

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

DIVISION POLICY DUE DATES FOR REVIEW AND APPROVAL BY THE COMMISSION ON BEHAVIORAL HEALTH

IDENTIFIER	DIVISION POLICY	Jan	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
	Collection and Reporting on Veterans Information			3/24/2024									
	Window of Administration for Long Acting Injectable Antipsychotics									9/23/2023			
a 5.2	Review of Client Death for Adult Mental Health Agencies					5/13/2023							
A 5.3 (4.039)	Quality Assurance and Performance Improvement									9/23/2023			
A 7.0	Travel Safety: Motor Pool, Agency Owned and Private Vehicles									9/22/2024			
CRR 1.14	Root Cause Analysis (RCA)									9/23/2023			
CRR 1.4	Health Care and Psychiatric Advance Directives											11/18/2023	
CRR 2.0	The Nevada Disability Advocacy Law Center (NDALC) Civil Facilities					5/19/2024							
CRR 2.013	Civil Rights Grievance Procedures											11/18/2023	
CRR 2.1	Consumer Complaint Procedure					5/19/2024							
CRR 2.2	Cultural Competence					5/19/2024							
CRR 2.3	Notifications/Cooperation with Law Enforcement Agencies					5/19/2024							
CRR 2.4	Voter Registration Policy					5/19/2024							
CRR 6.06	Caregiver's Authorization Affidavit									9/1/2021			
HR 2.0	Employee use of Personal Adaptive Equipment in Client Care Areas					5/13/2023							
SP 7.1	DPBH Clinical Services Branch Seasonal Influenza Vaccination Program					5/13/2023							



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH CLINICAL SERVICES

Control #	Rev. Date:	Title:	Effective Date: 10/2016
A 5.2	05/13/21	Review of Client Death for Adult Mental Health Agencies	Next Review Date: 05/13/23

1.0 POLICY:

It is the policy of the Division of Public and Behavioral Health (DPBH) to review certain cases in which people receiving services expire. Clients who expire while receiving services in hospital inpatient units will be reviewed according to DPBH CRR 1.3 Sentinel Events.

2.0 PURPOSE:

The purpose of this review is to assess the care provided and make recommendations for improvements to care systems thereby reducing risk for others receiving services. Recommendations stemming from these reviews will be used to promote quality care at all agencies.

3.0 SCOPE: DPBH Clinical Services Branch

4.0 DEFINITIONS: N/A

5.0 REFERENCES:

- 5.1 DPBH Policy CRR .014 Risk Management and Reporting Serious Incidents
- 5.2 DPBH Policy CRR 1.14 Root Cause Analysis and attachments
- 5.3 DPBH Policy CRR 1.13 Sentinel Events

6.0 PROCEDURE

6.1 In order to most efficiently use the resources of the State of Nevada, review activities are adjusted according to the circumstances of the death and the extent of services the person was receiving.

6.1.1 Any death while the person who died was currently receiving round the clock services from a Division Adult Mental Health agency or a suicide within 72 hours of discharge from such a setting is subject to Policy 1.13 Sentinel Events.

6.1.2 Outpatient clients who commit suicide or die in circumstances that are unclear will be analyzed using a root cause analysis type process.

6.1.3 Outpatient clients who commit suicide in a state facility or on state property will be reported to the Sentinel Event Registry at <https://dpbhrdc.nv.gov/redcap/>



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- 6.1.4** Outpatient clients who die accidentally, by natural causes, from disease process or accidents unrelated to their mental illness will be reviewed by a designated staff person and referred to the more extensive root cause process only if deemed necessary by the Agency Director, State Psychiatric Medical Director, or Division Administration.
- 6.1.5** Immediately upon receipt of notification of death, or no later than one (1) hour after receipt of notification of a death, the Agency Director or designee will secure and/or direct to be secured the client's complete, original clinical records to the custody of the Director of Health Information Services or applicable staff designated by the agency Director.
- 6.1.6** A Serious Incident Report (SIR) will be completed, per Division Policy CRR .014 Reporting of Serious Incidents. The following information will be included in the SIR:
- 6.1.6.1** What is the reported time, date and reported/apparent cause of death?
 - 6.1.6.2** Note if the coroner was contacted, if the information is available.
 - 6.1.6.3** Where was the client found, if the information is available?
 - 6.1.6.4** Who found the client, if the information is available?
 - 6.1.6.5** Was there a history of suicide or assaultive symptoms? Give analysis of care specific to suicide or assaultive symptomatology for the last six months.
 - 6.1.6.6** If the client missed appointments during the past six months, was appropriate follow-up done?
 - 6.1.6.7** Give a summary of the client's contact with the Agency with special emphasis to services provided within the last six months if the information is available.
 - 6.1.6.8** Were any medical conditions present? If so, describe contacts with the medical provider during the last six months of care relative to the condition.



