If you have any questions or comments regarding the information in this policy, please contact Policy & Forms Department at policy@albertahealthservices.ca. The Policy & Forms website is the official source of current approved policies, procedures and directives.

PURPOSE

• To reduce morbidity and mortality from invasive pneumococcal disease.

POLICY STATEMENT

• Alberta Health Services supports providing pneumococcal polysaccharide vaccine to patients at high risk of or complications from invasive pneumococcal disease (IPD).

• Pneumococcal polysaccharide vaccine shall be offered to all individuals in accordance with the current clinical guidelines surrounding eligibility, medically at risk patient populations and, high risk settings as outlined in Pneumococcal Polysaccharide Immunization Vaccine Biological Page and Vaccine Package posted on the Alberta Health Services external webpage.

APPLICABILITY

Compliance with this policy is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary). This policy does not limit any legal rights to which you may otherwise be entitled.

POLICY ELEMENTS

1. Pneumococcal Immunization

   1.1 Assessment and immunization of patients at high risk for invasive pneumococcal disease is a shared responsibility between all health care professionals.

   1.2 Administration of pneumococcal polysaccharide vaccine shall be offered to all patients who meet the eligibility criteria set out in Section 3 below.
Alberta Health Services settings shall have a policy and procedure in place for management of anaphylaxis related to immunization.

2. Authorized Personnel

2.1 Pneumococcal vaccinations shall be administered by a health care professional who:

a) is a regulated member of a health profession body under the Health Professional Act (Alberta) or a registered member of a designated health discipline under the Health Disciplines Act (Alberta); and

b) is authorized under the respective statute and regulations to administer the vaccine.

2.2 Students of a health profession or discipline may administer pneumococcal vaccinations provided they meet the criteria and act in compliance with section 4 of Schedule 7.1 of the Government Organizations Act (Alberta).

2.3 Health care professionals who administer immunizations shall demonstrate competence in the advanced practice of pneumococcal vaccine administration and management of anaphylaxis related to immunization after receiving the appropriate didactic and clinical education and training including:

a) the online Pneumococcal Polysaccharide Vaccine Package http://www.albertahealthservices.ca/influenza/page12438.aspx including:

   • the Pneumococcal Polysaccharide Vaccine Biological Page,
   • the Vaccine Storage and Handling Standard,
   • the Pneumococcal Polysaccharide Vaccine Product Monograph,
   • the Pneumococcal Polysaccharide Vaccine Information Sheet,
   • the Pneumococcal Polysaccharide Vaccine Eligibility and Reporting Guidelines; and,
   • the recognition and management of anaphylaxis.

3. Assessment of Eligibility and Gathering Information

3.1 All patients shall have their pneumococcal polysaccharide immunization history and eligibility assessed at point of care with public health or on admission to long term care, continuing care and provincial correctional facilities. This assessment includes contraindications to immunization.

3.2 A patient is eligible for vaccine if they have no documented history of administration of pneumococcal polysaccharide vaccine and meet any of the following vaccine eligibility criteria:
a) 65 years of age and older;

b) resident of a long term care facility or continuing care facility;

c) homeless or living in a chronically disadvantaged situation without a permanent address; or

d) medically at risk as outlined in the Pneumococcal Polysaccharide Vaccine Biological Page.

3.3 If a patient has a history of administration of an initial dose of vaccine but qualifies for a single reinforcing dose as outlined in the Pneumococcal Polysaccharide Vaccine Biological Page the spacing between doses will be as follows:

a) Five (5) years after the initial dose of pneumococcal polysaccharide vaccine.

Note: All individuals should receive one dose of pneumococcal polysaccharide vaccine at 65 years of age and older, (as long as 5 years have passed since a previous dose of this vaccine), regardless of the number of doses received prior to 65 years of age.

3.4 All attempts will be made to access documented history of immunization, including electronic databases and medical records. This may require phone calls to family physicians, and/or public health centres.

3.5 If no documentation of a prior dose(s) of pneumococcal polysaccharide vaccine is available then vaccine should be offered to those that meet eligibility criteria unless medically contraindicated or the patient/guardian refuses consent for immunization.

