help you choose the right needle length for your patients based on their age and weight. And I've listed three different sources on here. One is from the CDC pink book, one is from immunize.org and the other one is from MDH [CDC: Pinkbook: Vaccine Administration \(www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html\)](https://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html), [Immunize.org: Administering Vaccines: Dose, Route, Site, and Needle Size \(www.immunize.org/catg.d/p3085.pdf\)](https://www.immunize.org/catg.d/p3085.pdf), [How to Administer IM \(Intramuscular\) Injections and How to Administer SQ \(Subcutaneous\) Injections \(www.health.state.mn.us/people/immunize/hcp/admim.pdf\)](https://www.health.state.mn.us/people/immunize/hcp/admim.pdf). Next slide please.

As a quick review for IM injections, there are two techniques to avoid injecting into subcutaneous tissue. One technique is to spread the skin between the thumb and forefinger to isolate the muscle. There is another technique that is acceptable for mostly pediatric and some geriatric patients who may not have a lot of muscle mass. With this technique, you grasp the tissue and bunch up the muscle. For both of these techniques use a 90-degree angle for IM injections. With continuous injections, pinch up the skin and the underlying fatty tissue and inject at a 45-degree angle. Next slide please.

I want to expand a little bit more on IM deltoid injections because you want to avoid causing injury to your patient by making sure that you inject the vaccine into the belly of the muscle, right in the middle. A common error is administering vaccine too high which puts the patient at risk for SIRVA. So, what is SIRVA? It stands for shoulder injury related to vaccine administration and it may cause a rapid onset of severe, long lasting shoulder pain that results in limited range of motion. For adults, feel for the bony prominence of the acromion process at the top of the shoulder and place two to three fingers below and look for the center of the muscle, which is above the armpit in the middle of the upper arm. In addition, you can place your hand on their shoulder and have them lift their arms so that you can feel the muscle if you're having trouble locating it the correct site. But for sure do your land marking with your fingers, your two to three fingers and do that part initially. Next slide.

There are times when you could be administering more than one vaccine at a time. Some vaccines are more likely to cause a local reaction that results in injection site pain. These are COVID-19, zoster, hepatitis A, the HPV vaccine, pneumococcal, and tetanus containing vaccines. They cause injection site pain in at least half of recipients. So, it is recommended to administer these vaccines in separate limbs if possible. If you need to use the same limb, give multiple, multiple vaccines, at least one inch apart. This handout from immunize.org shows how to administer up to three IM injections in the deltoid muscle [Immunize.org: How to Administer Multiple Intramuscular Vaccines to Adults During One Visit \(www.immunize.org/wp-content/uploads/catg.d/p2030.pdf\)](https://www.immunize.org/wp-content/uploads/catg.d/p2030.pdf). Next slide please.

Following back to the vaccine administration. People are at risk for falls due to or fainting. After administering vaccine, keep the person seated or lying down for 15 minutes. If the person looks pale or sweaty or they mentioned to you that they feel dizzy or weak, they may be feeling faint. Anaphylaxis is a severe allergic reaction to a foreign substance that can occur, but it is rare with vaccines. If it does happen, it is usually within minutes of vaccination, although there can be a delayed response. People may have facial or throat swelling or flushing, they might wheeze, have some hives and itching, or they could have abdominal cramping. Be prepared for emergencies and know where your emergency equipment is stored and where the anaphylaxis protocol is posted. And I did put one resource on here from dot org, it is an anaphylaxis protocol that for adults that you could use in your facility, but you want to make sure that you have your provider or medical director review and sign that [Immunize.org: Medical Management of Vaccine Reactions in Adults in a Community Setting \(www.immunize.org/wp-content/uploads/catg.d/p3082.pdf\)](https://www.immunize.org/content/uploads/catg.d/p3082.pdf). Next slide please.

Not, um, not every event following vaccination is caused by the vaccine. So, I want to stress that with you. And as Sarah mentioned, people also need to know what to expect after vaccinations. So, I have a little excerpt from the flu vaccine on the second page, there is a category called risks of vaccine reaction. And so, make sure, like, like Sarah said, these should be, they should be handed out to patients and they should know what to expect after they get a vaccine [CDC: Information Statement: Inactivated Influenza Vaccine \(www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf\)](https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf). If your patient does have an adverse event, then you should go online to report it in the vaccine adverse event reporting system, which we also known as VAERS [Vaccine Adverse Event Reporting System \(VAERS\) \(https://vaers.hhs.gov/\)](https://vaers.hhs.gov/). And anyone can report to VAERS. Once reported, all series events are tracked and evaluated to determine if there is any relationship to a vaccine. Next slide please.