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6.1.6.9 Describe interaction between Division programs and all non-Division community-based programs for the past six (6) months.

6.1.6.10 Was grief counseling offered to the family? If not, give reasons.

6.1.7 The Agency Manager/ Hospital Administrator, the Agency Quality Assurance Performance Improvement Director or the Agency Medical Director or their designees may refer the case for root cause analysis.

6.1.8 Upon notification of death, the Agency Director of Health Information Services or appropriate staff will request a copy of the death certificate, Coroner's report, and toxicology report.

6.1.8.1 Upon receipt these reports will become a part of the permanent medical record

6.1.9 The Agency Manager/ Hospital Administrator may request that an agency debriefing team hold a debriefing meeting with the treating clinical staff team.

6.1.9.1 The purpose of this meeting is to provide emotional support to staff, not to investigate the death.

6.1.9.2 The coordinator of the debriefing will report to the Agency Manager/ Hospital Administrator the time and date of the debriefing and the number of people participating.

6.2 All incidents of client suicides and unusual client deaths that meet the requirements of a Sentinel Event will be referred by the Division Deputy Administrator to the Commission on Behavioral Health for review.

6.3 The review, report and action provided pursuant to this policy is a performance improvement function of the Division agencies, undertaken to help assure appropriate quality services to Division clients. As such, the performance improvement privilege attached to the actions of the committee, Clinical Supervisors, Agency Directors, and Division Administrators, all documents, notes, conversations or discussions by the committee reviewed or made in the course of its exercise of its function are privileged and not subject to disclosure.



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7.0 ATTACHMENTS: N/A

8.0 IMPLEMENTATION OF POLICY:

Each Division agency within the scope of this policy shall implement this policy and may develop specific written procedures as necessary to do so effectively.

EFFECTIVE DATE: 12/31/97

DATE APPROVED BY THE COMMISSION ON BEHAVIORAL HEALTH : 10/2016,
09/2018, 05/13/2021



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH CLINICAL SERVICES

Control #	Rev. Date:	Title:	Effective Date: 09/2019
CRR 6.06	New	Caregiver's Authorization Affidavit	Next Review Date: 09/2021

1.0 POLICY:

The Division of Public and Behavioral Health (DPBH) Clinical Services Branch shall ensure caregivers of minor children who are not their legal guardians, have an avenue to authorize .for said minors to receive mental health services.

2.0 PURPOSE:

To outline the process for DPBH Clinical Service Branch child and adolescent serving agencies the ability to provide mental health services through authorization from caregivers of minor children who are not their legal guardians.

3.0 SCOPE:

DPBH Clinical Services Branch agencies serving minor children.

4.0 DEFINITIONS:

- 4.1 Caregiver's Authorization Affidavit – A document completed by a qualified relative (non-legal guardian) for the purpose of requesting mental health services for a minor child.
- 4.2 Qualified Relative – A spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
- 4.3 Emancipated Minor per Nev. Rev. Stat. § 129.080 means any minor who is at least 16 years of age, who is married or living apart from his or her parents or legal guardian, and who is a resident of the county, may petition the juvenile court of that county for a decree of emancipation.

5.0 REFERENCES:



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Control #	Rev. Date:	Title:	Effective Date: 09/2019
CRR 6.06	New	Caregiver's Authorization Affidavit	Next Review Date: 09/2021

- 5.1 DPBH Clinical Services Policy CRR 6.05, Treating Personal Representative as an Individual
- 5.2 Nev. Rev. Stat. § 129.030, Consent for provision of certain examination and services; demonstration of living apart from parents or legal guardian.
- 5.3 Nev. Rev. Stat. § 129.080, Minor may petition juvenile court for decree of emancipation; reference to master.

