THIS CHAPTER MEETS THE FOLLOWING IMMUNIZATION COMPETENCIES FOR HEALTH PROFESSIONAL (PHAC, 2008): http://www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf

#10: Documentation

- Competency: Documents information relevant to each immunization encounter in accordance with national guidelines for immunization practices and jurisdictional health information processes.

#14: Legal and Ethical Aspects of Immunization

- Competency: Acts in accordance with legal and high ethical standards in all aspects of immunization practice.

1.0 DOCUMENTATION OF IMMUNIZATION

1.1 Role and Importance of Documented Immunization Records

All immunization providers shall confer with the individual or the individual's parent/guardian/caregiver to verify the completeness of the presented immunization record, in an attempt to ensure the individual's record is up to date and to prevent immunization errors.

Immunization records are permanent records and serve three important roles:

- To provide quality public health services, assist with disease diagnosis and treatment, and control the spread of vaccine-preventable diseases.
- To measure and assess the effectiveness and coverage of provincial immunization programs.
- To ensure that all immunizations are accurately and completely recorded, and available to health care providers and individual clients.
- Client immunization records may:
    - Be shared with health care professionals in order to provide public health services;
    - Assist with diagnosis and treatment; and,
    - Assist to control the spread of vaccine preventable diseases.

1.2 Panorama

1. To ensure that a complete immunization record is maintained, immunizations administered to an individual will be documented by Public Health into Panorama, the electronic provincial immunization registry.
2. Panorama is a secure electronic system used in Saskatchewan to record and manage immunization records and the health information related to immunization for all Saskatchewan residents. The information entered in Panorama will be used to:
    a. Manage client immunization records;
    b. Notify clients if they or their child needs an immunization; and
    c. Monitor how well vaccines work in preventing vaccine preventable diseases.
3. Only authorized users will have access to Panorama as designated by eHealth, the Ministry of Health and regional/jurisdictional health authorities.
4. Prior to persons gaining access to Panorama, an "Account Authorization Form" must be submitted for them.
    a. A designate from each health jurisdiction (e.g., Manager of Public Health Nursing) shall determine which staff members require access to Panorama and their level of access.
    b. All authorized staff will have their own Panorama account and password.
    c. The account authorization form can be obtained from the Panorama home page, and completed on-line http://www.ehealthsask.ca/services/panorama/immun/Pages/TrainingTOC.aspx
    d. The eHealth service desk will contact the user and provide them with a password to access Panorama.

5. The Panorama documentation manual can be accessed on the Panorama home page and should be referred to for further information: http://www.ehealthsask.ca/services/panorama/immun/Pages/TrainingTOC.aspx
6. For technical concerns, contact the eHealth service desk toll-free at 1-888-316-7446 or by email at: servicedesk@ehealthsask.ca
7. Non-technical questions should be directed to the regional/jurisdictional Public Health Nurse Manager or Panorama Key User.

1.3 COVID-19 Quick Entry (CQE)

1. CQE is a secure electronic system used in Saskatchewan to record and manage COVID-19 and influenza immunization records and the health information related to immunization for all Saskatchewan residents. The information will be used to manage client immunization records;
2. Only authorized users will have access to CQE as designated by eHealth, the Ministry of Health and regional/jurisdictional health authorities.

2.0 PROVINCIAL IMMUNIZATION RECORD GUIDELINES

2.1 Immunization Record Confidentiality and Security

1. Immunization records are confidential personal health information and part of the client's health record. Electronic and paper record must be kept secure and paper records should be stored in a designated "staff only" area. Do not leave records in an unsecured area where they could be accessed by unauthorized individuals.
2. Clients or their caregivers should be informed that their immunization records may be shared with public health officials in other jurisdictions for the purposes of providing continuous public health services, assisting with disease diagnosis and treatment, and to control the spread of vaccine-preventable diseases.
3. Immunization information shall be accessed by authorized persons who require it in order to deliver health services.
4. Immunization information should be sent only to known confidential agency fax numbers. The correct fax number and the person who will be receiving the information should be confirmed before information is transmitted.
5. Agency policies must be followed for requests regarding the receipt of emailed immunization records.

