Pre-Hospital Emergency Care Council

Influenza Vaccination

Clinical Practice Guidelines

Version 1 – 1 /11/2021

Pre-Hospital Emergency Care Council

TABLE OF CONTENTS

CLINICAL PRACTICE GUIDELINES FOR ADMINISTRATION OF:

APPENDIX:

Version 1 – 1 /11/2021

Introduction

As part of the national response to the COVID-19 pandemic, PHECC and the Medical Advisory Committee have acted to enable Practitioner administration of licensed COVID-19 vaccines in support of the National Vaccination Programme. Related to this is the national influenza vaccination programme.

The administration of Influenza vaccines by PHECC Registered Practitioners is now permitted according to the specially created influenza vaccination edition of the Clinical Practice Guidelines.

These CPGs permit PHECC Registered Practitioners who operate for Licensed CPG Providers to participate in the National Vaccination Programme.

This edition will be maintained separately to the general Clinical Practice Guidelines publication to enable the swift addition of further medications as they are approved for use.

As with all CPGs, PHECC Registered Practitioners are subject to the PHECC triple lock of licensing, credentialing, and privileging and the PHECC care principles.

All PHECC Registered Practitioners who participate in the vaccination process must complete training, as specified by the HSE, prior to conducting any vaccinations.

Dr David Menzies, Chair Medical Advisory Committee

SECTION 1 - Care Principles

Care principles are goals of care that apply to all patients. Scene safety, standard precautions, patient assessment, primary and secondary surveys and the recording of interventions and medications on the Patient Care Report (PCR) or the Ambulatory Care Report (ACR), are consistent principles throughout the guidelines and reflect the practice of practitioners. Care principles are the foundations for risk management and the avoidance of error.

PHECC Care Principles

1. Ensure the safety of yourself, other emergency service personnel, your patients, and the public.
   1.1 Ensure correct PPE is utilised in all situations and is compliant with latest guidance on standard, contact, droplet and airborne PPE. Place facemasks on patients when required. Handwashing and hand hygiene should be performed before and after all patient interactions. Utilise PPE checklists for correct donning and doffing procedures.

2. A person has capacity in respect to clinical decisions affecting themselves unless the contrary is shown (Assisted Decision-Making (Capacity) Act 2015).

3. Seek consent prior to initiating interventions and/or administering medications.

4. Identify and manage life-threatening conditions.

5. Ensure adequate ventilation and oxygenation.

6. Optimise tissue perfusion.

7. Make a working diagnosis, after considering differential diagnoses.

8. Provide appropriate pain relief within the scope of practice. Pain management:
   8.1 should not delay the diagnosis of conditions or injuries,
   8.2 should be implemented for all relevant patients,
   8.3 should commence within ten minutes on scene,
   8.4 goal is to reduce pain to a tolerable level,
   8.5 to take cognisance of immediate and short-term pain management requirements by administering appropriate combinations of analgesia.

9. Identify and manage other conditions.

10. Place the patient in the appropriate posture according to the presenting condition.

11. Ensure maintenance of normal body temperature (unless a CPG indicates otherwise).

12. Provide reassurance at all times.

13. Monitor and record patient's vital observations.

14. Maintain responsibility for patient care until handover to an appropriate practitioner.

15. Arrange transport to an appropriate medical facility if clinically required, and in an appropriate time frame.

16. Complete a patient care record following an interaction with a patient.

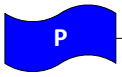
17. Identify the clinical lead on scene; this shall be the most qualified practitioner on scene. In the absence of a more qualified practitioner, the practitioner providing care during transport shall be designated clinical lead as soon as practical.

18. Ambulances, medical rooms and equipment should be decontaminated as appropriate following an interaction with a patient.