Vaccine errors do occur. You can do your part to prevent errors by being as knowledgeable as possible. Most common errors occur because the seven rights of vaccine administration were not followed, which are listed on the slide and blue. Examples of common errors include administering expired vaccine or diluent, using the wrong diluent or route or administering the wrong dose. And again, I have some other really helpful handouts on here that will be included in the chat [Don't Be Guilty of These Preventable Errors in Vaccine Administration! \(www.immunize.org/catg.d/p3033.pdf\)](https://www.immunize.org/catg.d/p3033.pdf), [Ask the Experts: Experts Answer Questions About Vaccines \(www.immunize.org/askexperts/\)](https://www.immunize.org/askexperts/). It's, it's getting much more difficult to remember all there is to know about vaccines. So, know where your vaccine resources are, and be sure to use them. Next, I will turn it over to Kari. Thank you.

Thanks Kathleen. So, for my portion of the presentation, I'll be going over injection safety best practices. So, injection safety is a set of practices taken to perform injections in a manner that is safe for residents, staff, and others and as part of standard precautions. Safe injection practices include more than handling injection equipment in a manner that protects against sharps injuries. They also include practices to prevent contamination of vaccines and injection equipment, which protects residents from exposure to pathogens. Safe injection practices are important to protect both residents and health care workers. Next slide.

Unsafe injection practices can have devastating consequences. Despite the inclusion of injection safety as part of standard precautions, outbreaks in patient notifications resulting from not adhering to safe injection practices continue to be reported. Since 2001, at least 49 outbreaks have occurred because of

external contamination of injectable medical products at the point of administration. 21 of these outbreaks involve the transmission of hepatitis B or C viruses. The other 28 outbreaks are bacterial infections. In addition to the outbreaks, it's estimated that 150,000 patients have received notifications advising them to undergo blackboard and pathogen testing because they may have been exposed to unsafe injections. Next slide.

Unsafe injection safety practices can also have serious legal, financial, and reputational consequences for a facility in its staff. For example, identifications of unsafe injection practices could result in risk to CMS certification, damage reputation, referral to licensing boards for disciplinary action or malpractice suits filed by residents. Next slide.

These are some of the top reasons for outbreaks to occur. Syringe reuse directly or indirectly, which we'll talk about next, inappropriate use of single dose, or single use vials and failure to use aseptic technique. We won't talk about the last two bullet points during this presentation but know that unsafe diabetes care or assisted blood glucose monitoring and drug diversion have been associated with outbreaks as well. Next slide.

So, let's talk about syringe we use and how this can lead to outbreaks. Direct reuse is using the same syringe to administer medication to more than one resident even if the needle is changed. Indirectly use is accessing a file with a syringe that has already been used to administer medication to a resident, then using the remaining contents from that file for another resident. This graphic depicts how hepatitis C virus was transmitted in an outbreak. Even if you do not aspirate when administering an injection, there is backflow of microscopic material into the syringe. It's not possible to visibly examine a syringe to determine whether contamination has occurred. It's invisible to the naked eye but can easily infect residents even when present in only microscopic quantities. It's very important not to reuse a needle or a syringe for more than one resident or to enter a medication vial, even if it is for the same residents. In this picture, a new needle and syringe are used to draw medication and are used on a resident that is infected with hepatitis C. Backflow from the injection contaminates the syringe. Changing the needle does not prevent the contamination of the syringe. When we use to obtain vaccine and medication the contaminated syringe transfers hepatitis C virus to the vial. If a contaminated vial is used for other residents, they can become infected with hepatitis C virus. Next slide.

Next, let's talk about the importance of preparing vaccinations using aseptic technique. Aseptic technique refers to the manner of handling, preparing, storing medications, vaccines, and injection supplies to prevent microbial contamination. Elements of aseptic technique include performing hand hygiene before preparing the vaccine, disinfecting the rubber septum of the vial with alcohol before each puncture and using a sterile needle and sterile syringe to draw up vaccines. Injections should be prepared in a designated clean area that is not adjacent to potential sources of contamination, such as sinks. Next slide.