2.2 Agency-Held Immunization Records

- All immunization providers or their respective agencies must maintain permanent immunization records for all clients. An agency paper record shall be maintained by the health care provider for a minimum length of time as specified by agency policy.
- All immunization services must be immediately and accurately documented by designated staff at the point of service (e.g., consent form), and within 24 hours of administration on the appropriate forms (e.g., individuals' health record, immunization card and /or notice of immunization) when possible.
- Agency-held permanent client immunization records should contain the following information for every vaccine administered:
    - Informed consent for immunization documented as per regional/jurisdictional policy;
    - The agent standard abbreviation
    - The agent trade name;
    - The manufacturer;
    - The date given
    - The time given;
    - The dose number;
    - The anatomical site;
    - The dosage given;
    - The route of administration;
    - The lot number. Lot numbers are important to record as they are required in some situations (e.g., when a vaccine batch is recalled or has documented immunogenic failure);
    - The reason for biological products not administered (e.g., philosophical objection, previous disease, contraindication. Refer to Appendix 4.2 Where do I document);
    - The name and title of the person administering the biological product; and,
    - Any reactions following immunization (e.g., adverse events following immunization (AEFI) and related MHO recommendations).

- At minimum for historical immunization entry into Panorama or CQE (influenza and COVID-19), the following should be documented:
  - The agent standard abbreviation.
  - The date given.
    - Dates showing month/ year only are to documented as follows:
      i. The first of a month is documented by default as a standard practice, unless that day is prior to the child's actual date of birth (e.g., for vaccines given a birth).
      ii. Estimating dates to calculate valid minimum intervals is not recommended as a standard practice, but up to the nurse's discretion.
- When available, client information such as serologic results of immunity (e.g., rubella, hepatitis B), previous diseases (e.g., varicella) should be documented as *Special Considerations* on the client's Panorama immunization record; **do not** documented actual titre values into Panorama. Tuberculin skin test results are documented as negative or positive, with measurement if available.
- Written immunization records shall be legible and recorded in permanent ink, in accordance with regional/jurisdictional documentation standards.

2.3 Client-Held Immunization Records

1. A printout of the Panorama immunization summary page may be provided to the client/caregiver at the end of each immunization appointment.
2. Clients should be directed to obtain a MSHR account for their immunization record.
3. For clients who have a paper immunization record, document the required information on both the agency and client immunization record for each immunization appointment.
4. Immunization providers should:
   - Instruct parents/caregivers and clients to keep all immunization records in a safe place for future reference (e.g., post-secondary or work entry), and bring them to each immunization visit.
   - For accuracy and completeness, encourage clients who have received non-publicly-funded immunizations to bring these records for documentation on their Panorama or paper immunization record.
5. **Client immunization records that are held by the client on applications such as Immunize.ca should not be accepted as accurate or formal immunization records, as they are entered by the client into the application.**

3.0 OBTAINING IMMUNIZATION RECORDS

3.1 Immunization Record Requests and Transfers

1. Immunization information may be shared on a need to know basis within the circle of care of the client, for purposes of providing continuous health services. Information may be shared with those outside the circle of care if the appropriate agreements, process, and record keeping is followed or the legal basis upon which sharing will occur has been confirmed and documented. **Refer to regional/jurisdictional policies pertaining to the release of client information.**
2. Client immunization records may be provided to next-of-kin or designated guardianship upon request as per regional/jurisdictional policies pertaining to the release of client information.

4.0 ERRORS

4.1 Immunization Administration Errors

Immunization administration errors may compromise client safety, and should be monitored and rectified.

1. All known or discovered immunization errors must be immediately reported to the immunization supervisor, according to agency policy.
2. Immunization administration error reports should be accurate, concise, factual, and objectively written by the staff person who administered the vaccine and/or by the person who discovered the error.

4.2 Immunization Documentation Errors

Uncorrected immunization documentation errors may impact future clinical decisions related to future immunizations, potentially compromising the client's protection against vaccine-preventable diseases.

1. All known or discovered immunization documentation errors must be immediately reported to the immunization supervisor, according to agency policy.
2. On paper immunization records, corrections should be made in pen, by drawing a straight line through the error and initialling it. The corrected documentation must include the date and the writer's signature.