6.0 PROCEDURE:

- 6.1 On the initial visit, a legal responsible person may authorize care.
- 6.2 On-going visits, the minor may be seen with the authorization of a qualified relative.
- 6.3 The qualified relative must present a driver's license or identification card.
 - 6.3.1 If they do not have this information, then another form of identification can be use such as social security number or Medicaid number.
- 6.4 Shall initiate the process of completing the Caregiver's Authorization Affidavit with the qualified relative when a request for services has been initiated for a minor child.
- 6.5 This completed form will be in the minor child's medical record.
- 6.6 Immediately upon the legal guardian becoming available the staff shall initiate the process assisting the guardian to complete all consents for treatment of the minor.

7.0 ATTACHMENTS:

- 7.1 Care Givers Authorization - Caregiver's Authorization Affidavit, Attachment A

8.0 IMPLEMENTATION OF POLICY:

Each Division agency shall implement this policy and may develop specific written protocols and procedures as necessary to do so effectively.

EFFECTIVE DATE: 09/2019

DATE APPROVED BY THE COMMISSION ON BEHAVIORAL HEALTH: 09/2019



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CRR 6.06	New	Caregiver's Authorization Affidavit	Next Review Date: 09/2021



DIVISION OF PUBLIC AND BEHAVIORAL HEALTH CLINICAL SERVICES

Control #	Rev. Date:	Title:	Effective Date: 03/16/2018
HR 2.0	05/13/21	Employee use of Personal Adaptive Equipment in Client Care Areas	Next Review Date: 05/13/23

1.0 POLICY:

The Division of Public and Behavioral Health (DPBH) Clinical Services Branch is committed to providing an accessible work environment for employees while maintaining safety for both employees and clients.

2.0 PURPOSE:

To provide guidance regarding employee use of Personal Assistive Devices (PAD) in Clinical Services Branch Facilities.

3.0 SCOPE: DPBH Clinical Services Branch

4.0 DEFINITIONS:

- 4.1 Essential job functions are the fundamental duties of a position: the things a person holding the job absolutely must be able to do. Essential job functions are used to determine the rights of an employee with a disability under the Americans with Disabilities Act (ADA).
- 4.2 Mobility Impairment: refers to the inability of a person to use one or more of his/her extremities, or a lack of strength to walk, grasp, or lift objects also defined as the state in which an individual has a limitation in independent, purposeful physical movement of the body or of one or more extremities.
- 4.3 Personal Assistive Devices: are products used either temporarily or permanently to assist persons with disabilities. PADs include a wide range of products such as wheelchairs, walkers, scooters (manual or electric), white canes, oxygen tanks, orthopedic assistive devices such as; boots, slings, braces, casts, boots or other products not listed here.
- 4.4 Return to work light-duty programs include temporary light-duty, limited-duty or modified-duty assignments.
- 4.5 Light duty: typically involves excusing an employee from performing certain tasks that he or she would normally perform.
- 4.6 Limited duty reduces the number of hours an employee normally works in a day.



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HR 2.0 05/13/21 Employee use of Personal Adaptive **Next Review Date:**
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- 4.7 Modified duty eliminates some tasks and replaces them with others that are more suitable to address the employee's physical limitations in the employee's normal position.
- 4.8 Release to Work can be a written or typed note signed by the employee's healthcare provider on the provider's letterhead, outlining when the employee can return to work and with what restrictions, if any. his or her job duties or what limitations pose a threat to the safety of the employee or others.
- 4.9 Family and Medical Leave Act (FMLA) generally requires an employee to be restored to his or her former position upon return, restoration is not necessarily required under the FMLA if the employee is physically unable to perform the essential functions of his or her position.
- 4.9.1 Under FMLA, an employer also is not required to create a new position simply to accommodate the employee's need for light duty. As FMLA regulation 825.216, paragraph (c) states: If the employee is unable to perform an essential function of the position because of a physical or mental condition, including the continuation of a serious health condition or an injury or illness also covered by workers' compensation, the employee has no right to restoration to another position under the FMLA.
- 4.9.2 The employer's obligations may, however, be governed by the Americans with Disabilities Act (ADA), as amended.
- 4.9.3 Light duty should not be confused with a reduced or intermittent leave schedule.

