LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER – SHREVEPORT

IMMUNIZATION EDUCATION & DOCUMENTATION

Purpose:

To provide immunization education and documentation guidelines which comply with the National Childhood Vaccination Injury Act.

Policy:

1. As required under the National Childhood Vaccine Injury Act (42 U.S.C. 300 aa-26), all healthcare providers in the United States who administer any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, Haemophilus influenza type B (Hib), pneumococcal conjugate or Varicella (chickenpox) Vaccine shall, prior to administration of each dose of the vaccine, provide a copy of the relevant vaccine information materials that have been produced by the Centers for Disease Control and Prevention (CDC):

   A. to the parent or legal representative of any child to whom the provider intends to administer such vaccine, and

   B. to any adult to whom the provider intends to administer such vaccine.

2. The following Centers for Disease Control Vaccine Information Statements (VIS) are available from LSUHSC’s print shop or the website [http://www.cdc.gov/nip](http://www.cdc.gov/nip). By law, asterisked (*) items must be reviewed with the responsible party. In addition, all vaccine information sheets listed below must be used when giving vaccines purchased through a CDC contract.

<table>
<thead>
<tr>
<th>Vaccine Information Statements</th>
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<tbody>
<tr>
<td>Diptheria-Tetanus-Pertussis *</td>
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<tr>
<td>Tetanus &amp; Diphtheria *</td>
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<tr>
<td>Measles-Mumps-Rubella *</td>
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<tr>
<td>Vaccine</td>
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<tr>
<td>Polio *</td>
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<td>Hepatitis B *</td>
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<td>Haemophilus Influenza type B *</td>
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<td>Varicella *</td>
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<tr>
<td>Hepatitis A</td>
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<tr>
<td>Inactivated Influenza *</td>
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<td>Pneumococcal Polysaccharide</td>
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<td>Pneumococcal Conjuage *</td>
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<tr>
<td>Anthrax</td>
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<tr>
<td>Live, intranasal influenza</td>
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<td>Meningococcal</td>
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<td>Rabies</td>
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<tr>
<td>Yellow Fever</td>
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<tr>
<td>Small Pox (smallpox vaccine information statements should be used in conjunction with CDC’s smallpox information packet which includes 5 supplements)</td>
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3. A copy of the relevant Center’s for Disease Control (CDC) vaccine information statement (VIS) shall be provided to the adult patient, or, in the case of a minor, to the parent or legal representative prior to each dose of vaccine. The materials shall be supplemented with visual presentations or oral explanations, in appropriate cases. When a combination vaccine is administered, the VIS sheet for each of the components shall be provided.

4. Healthcare providers shall document the following information at the time a Vaccine Information Statement is provided:

   A. Adults (over 18 years of age)
Document the following in the medical record if LINKS is not used:

1) Vaccine information statement used
2) Date printed on the Vaccine Information Statement
3) Date the vaccine Information Statement is given/discussed with the vaccine recipient, or the parent or legal representative.
4) Vaccine type, date, & route of administration.
5) Manufacturer lot number and expiration date of the vaccine.
6) Name and title of the healthcare provider administering the vaccine.
7) Address where the permanent medical record is maintained.
8) Patient’s name, medical record number, and date of birth.

Document the following in the medical record if LINKS is used:

1) Vaccine type, date, & route of administration.
2) Name and title of the healthcare provider administering the vaccine.

B. Children (under 18 years of age)

Document the following in the LINKS system:

1) Vaccine information statement used
2) Date printed on the Vaccine Information Statement
3) Date the vaccine Information Statement is given/discussed with the vaccine recipient, or the parent or legal representative.
4) Vaccine type, date, & route of administration.
5) Manufacturer lot number and expiration date of the vaccine.
6) Name and title of the healthcare provider administering the vaccine.
7) Address where the permanent medical record is maintained.
8) Patient’s name, medical record number, and date of birth.

Document the following in the medical record:

1) Vaccine type, date, & route of administration.
2) Name and title of the healthcare provider administering the
vaccine.

C. Document the following on the Compliance Website for all vaccines that are put into LINKS: Document requested patient information, choose immunizations in the quick complete disclosures section, click on guess the values and all information will be automatically displayed of what is being disclosed.

5. The LINKS (Louisiana Immunization Network for Kids Statewide) must be used to document vaccine administration for those less than 18 years of age. The use of the LINKS system is recommended for those of all ages because it prevents duplication of vaccination and resources.

6. LSUHSC is a participant in the LINKS program. The Louisiana Department of Health and Hospitals is considered a public health authority as defined in 164.501 of the HIPAA privacy rule, and is authorized under Louisiana Revised Code 40:31.11-16 to collect this information and re-disclose information to authorized users without consent.

Under this program, patients less than 18 years of age are able to obtain eligible vaccines at no cost in our hospital and clinics. Providers at LSUHSC who administer vaccinations must enter the required VIS/vaccination information into the LINKS system.

Nursing managers will be responsible for obtaining passwords, training each new vaccinator on the use of the LINKS system, and completing the competency assessment form. Clerks and medical records personnel may be given passwords, which enable them to enter and access data as a part of their normal work duties.

Vaccinators will be assigned passwords from the local health unit office, after a signed user agreement has been submitted. Each vaccinator prior to signing the agreement should read a copy of the LINKS confidentiality policy. The nursing manager for each area is responsible for obtaining passwords from the health unit, and notifying them to delete access when vaccinators are no longer working at LSUHSC.

Each unit shall post a notice that the hospital is a participant in the LINKS system. The patient or parent can refuse to let their child’s information be shared with other providers by completing a request form, which should be faxed to the LINKS program office in New Orleans.
On each day an immunization is entered into the LINKS system, an entry should also be entered into the LSUHSC disclosure log as described in Hospital Policy 6.3.

7. The American Academy of Pediatric Vaccine Administration Record (HE0116) may be used to document vaccine administration. It may be special ordered through the American Academy of Pediatrics at:

141 Northwest Point Blvd.
P.O. Box 747
Elm Grove Village, IL  60009-0747
Fax # 847-228-1281
Phone # 1-800-433-9016

References

Vaccine Information Statements: http://www.cdc.gov/nip/publications/VIS/

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Administrator

5/18/04
Date

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Revised: 3/04