5.0 REFERENCES

Public Health Agency of Canada. (2012). *Canadian Immunization Guide*. (*Evergreen Ed*.). Available at: http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Public Health Agency of Canada (2008). *Immunization Competencies for Health Professionals*. Available at: http://www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf

Panorama Gateway: http://www.ehealthsask.ca/services/panorama/immun/Pages/TrainingTOC.aspx

6.0 APPENDIX

Appendix 4.1: Regional/Jurisdictional Documentation Policy (Insert policy)

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Translation Services Used to Obtain Consent Directives	1. Consent directives obtained via translation services	Document appropriate grants /refusals.				Document in consent directive comment section: *Translation services used to obtain consent directives: include interpreter name & number.*			
Refusals	2. Refusal of individual antigen(s) or vaccine agent(s) but parent not refusing reminders.	Refusal (Never select ALL vaccines)							
Refusals	3. Refusal of individual antigen(s) or vaccine agent(s) AND parent wants OFF of the reminder / recall list.	Refusal (Never select ALL vaccines)					• **Enter Special Consideration - exemption for each vaccine parent is refusing.** • Refer SHA Work Standard: *Process for obtaining and documenting an informed refusal directive for immunization*		
Refusals	4. Refusal migrated from SIMS as a Special Consideration> Exemption> Refusal. Parent wants OFF of the reminder / recall list.	Refusal					Exemption - ☒ Exemption remains.		

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Refusals	5. Refusal migrated from SIMS as a Special Consideration> Exemption> Refusal. Parent is still refusing post-conversation but not refusing reminders.	Refusal					Exemption - ☒End date once a conversation has occurred with the client.		Verbal report
Refusals	6. Client now accepting a previously refused vaccine	Grant					Exemption - ☒End date if conversation with client has occurred		Documentation, Verbal report
Eligibility by Risk Factor Category	7. Non-immune for HB after 1st valid age-appropriate HB series completed. **They <u>must meet</u> criteria for re-immunization as specified in SIM CH. 10 HB Re-Vaccination Assessment Algorithm or SIM appendix 7.4**		Add risk factors as applicable (e.g., Chronic Medical condition-renal disease, Post Exposure – Blood and Body Fluids).	"Provide 1 dose of HB. Post-serology for HB antibodies /antigen recommended and provided by _____ 1 month following this dose."		If non-immune after additional dose (dose 2, 3 or dose 4, depending on # of doses in original series): 1) End-date original Ct. Warning (above) Add 2nd Client Warning wording: "Complete second HB series. Post serology for HB antibodies /antigen recommended and provided by ____ 1 month following last dose."			
Eligibility by Risk Factor Category	8. Non-responder to a second valid series of HB vaccine (i.e. a 2-series non-responder).		Non-responder - Hepatitis B	"Manage future exposures with HBIg. No further HB doses required."					
Eligibility by Risk Factor Category	9. Child eligible for early HB based on parental immigration		Special Population - Children of Immigrants - Hepatitis B						

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Eligibility by Risk Factor Category	10. Infant HB post-exposure prophylaxis in hospital		☒Post-exposure - Infant Born to HBsAg+ Mom or High Risk for HB - Greater than or equal to 2000 grams **OR** ☒Post-exposure - Infant Born to HBsAg+ Mom or High Risk for HB - Less than 2000 grams	Only for infants who received HBIg: "Infant to be tested for HBsAg and anti-HBs when they are at least 9 months old, and at least 1 month but no more than 4 months after their HB series is complete.					
Eligibility by Risk Factor Category	11. People born since 1982-01-01 who meet selective residency requirements as per Sim Ch. 10 HA eligibility.		Special Population – Hepatitis A Program – Targeted Community						
Eligibility by Risk Factor Category	12. Household/sexual contacts of individuals who use illicit drugs.		1. Special Population – Potential Exposure – Hepatitis B 2. Special Population – Potential Exposure – Hepatitis A						
Eligibility by Risk Factor Category	13. Household/ sexual/ close contacts of an individual with acute or chronic HB		Contact – Hepatitis B	"Post-vaccination testing for HB antibody 1 to 6 months after series complete."					
Eligibility by Risk Factor Category	14. Client with multiple sexual partners		Special Population – Potential Exposure – Hepatitis B						

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Eligibility by Risk Factor Category	15. Double dose adult Engerix® HB vaccine given.		As appropriate (i.e. Chronic Medical condition – Renal disease, Immunocompromised – HIV+, Immunocompromised - Congenital Immunodeficiency)			• When entering vaccine as provider recorded – change dosage to 2 mL. Inventory will only be decremented by 1 dose, must manually adjust at minimum monthly. Imms comment: 2- 1mL doses of Hepatitis B vaccine given due to manufacturer shortage of HB dialysis vaccine • When entering vaccine historically – enter dosage as 2.0 mL and enter the lot number, from the drop down. Enter imms comment as above. • If not in same limb and different lot numbers, document each dose separately and in the imms comment; e.g.," 2 doses of 1.0 mL Engerix B given due to vaccine shortage". Doses may need to be overridden. • If different limbs but same lot number – change dosage to 2 mL. Choose multiple sites. In the imms comments enter: 1 ml given in each arm.			
Eligibility by Risk Factor Category	16. Percutaneous or mucosal exposure (sexual assault, bite, etc.)		Post-exposure – Blood & body fluids. ☒The Forecaster is not currently engaged for HB for this risk factor but will validate & forecast once a series has been initiated).	"Post-vaccination testing for HB antibody 1 to 6 months after series complete."					
Eligibility by Risk Factor Category	17. Pregnant woman receives Tdap		Special Population - Pregnancy			Start date & end date RF for the date that she receives Tdap for every pregnancy. This will explain if dose is 'invalid'. Leave as invalid dose.			