5.0 REFERENCES:

- 5.1. The Family and Medical Leave Act of 1993 29 CFR § 825.216
- 5.2 Nev. Admin. Code § 284.6014-284.6019, Work-Related Injuries and Occupational Diseases.
- 5.3 Society for Human Resource Management (2015 May) How to Create a Return to Work Light Duty Program. Retrieved from www.shrm.org
- 5.4 State of Nevada: Employee Handbook; Department of Administration, Division of Human Resource Management.

6.0 PROCEDURE:

- 6.1 Early Return to Work Program



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- 6.1.1 The supervisor evaluates the information on the Physical Assessment form and determines if a light duty assignment is necessary.
- 6.1.2 If the employee will not be performing their regular job duties, the supervisor shall contact the agency HR office to coordinate an early return to work program.
- 6.1.3 Supervisors will follow procedures identified in the State of Nevada Early Return to Work program guidelines prepared by the Risk Management Division. Guidelines for supervisors are available in the agency personnel office.
- 6.1.4 Supervisors will continue to code timesheets using appropriate codes.
- 6.1.5 If an employee has been taken off work and/or if a modified duty assignment is not available, HR and the supervisor shall continue to communicate with the employee on a regular basis and initiate return to work efforts in collaboration with the agency HR office.
- 6.2 Modified Duty
 - 6.2.1 When a supervisor is notified of the need for modified duty, the supervisor must notify HR
 - 6.2.1.1 The supervisor is responsible for providing all worker's comp paperwork to HR.
 - 6.2.1.2 The employee must provide copies of all doctor visits to HR as soon as possible.
 - 6.2.2 HR will send a confirmation email to all parties (dept. heads, supervisors, staffing, temp supervisor and the employee), outlining the assignment and any restrictions and modified light duty requirements.
- 6.3 Responsibilities
 - 6.3.1 Employees
 - 6.3.1.1 Ensure client and staff safety and promote a safe working environment.
 - 6.3.1.2 Follow established safety rules and policies for job/work location.
 - 6.3.1.3 Report all work-incurred injuries, accidents or illness whether directly involved or witnessed, to their supervisor immediately.
 - 6.3.1.4 Employees must accurately report and correctly code any work-related absences in their NEATS timesheet.
 - 6.3.1.5 Cooperate with the intent and requirements of the Early Return to Work Program.
 - 6.3.1.6 Follow up with the healthcare provider as needed and forward paperwork to the supervisor and or the HR Worker's Comp. Liaison.
 - 6.3.2 Supervisors



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- 6.3.2.1 Ensure client and staff safety and maintain a safe work environment.
- 6.3.2.2 Follow established safety rules and policies for job/work location.
- 6.3.2.3 Provide information and guidance to employees regarding safety rules and injury reporting procedures,
- 6.3.2.4 Report all work-incurred injuries, accidents or illness whether directly involved or witnessed, to their supervisor immediately.
- 6.3.3. Release to return to work
 - 6.3.3.1 When an employee is released to work with restriction that will not allow them to perform the essential functions of their position, HR will determine whether reasonable accommodation can be made.
 - 6.3.3.2 If reasonable accommodation cannot be made, every effort will be made to place the employee in a vacant position for which they are qualified, and which accommodates the stated work conditions.
 - 6.3.3.3 Employees may be reemployed into a position that they qualify for and their restrictions DO NOT preclude them from performing the essential functions of the job.
 - 6.3.3.4 Employees may be reemployed at or below their pre-injury position grade level. (Nev. Admin. Code § 284.6014-284.6019)

7.0 ATTACHMENTS: N/A

8.0 IMPLEMENTATION OF POLICY:

Each Division agency shall implement this policy and may develop specific written protocols and procedures as necessary to do so effectively.

