Purpose: To reduce the morbidity and mortality of influenza by vaccinating those children and adolescents who meet the criteria established by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) and as identified in the standing orders by the New Mexico Department of Health, Public Health Division (PHD).

Policy: Under these standing orders, eligible school nurses and appropriate volunteers working within a SKIIP clinic (e.g., Medical Reserve Corps, licensed nurses/pharmacists/clinicians/EMTs) may administer influenza vaccine to children and adolescents participating in the School Kids Influenza Immunization Program (SKIIP) that meet the criteria below.

Procedure:

1. Identify children and adolescents who have not completed their influenza vaccination(s) for the current influenza season.
    - SKIIP vaccination efforts focus on achieving high influenza vaccination levels in school children.
    - Routine annual influenza vaccination is recommended for all persons aged 6 months and older who do not have contraindications.
    - For 2018-2019, only inactivated influenza vaccine (injectable) is available through SKIIP.
    - For children who are under four year of age, they may need to receive their flu vaccine at a provider's office.

2. Have a parent or guardian complete the SKIIP Consent Form – it is available at: English, Spanish
    - Provide a copy of the current Vaccine Information Sheet (VIS) – this is available (in various languages) at http://www.immunize.org/vis/vis_flu_inactive.asp

3. Using the SKIIP Consent Form, screen all patients for contraindications and precautions to influenza vaccination – follow the guidance below:

Condition	Vaccinate in SKIIP Clinic	Note
Age less than 6 months.	NO	Not eligible for influenza vaccination.
Age 19 years or older.	NO	Not eligible for VFC vaccine - refer to a provider for influenza vaccine.
History of a serious reaction (e.g., anaphylaxis) after a previous dose of influenza vaccine or to an influenza vaccine component. Vaccine components can be found in the Product Inserts (links provided below).	NO	Contraindication - refer to a provider for evaluation. For any vaccine, if child is allergic to latex, use non-latex gloves.
History of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination.	NO	Precaution – refer to a provider for evaluation.
Moderate or severe acute illness with or without fever.	NO	Precaution - refer to a provider for evaluation. Potential to vaccinate once resolved.
History of hives (only) after ingesting eggs.	NO	Not contraindicated but refer to a provider for evaluation.
History of severe allergic reaction (e.g., anaphylaxis) to eggs.	NO	Not contraindicated, however use requires resources not available in school settings. Refer to a provider for evaluation.
History of hemophilia.	NO	Precaution – refer to a provider for evaluation.
Receipt of influenza vaccine in the past 28 days.	NO	Minimum interval between two doses (when indicated) is 28 days.
Receipt of one or more live vaccines (MMR, varicella) in the past 28 days.	YES	Use age-appropriate vaccine as listed in the Order
Receipt of one or more inactivated vaccines (other than influenza) in the past 28 days.	YES	
Pregnancy.	YES	
Immunosuppressed, including that caused by medications or HIV.	YES	
Caring for immunosuppressed persons requiring a protective environment.	YES	
Receipt of antiviral medication within the previous 48 hours.	YES	
Chronic pulmonary, cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders.	YES	
Healthy children age 6 months through18 years.	YES	Use age-appropriate vaccine as listed in the Order

4. Prior to administration, ensure that a consent has been signed. Ensure the correct identity of the patient: in a clinic, school, or mass setting, ask the client's full name and birthdate (do not ask, for example, "Are you Suzie Smith?" – instead ask "What is your name?"). Another staff (e.g., clerk), or

a teacher or other school employee should be available for verifying ID. Do not vaccinate if identity cannot be confirmed.

5. Order:
   - For individuals 4 years through 18 years of age, administer 0.5 ml inactivated influenza vaccine intramuscularly (Flucelvax).
   - For children 6 months through 18 years of age, administer 0.5ml (Flulaval) inactivated influenza vaccine intramuscularly; OR,
   - For children 6 months through 18 years of age, administer 0.5ml (Fluzone) inactivated influenza vaccine intramuscularly; OR,

   Refer to the table below to assure that vaccine appropriate for the age of the child is used.

   For VFC Schools Only: For children under 4 years of age - Administer intramuscularly in the vastus lateralis (lateral thigh muscle) for infants (and toddlers lacking adequate deltoid muscle mass) or in the deltoid muscle for older children and adolescents.

   Use a 22 – 25-gauge needle. Choose needle length appropriate to the child's age and body mass. A general guide is:
   - Infants 6 months – 1 year: 1";
   - 1 through 2 years: 1-1¼";
   - 2 years and older: 1-1½".