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Eligibility by Risk Factor Category	18. Tdap given to parent (not during pregnancy) / caregiver of a newborn as no previous pertussis vaccine over the age of 18.		Special Population – Caregivers of Newborns						
Eligibility by Risk Factor Category	19. Woman of childbearing age with unknown or non-immune serology or previous history of disease reported.		Special Population – Varicella – non-immune woman childbearing age	Delete client warning and End date special consideration any SC brought from SIMS or had already been changed to Exemption for verbal history of disease.					
Eligibility by Risk Factor Category	20. Student attending or accepted into a post-secondary health care program		Occupation – Health Care Worker – Eligible for Publicly Funded Vaccine						
Eligibility by Risk Factor Category	21. Employee of RHA/SCA or FNJ		Occupation – Health Care Worker – Eligible for Publicly Funded Vaccine						
Vaccine not administered	22. Parent/client doesn't want all vaccines consented for given on same day.	Consent Grant			Parent/ Guardian/ Client Deferral				

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Vaccine not administered	23. Parent/client doesn't want all vaccines consented for given on same day.	Refusal			There will not be a Parent/ Guardian/ Client Deferral unless the parent / client consents for all vaccines due.				
Vaccine not administered	24. Nurse couldn't safely administer all vaccines the client is eligible for today				Choose as applicable: 1. Inadequate muscle mass for imms; or 2. Nursing Clinical Decision				
Vaccine not administered	25. Child /client resistant to consented immunization	Note: there needs to be a grant in place.			Parent/ Guardian/ Client Deferral				
Vaccine not administered	26. Too ill to receive vaccine today				Serious illness - temporary				
Vaccine not administered	27. Nurse to consult MHO before administration of vaccine. Vaccine was not previously provided.			1. Document that a MHO referral / consult was sent on <u>(date).</u> 2. Add MHO's recommendations upon receipt.	Referred to MHO. End date upon receiving MHO recommendations.		• If an appropriate Special Consideration exists, apply this to the client record. End date as appropriate. • If an appropriate Special Consideration is non-existent, document a Client Warning BUT do not specify specific diagnosis to maintain client confidentiality. End date as appropriate.		
Vaccine not administered	28. Nurse to consult MHO prior to administering further doses of a vaccine series.			Document: See immunization detail for xxxxx vaccine provided this date.	MHO. End date upon receiving MHO recommendations.	1. In the imms comment document MHO consult sent for the following reasons. 2. When MHO consult returned document recommendation.	• If an appropriate Special Consideration exists, apply this to the client record. End date as appropriate.		
Vaccine not administered	29. Vaccine unavailable				Vaccine Supply Issues				

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Vaccine not administered	30. Client late				Insufficient appointment time.				
Vaccine not administered	31. Client had to leave before vaccine could be given				Insufficient appointment time				
Vaccine not administered	32. Client unable to wait 15 mins				Insufficient appointment time				
Vaccine not administered	33. Panorama or local IT down				IT disruption				
Vaccine not administered	34. Eligible for vaccine but waiting for serological results				Awaiting serology				
Vaccine not administered	35. Live vaccine(s) forecasting but client stated they recently received a live vaccine that was not recorded into client's record				Recent administration of live virus vaccine		☒ Precaution	Recent Administration of live vaccine (specify) ☒Add "Effective From" (date of previous vaccine) & "Effective To" (date vaccine can be given) dates (SIM Ch.5)	Documentation, Verbal report
Vaccine not administered	36. Client presents; unable to proceed until translation complete				Awaiting imms record translation				
Vaccine not administered	37. Immunization record has been requested for client prior to immunization				Awaiting imms record				

