



INDEPENDENT CONTRACTOR'S MANUAL OF COMMON POLICIES AND PROCEDURES

We undertake to revise this manual annually. It was last revised in its entirety on August 20, 2010. See individual sections for more recent revision dates that may apply. This manual should not be relied upon with respect to any changes that might have occurred after said dates. Professionals performing services within jurisdictions will be responsible for performing them in accordance with the current rules and regulations applicable to the respective jurisdictions.

This manual should answer many questions you have about your position with Total Wellness (TW). You should carefully review the document so that you are sufficiently familiar with all expectations regarding TW policies and procedures. You should also familiarize yourself with TW forms and handouts. It is not adequate to look over the appropriate paperwork the night before an event (clinic or health fair), because you may have questions. If you do have questions afterwards, you should contact a TW representative for further clarification. Since you do not have to agree to provide all of our services, not all forms, handouts, and service procedures are contained herein. The necessary forms and procedures for other services are available upon request and will be included when any such services are scheduled to be provided. Also, most are available on the online staff web pages mentioned below, under **Handouts and Other Paperwork** under **Polices, Procedures and Paperwork**. When you agree to provide a service for TW, you are responsible for knowing the expectations regarding it.

Scheduling

Event Scheduling, Staffing, and Self-Nomination:

When a client places an order for an event with TW, the event details are entered into the TW Event Scheduling Database. The following 4 AM Central Time, the Metro Area Independent Contractors are sent an automatic email inviting them to nominate themselves to work the event. It is possible to view entered events on the staff website and nominate yourself for them prior to the 4 AM Central Time automatic email going out. Note that, if you are already scheduled or have nominated for an event on a particular day, you will not be able to view other events that day. Also, there is an option to list other possible event dates that would work for you in case the original listed date ends up not working for some reason. This database application is meant to cut down on back-and-forth communication between Independent Contractors and Schedulers. **NOTE that nominating yourself does not automatically schedule you to work the event.** It just lets the Schedulers know you are interested and available and should increase the efficiency of the scheduling process. When Schedulers look up events to schedule, they are able see a list of all Independent Contractors in that Metro Area as well as a list of those who have self-nominated and the dates and times of nomination. Staff is chosen according to proximity and on a first come, first served basis. **If you are needed for an event, a Scheduler will contact you to confirm that you are still interested and available and to officially schedule you to work the event.** The Event Worksheet with event details will then be emailed to you. If you are not needed for an event, a Scheduler may email or call you to decline your nomination. **If you no longer see an event listed and a Scheduler did not contact you to confirm that you were scheduled for it, it means the staffing needs were filled without you. DO NOT CALL OR EMAIL THE SCHEDULERS** to inquire about such events or to request more work, etc. It wastes unnecessary time in our streamlined process. There are only a handful of Schedulers for thousands of Independent Contractors and it is impossible for them to keep up with extra calls and emails like this. **ONLY CALL OR EMAIL A SCHEDULER** when returning his/her call **to confirm or decline working an event, or to cancel working an event if absolutely necessary** [See section on *Event Cancellation and Staff Dismissal* under *Scheduling*]. The best way to learn about new work opportunities is to frequently login to the staff website to view *Upcoming Events in Your Area* by clicking on the link **Self-Nominate for Other Upcoming Events**. The staff web pages include your Account Information, Inventory, Time Log, Scheduled Events, etc., and can be accessed from www.vsamerica.com by clicking on the Staff Login QuickLINK. [SEE Staff Website Instructions].

Scheduled Clinic Time:

TW schedules clinic times based on the particular services we expect our Independent Contractors to be able to provide within a certain amount of time (e.g., we expect Independent Contractors to be able to provide approximately