   Care must be taken to select an appropriate vaccine for each child or adolescent to be vaccinated. The table below shows the types of influenza vaccine available for children 6 months to less than 19 years of age and dose for each:

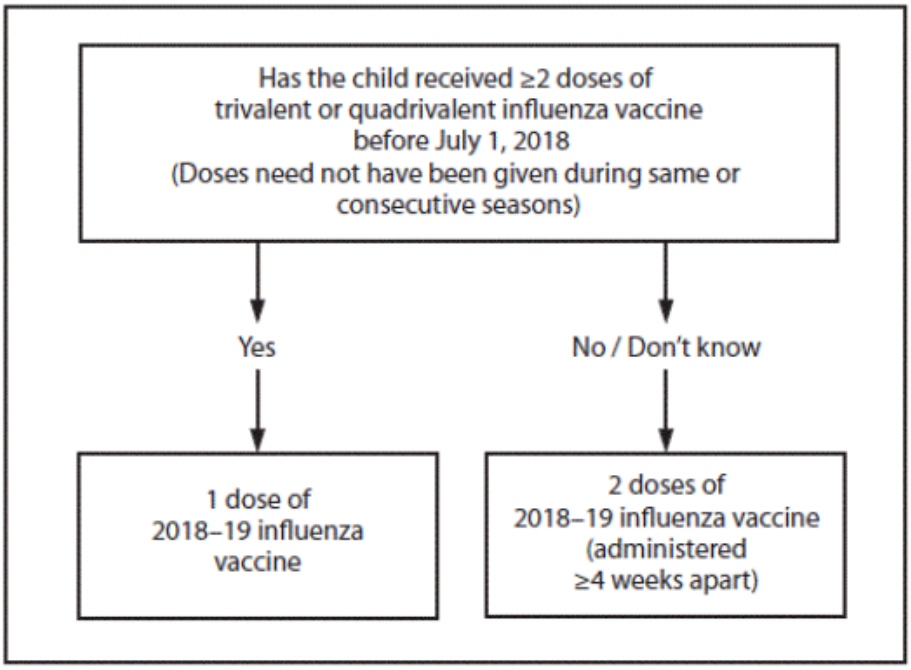
Manufacturer	Vaccine*	NDC	Description	Age Group	Notes
Sanofi Pasteur	Fluzone	49281-0418-50	0.5 ml single-dose prefilled syringe	**36 months through 18 years**	No natural rubber latex
GlaxoSmithKline	Flulaval	19515-0909-52	0.5 ml single-dose prefilled syringe	**6 months through 18 years**	No natural rubber latex
Seqirus	Flucelvax (SKIIP Only)	70461-0318-03	0.5 ml single-dose prefilled syringe	**4 years through 18 years**	Preservative-free No natural rubber latex

*Click on link to go to Product Insert.

- Note: The predominant type of vaccine available for SKIIP clinics is expected to be Flucelvax – however, Flulaval and Fluzone may be encountered, depending on supply. No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one licensed, recommended product is otherwise appropriate. For additional information, each manufactures' website has information: GSK, Sanofi Pasteur, and Seqirus.

- Children 6 months through 8 years of age should receive a second dose of influenza vaccine at least 4 weeks after the first dose if they have not received 2 or more doses of seasonal influenza vaccine prior to July 1, 2018. (Figure below.)

FIGURE. Influenza vaccine dosing algorithm for children aged 6 months through 8 years — Advisory Committee on Immunization Practices, United States, 2018–19 influenza season



6. Document each patient's vaccine administration information in:
    - **Medical record:** Record the date the vaccine was administered, the vaccine name and manufacturer, lot number, the vaccination site and route, expiration date, date VIS was given, address, and the name and title of the person administering the vaccine. If the vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

    - The SKIIP Consent Form serves as the medical record. The SKIIP consent form can be found here: English, Spanish
        - Vaccine for Children (VFC) schools will enter data into the New Mexico Immunization Information System (NMSIIS). Copies of forms must be stored as part of the student school record, with originals returned to the Public Health Office for entry into TransactRx.
        - Non-VFC schools will keep the form for the health record, but will provide a copy to the public health office (to be entered into TransactRx **within 30 days** of the date of service) unless otherwise directed.

Always be prepared to manage a medical emergency related to the administration of vaccine by having the NMDOH Public Health Division Emergency Medical Response protocol available as well as an emergency kit with appropriate medication and equipment. These are available from the local health office.

- To prevent syncope, vaccinate patients while they are seated or lying down. Observe for 15 minutes after receipt of the vaccine.

7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or call (800) 822-7967.

   - Adverse reactions to vaccine provided by school nurses must also be reported using the NM DOH Adverse Events Reporting Form in **Attachment A**).

STORAGE AND HANDLING

Inactivated vaccine: Store and ship at 36° to 46° F. DO NOT FREEZE. Temperatures must be checked and documented hourly using the NM SKIIP Temperature Log Form.