Codes Explanation

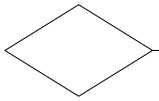
A clinical condition that may precipitate entry into the specific CPG

Emergency Medical Technician
(Level 4) for which the CPG pertains

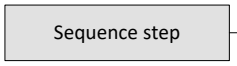


Paramedic
(Level 5) for which the CPG pertains

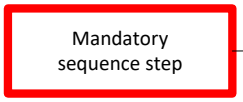
Advanced Paramedic
(Level 6) for which the CPG pertains



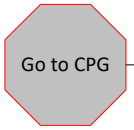
A decision process
The Practitioner must follow one route



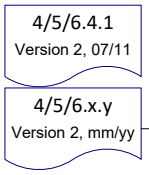
A sequence (skill) to be performed



A mandatory sequence (skill) to be performed



A direction to go to a specific CPG following a decision process
[Note: only go to the CPGs that pertain to your clinical level]



CPG numbering system
4/5/6 = clinical levels to which the CPG pertains
x = section in CPG manual,
y = CPG number in sequence,
mm/yy = month/year CPG published

A medication which may be administered by an EMT or higher clinical level
The medication name, dose and route is specified

An instruction box for information

4/5/6.11.6
Version 1 11/2021

Influenza Vaccine

EMT P AP

Consideration for Administering Vaccination ≥ 18 years

Follow current National Immunisation Office guidance on inclusion/ exclusion criteria

Review summary of product characteristics of medication

Ensure correct preparation of medication

Obtain Patient information/ complete register

Discuss vaccination and confirm patient consent

≥ 65 years of age

Yes → Fluad Tetra 0.5 ml IM

No → Split Virion 0.5 ml IM

Monitor for 15 minutes - Be prepared for allergic reaction and/or syncope. If history of Anaphylaxis from any cause monitor for 30 minutes

Allergic Reaction

Yes → Go to allergic reaction CPG

No

Ensure reporting and record keeping data complete

Release patient with advice to contact their doctor if any side effects experienced

All vaccinators must have completed the HSE approved vaccination training

Split Virion is administered intramuscularly as a single dose

Refer to SmPC for handling instructions, preparation and administration of individual dose

Fluad Tetra is administered intramuscularly as a single dose

≥ 65 years may also receive the Split Virion 0.5 mL IM vaccine

Administer Medication in accordance with dosage and conditions of administration

Vaccination to be administered in a suitable and appropriate place

-having regard to public convenience
- to protect the health and safety of the public
- to safely administer the product

Record Keeping

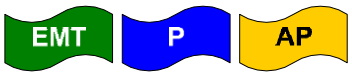
- Make an entry in a register kept for the purpose
- Date of administration
- Name, address, date of birth and sex of the person
- Patient's personal public service number*
- Name, dosage, marketing authorisation number, batch number and expiry date of the product
- Name of the person administering the product and PHECC PIN
- Name, address and contact particulars of the general medical practitioner*
- *Unless that person fails to provide such particulars.

Reporting Requirements

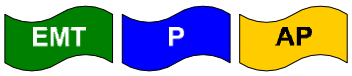
Within 7 days of the administration, forward, by electronic means or otherwise, a copy of the particulars, entered in "the register" to the Health Service Executive

*Unless that person fails to provide such particulars.

Reference: SmPC as approved by the HPRA

Clinical level: 

Medication	**Fluad Tetra, suspension for injection in pre-filled syringe Influenza vaccine (surface antigen, inactivated, adjuvanted)**
Classification	Vaccine for the prevention of Influenza caused by the two Influenza A virus subtypes and two influenza B subtypes
Presentation	0.5ml dose suspension for injection in pre-filled syringe (injection). Milky-white suspension containing: A/Victoria/2570/2019 (H1N1)pdm09 - like strain (A/Victoria/2570/2019 IVR-215) 15 micrograms HA** A/Cambodia/e0826360/2020 (H3N2) - like (A/Cambodia/e0826360/2020 IVR-224) 15 micrograms HA** B/Washington/02/2019 – like strain (B/Victoria/705/2018 BVR-11) 15 micrograms HA** B/Phuket/3073/2013 – like strain (B/Phuket/3073/2013 BVR-1B) 15 micrograms HA**
Administration	Adult dose for patients aged ≥ **65 years only**. 0.5ml Intramuscular injection as a **single dose course**. Ready to administer, no dilution or reconstitution required.
Indications	Prophylaxis of influenza in the elderly (65 years of age and older).
Contra-Indications	Hypersensitivity to the active substances, to any of the components of the adjuvant, to any of the excipients listed in the product SmPC, or to possible trace residues such as ovalbumin, kanamycin and neomycin sulphate, formaldehyde, cetyltrimethylammonium bromide (CTAB) and hydrocortisone. A severe allergic reaction (e.g. anaphylaxis) to previous influenza vaccination
Usual Dosages	Adults >65years only: One 0.5ml dose as an intramuscular injection only. The preferred injection site is the deltoid muscle of the upper arm. There is no repeat dose required during current influenza season.
Side effects	Headache / Injection site pain / fatigue / loss of appetite/ nausea/ diarrhoea / myalgia / arthralgia / influenza type illness / erythema.
Additional information	- No repeat dose schedule for this vaccine – only one dose should be administered per flu season. - Store in a refrigerator (2 °C – 8 °C). Keep the pre filled syringe in the outer carton in order to protect from light. - Those with confirmed egg anaphylaxis or egg allergy can be given all of the above influenza vaccines in a primary care or school setting with the exception of those who have required admission to ICU for a previous severe anaphylaxis to egg. Those requiring inactivated influenza vaccine who have had a previous ICU admission for a severe anaphylaxis to egg should be referred for specialist assessment with regard to vaccine administration in hospital.