32 flu shots per hour). **Scheduled Clinic Time** will be designated when an event is assigned. Say, for example, an event is from 10am-2pm and we designate the Scheduled Clinic Time to be from 9:30am-2pm. This allows for compensated preparation and setup time and decreases the incidence of tardiness. Sometimes, for a variety of reasons, additional time is needed for setup and breakdown of events. When we anticipate this, we schedule and compensate accordingly (i.e., 9am-3pm for a 10am-2pm event). For Flu Shot Clinics, we generally schedule staff to arrive 30 minutes prior to the actual Clinic Start Time and, for Health Fairs, where we provide services besides or in addition to flu shots, we generally schedule staff to arrive 1.5 hours prior to the actual Clinic Start Time. If you anticipate needing extra time before and/or after an event, speak with a TW Scheduler about adjusting your Scheduled Clinic Time. We understand that events do not always go according to plan so if you feel you will be unfairly compensated based on your Scheduled Clinic Time, let us know your circumstances. If a company requests that you stay late at an event to provide extra services and you expect to be paid for time beyond your Scheduled Clinic Time (i.e., beyond 2pm), you must return a completed Clinic Time Extension Form. **[SEE Handouts and Other Paperwork]** When submitting an online Time Log, make a note for the Accounting Department to watch for the Clinic Time Extension Form to arrive via mail, FedEx, etc. This form will allow us to bill the client to cover your extra time, if applicable. To further clarify, a Clinic Time Extension Form is necessary if you need to stay late at the fault of the client (e.g., if all participants show up at the last minute). A Clinic Time Extension Form is not necessary if it is your fault you need to stay late (e.g., if you were late or slow providing services) or if you are staying late to accommodate more participants than expected (e.g., to give extra flu shots that would make your average shots per hour at least 25-35). NOTE this is ONLY APPLICABLE FOR PER PARTICIPANT SERVICES, NOT HOURLY SERVICES. If a client wants you to stay late to provide hourly services, you definitely DO need to use a Clinic Time Extension Form. If you are not sure whether services you are providing are hourly or per participant, please ask a TW representative.

Event Coordinators and Primary Versus Secondary Staff:

The **Primary** is the staff member to whom TW will ship paperwork, supply and equipment packages. The individuals listed as **Secondary** are support staff scheduled to work an event. All staff should follow the General Event Procedures. [See section on *General Event Procedures*] However, the Primary acts as a liaison between the client contact and Secondary staff. Primary responsibilities include:

- Contacting client contacts about event details (e.g., directions, etc.) prior to an event.
- Contacting Secondary staff prior to events to touch base and relay any necessary event information, if applicable.
- Receiving and Returning Shipments.
- Communicating with the Shipping Department about shipments before and after events (to confirm shipping addresses, number of packages, tracking numbers, etc.), checking paperwork, supplies and equipment upon arrival, and reporting lost, damaged or missing items. **Shipments should be checked immediately upon delivery to allow time to re-ship or replace any lost, damaged or missing items.**
- Completing the TW Onsite Time Log and Acknowledgement of Conduct Agreement.

When working with others, the Primary is additionally compensated. [See section on *Payment*] If any Secondary staff does not show up on time to work as expected, the Primary should contact him/her (or his/her agency, if applicable) right away. Staff contact numbers are listed on Event Worksheets. **The Primary should make sure he/she has the most current Event Worksheet sent via email from the Scheduling Department.** The Event Worksheets included in shipments are often not the most current version.

An **Event Coordinator** is the Primary in charge of a Health Fair event, where we are providing services besides, or in addition to, flu shots.

Event Cancellation and Staff Dismissal:

We rely on you to work our events as much as, if not more than, you rely on us for work. We will not cancel on you and we count on you to not cancel on us. Every once in a while event dates and/or times get changed, but we always do our best to work around your schedule when rescheduling. We have contracts with our clients so, even in the rare instance that an event is canceled, the client still has to pay us, and we still plan to pay you. We appreciate you setting aside time to work for us and we want you to know that you can rely on us for work for which you are scheduled. We are not like staffing agencies that might call you off at a moment's notice. Again, we expect the same from you. Please do your best to not cancel on us. If there is a chance you might have to cancel, please do not sign up to work an event. We understand that things beyond your control can happen, but we have to ensure we have reliable staff. Because of past problems related to this, we have started keeping tabs on everyone. Independent Contractors who prove to be consistently unreliable will no longer be able to work with us.

Event Cancellation Procedure:

If you are scheduled to work an event with us and are no longer able to do so, we expect you to inform us **immediately**. To properly inform us, you must **speak** with a TW representative, preferably your **Scheduler**. An **after hours emergency contact** is also always available at **1-888-434-4358 x 0**. But, **please do not call this extension after hours for any non-urgent matters. The best time for you to call the office during business hours is between 9 AM – 4 PM CENTRAL TIME**. If it is after hours the evening before an event, you should also contact the **Coordinator/Primary**. If no one answers for some reason, leave a message and continue to try to make sure your message is received right away. **Never email anyone to cancel working an event. And NEVER Reply to the Event Worksheets** you receive via email since **such email Replies are not received by anyone**.