Another aspect of safe injection practices is the safe disposal of use injection equipment. Once used, needles and syringes should be discarded intact in inappropriate sharps container. Do not recap the needle after use. Sharps containers should be closable, puncture resistant, leak proof on the sides and bottom and label or color coded. A container should we change when the fill line is reached. Next slide.

In addition, the facility should implement engineering and work practice controls to eliminate or minimize blood borne pathogens hazard from the workplace. It is important to use a needle syringe device with a safety feature whenever possible, and to engage the safety feature immediately after use and dispose in a sharp safety container to prevent needle stick injuries. Next slide.

The One and Only campaign is a public health effort to eliminate unsafe medical injections. It's led by the CDC and the Safe Injection Practices Coalition, and the campaign seeks to raise awareness among patients and healthcare providers about safe injection practices. The campaign's goal is to make sure that patients are protected each time they receive an injectable medication or a vaccine. Through targeted education and awareness efforts, the campaign empowers patients and healthcare providers to insist on nothing less than safe injections every time, for every patient. Here's a link to their web page that has access to educational resources [CDC: One and Only Campaign | Injection Safety \(www.cdc.gov/injectionsafety/one-and-only.html\)](https://www.cdc.gov/injectionsafety/one-and-only.html). Next slide.

Here are some key takeaways. Never administer vaccines from the same syringe to more than one resident, even if the needle is changed, do not enter a vaccine vial with a user syringe or needle, never use vaccines packaged as single dose or single use for more than one resident, and always use a aseptic technique when preparing and administering injections. Next slide.

Here are some guidelines and standards for addressing injection safety practices, including and OSHA guidelines [CDC: Isolation Precautions \(www.cdc.gov/infectioncontrol/guidelines/isolation/index.html\)](https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html), [OSHA: Bloodborne Pathogens \(www.osha.gov/bloodborne-pathogens\)](https://www.osha.gov/bloodborne-pathogens). Next slide.

And then here are some additional resources regarding injection safety and with that, I can turn it over to the next presenter.

- [CDC: Injection Safety \(www.cdc.gov/injectionsafety/index.html\)](https://www.cdc.gov/injectionsafety/index.html).
- [CDC: Safe-Injection-Checklist-P.pdf \(www.cdc.gov/injectionsafety/PDF/Safe-Injection-Checklist-P.pdf\)](https://www.cdc.gov/injectionsafety/PDF/Safe-Injection-Checklist-P.pdf).
- [CDC: Introduction to the Patient Notification Toolkit \(www.cdc.gov/injectionsafety/pntoolkit/index.html\)](https://www.cdc.gov/injectionsafety/pntoolkit/index.html).
- [YouTube: Bloodborne Pathogens Training \(www.youtube.com/watch?v=SobWZE4uRrs\)](https://www.youtube.com/watch?v=SobWZE4uRrs).
- [CDC: Dangerous Misperceptions Flyer \(www.cdc.gov/injectionsafety/PDF/Safe-Injection-Myths-P.pdf\)](https://www.cdc.gov/injectionsafety/PDF/Safe-Injection-Myths-P.pdf).
- [CDC: Questions about Single-dose/Single-use Vials \(www.cdc.gov/injectionsafety/providers/provider_faqs_singlevials.html\)](https://www.cdc.gov/injectionsafety/providers/provider_faqs_singlevials.html).
- [CDC: Questions about Multi-dose vials \(www.cdc.gov/injectionsafety/providers/provider_faqs_multivials.html\)](https://www.cdc.gov/injectionsafety/providers/provider_faqs_multivials.html).

Thank you, Kari. Hello everybody. My name is Caitlyn Stehlin, and I am one of the nurses at the Education and Partnership Unit here at MDH. Now that you know the basics of setting up vaccinations services and best practices for administering vaccines, let's talk about how you document them. Next slide please.