Clinical level: 

Medication	Quadrivalent Influenza (Split virion, inactivated) suspension for injection in prefilled syringe Quadrivalent influenza vaccine (QIV)
Classification	Vaccine for the prevention of Influenza caused by the two Influenza A virus subtypes and two influenza B subtypes
Presentation	0.5 ml dose suspension for injection in a pre-filled syringe containing: A/Victoria/2570/2019 (H1N1)pdm09 - like strain (A/Victoria/2570/2019, IVR-215) 15 micrograms HA** A/Cambodia/e0826360/2020 (H3N2) - like strain (A/Tasmania/503/2020, IVR-221) 15 micrograms HA** B/Washington/02/2019 - like strain (B/Washington/02/2019, wild type) 15 micrograms HA** B/Phuket/3073/2013 - like strain (B/Phuket/3073/2013, wild type) 15 micrograms HA** The vaccine, after gentle shaking is a colourless opalescent liquid.
Administration	Adult and Paediatric dose: 0.5ml Intramuscular injection as a single dose course. (Two doses may be indicated for specific groups – see below) Ready to administer, no reconstitution or dilution required.
Indications	Prevention of influenza disease caused by two influenza A subgroups and two influenza B subgroups for: - Active immunisation of adults including pregnant women and children > 6 months - Passive immunisation of infants birth to < 6 months following the vaccination of pregnant women
Contra-Indications	Hypersensitivity to active substances or excipients or to any component that may be present as traces such as eggs (ovalbumin, chicken proteins), neomycin, formaldehyde and octoxinol-9. Vaccines should be postponed if moderate or severe febrile disease or acute disease
Usual Dosages	Adult and Paediatric dose: • 0.5ml Intramuscular injection as a single dose course. (Two doses may be indicated for specific groups with a minimum 4 week interval between doses – see below) Allow to reach room temperature before use. Gently shake before use
Side effects	Injection site pain or swelling/ irritability (paeds)/ headache/ myalgia/ malaise, shivering/ fever
Additional information	- Traceability: Name and batch number of administered product should be recorded. - For children less than 9 years of age who have not previously been vaccinated, a second dose of 0.5 mL should be given after an interval of at least 4 weeks. - Adults for 2nd dose schedule (2nd dose administered at least 4 weeks post initial vaccine): Post haematopoietic stem cell transplant or post solid organ transplant and are receiving vaccine post-transplant. Cancer patients while on chemotherapy or who complete chemotherapy in the same season - Store in a refrigerator (2°C – 8°C). Do not freeze. Keep the syringe in the outer carton in order to protect from light. - Those with confirmed egg anaphylaxis or egg allergy can be given all of the above influenza vaccines in a primary care or school setting with the exception of those who have required admission to ICU for a previous severe anaphylaxis to egg. Those requiring inactivated influenza vaccine who have had a previous ICU admission for a severe anaphylaxis to egg should be referred for specialist assessment with regard to vaccine administration in hospital

Pre-Hospital Emergency Care Council

Influenza Vaccination

Pre-Hospital Emergency Care Council
2nd Floor, Beech House
Milennium Park
Osberstown, Naas
Co Kildare
W91 TK7N

info@phecc.ie