

NUTS AND BOLTS OF A PHARMACY-BASED IMMUNIZATION CLINIC

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What Is Required?

- Policy and Procedure (electronic acceptable)
- Licensure/certifications
 - Pharmacy license
 - Pharmacists license
 - CPR certification for each pharmacist
 - Immunization certification
 - Blood-borne pathogen training (if required by facility)
 - Hep B documentation for immunizers
- Patient information forms (VIS)
- BOP Prescriptive Authority Protocol (electronic acceptable)
- Professional liability insurance (optional)

Other Requirements

- Sample Vaccine Administration Record (VAR)
 - Helps evaluate responses to screening questions
 - Allergy identified, Pregnancy status
- Provider notification letter or NMSIIS certification
- Emergency Procedures
- Needle stick Procedures (vary per facility)
- Vaccine Storage logs (Freezer, Fridge , Roomer Temp. logs)
- VAERs forms

Prescriptive Authority Protocol Requirements

- Immunization Training Completion
 - Certified with the NM Board of Pharmacy
 - CE on file (2 hr/2yr - live)
 - If expired, requires re-certification
- CPR Certification (current, live)
 - Adult & Child

Equipment

- Ideally, separate room with door
 - Exam Table
 - Chairs
 - Sink (+/-)
 - Computer
 - Refrigerator and freezer
- Blood pressure cuff & stethoscope

Physical Requirements

- Immunization Supplies
 - Sharps (disposal)
 - Syringes & needles
 - Gauze or cotton balls
 - Alcohol swabs
 - Gloves
 - Latex free
 - Band-aids
 - Cleaning solution
 - VIS
 - Immunization records (one for the patient & pharmacy)
 - NMSIIS – required as of July 1, 2013 for ALL IZs

Emergency Kit Requirements

- **E-Kit Includes...**

- Epinephrine 1:1000 (1mg/ml) SQ or IM; 2 amps (Epi-Pen – 2 units)
- Benadryl 50mg IM; 2 amps
- Syringes & needles
- Alcohol swabs
- CPR masks (adult and pediatric)
- CPR reference cards
- Tongue depressors
- Benadryl/Epinephrine dosing chart (if necessary)

Workflow

- Provide patient with VAR/VIS
- Assess screening questions
- Collect Fee (\$)
- Administer vaccine
- Patient post-counseling
- Provide patient with immunization record
- Document in pharmacy records
- NMSIIS

Vaccine Administration Review

- Assemble components (not in front of patient)
 - Have everything ready
 - Vaccine, syringe, swabs, cotton, bandaid, gloves, e-kit
 - Swab vaccine vial
- Draw up correct dose
 - Remove “bubbles”
 - Remove needle from vial and recap
 - Collect all items and enter patient area
 - Ensure patient is in “safe” area
 - Insert needle into vial and inject proper amount of air

Vaccine Administration Review

- Ask patient which arm they prefer
 - Alcohol swab area
 - Obtain syringe and remove cap
 - Insert needle into arm straight and quickly
 - No need to aspirate
 - Inject vaccine –slowly and smoothly
 - Remove needle– straight and smoothly
 - Directly into the sharps (Do NOT Recap)
 - Apply gauze, pressure, and band-aid

Emergency Procedures

- *Never inject while alone*
- Be prepared to call 911
 - Take h/o of allergies & ADRs prior to vaccination
 - Allow space for fainting or CPR if necessary
 - Maintain e-kit
 - CPR certified

Adverse Reactions

- Recognition of anaphylaxis
 - Sudden onset of itching, redness, with or without hives, within several minutes
 - Angioedema
 - Bronchospasm or shock
- If local, observe for suitable time
- If generalized
 - Call 911
 - Administer epinephrine (see dose table if needed)
 - Administer diphenhydramine (see dose table if needed)

Adverse Reactions

- Monitor until EMS arrives
 - ABC's
 - Monitor vitals
 - May re-administer epinephrine every 5 to 20 minutes
- Needle Stick Policy
 - Develop with a local provider or follow company guidelines

Reimbursement

- Get your NPI number asap
 - Bill administration fee when possible if needed
 - Create contracts with offsite employers if needed
 - Ensure you are do data exchange with NMSIIS or contact DOH NMSIIS division for individual reporting
 - Understand preventative vs. prescriptive coverage
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- **NPI number**
(<https://nppes.cms.hhs.gov>)
 - **NMSIIS registered**
(<https://nmsiis.state.nm.us>)

Vaccine Updates Summary

- ACIP schedules update every January, published every February
- Influenza:
 - Fluzone high dose is for 65 and above and is now quadrivalent.
- Pneumococcal:
 - Prevnar 13 in over 65, now shared clinical decision making.
 - Prevnar 20, FDA deadline due June 2021
- Men B:
 - College aged children, now shared clinical decision making with Men ACWY still recommended (required in some state)
- Gardasil:
 - Ages 9 to 26, 27-45 now shared clinic decision making.

Summary

- Know your stuff, stay updated
- Know your law, stay compliant with protocol
- Know your state, always inquire when transferring
- Know your patients to avoid adverse events and potential issues with errors/contraindications