So, health care providers are required by law to record certain information in a patient's medical record. This record can be electronic or in paper form and healthcare providers who administer vaccines covered by the National Childhood Vaccine Injury Act, and I want to pause and add that this act applies to all routinely recommended childhood vaccines administered as either children or adults. So, don't let the word childhood lead you to believe this is only pediatric vaccinations, it does include adults. Providers are required to ensure that the permanent medical record of the recipient indicates the date of administration, the vaccine manufacturer, the vaccine lot number, the name and title of the person who administered the vaccine, and the address of the facility where the permanent record will reside and health care providers who administer vaccines are also required to provide a vaccine information statement or VIS to the person getting vaccine or his or her guardian. And each VIS contains a brief description of the disease as well as the risks and benefits of the vaccine and they're translated into almost 40 different languages. As Sarah mentioned earlier in the webinar, a VIS must be given with every vaccination, including each dose in a multi dose series. The date on the VIS and the date given to the patient or guardian should also be documented. And the link for the most current VIS is included on this slide and will be added into the chat [CDC: Documenting Vaccinations \(www.cdc.gov/vaccines/hcp/admin/document-vaccines.html\)](https://www.cdc.gov/vaccines/hcp/admin/document-vaccines.html), [CDC: Vaccine Information Statement \(www.cdc.gov/vaccines/hcp/vis/current-vis.html\)](https://www.cdc.gov/vaccines/hcp/vis/current-vis.html). Uh, next slide please.

So, as Kathleen spoke about earlier, the vaccine adverse event reporting system, or VAERS serves as a national database that gathers reports of adverse events that occur following immunizations [Vaccine Adverse Event Reporting System \(VAERS\) \(https://vaers.hhs.gov/index.html\)](https://vaers.hhs.gov/index.html). It provides a tool used by FDA and CDC to look for patterns of events following vaccine administration. All health care providers and vaccine manufacturers are required to report post vaccination adverse events if occurred. Reports must be made whether or not the provider thinks the vaccine caused the event and anyone, including the vaccine recipients themselves, may submit a report. Next.

Always update and provide a personal vaccination record to the patient or guardian that includes the names of vaccines administered and the dates of administration. And finally update your patient's vaccination record in your state or local immunization information system or IIS and to talk more about how to document those vaccines in Minnesota IIS system also known as MIIC is my colleague, Lizz. So, I'll pass it to Lizz. Thank you.

Thanks Caitlyn. All right so, as mentioned, in addition to documenting on your side in your internal system or EHR, the administering provider should report doses administered to MIIC. Long term care facilities are encouraged to participate in MIIC to look up client immunization histories and report vaccine administration data. This includes reporting immunizations administered to residents and immunizations that you administer to staff. This data can be reported to MIIC and one of three ways. The first is directly entering or manually entering into the MIIC user interface. The second is completing an immunization spreadsheet from MIIC, and then uploading it into the MIIC user interface and the third is electronic exchange of data using HL7 messages between your internal software system and MIIC. User guidance on direct data entry and upload of the immunization spreadsheet is available on our MDH website [MIIC User Guidance and Training Resources \(www.health.state.mn.us/people/immunize/miic/train/index.html\)](https://www.health.state.mn.us/people/immunize/miic/train/index.html). And HL7 data exchange is strongly encouraged for providers who have the technical capabilities. HL7 data exchange can reduce staff burden because it allows for immunization data to flow between your internal system, and MIIC, which

means staff only need to appropriately document the immunization data in one place instead of in two [MIIC User Guidance and Training Resources](http://www.health.state.mn.us/people/immunize/miic/train/index.html) (www.health.state.mn.us/people/immunize/miic/train/index.html). If your facility is interested in HL7 data exchange review the specifications on the submitting and exchanging data with MIIC webpage [Submitting and Exchanging Data with MIIC](http://www.health.state.mn.us/people/immunize/miic/data/index.html) (www.health.state.mn.us/people/immunize/miic/data/index.html). We recommend reviewing these specifications with your technical team and or your EHR vendor. If you're interested in moving forward with electronic data exchange with MIIC, please reach out to the MIIC help desk health.miichelp@state.mn.us. All organizations must go through an onboarding process before they can exchange live data with MIIC, and this just allows us to exchange a few test messages to make sure everything is working as expected. Next slide.