VFC Schools: For handling vaccines stored at an out of range temperature, refer to the DOH Out-of-Range Temperature Incident Procedures at: http://nmhealth.org/publication/view/form/523/ and contact your regional VFC coordinator.

Non-VFC School: For handling vaccines stored at an out of range temperature, immediately report event to your local Public Health Office.

This standing order shall remain in effect for all school nurses providing influenza immunizations to SKIIP participants until September 1, 2019.

Regional Health Officer Name	NPI	Signature	Date
Christopher Novak NW Region (Acting)	1508834110		09/17/18
Thomas Massaro NE Region	1760551394		9/18/18
Winona Stoltzfus SE Region	1053387811		9/24/18
Eugene Marciniak SW Region	1407830458		09/26/2018

References: https://www.cdc.gov/mmwr/volumes/67/rr/rr6703a1.htm?s_cid=rr6703a1_e

Standing Order for Moderate to Severe Allergic Reactions (Including Anaphylaxis)

NOTE: this standing order duplicates the order provided in the Public Health Division Emergency Medical Response Protocol – it is provided under the Standing Order for Influenza Vaccine for SKIIP Participants for convenience.

Purpose: To reduce the morbidity and mortality related to development of moderate-severe allergic reactions (including anaphylaxis) following administration of vaccines or medications.

Policy: Under these standing orders, eligible nurses may administer intramuscular diphenhydramine +/- intramuscular or subcutaneous epinephrine to individuals who are or may be affected by moderate-severe allergic reactions.

Procedure:

1. If itching and swelling are confined to the injection site, observe the patient closely for the development of generalized symptoms.
2. Drug dosing information:
    a. For mild symptoms consistent with allergic reaction (e.g., hives or local itching), administer diphenhydramine intramuscularly as 1.5 mg/kg body weight up to a maximum 50 mg dose (see chart below for age- or weight-based dosing for infants/children/teens). The adult dose is 50 mg every 4-6 hours.
    b. For more severe symptoms (e.g., lip/facial/tongue swelling, difficulty swallowing and breathing, wheezing/cough, hypotension) administer aqueous epinephrine 1:1000 dilution (i.e., 1 mg/ml), intramuscularly or subcutaneously; the standard dose is 0.01 mg/kg body weight, up to 0.5 mg maximum single dose (see chart below). The adult dose is 0.5 ml per dose.
3. If symptoms are generalized, activate the emergency medical system and notify the Regional Health Officer or other available physician. This should be done by a second person, while the primary nurse assesses the airway, breathing, circulation, and level of consciousness of the patient.
4. Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR) if necessary, and maintain the airway. Keep patient in supine position, (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate the legs. Monitor blood pressure and pulse every 5 minutes.
5. If EMS has not arrived and symptoms are still present, repeat the dose of epinephrine provided in 2.b (above) every 5-15 minutes for up to 3 doses (total), depending on patient's response.
6. Record all vital signs, medications administered to the patient, including the time, dosage, response and the name of the medical personnel who administered the medication, and other relevant clinical information.
7. Notify the patient's primary care physician.

Diphenhydramine

▶ **commonly known as Benadryl**

Recommended dose is 1–2 mg/kg body weight every 4–6 hrs

	Age group	Range of weight (lb)	Range of weight (kg)*	Diphenhydramine Dose Injectable: 50 mg/mL (IV or IM)
Infants and children	7–36 months	20–32 lb	9–14.5 kg	10–15 mg/dose
	37–59 months	33–39 lb	15–17.5 kg	15–20 mg/dose
	5–7 years	40–56 lb	18–25.5 kg	20–25 mg/dose
	8–12 years	57–99 lb	26–45 kg	25–50 mg/dose
Teens	13 years & older	100+ lb	46+ kg	50 mg/dose

NOTE: If body weight is known, then dosing by weight is preferred.
If weight is not known or not readily available, dosing by age is appropriate.

* *Rounded weight at the 50th percentile for each age range*

Epinephrine

Recommended dose is 0.01 mg/kg body weight up to 0.5 mg maximum dose. May be repeated every 5–15 minutes for a total of 3 doses.

	Age group	Range of weight (lb)	Range of weight (kg)*	Epinephrine Dose 1 mg/mL injectable (1:1000 dilution); intramuscular Minimum dose: 0.05 mL
Infants and children	1–6 months	9–19 lb	4–8.5 kg	0.05 mL (or mg)
	7–36 months	20–32 lb	9–14.5 kg	0.1 mL (or mg)
	37–59 months	33–39 lb	15–17.5 kg	0.15 mL (or mg)
	5–7 years	40–56 lb	18–25.5 kg	0.2–0.25 mL (or mg)
	8–10 years	57–76 lb	26–34.5 kg	0.25–0.3 mL (or mg)
Teens	11–12 years	77–99 lb	35–45 kg	0.35–0.4 mL (or mg)
	13 years & older	100+ lb	46+ kg	0.5 mL (or mg) – max. dose

NOTE: If body weight is known, then dosing by weight is preferred.
If weight is not known or not readily available, dosing by age is appropriate.