4. Informed Consent

4.1 Prior to immunization, the most responsible health practitioner shall ensure that there is valid and informed consent, in accordance with the Alberta Health Services Consent to Treatment/Procedure(s) - PRR-01. Patients will be provided with written and verbal information on pneumococcal polysaccharide vaccine, the risks and benefits of receiving the vaccine, and expected side effects.

4.2 The patient shall be provided with an opportunity to ask questions, confirm consent and affirm the intent to proceed with immunization.

5. Documentation

5.1 The immunization will be documented in the patient’s health record by the health care professional administering the vaccine.
5.2 Information regarding doses administered will be sent to the Zone vaccine depot or public/community health centre as per directions provided when vaccine was shipped.

5.3 Patient will receive written documentation of vaccine administered. For more detailed information refer to Alberta Health Services Pneumococcal Immunization Procedure.

6. Adverse Event Following Immunization (AEFI) Reporting

6.1 The health care professional shall report any adverse event following immunization (AEFI) that is disclosed or reported to them by a patient following pneumococcal polysaccharide immunization to an Alberta Health Services Public or Community Health Centre as outlined in the Pneumococcal Polysaccharide Vaccine Biological Page.

DEFINITIONS

Adverse Event Following Immunization (AEFI) means any untoward medical occurrence in a patient which follows immunization and which does not necessarily have a causal relationship with the administration of the vaccine. The adverse event following immunization may be any unfavourable and/or unintended sign, abnormal laboratory finding, symptom or disease.

Alberta Health Services Setting means any environment where treatment/procedures and other health-care services are delivered by, on behalf of, or in conjunction with Alberta Health Services.

Guardian means, where applicable:

For a minor: a) as defined in the Family Law Act; b) as per agreement or appointment authorized by legislation (obtain copy of the agreement and verify it qualifies under legislation; e.g., agreement between the Director of Child and Family Services Authority and foster parent(s) under the Child, Youth and Family Enhancement Act; or agreement between parents under the Family Law Act; or as set out in the Child, Youth and Family Enhancement Act regarding Guardians of the child to be adopted once the designated form is signed); c) as appointed under a will (obtain a copy of the will; also obtain grant of probate, if possible; d) as appointed in accordance with a personal directive (obtain copy of personal directive); e) as appointed by court order (obtain copy of court order) (e.g., order according to the Child, Youth and Family Enhancement Act.); and, f) a divorced parent who has custody of the minor.

For an adult: a) an individual appointed by the Court to make decisions on behalf of the adult patient when the adult patient lacks capacity.

Health Care Professional means an individual who is a member of a regulated health discipline, as defined by the Health Disciplines Act or the Health Professions Act, and who practises within scope or role.

Health Record means the Alberta Health Services legal record of the patient’s diagnostic, treatment and care information.
Most Responsible Health Practitioner means the health practitioner who has responsibility and accountability for the specific/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of his/her practice.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

REFERENCES

- Alberta Health Services Immediate and Ongoing Management of Clinically Serious Adverse Events Guideline
- Alberta Health Services Influenza Immunization Orientation Powerpoint
- Alberta Health Services Pneumococcal Immunization Procedure
- Alberta Health Services Pneumococcal Polysaccharide Vaccine Package
- Alberta Health Services Pneumococcal Polysaccharide Immunization Vaccine Biological Page, Alberta Health Services webpage http://www.albertahealthservices.ca/2824.asp
- Alberta Health Services Vaccine Storage and Handling Standard, Alberta Health Services webpage: http://www.albertahealthservices.ca/info/Page14001.aspx
- Alberta Health Services Reporting of Clinical Adverse Events, Close Calls and Hazards Policy
- Alberta Health, Family and Population Health Division, Alberta Immunization Policy
- Health Professions Act (Alberta)
- Health Disciplines Act (Alberta)
- Government Organizations Act (Alberta)
- Public Health Act (Alberta)
- Medication Guidelines, Alberta RN Online, College and Association of Registered Nurses of Alberta, March 2015

REVISIONS

October 31, 2014
December 16, 2016