

BRAZOS VALLEY COMMUNITY HEALTH CENTERS

Policies and Procedures

Policy Subject/Title: Adult Vaccine Administration
Applicability: Adult Health Services
Purpose: To standardize administration and documentation of vaccine administration.

Policy: Immunizations will be administered based on the current guidelines of the Centers for Disease Control by clinical staff.

Procedure:

***Licensed and/or trained staff are permitted to administer immunizations under the direction of the attending provider staff.**

- 1) The clinical staff will assess immunization status of adults at each encounter.
- 2) Copies of immunization records will be made if available. These documents will be placed with the immunization records in the patient's chart.
- 3) The provider/physician will assess the patient, complete the Adult Screening Questionnaire and order all appropriate vaccinations at each encounter.
- 4) If the patient refuses vaccination, the provider will document on the Vaccine Administration Record that it was "refused by patient" with the date of the refusal in the date space on the form and will sign the form in the signature space where the patient would sign if they were accepting the vaccine.
- 5) Consent for immunizations available through clinic stock is included in the facility's General Consent form.

Vaccines provided through the Adult Safety Net Program require an additional consent. The Adult Safety Net Program requires the Adult Eligibility Screening form to be completed to determine eligibility for these vaccines and then the patient will sign that they consent to the vaccine(s) on the Vaccine Administration Record.

- 6) A Vaccine Information Statement (VIS) for each vaccine administered will be given to the patient before administration and the provider or clinical staff will ask if they have any questions regarding this information. If the patient is unable to read the Vaccine Information Statement (VIS) it must be read in its entirety to the patient. If there are questions the provider ordering the immunization will provide that information to the patient.
- 7) A Vaccine Administration Record will be completed at the time of administration of vaccines by the staff who administers the vaccine.
 - A. The Vaccine Administration Record will be identified by the patient's name, birth date and chart number.
 - B. Each vaccine administered will be documented on this form, including the name of the vaccine, the date of administration, the site where it was administered, the lot number and manufacturer from the vaccine, the date of the Vaccine Information Statement (VIS), the signature of the person administering the vaccine and the patient's signature.
- 8) Post-immunization administration the patient will be instructed to remain in the facility for 15 minutes and to notify us immediately of any adverse reactions. If none, they will be discharged. They may wait in the waiting room with the instruction to notify the nursing staff if there are any unusual symptoms and when 15 minutes have passed they may leave.

ENCLOSURES:

Vaccine Administration Record for Adults