* *Rounded weight at the 50th percentile for each age range*

Reference: adapted from Immunization Action Coalition - www.immunize.org/catg.d/p3082a.pdf - August 1, 2016.

This policy and procedure shall remain in effect for all staff covered by this standing order until September 1, 2019.

Signature of ordering provider(s):

Regional Health Officer Name	NPI	Signature	Date
Christopher Novak NW Region (Acting)	1508834110		09/17/18
Thomas Massaro NE Region	1760551394		9/18/18
Winona Stoltzfus SE Region	1053387811		9/24/18
Eugene Marciniak SW Region	1407830458	Eugene Marciniak, MD	09/26/2018

Standing Order for Administration of Oxygen

NOTE: with the addition of the condition that supplemental is available at the time of the incident, this standing order duplicates the order provided in the Public Health Division Emergency Medical Response Protocol – it is provided under the Standing Order for Influenza Vaccine for SKIIP Participants for convenience.

Purpose: To reduce the morbidity and mortality related to medical incidents by providing supplemental oxygen if available.

Procedure:

1. Oxygen, if available, may be administered to patients who may be affected by:
    a. Severe allergic reactions
    b. Chest pain/discomfort that may be angina or a myocardial infarction
    c. Cardiac arrest
    d. Stroke
    e. Generalized seizure
    f. Drug (opioid) overdose
2. Under these standing orders, eligible nurses may administer oxygen by mask at the highest flow rate available up to 10 liters/minute.
3. If necessary, provide assisted ventilations via ambu-bag mask connected to oxygen supply per BLS protocols. Note: For infants/children use pediatric size face mask - if assisted ventilations are necessary do NOT over-inflate lungs.

Contraindications:

No absolute contraindications of oxygen therapy exist when indications are judged to be present.

Precautions:

1. A relative contraindication for oxygen therapy relates to patients with severe chronic obstructive pulmonary disease who may experience a decrease in the drive to breathe if given supplemental oxygen. Careful monitoring of these patients for hypoventilation is required during oxygen therapy.
2. Other issues related to oxygen may therapy include:
    a. Fire hazard
    b. Potentially inadequate flow due to a high inspiratory demand or an inappropriate oxygen delivery device
    c. Skin irritation from pressure exerted by the device or reactions to the materials of which the device is made
    d. Aspiration of vomitus may be more likely when a mask is in place – this may occlude the valve of a mask and decrease oxygen delivery

This policy and procedure shall remain in effect for all staff covered by this standing order until September 1, 2019.

Signature of ordering provider(s):

Regional Health Officer Name	NPI	Signature	Date
Christopher Novak NW Region (Acting)	1508834110		09/17/18
Thomas Massaro NE Region	1760551394		9/18/18
Winona Stoltzfus SE Region	1053387811		9/24/18
Eugene Marciniak SW Region	1407830458		09/26/2018

Attachment A

NEW MEXICO DEPARTMENT OF HEALTH

Adverse Events Reporting Form

The school nurse or the school nurse leader/supervisor of the school district is required to report the following adverse events to the public health Regional Health Officer or School Health Advocate in his/her respective public health Region. Reporting should occur within 24 hours in the event of (1) or (2) or within 3 working days in the event of (3), (4), (5) or (6) below.

(1) Any death of a student or staff member that occurs during school hours or on school grounds.

(2) Any known suicide attempt (including completed or suspected) of a student, including those occurring after hours or during school vacation.

(3) Any delivery of an infant on school grounds.

(4) Any medication error as the result of a school nurse or other school staff action that requires an ambulance to be called or requires the student to be transported to an emergency room or urgent care facility.

(5) Any error involving vaccine administration

(6) Any untoward event with the potential of impacting physical or mental health of the school community.

(7) Administration of emergency medication resulting in activation of EMS:

☐ prescribed or ☐ stock Specify medication: _____

INFORMATION TO REPORT:

Date of Report:	Date of Adverse Event:
School District:	School:
Name of School Nurse:	
Name/Title of Person Reporting Event:	
Age of Student Involved:	
Description of Adverse Event:	
School/District Response & Outcome: *Please include information such as mobilization of EMS or crisis teams, etc.*	

New Mexico Department of Health, Public Health Division
Office of School and Adolescent Health

Revised June 2017