

WRHA Mass Immunization Event PHIMs Documentation Guidelines

Definitions:

Public Health Information Management System (PHIMS): an integrated, electronic public health record used to improve and support management of immunizations and vaccine inventory in Manitoba. PHIMS also has the capability to support communicable disease cases and outbreak management.

Public Health Clerks (PHC): designated clerical support for Population and Public Health Immunization program

Nurse II: Casual nurses and Public Health Nurses working in a Nurse II role.

Nurse IV: Public Health Nurse (PHN)

Lead PHN: PHN designated as the clinical lead at an immunization clinic

Centralized Clerks: Clerks hired centrally to support the Population and Public Health Immunization program

Mass Imms Event: includes all school, catch-up and pick up clinics; influenza clinics; outbreak and community outreach clinics

Service Delivery Location (SDL): name of location in the PHIMS event where the clinic/services are being provided

Organization (Org): name of public health office in the PHIMS event where the clinic is located

Direct Entry: Immunization are recorded during the delivery of the mass clinic. This may include using PHIMS on a laptop connected to the internet from an offsite location e.g. school or community centre.

Delayed Entry Immunizations: Immunizations are recorded after the delivery of the mass clinic. Immunization details such as provider, vaccine, lot number and site can be applied to a group of clients at once.

Provider recorded: Person who administered the immunization records the immunization in PHIMS

Non-Provider recorded: Clerk records the immunization in PHIMS

Known Cohort: The group of individuals who present for immunization is known in advance; ie: School based immunization clinics, appointment based immunization clinics

Unknown Cohort: The group of individuals who present for immunization is not known in advance; ie: drop in flu clinics

1. **Mass Event Immunization Clinics - Unknown Cohort (ie: Influenza Clinics)**

A. **Planning Parameters:**

- PHCs will set up the Mass Imms Events in PHIMS.
- See QRC 3.2 “Creating a Mass Immunization Event for further information re: setting up the event in PHIMS and event types. <http://www.phimsmb.ca/files/pan-qrc-3.2.pdf>
 - For Mass Public Influenza Clinics the SDL will be set up as **“Winnipeg PH Mass Immunization Clinic”**
 - For Outreach Influenza Clinics the SDL will be set up as **“Winnipeg PH Outreach Clinic”**
 - Ensure that the SDL named WRTC PH Mass/Off-Site Clinic is **NOT** used for WRHA influenza clinics. WRTC PH Mass/Off-Site Clinic refers to the Western Region Tribal Council Public Health, and must remain in the drop down list as other RHAs use the SDL.
 - The Org will be set up based on the Community Area that the clinic is located.
 - See document: Setting the ORG and SDL for Outreach and Mass Influenza Events located in drive R:\Imms_CD_Updates\WRHA PHIMS Resources\Public Health Clerk Resources\Setting the ORGSDL for Outreach and Mass.pdf
- For immunizations given by a PHN on an individual basis (i.e. in public health office), document in PHIMS as per QRC 2.3. <http://www.phimsmb.ca/files/pan-qrc-2.3.pdf>
- PHNs will document their immunizations in PHIMS as provider recorded immunizations and they will record that consent was obtained.
- PHNs will document their own nursing notes.
 - Only pertinent notes shall be documented in PHIMS. For example, document medications that may have a clinical impact related to influenza or pneumococcal immunizations. The same is true for allergies and all other medical conditions. There is no need to document all other medications a client is taking.
 - If an AEFI occurs, a notation shall be made in PHIMS. The PHN will refer to the CPG in the WRHA Regional Immunization Manual for further details regarding AEFI reporting. <http://www.wrha.mb.ca/professionals/immunization/files/AEFICPG.pdf>
- Nurse II's will NOT be trained to document in PHIMS

- Nurse II's will be responsible for ensuring that all of their paper consents are reviewed and are complete. They will also be responsible for sorting them into separate files according to vaccine administered (ie: Influenza IM, Influenza Intranasal, Influenza IM and Pneumo) and anatomical site (R deltoid, L deltoid etc.) to facilitate the data entry. Consents must be alphabetized by the above categories.
- If the Nurse II determines a client warning or nursing note may be required, the Nurse II will connect with the Lead PHN to ensure the information is communicated. If deemed appropriate, the Lead PHN will document the client warning and pertinent nursing note into PHIMS as communicated to them by the Nurse II.
 - For Influenza clinics, the PHC will send ALL the consents by courier to centralized clerk once PHN's have completed the documentation in PHIMS within 1 week of clinic.
 - Centralized clerks will enter influenza immunizations administered by Nurse II's into PHIMS as non-provider recorded immunizations.

For other Mass clinics (ie: outbreaks, community outreach) the PHC will enter the immunization provided by Nurse II's into PHIMS.

- If an AEFI occurs, a notation shall be made in PHIMS. The PHN will refer to the CPG in the WRHA Regional Immunization Manual for further details regarding AEFI reporting.

<http://www.wrha.mb.ca/professionals/immunization/files/AEFICPG.pdf>

B. Planning Options:

Option 1: Registration and Delayed Entry Offsite

[Scenario: Applies when no connectivity onsite. PHIMS not available to check immunization records.