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Varicella Disease	38. Verbal report of varicella disease for female client in child bearing years - with or without a special consideration, precaution or exemption – Hx of disease	Offer Vaccine: Grant **OR** Refusal	Special Population - Varicella – non-immune woman childbearing age	• If there is a warning, delete it if pertains solely to varicella. • Update if pertains to more than one antigen by deleting varicella related information from the "message" box. Select "Other health care provider reported no longer applicable" as Reason.			Add "Effective To" date to end this "Special Consideration – Precaution" or "exemption – history of disease"		

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Varicella Disease	39. Verbal report of varicella disease for male client born before January 1, 2003 with a "Special Consideration – Precaution" migrated from SIMS			Delete the Client Warning if pertains solely to varicella OR update if pertains to more than one antigen by deleting varicella related information from the "message" box. Select "Other health care provider reported no longer applicable" as the reason.			Delete the "Special Consideration – Precaution" & enter Exemption as indicated below. Exemption Note create a SC - exemption: "Effective From" date defaults to today's date. Update with the most appropriate date (e.g. from warning, lab result, record) only if services planned or presents for service. If client requests to be immunized in the future: • Requires serology to confirm immunity status • Document as follows: ○ Immune - update the "Special Consideration-Exemption" response to Lab Report. ○ Non-immune - add "Effective To" date to end this "Special Consideration – Exemption "	Documented Immunity	Verbal report
Varicella Disease	40. Laboratory confirmed case of varicella disease			Delete Client Warning indicating there is a SIMS titre in Imms History Interpretation.			Exemption – use the lab report date for "effective from"	Documented Immunity	Documentation-lab report
History of Disease - Other	41. Serological evidence of measles, mumps, rubella, varicella, HA, or HB immunity						Exemption –effective from date will be from the lab report	Documented Immunity	Documentation Lab report
History of Disease - Other	42. Client with chronic HB infection (antigen positive)		Chronic Medical Condition - Liver Disease – Hepatitis B				Exemption	Documented Immunity	Documentation, Verbal report
History of Disease - Other	43. Client with HB immunity due to natural infection (core positive; antigen negative)						Exemption – effective from date will date from the lab report	Documented Immunity	Documentation, Verbal report or lab

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
History of Disease - Other	44. Client with HIV		Immuno-compromised – HIV	"DO NOT GIVE MMRV, MMR or Var VACCINES until consulting with a specialist or attending physician {phone #} & reviewing the specific immunization schedule".		Rotavirus vaccine is not a contraindication for HIV+ infants.	Contraindication	Severely immunocompromised. Document for applicable live vaccines, excluding rotavirus.	Documentation, Verbal report
History of Disease - Other	45. Client with laboratory confirmed HC infection		Chronic Medical Condition - Liver Disease – Hepatitis C						
Medical Conditions	46. Infant born to mother with HIV infection			"DO NOT GIVE MMRV, MMR or Var VACCINES. Call (PHONE NUMBER) to review the specific immunization schedule for this individual."		Rotavirus vaccine is not a contraindication for HIV+ infants.	Contraindication	Suspicious family or medical history for immunodeficiency disorders. Document for applicable live vaccines, excluding rotavirus	Documentation, Verbal report

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Medical Conditions	47. Authorization from ID Specialist or designate (e.g., physician, HIV RN, MHO) to proceed with MMR or Var vaccines for infant (e.g., two negative tests from NML)			1. Add "Effective To" date (using today's date) to end date the warning from #44 above. Select reason as "Retesting shows no longer applicable" 2. Add New Warning: "Authorization to proceed with live vaccines related to contraindications end-dated _____"			End-date Special Consideration - Contraindication pertaining to all live vaccines by adding an "Effective To" date.		
Medical Conditions	48. Person with a Primary Immunodeficiency disorder (as noted in CIG)		Document appropriate RF 1) Acquired Complement Deficiency 2) Congenital Immunodeficiency				Contraindication	Severely Immunocompromised. Document for applicable live vaccines.	Documentation, Verbal report