EFFECTIVE DATE: 03/16/2018

DATE APPROVED BY DPBH ADMINISTRATOR: 03/16/2018

DATE APPROVED BY THE COMMISSION ON BEHAVIORAL HEALTH:
03/16/2018, 05/13/2021



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Control #	Rev. Date:	Title:	Effective Date: 09/2017
SP 7.1	05/13/21	Seasonal Influenza Vaccine Program	Next Review Date: 05/13/2023

1.0 POLICY:

It is the policy of the Department of Public and Behavioral Health (DPBH) Clinical Services Branch to have an annual influenza vaccination program for the prevention and control of seasonal influenza.

2.0 PURPOSE:

To maintain a safe and healthy environment for employees, patients, visitors, and the general public by using vaccination as a potential means to minimize the spread of influenza.

3.0 SCOPE: DPBH Clinical Service Branch

4.0 DEFINITIONS:

- 4.1 Influenza: (“flu”) is a mild to severe contagious disease caused by a virus that causes an average of 36,000 deaths each year in the U.S., mostly among the elderly. Influenza spreads from an infected person to the nose and throat of others and can cause fever, sore throat, cough, chills, headache and muscle aches. Influenza can lead to pneumonia and can be dangerous for people with heart or breathing conditions.
- 4.2 Influenza Season: The time period (generally between October and March) when influenza is most prevalent in the United States.
- 4.3 Influenza Vaccine: A preparation of Influenza viruses (live or inactivated virus), which stimulate the production of specific antibodies when introduced into the body.
- 4.4 Personnel: All DPBH Clinical Services Branch employees and contracted staff, students, residents, trainees, and volunteers.
- 4.5 Personnel with Client Contact: All personnel who routinely (Medical Staff, Nurses, CNs, MHTs) perform work tasks or intermittently (Maintenance, Food Service Staff, AT staff) within six (6) feet of patients or who have contact with their environment in the performance of their duties.

5.0 PROCEDURE:



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SP 7.1 05/13/21 Seasonal Influenza Vaccine Program **Next Review Date:**
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- 5.1 The State Health Officer prescribes a standing order and protocol for the administration of an annual influenza vaccination for DPBH Clinical Service Branch staff.
 - 5.1.1 Vaccine will be offered free of charge at various times and locations, as soon as the vaccine becomes available. Vaccines will be offered throughout the flu season or our allotment of vaccines has been depleted (whichever occurs first).
- 5.2 All individuals covered by this protocol must be immunized within six (6) weeks after the vaccine becomes available to employees.
 - 5.2.1 If individuals covered by this protocol are immunized through services other than Employee Health Services (i.e. private physician office, public clinics, or other employers) they must provide proof of immunization to Employee Health Services.
 - 5.2.2 Proof of immunization must be provided within six (6) weeks after the vaccine becomes available to employees.
 - 5.2.3 Proof of immunization must include:
 - 1) Name of the individual immunized
 - 2) Date of the immunization
 - 3) Immunization type
- 5.3 Every year, a log will be maintained documenting how many people (staff, volunteers, and independent licensed contractors) receive the vaccine, as well as the numbers who refused and the reason for declination. These data will be shared with the infection prevention committee and the executive committee during monthly meetings.
- 5.4 All staff shall be provided with information explaining the influenza vaccine, its risks, and the risks versus benefits of vaccination.
 - 5.4.1 Documentation must show that specific education was provided, that the staff either received influenza vaccine or did not receive the vaccine, and whether a refusal was due to medical contraindications.
 - 5.4.2 The Infection Control Practitioner or designated Registered Nurses employed by DPBH Clinical Services Branch are authorized to administer influenza vaccine and anaphylaxis treatment agents, including epinephrine for the emergency of treatment of anaphylaxis as set forth below to all agency employees.
 - 5.4.3 DPBH nurses are authorized to administer the influenza and anaphylaxis treatment agents only in the course of their employment.
 - 5.4.4 Any Personnel who decline (regardless of reason) to be vaccinated must complete a declination form.