- Prior to clinic, arrangements will be required for a clerk to be available at the PH office to check for immunization records (ie pneumococcal status) of clients in PHIMS during the clinic hours.
- The PHC (or designate) will add clients to the Mass Imms Event at an offsite location after the clinic.
- PHNs will record consent and document immunizations administered as provider recorded immunizations at their office after the clerk has added the clients to the Mass Imms Event.
- Nurse II's will NOT document in PHIMS for influenza.
 - For Mass/General Influenza clinics, the PHC will send ALL the consents by courier to centralized clerk once PHN's have completed the documentation in PHIMS within 1 week of clinic.

- Centralized clerks will enter influenza immunizations administered by Nurse II's into PHIMS as non-provider recorded immunizations. For other Mass clinics (ie: outbreaks, community outreach) the PHC will enter the immunization provided by Nurse II's into PHIMS

Option 2: Registration Onsite and Delayed Entry Offsite

[Scenario: Connectivity onsite. One laptop per clerk]

- A public health clerk will add the clients to the Mass Imms Event onsite at the clinic. This could occur:
 - Pre-immunization
 - Post-immunization
- PHNs will record consent and document immunizations administered as delayed entry provider recorded immunizations.
- Nurse II's will NOT document in PHIMS for influenza.
 - For Mass Influenza clinics the PHC will send ALL the consents by courier to the centralized clerk once PHN's have completed the documentation in PHIMS within 1 week of clinic.
 - Centralized clerks will enter influenza immunizations administered by Nurse II's into PHIMS as non-provider recorded immunizations.
 - For other Mass clinics (ie: outbreaks, community outreach) the PHC will enter the immunization provided by Nurse II's into PHIMS

Option 3: Registration and Delayed Entry Onsite

[Scenario: Connectivity onsite. One laptop per clerk and one laptop per 2 PHNs]

- A PHC will add the clients to the Mass Imms Event onsite at the clinic. This could occur:
 - Pre-immunization
 - Post-immunization
- PHNs will record consent and document immunizations administered as delayed entry provider recorded immunizations onsite.
- Nurse II's will NOT document in PHIMS for influenza.
 - For Influenza clinics, the PHC will send ALL the consents by courier to the centralized clerk once PHN's have completed the documentation in PHIMS within 1 week of clinic.

- Centralized clerks will enter influenza immunizations administered by Nurse II's into PHIMS as non-provider recorded immunizations.
- For other Mass clinics (ie: outbreaks, community outreach) the PHC will enter the immunization provided by Nurse II's into PHIMS
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Option 4: Registration and Direct Entry for PHNs

[Scenario: Connectivity onsite. One laptop per clerk and one laptop per PHN]

- A PHC will add the clients to the Mass Imms Event onsite at the clinic during registration
- PHNs will record consent and document immunizations administered as direct entry provider recorded immunizations onsite.
- Nurse II's will NOT document in PHIMS for influenza.
- For Influenza clinics the PHC will send ALL the consents by courier to centralized clerk once PHN's have completed the documentation in PHIMS within 1 week of clinic. Centralized clerks will enter influenza immunizations administered by Nurse II's into PHIMS as non-provider recorded immunizations. For other Mass clinics (ie: outbreaks, community outreach) the PHC will enter the immunization provided by Nurse II's into PHIMS

2. Mass Event Immunization Clinics -Known Cohort (ie: School-based)

A. Planning Parameters:

- PHCs will set up the Mass Imms Events in PHIMS and will add all the clients to the event in advance of the clinic.
- The Lead PHN will review all consents and will record consent and document any client warning and/or nurse's notes in PHIMS in advance of the clinic.
- PHNs will document their immunizations in PHIMS as provider recorded immunizations.
- Nurse II's will NOT document in PHIMS.
- Nurse II's will be responsible for ensuring that all of their paper consents are reviewed and are complete.
- PHC will document immunizations provided by Nurse II's as non-provider recorded.
- If the Nurse II determines a client warning may be required, the Nurse II will connect with the Lead PHN to ensure the information is communicated. If

deemed appropriate, the Lead PHN will document the client warning into PHIMS as communicated to them by the Nurse II.

- If an AEFI occurs, a notation shall be made in PHIMS. The PHN will refer to the CPG in the WRHA Regional Immunization Manual for further details regarding AEFI reporting.

<http://www.wrha.mb.ca/professionals/immunization/files/AEFICPG.pdf>

B. Planning Options:

Option 1: Delayed Entry Offsite

[Scenario: No connectivity onsite].

- PHNs and Nurse II's will administer the immunizations and document on the paper consent forms at the clinic.
- PHNs document immunizations in PHIMS that they administered, as "provider recorded" at their office.
- PHC will document Nurse II immunizations in PHIMS as "non-provider" recorded" at the office.

Option 2: Delayed Entry Onsite

[Scenario: Connectivity onsite. One laptop per 2 PHN's]

- PHNs and Nurse II's will administer the immunizations and will document on the paper consent forms at the clinic.
- PHNs will document immunizations in PHIMS that they administered as "delayed entry provider recorded" immunizations onsite.
- PHC will document Nurse II immunizations in PHIMS as "non-provider" recorded" at first available opportunity.

Option 3: Direct Entry for all PHN's

[Scenario: Connectivity onsite. One laptop per PHN]

- PHNs and Nurse II's will administer the immunizations and will document on the paper consent forms at the clinic.
- PHNs will document immunizations administered as "direct entry provider recorded" onsite.
- PHC will document Nurse II immunizations in PHIMS as "non-provider" recorded" at first available opportunity.