Per Minnesota law, pharmacies are required to report to MIIC vaccine they've administered within seven days of that administration date. All other vaccine providers are highly encouraged to participate in MIIC and as part of that data use agreement to participate in MIIC, providers are strongly encouraged to report their doses administered to make within seven days of administration. Timely data ensures that a client's MIIC record is up to date with their current demographics, and their most recent immunizations. When there is a lag in reporting updated information to MIIC, the client or another provider organization may receive incorrect or incomplete information when they view the client's record. This place the client at risk of receiving an incorrect or an improperly timed immunization. And with that, I will turn it back over to Tracy.

Thank you, Lizz and all of our presenters. So, we are at the evaluation survey portion of the call. So, I am going to put the link to the survey into the chat box [Basics for Vaccination Services and Best Practices for Vaccine Administration and Documentation](https://survey.vovici.com/se/56206EE3795887F9) (<https://survey.vovici.com/se/56206EE3795887F9>). So, once you complete this quick five question survey about today's session, you will receive a certificate for one continuing education unit. This activity has been designed to meet the Minnesota board of nursing requirements for one continuing education unit. However, each attendee is responsible for determining whether, or not this activity will meet the requirements for acceptable continuing education. And before we get into Q and A, just a plug for the next session of our four- part series, it will be improving adult immunization rate, and just note to please that we are skipping March 6, and we are jumping to March 13. So, the next session, and last session of this four-part series will be Wednesday March 13 at noon, and it will be improving adult immunization rates. Also, I'm going to put in the chat just one more time the link to the webpage where all of the recordings and transcripts and links and everything that you will need to review these sessions after the fact live, our immunization and long-term care facilities webpage [Immunizations in Long-Term Care Facilities](http://www.health.state.mn.us/people/immunize/hcp/ltc.html) (www.health.state.mn.us/people/immunize/hcp/ltc.html).

All right, so now for the Q and A portion of our call, and it looks like we have one question to address in the chat. So, curious about the cost or budget comments from Sarah's presentation it looks like. So, let me pull this up from my experience insurance and Medicare cover the cost of the actual vaccines, as you mentioned, there are resources for under and non-insured residents. Is the cost the one associated with coordinating and/or administering the vaccine, or is there something else? And I think Sarah is going to take this one for us.

BASICS FOR VACCINATION SERVICES AND BEST PRACTICES FOR VACCINE
ADMINISTRATION AND DOCUMENTATION WEBINAR TRANSCRIPT

Yeah. Thanks, Tracy. And really thank you for that question. That really helps me clarify what I'm meaning by the cost, of, you know, putting in the cost in budget into your operating budgets. What I mean by that is that, you know, you will have to purchase vaccines, supplies, equipment. Make sure that that is definitely in your budget. We also know that you will be ordering possibly vaccine at different times throughout the year and, you know, there's seasonal vaccines and there's other vaccines that you'll need and so you'll definitely want to make sure that that is in your budget. That now with commercialization of COVID, that vaccine is not free as you know, so, again, making sure that's in your operating budget. You will, however, be able to bill for some of those costs of the vaccine and vaccine administration and yes you will be able to bill insurance and Medicare to cover the costs of the vaccine and the vaccine administration but sometimes that that lags and you know in terms of budgeting you definitely want to make sure that all your costs are in there and then what's your revenue going to be from that to make sure that those hopefully are equaling out. Also with, you know, less resources for free onsite vaccination after COVID-19, you're gonna have to think about what fees that you may have to incur if you're going to contract those services and again they have changed a little bit based on the contractor you're working with whether it be a pharmacy or a community vaccinators or local public health, there may be differences in those fees so you'll definitely want to make sure that you're getting those costs into your budget. So, I hope that helps we also will be in our last webinar on March 13, like Tracy's said improving adult immunization rates, but we also will be touching on billing and billing for vaccination. So, we'll be touching on that. So, hopefully that will help too. Thanks for your question.

Thank you, Sarah, and I will also put in the chat if you have additional questions that pop up after the fact, if you have a question related to vaccine, please reach out to health.vaccinesme@state.mn.us. And if you have questions related to MIIC, please reach out to health.miichelp@state.mn.us and again, we hope to see you on March 13. Don't forget to fill out your survey and look for those recordings online. Thank you again for attending and thank you to all of our speakers have a wonderful rest of your day.

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