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- 5.4.5 Personnel who decline or are unable to have the flu immunization and who have patient contact are required to wear a surgical mask when within six (6) feet of a client or when they enter a client area such as a unit, waiting room, exam room, treatment area, reception area or an outpatient clinic area.
 - 5.4.5.1 The surgical mask must be changed every four (4) hours with a fresh new surgical mask.
- 5.5 The exact dates for the requirement to wear respiratory protection will be determined annually when influenza is identified in the community.
- 5.5 These dates will be communicated DPBH staff via email and/or other rapid means of communications.
- 5.6 If a non-immunized DPBH employees, contracted staff, students, residents, trainees, and volunteers who have submitted a declination fails to comply with the requirement to wear a mask, they will be subject to progressive corrective action, up to and including termination.
- 5.7 Criteria for Influenza Vaccine for DPBH Clinical Services Branch Employees:
 - 5.7.1 All healthcare workers who qualify for vaccination based on CDC recommendations.
 - 5.7.2 All persons will be screened for contraindications to influenza vaccine which can include:
 - 5.7.2.1 Serious allergic reaction to chicken, feathers, eggs or egg products;
 - 5.7.2.2 Allergies to dry rubber, rubber products or latex;
 - 5.7.2.3 Allergies to thimerosal (a preservative) or gelatin;
 - 5.7.2.4 History of anaphylactic reactions to the influenza vaccination or any vaccination;
 - 5.7.2.5 History of Guillian-Barre Syndrome within six (6) weeks of any influenza vaccination
 - 5.7.2.6 Illness at the time of inoculation, including acute respiratory infection, other active infection, or serious febrile illness;
 - 5.7.2.7 Acute evolving neurological disorder;
 - 5.7.2.8 Bleeding disorders such as hemophilia or thrombocytopenia;
 - 5.7.2.9 Anticoagulant therapy (e.g. Warfarin); and
 - 5.7.2.10 Use of Theophylline, and Phenytoin
- 5.8 The Infection Preventionist and/or designated Registered Medical Nurse Shall:
 - 5.8.1 Ensure that all recipients of the vaccine is provided with the current seasons Vaccine Information Sheet (VIS) from the CDC.



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- 5.8.2 Ensure that the potential recipient is assessed for contraindications to immunization.
- 5.8.3 Confirm each recipient of the vaccination has received a copy of the appropriate Vaccine Information Statement and has been informed of the potential side effects and adverse reactions, orally and in writing, before administering the immunization.
- 5.8.4 Confirm that each recipient has completed the Influenza Consent/Declination form prior to the administration of the vaccine.
- 5.8.5 The Infection Preventionist will be responsible for the record of all persons immunized including the recipient's name, date, address of immunization, administering nurse, immunization agent, manufacturer, lot number, expiration date, recommendations for future immunization and standing order and protocol is maintained and reviewed/revised annually.
 - 5.8.5.1 These records will be kept for up to 30 years as part of the employees health records.
- 5.8.6 The Infection Preventionist will be responsible to maintain a record of all personnel declining the influenza vaccination. These records will be kept for 2 years.

- 5.9 Any designated RNs involved in the administration of immunizing agents in accordance with standing order and protocol must be currently certified in CPR by the American Red Cross, American Heart Association or an equivalent organization.
- 6.0 Administration of Influenza Vaccine (Multidose Vial):**
 - 6.1 A separate sterile syringe and needle will be used for each injection to prevent possible transmission of infectious agents from one person to another.
 - 6.1.1 The expiration date of the vaccine will be noted on the vial using an auxiliary label. The expiration date will be 28 days from the date the vial was first opened and used. Any expired vaccine will *not* be used.
 - 6.1.2 Shake the container vigorously each time before withdrawing vaccine.
 - 6.1.3 Never remove the stopper from the container. Moisten the stopper with a sterile alcohol wipe, allowing the antiseptic to act for a few moments.
 - 6.1.4 Draw into the syringe 0.5 ml of air.
 - 6.1.5 Shake the vaccine container vigorously then pierce the center of the stopper with the sterile needle attached to the syringe. Turn the vial upside down and inject the air from the syringe. Keeping the point of the needle



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immersed in the vaccine, withdraw immediately into the syringe 0.5 ml vaccine.