Shipping

Receiving Shipments:

Our designated shipper is FedEx. When you are scheduled for a TW event, the necessary paperwork, supplies and equipment will be shipped directly to you or a specified “Coordinator” or “Primary Nurse.” If you are listed as the Primary Nurse and are working with others, it means that you are responsible for shipments (i.e., supplies, equipment, paperwork, etc.) and you will be compensated extra [See sections on *Payment* and *Event Coordinators and Primary Versus Secondary Staff* under *Scheduling*]. If we are shipping to you, in most cases, your shipment will arrive a few days in advance. This may depend on the availability of certain supplies, such as flu vaccine, which could delay shipping. If vaccine or other perishables are included, immediately remove and store them in the refrigerator or as otherwise indicated. [See section on *Storing and Transporting Vaccine* under *Flu Shot Clinic Procedures*] Place Cold Packs in the freezer for future use.

Returning Shipments:

After events, you must return shipments with all remaining supplies, Consent Forms, etc. [see section on *Paperwork* under *Shipping*], **to TW IMMEDIATELY**. Remember, **perishable** items, like flu vaccine, must be packed with Cold Packs to control the temperature and they must be shipped so they are not en route for more than two days. This means that, from most locations around the country, shipments with perishable items **must** be shipped using FedEx **GRAY/2ND DAY AIR** labels on **Monday, Tuesday or Wednesday ONLY** since there are no weekend deliveries. **Non-perishables** can always be shipped Monday through Friday using the FedEx **RED/GROUND** labels. NOTE that, from select locations within a certain radius of the Omaha office, **GROUND** delivery only takes two days. Therefore, if we know you will be shipping from one of those “nearby” locations, we may only send you FedEx **RED/GROUND** labels to use. The appropriate label(s) will be included with important paperwork in your shipment. Always verify that you are using the correct label(s). You may either call FedEx to schedule a pickup at a specific location (i.e., your home) or drop off package(s) at **any FedEx Office drop-off location**. For further information on FedEx drop-off locations, etc., visit www.fedex.com or call **1-800-GOFEDEX**. Do not use any other alternate shipping service or method without pre-authorization from TW. TW will not compensate Independent Contractors unless all shipments, including paperwork, are returned appropriately.

Return Labels:

Pre-printed return labels are included in each shipment. They contain the necessary address and account information so that shipping fees are charged to TW. This allows for an easy return of shipments to TW without any out-of-pocket expense for Independent Contractors. Use **RED/GROUND** FedEx Package Return Program (PRP) labels as often as possible and **GRAY/2ND DAY AIR** labels as necessary to maintain perishables. Make sure that labels are clear and prominent on boxes. Be sure to remove all other non-applicable labels or shipping directions that may be adhered to the surface of boxes. Not removing old labels may result in shipping errors and delays.

Paperwork:

Immediately return applicable Paperwork: Event Worksheets (standard event info sheets that we email to you and mail in the paperwork pouches of event shipments), Onsite Time Logs, Aggregate Forms, Event Reports, Incident Reports, Clinic Time Extension Forms, and Consent Forms. **Do not** let companies keep or make copies of Consent Forms (**HIPAA violation**)! Also, return any leftover forms, labels, handouts, etc. to avoid wasting.

Packing:

Items are likely to shift during shipping. Please pack boxes tightly so that shifting is minimized. Enclose all paperwork in the protective plastic bags to prevent water damage. Make sure that excess vaccine is properly insulated with Cold Packs. When shipping vaccine, remember to **never use** dry or bagged ice, which will cause

freezing. [See section on *Storing and Transporting Vaccine* under *Flu Shot Clinic Procedures*] Make sure all sharps containers are sealed tightly. If in doubt, tape them as well. Also ensure that biohazard bags are closed and positioned to avoid spilling.