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Medical Conditions	49. Immuno-compromised– Due to Treatment		Immuno-compromised - Treatment – Additional Information		• Depending on the client's treatment, specific details for a Contraindication may apply to specified vaccines. • Invalidate inactivated vaccine doses received <14 days before therapy or those given during treatment (SIM Ch. 7) and re-immunize ≥3 months post-treatment. Choose *Min. age/Min. Interval not met* as the invalidation reason. • Add as a comment: "Doses received <14 days before therapy **or** doses given during treatment. Re-immunize ≥3 months post-treatment."		Contraindication **←See NOTES**	Severely immuno-comprised. Comment section may be used for charting. Document for applicable live vaccines.	Documentation, Verbal report
Medical Conditions	50. Immuno-compromised - Related to Disease		Immuno-compromised - Related to Disease			Depending on the client's disease-specific details or a Contraindication may apply to specified vaccines.	Contraindication **←See NOTE**	Severely immunocomp rised Comment section could be used for charting. Document for applicable live vaccines.	Documentation, Verbal report
Medical Conditions	51. Blank forecasting for the following immunocompro mised clients: Transplant Candidate or Recipient of Solid Organ/Tissue; Islet Cell or HSCT		Enter applicable Risk Factor (e.g. Immunocompromi sed - Transplant Candidate or Recipient - Islet Cell, etc.)	"DO NOT GIVE ANY VACCINE(S) Call (PHONE NUMBER) to review the specific immunization schedule for this individual (BLANK FORECASTING).			Contraindication	Immuno-suppressed-risk assessment required	Documentation

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Medical Conditions	52. Client has received a blood product that cannot be documented in Panorama (e.g., packed cells, WinRho® SDF)			"Client received MMR/varicella and WinRho on same day; client needs MMR/Varicella serology done after 3 months, if non-immune re-vaccinate".		***Do not write the info below under the comments section.*** FYI: Please note that at this time, Panorama does not identify interaction rules for immune globulin products & live vaccines.	Contraindication	Recent Administration of a Blood Product (document for measles, mumps, rubella and varicella-containing vaccines) ☒Add "Effective From" (date of blood product)& "Effective To" (date vaccine can be given) dates (refer to SIM Chapter 5)	Documentation, Verbal report
Medical Conditions	53. Client has received an immune globulin product		Enter any applicable Risk Factor (e.g. Post-Exposure - Rabies, Post-Exposure - Tetanus-prone Wound – TIg Needed, etc.)			***Do not write the info below under the comments section.*** Note: At this time, Panorama does not identify interaction rules for immune globulin products & live vaccines.	Contraindication	Recent Administration of a Blood Product (document for measles, mumps, rubella and varicella-containing vaccines). ☒Add "Effective From" (date of Ig product) & "Effective To" (date vaccine can be given) dates (SIM Ch.5)	Documentation, Verbal report

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Medical Conditions	54. Client has haemophilia		Chronic Medical Condition - Bleeding Disorders						
Medical Conditions	55. Infant's mother took monoclonal antibodies during pregnancy		Immuno-compromised - Treatment – Additional Information	1. "To consult MHO, if MMR needed before 1 year of age". 2."End *date this RF when child is 1 year old"*		FYI: Does not require Pneu-C-13 at 6 months	**Contraindications set to end:** at 8 months of age for Rot-5**; and** at 1 year old for MMRV.	Severely immunocompromised (Document Rota)	Documentation, Verbal report
Other Circumstances	56. Client received OPV or polio-unspecified doses since April 1, 2016.					• When dose is invalidated, add to comment field: "As per Saskatchewan Ministry of Health Trivalent OPV no longer available as of April 2016". • Invalidate OPV or Polio-u doses received since April 1, 2016. Reason for override to invalid - inadequate documentation. • Provide replacement IPV doses to meet age requirements. • If documented as OPV/IPV on a foreign record, enter into Panorama as Polio-u.			
Other Circumstances	57. Child received DTP or DTaP administered in China March to October 2017					Doses given in certain areas of China are considered invalid doses; override to invalid if necessary and schedule-immunization of child at appropriate intervals. Refer to Ministry letter dated July 27, 2018.			
Other Circumstances	58. Infant receives invalid measles-containing vaccine prior to first birthday due to travel to high risk area		Travel – Publicly Funded ***Do Not** override this dose to Valid as requires 2 doses at 12 months or greater.*						
Other Circumstances	59. Because of an individual's DOB, Men-C-ACYW-135 forecasts for an individual who was immunized with Men-C-C with their Grade 6 peers			"Men-C-ACYW-135 is forecasting based of client's date of birth, and they were immunized for meningococcal disease appropriately in Grade 6".					