6.1.6 Primarily: Disinfect the skin at the site of injection (deltoid muscle) with a suitable antiseptic wipe. Inject 0.5 ml of vaccine intramuscular (never IV), aspirating to ensure that the needle has not entered a blood vessel before injection.

6.1.7 Secondary: Disinfect the skin at the site of the injection (deltoid muscle) with a suitable antiseptic wipe. Remove bandage from package and apply safe barrier bandage to skin. Make injection through center of bandage and remove. Inject 0.5 ml of vaccine intramuscular (never IV), aspirating to ensure that the needle has not entered a blood vessel before injection. Suggest that this should read aspirating BEFORE injecting.

6.1.8 Dispose of safety syringe in appropriate sharps container.

6.1.9 All vaccinated persons should be observed for about fifteen (15) minutes after vaccinations.

6.2 Alternate Administration Prefilled Syringe:

1. Use of prefilled syringes to deliver a single dose.
2. Each prefilled syringe will be used once, and then discarded into a puncture resistant container.

6.3 Anaphylaxis Reactions

6.3.1 All addresses, clinic areas and units where immunizations are administered will be supplied with anaphylaxis treatment agents and will be equipped with appropriate syringes, needles and supplies for treatment administration.

6.3.2 In the event that a person who received an influenza vaccine develops signs and symptoms consistent with anaphylaxis, (e.g. but not limited to; difficulty in breathing, hives, swelling of face, throat or airway and loss of consciousness), the nurse is to administer one (1) adult dose of EPI-PEN IM or epinephrine 0.3 mg [USP 1:1000, 0.3 ML] subcutaneous and **CALL 911 IMMEDIATELY.**

6.3.3 The RN shall ensure that a record of all persons to whom they administered an anaphylaxis treatment agent, including the recipient's name, date, address of administration, administering nurse, anaphylaxis treatment agent, manufacturer, and lot number is kept in the medical record in the person's medical file.

6.3.4 The RN shall report to the local emergency medical system or other provider equivalent follow-up care information regarding the



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administration of the anaphylaxis treatment agent, including when it was administered, the dosage, strength, and route of administration.

6.3.5 The nurse shall also report information to the person's primary care provider if one exists, unless the patient is unable to communicate the identity of his or her primary care provider.

6.3.6 The Infection Preventionist is responsible to report adverse reactions of immunizations to Vaccine Adverse Event Reporting System, (VARES).

7.0 Data and Tracking:

7.1 The Infection Preventionist/Employee Health program will be responsible for tracking seasonal influenza rates.

7.2 Rates will be calculated as a percentage (%).

7.2.1 Numerator will be all staff receiving vaccinations.

7.2.2 Denominator will be all staff within the agency between the start of the flu season and the end of the flu season.

7.2.3 Declinations will be recorded for all staff declining the vaccine/all staff within the agency between the start of the flu season and the end of the flu season.

7.2.3.1 Declinations will be further calculated based on reason for declination.

7.2.4 Data will be presented to the Agency Infection Control Committee and Executive Leadership Committee annually at the end of each flu season.

7.2.4 The Agency Infection Preventionist/Employee Health coordinator will be responsible for entering the vaccine information into the State of Nevada's vaccination tracking system, WebIZ.

8 REFERENCES:

8.2 Centers for Disease Control "Immunization Recommendations for Health Care Workers"

8.3 New York State Department of Education: NYC Department of Health and Mental Health

8.4 CDC, FDA Fact Sheet for Vaccine Information Statements, current year

8.5 Link <http://injectsafebandages.com/> Quick reference



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
CLINICAL SERVICES**

Control #	Rev. Date:	Title:	Effective Date: 09/2017
SP 7.1	05/13/21	Seasonal Influenza Vaccine Program	Next Review Date: 05/13/2023

9 ATTACHMENTS:

10 IMPLEMENTATION OF POLICY:

Each Division agency shall implement this policy and may develop specific written protocols and procedures as necessary to do so effectively.

EFFECTIVE DATE: 9/01/2017

DATE APPROVED BY DPBH ADMINISTRATOR: 9/01/2017

DATE APPROVED BY THE COMMISSION ON BEHAVIORAL HEALTH: 9/2017,
05/13/2021