## Purpose

# To increase the immunization rate for all skilled nursing facility residents.

1. When administering Influenza vaccine to Ohio Living staff only an authorized prescriber (Physician; Advanced Practice Nurse with a certificate to prescribe; or Physician Assistant with a certificate to prescribe and physician delegated prescriptive authority and, if applicable, consistent with the policies of the health care facility) can initiate or adjust medications.

# **Procedure**

1. Upon offering the influenza and pneumococcal immunization (PPV), each resident and/or their legal representative will receive education regarding the vaccines.
2. Each resident is offered an influenza immunization September 15 through March 1 annually and pneumococcal immunization at least once, unless immunization is medically contraindicated, or the resident has already been immunized with pneumococcal vaccine within the past 5 years.
3. The pneumococcal vaccine will be offered to persons aged 65 years and older. A one-time revaccination will be offered to persons >65 years if they were vaccinated >5 years previously and were aged <65 years at the time of primary vaccination. Per Center for Disease Control the PPV is not offered again to those that receive their first vaccination after the age of 65 and only given again if the initial vaccine was administered when the resident was <65 years old (see the Adult Immunization Schedule, September 2008).
4. The resident or their legal representative can refuse immunizations.
5. If the resident or legal representative refuses to have either the influenza or the pneumococcal vaccines, the resident's medical record will include documentation that indicates that the resident or their legal representative was provided education on the benefits and potential side effects. The medical record will include documentation that the resident either received the immunizations or did not receive the immunizations due to medical contraindications; or he/she refused.
6. When there is a physician’s order in the medical record, no written consent is necessary per CMS guidelines.
7. Per CMS guidelines “Standing Orders” may be used.