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Other Circumstances	60. Confirmed life-threatening latex allergy that is immunization prohibitive			"Latex allergy"					
Other Circumstances	61. History of fainting			'History of fainting'					
Other Circumstances	62. Life-threatening reaction to a vaccine component						Contraindication	Allergy to a Vaccine Component – Document Previous Anaphylactic reaction to a vaccine component.	Documentation, Verbal report
Other Circumstances	63. Whole cell pertussis (wp or wP) containing vaccine in client's history (e.g., DTwP-HB-Hib).			"DTwP-HB-Hib antigens are not counted in the Antigen Count, but are valid doses; ignore the forecaster & provide appropriate number of doses of these antigens".					
Other Circumstances	64. Client received different lot numbers of RabIg					Make 1 entry, and add all lot numbers in Comments.			
Other Circumstances	65. Vaccine given when consent not granted					Document that report form submitted			

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
AEFIs	66. Mild to moderate vaccine side effects that do not meet reportable AEFI criteria but PHN assesses she needs to alert next PHN to immunization details. AEFI report may or may not have been submitted. • MHO consult submitted			"See comments for (vaccine) on (date)' to document whether an AEFI or MHO consult was sent. When AEFI returned end date the first warning. AEFI/MHO consult returned see vaccine(s) given on xxxx date.		(e.g.): "Redness & swelling at injection site measuring 5 cm diameter but not extending past next joint. Resolved within 48 hours. Reaction appears to be more severe with each subsequent vaccine." • Create a new comment with MHO recommendations upon receipt if necessary.			
AEFIs	67. Severe, unusual, or unexpected vaccine side effect that meets reportable AEFI criteria & AEFI submitted.			Reportable AEFI ~~s~~submitted for vaccine(s) given on (date) for MHO review. See comment field."		Document for all applicable vaccines - Update (e.g.): "AEFI (dated) meets reportable criteria. Provide details of AEFI."			
Unusual Events	68. Vaccine given when special consideration exists			See imms detailed for vaccine given on date_____.		Document that report form submitted. Document MHO recommendation.			
Unusual Events	69. Extra dose (invalid) given E.g., 3rd Varicella).					Document that report form submitted.			

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Unusual Events	70. Vaccine prepared with expired diluent was administered.			See imms detailed for vaccine given on date_____.		Document that report form submitted. Invalidate this dose if re-immunization is recommended by MHO.			
Unusual Events	71. Vaccine leaked upon administration of first dose so a second dose was administered Submit a completed Vaccine Problem report form to the Ministry if appropriate (e.g., hub became loose).					Document the 2nd dose first, and then document the 1st dose (will be invalid). "Mechanical malfunction while administering 1st dose. Enter *Report form completed*.			
Unusual Events	72. Vaccine administered by wrong route					Document that report form submitted. Update: "Vaccine given SC instead of IM". If clinical recommendation is to repeat dose, document the initial dose as invalid.			
Unusual Events	73. Dose administered before minimum age or interval			PHN to read comments attached to a vaccine event when an unusual occurrence form is submitted.		Document that report form submitted.			

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Unusual Events	74. Child moved and less than full dose was administered.					On the invalid vaccine document report form submitted. Less than full dose administered as child moved. Repeat dose	Note: re-administer another dose right away. Enter both vaccines and automatically one dose will be marked invalid.		
Unusual Events	75. Vaccine dose inadvertently missed			Document that report form submitted for deferral on (date).	Provider error				
Incomplete child vaccine history, documentation unavailable and vaccine refusal	76. Parent / client/ guardian indicates child (birth to grade 12) is up-to-date with immunizations but has no documentation and is considered unimmunized. Vaccine series offered but parent/guardian /client refuses.	Refusal		"No documentation of historical vaccines available. Parent reports vaccines up-to-date for age." DO NOT END DATE ☒Vaccines will continue to forecast as due until a complete series for age has been administered. Refer to scenario #2 or #3 if appropriate.					

Appendix 4.2: Where do I document?

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	Comments	Special Considerations		
							Type	Reason	Source
Incomplete child vaccine history, documentation unavailable but accepts boosters.	77. Parent /client/guardian indicates child (birth to grade 12) is up-to-date with immunizations but has no documentation and is considered unimmunized. Vaccine series offered but guardian/parent /client only accepts boosters.	Document a consent grant for boosters provided and then document a refusal for other doses, and or vaccines not accepted.		No documentation of historical vaccines available. Parent reports vaccines up-to-date for age." DO NOT END DATE ☒Vaccines will continue to forecast as due until a complete series for age has been administered.					
Incomplete adult vaccine history, documentation unavailable and vaccine refusal.	78. An adult (18+) with no documented immunization history and is considered unimmunized. Vaccines series offered based on age and RF and are refused.	Refusal		"No written documentation of historical vaccines available. DO NOT END DATE ☒Vaccines will continue to forecast as due until a complete series for age has been administered. Refer to scenario #2 or #3 if appropriate.					