Inventory and Retaining Supplies:

In the past, we allowed Independent Contractors to retain supplies for use at upcoming events. However, due to various issues related to this, we changed the policy. **Upon completion of an assignment, you must return remaining vaccine, supplies and Paperwork** [see section on *Paperwork* under *Shipping*], **etc. to TW IMMEDIATELY.**

Please keep your online Inventory current by completing the page that leads to the online Time Log when applicable. If applicable, the online Inventory page will appear before you can access your Time Log. If it does not appear, you do not need to worry about completing the Inventory page. You may also hear from someone in the Shipping Department, to confirm what you have, what you have used, and what you are returning to TW. The online Inventory and Time Log are tied into the new staff web pages [**SEE Staff Website Instructions**].

You are responsible for any paperwork, vaccine, supplies and/or equipment lost, damaged or destroyed by not following proper shipping procedures. TW reserves the right to deduct the cost from your pay.

For more shipping information, contact the Shipping Department at [1-888-434-4358 x 103 or 109](tel:1-888-434-4358) or rknudson@totalwellnesshealth.com.

Taxes

As an Independent Contractor, you are considered to be self-employed. You will receive an IRS Form 1099 from TW if you make \$600 or more from us during the calendar year. No taxes or other withholdings will be subtracted from your TW paycheck. You are responsible for reporting your TW income and paying the applicable taxes. NOTE that there are many business-related deductions you can claim to reduce your taxable income. They may include anything you pay for out-of-pocket that is related to your work for TW (i.e., uniforms, supplies, meals, mileage, gas, home office percentage, etc.). Keep a record (i.e., itemized receipts) of all such expenses. ALSO, NOTE that we do have a method of compensation for certain out-of-pocket expenses related to your work with TW (i.e., excess mileage or travel time, etc. [See section on *Payment*]). All pay you receive from TW, for hours worked, meals, travel time and mileage, is considered taxable income and will be included on your 1099. If we receive original itemized receipts for other expenses, they will be considered reimbursement. Check with your accountant or the IRS for more information.

Payment

You must submit an online Time Log in order to be paid. The online Time Log is tied in with our staff web pages and is accessible after login and completion of supply Inventory when applicable. [**SEE Staff Website Instructions**] TW must receive all applicable paperwork [see section on *Paperwork* under *Shipping*] from your past events in order to process payment. Correctly completed Time Logs, along with other expected paperwork received, will be processed and paid based on a set schedule. Time Logs submitted by Wednesday will usually be processed so that checks will be mailed twelve days later (Mondays). During our busy season (October through December), it may take an extra week to receive your check. Late, incomplete or inaccurate paperwork may delay payment.

The online Time Log for an event is available for 30 days. If you do not submit an online Time Log within 30 days of the applicable event, we may have to guesstimate your pay based on the time we think you worked and travel pay based on Internet maps. If public transportation is available in your area, we will pay you at the hourly passenger rate. In addition, we will deduct a \$25 late fee for the time spent researching your incomplete Time Log. Please submit Time Logs promptly.

Event Pay:

Independent Contractors will be paid their standard hourly rates for Scheduled Clinic Time. Primary Nurses (standard Independent Contractors responsible for shipments, etc.) will receive \$5 extra per hour of Scheduled Clinic Time **when working with others.**

Training Time:

Independent Contractors usually have the opportunity to learn about TW equipment, procedures, etc. during Scheduled Clinic Time. In instances where they spend any approved personal time training, they will be paid \$20 per hour.

Travel Pay:

-Drivers will be paid for travel time at \$25 per hour, beyond the first hour round-trip (30 minutes each way), **OR** for mileage at the recommended federal mileage rate, beyond the first 40 miles round-trip (20 miles each way). We recommend that you keep a mileage log for your records for tax purposes.

-Passengers will be paid \$15 per hour of travel time beyond the first hour round-trip.

Expenses:

-For Daily Work:

- Independent Contractors will be paid for out-of-pocket expenses for parking and tolls, when original itemized receipts are submitted with a complete Expense Report, which may be accessed from the online Time Log via the staff web pages. **[SEE Staff Website Instructions]**

-For Overnight Work:

- TW will pay for applicable travel expenses, such as Flights, Hotels, Parking, Taxis, Tolls, Tips, Rental Cars, Gas and Meals.
- Independent Contractors will be paid for out-of-pocket expenses for up to \$50 for food per day, including tips.
- Independent Contractors will be paid an Overnight Fee of \$25 per night. Please put in the Notes section of your online Time Log if and on what date(s) you stay overnight.
- In order to be paid for any out-of-pocket expenses, Independent Contractors **MUST** submit original itemized receipts and/or tip descriptions with a complete Expense Report, which may be accessed from the online Time Log via the staff web pages **[SEE Staff Website Instructions]**.

