

# NUTS AND BOLTS OF A PHARMACY-BASED IMMUNIZATION CLINIC

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## Policy and Procedures Manual

- 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
- Professional liability insurance (optional)
- Patient information forms (VIS)
- BOP Prescriptive Authority Protocol

## P & P Manual

- Sample Vaccine Administration Record
  - Helps evaluate responses to screening questions
    - Allergy identified
    - Pregnancy status
- Provider notification letter or NMSIIS certification
- Emergency Procedures
- Needle stick Procedures (per facility)
- Vaccine Storage logs
  - Freezer and Fridge 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

- 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
  - Dosing chart

## Workflow

- Provide patient with VIS
- Assess screening questions
- Collect Fee (\$)
- Administer vaccine
- Patient counseling/screening
- 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 bandaid

## 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
  - Staff certified in CPR and first aid

## 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 epi (see dose table)
  - Administer diphenhydramine (see dose table)

## Adverse Reactions

- Monitor until EMS arrives
  - ABC's
  - Monitor vitals
  - May re-administer epi 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
- Ensure you are do data exchange with NMSIIS or contact them for individual reporting
- Understand preventative vs prescriptive coverage

- **NPI number**  
(<https://nppes.cms.hhs.gov>)
- **NMSIIS registered**  
(<https://nmsiis.state.nm.us> )

## Vaccine Updates

- ACIP schedules update every January
- Influenza
  - I13 and I14 are new abbreviations, CDC has no requirements from one manufacturer over the other
  - LAIV has been removed from schedule (ages 2-49)
  - Fluzone high dose is for 65 and above, but not required
  - Preservative free is available for pregnancy, but not required
- Pneumococcal
  - Conjugate and pure polysaccharide available (additional strain coverage)
  - Pure polysaccharide for ages 2 and above
  - Conjugate is approved as one time for adults 65 and above

## Vaccine Updates

- Meningococcal
  - Conjugate (IM) vs. Polysaccharide (SQ)
- Hepatitis A/B
  - Note pediatric dose vs adult dose, ages vary in each vaccine
  - Twinrix, only approved for 18 yrs and above
  - Diabetes indication now Hep B required
- Varicella/shingles
  - Note ACIP or CDC vs FDA
  - Varicella is 14 x more potent than shingles vaccine
  - Changing needles after reconstitution is recommended



## 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