Appendix 4.2: Where do I document?

Topic	Scenarios	Consent Directive	Client Warnings	Deferrals	Immunization Details	Communications Log			Mass Imms
		Grant or Refusal	Warning	Deferral Reason	Comments	Topic	Comments	Title (Description)	Client Event Status
Translation Services used to obtain client information	79. E.g., imms Hx, etc.					**Other**	Document pertinent details including Interpreter name and number.		**N/A**
Contact attempts	80. **Optional** contact attempt for immunization **(person of any age)**					☒ **Contact attempt**	Identify direction; identify communication type as applicable Make brief notes. If phone call note the number accessed and the name of person you talked to if it is not the client. Brief description of conversation required.	Examples: Attempt to book appointment, Follow up for home visit Referral to specialty immunization clinic, etc.	
Contact attempts	81. Other					**Other**	Identify direction; identify communication type as applicable As an example: • Notes are brief; client referred to specialty immunization. Phone number provided to client/guardian.	Referral to travel or specialty immunization.	

Appendix 4.2: Where do I document?

Topic	Scenarios	Consent Directive	Client Warnings	Deferrals	Immunization Details	Communications Log			Mass Imms
		Grant or Refusal	Warning	Deferral Reason	Comments	Topic	Comments	Title (Description)	Client Event Status
Prov. School Imms Policy **Refer to Panorama Mass Imms User Guide for more details.**	82. Student who gave mature minor consent for immunization is concerned that their parent will see their immunization history.		**No warning needs to be documented!** **A of Sept. 2022. Immunization records are no longer to be sent home at the end of Grade 8.**						
	83. Consent not returned by targeted Grade student					☒ **Consent**	Identify direction; identify communication type as applicable; topic is consent attempt E.g. Phone call to guardian at this number, message left to contact writer. Or Mailed consent package to the following address.	**Consent attempt #2 or #3**	**For targeted Grade student** • If second attempt to obtain consent, update Event Status to: ☒ **Consent Attempt 2** • <u>If third attempt to obtain consent</u> Update Event Status to: ☒ **Consent Attempt 3**
	84. Consent not returned by non-targeted Grade student					☒ **Consent**	Identify direction; identify communication type; topic is consent attempt E.g. Consent package provided to student to take home. Mailed consent package home. If second consent – Phone call to guardian at this number regarding immunizations.	Consent attempt #1, #2, or #3	

Appendix 4.2: Where do I document?

Topic	Scenarios	Consent Directive	Client Warnings	Deferrals	Immunization Details	Communications Log			Mass Imms
		Grant or Refusal	Warning	Deferral Reason	Comments	Topic	Comments	Title (Description)	Client Event Status
	85. Student absent at school for immunization					☒ **Absent**	**For non- targeted Grade student –** Identify direction; communication type is in-person; topic is absent Add note: At school to provide consented vaccines but client absent.	**Absent for immunization**	**For targeted Grade student** - Update MI Event Status to: ☒ **Absent for Immunization** (You can only do this once per worksheet so the second and subsequent absences would be with the communication log).
	86. Consent grant but student moves prior to immunized at school	Ensure the **Consent Given By** field includes the parent or guardian name, **Consent type** (verbal or written) and **Consent Given To** include the RN's name.							**For targeted Grade student** - Update MI Event Status to: ☒ **Moved out of School**
	87. Parent wants student immunized at health centre		Document "Will attend health centre for school-age vaccines"						☒ **To Be Seen at PHO** (for all students); & **For targeted Grade student** - Update MI Event Status
	88. Consent granted; but waiting for client imms record			Awaiting imms record					**For targeted Grade student** - Update MI Event Status to: ☒ **Immunization deferred** **NOTE:** This deferral will reflect on the client's Panorama record.

Appendix 4.2: Where do I document?

Topic	Scenarios	Consent Directive	Client Warnings	Deferrals	Immunization Details	Communications Log			Mass Imms
		Grant or Refusal	Warning	Deferral Reason	Comments	Topic	Comments	Title (Description)	Client Event Status
	89. Consent grant erroneously documented by nurse	Expire grant by placing client in context from the worksheet; **then** go to consent directive, add effective to date, and write 'consent was granted in error' in comments and save.							
	90. Child started previous HAHB series						Refer to SIM ch. 10 *HB series completion recommendations for children 11-15 years old*.		