For more payment information, contact the Accounting Department at jgonzales@totalwellnesshealth.com.

Appearance & Attire

- Your appearance should be neat, clean and conservative (no visible tattoos, eyebrow and/or lip piercings, etc.).
- Wear your TW ID Badge. VSA and HFA ID Badges are acceptable.
- Unless otherwise specified, you may wear scrubs or conservative plainclothes with a white lab coat.
 - **If you choose to wear scrubs**, please wear **plain solid** white or dark scrubs, **no patterns**.
 - **If you choose to wear plainclothes**, please wear a white lab coat over a conservative top with nice solid slacks or a long skirt and make sure all are clean and pressed.
 - Do not wear casual pants, short skirts, plunging necklines or trendy or tight-fitting clothing.
- Wear proper professional footwear. No casual or open shoes, sandals, etc.
- Keep jewelry to a minimum.
- Hair should be neat, clean and away from the face.
- Males should be clean-shaven. Beards and mustaches should be neatly trimmed.
- Fingernails should be clean and neatly trimmed.
- Please do not wear perfumes or other scents with regard for individuals with allergies or asthma.
- Do not smoke prior to or during your event. Evidence of smoking on or near the premises is prohibited and the smell of cigarette smoke will not be tolerated.

Incident Reports

Incident Reports **[SEE Handouts and Other Paperwork]** are our all-in-one forms used for basic charting, reconciliation, incident reporting, etc. They are to be used to document any significant details related to an event. In general, there are rarely instances in corporate wellness environments that warrant charting. However, when anything significant (i.e., an anaphylactic reaction, needle-stick injury, a problem with a company or equipment) does occur, you **must** document it thoroughly. You **must** attach to Incident Reports the Consent Forms of those who adversely react, whether or not you administer epinephrine, and your charting **must** include the recipient's name, date of immunization, address of immunization location, administering nurse, injection site, immunizing agent, manufacturer, lot number, timing of vaccination, the onset of the adverse event, current illnesses or medication, history of adverse reactions following vaccination, demographic information about the recipient (age, gender, etc.), and anything else you deem pertinent. You **must** also leave a voice message at 1-888-434-4358 x 134. Your message should include your name, the event location (company, city, state), and a brief description of the event so that we know to look for the more detailed Incident Report in your return-shipment. NOTE that any suspected

adverse reactions following immunizations should be reported by healthcare professionals to the Vaccine Adverse Event Reporting System (VAERS) under the U.S. Department of Health and Human Services (DHHS). Their toll-free number is 1-800-822-7967. If you refuse to administer or an individual refuses to receive the shot for any reason during the screening process, you **must** attach his/her Consent Form to an Incident Report. Please do not forget to include the Clinic ID # in the space provided on the report.

Performance Evaluations & Staff Expectations

To control the quality of our staff, we elicit evaluations from clients by contacting them after every event. Independent Contractors are evaluated on their punctuality, preparedness, appearance, conduct, the organization and efficiency of clinics, and whether or not they are in touch with the client prior to events when applicable (i.e., if they are listed as the Primary). Behavioral expectations are defined by our Conduct Agreement and acknowledged by staff using the Onsite Time Log & Acknowledgement of Conduct Agreement [**SEE Handouts and Other Paperwork**], which is to be completed by the Primary or Coordinator prior to every event.

General Event Procedures

BEFORE AN EVENT

TW Schedulers contact Independent Contractors to offer and confirm event assignments. When you accept an assignment you will be provided with the necessary information (i.e., client contact, phone number, address, date and time of event, event details, etc.). Unless otherwise specified, you are expected to make contact upon assignment and/or during the week prior to the scheduled event in order to verify details. Although not all will necessarily apply to your situation, consider the following when preparing for a clinic:

- Do you know the exact location and how to get there?
- Do you know where to park if applicable? Do you have to pay for parking? Always be prepared with enough cash.
- Do you have to get past security? Do you need government issued photo identification?
- Do you know to which floor and/or room to go?
- Do you know for whom you should ask upon arrival?
- Is there a dress code?
- Does the company have the appropriate space, tables, chairs, outlets, trashcans, etc. for setup?
- Does the company know when you plan to arrive prior to start time?
- If the event location is open, where is the nearest private area in case participants have to remove clothing to provide access to an injection site or other area of the body? A nearby closet or restroom may work.
- Do you have the correct date and time of the event?
- How many participants are expected? Does their expected number match yours? Instruct client to call TW ASAP regarding any changes or discrepancies.
- What services are expected?
- Has enough time been scheduled for the expected services?
- Has enough staff been scheduled to cover the services?
- Has the company accessed the paperwork and made the necessary copies (i.e., consents and handouts)?
- Were the appropriate forms and instructions distributed ahead of time if necessary (i.e., if participants need to know they must fast for certain blood tests or if they wish to fill out forms before the event to save time)?
- Are there enough copies of paperwork for filling-out and distribution during the event?
- Do you have a copy of each necessary form or handout in case they are not at the event when you arrive?
- Does the company have its own paperwork or payment system that is required by employees prior to their participation in the clinic, or are only certain employees allowed to participate? Have they designated someone to be in charge of any such thing? NOTE that this is rarely applicable.
- If packages were shipped to the company, were they received?
- Did you receive all the supplies necessary for the event?
- Do you want to have signs or other information to save you from having to repeat information over and over (i.e., flu facts)?

DURING AN EVENT

Each participant should receive quality service and information. Refer to individual service procedures for details on particular services. In general, consider the following:

- Complete an Onsite Time Log and Acknowledgement of Conduct Agreement **prior to every Clinic Start Time.**
- When Consent Forms are necessary, make sure you have one **signed** and completed correctly by every individual prior to his or her participation. Make sure participants do not leave with Consent Forms. You must keep and return them to TW. Always position Consent Forms so that they are not visible to others.
- Participants should have the opportunity to ask questions before, during and after each service.
- Participants should receive an explanation of each service, an educational handout and/or a Vaccine Information Statement (VIS), and counseling on “what their results mean” when applicable.
- Make sure the event is flowing as it should to avoid back-ups.
- When counseling around others, speak in a low voice in order to maintain privacy as much as possible.

Keep up with Aggregate Reporting. **Aggregate data should be collected for all screenings.** Some information will be collected on consent forms. Any results not collected on individual consent forms should be collected on the applicable Aggregate Forms, which should be included with paperwork in shipments. Aggregate Forms are also accessible on the online staff web pages under **Handouts and Other Paperwork** under **Policies, Procedures and Paperwork.**

AFTER AN EVENT

- Pack up and leave event location clean and orderly.
- Dispose of trash appropriately. Biohazard waste should be returned to TW in the proper containers (i.e., needles in sharps containers and other contaminated materials in red biohazard bags). **Put ONLY contaminated materials in biohazard bags!** NOTE that ONLY gloves grossly contaminated with blood need to be put in biohazard bags (according to OSHA, a drop of blood must be larger than a quarter to be treated as infectious). Put uncontaminated gloves and other trash in a regular trashcan. This will prevent you from having to return excess biohazard waste to TW for disposal, which is expensive.
- Make sure appropriate paperwork is returned to TW immediately. [See section on *Paperwork* under *Shipping*]
- Date and initial unused open perishables such as vaccine.
- Make sure all equipment is accounted for and returned to TW with leftover supplies.

[See section on *Shipping* for further information on returning supplies and paperwork to TW]

Flu Facts

The following information refers to seasonal flu in humans and is based on the current report of the Advisory Committee on Immunization Practices (ACIP) regarding inactivated seasonal flu vaccine (i.e., flu shots, not the intranasal vaccine) as referenced below, unless otherwise indicated. A link to the report and other information can be found at the CDC’s website, www.cdc.gov/flu.¹

- **“The flu” generally refers to common seasonal flu, which is a contagious respiratory illness caused by influenza viruses.** The illness can be mild to severe and, at times, it can lead to death. The flu is best prevented by annual vaccination.²
- **Avian/Bird Flu, Swine Flu, etc:** Certain flu viruses are found in many different animals, including ducks, chickens, pigs (swine), whales, horses and seals. **Avian/Bird Flu refers to flu viruses that occur naturally among wild birds.** They are deadly to domestic fowl and, though unlikely, can be transmitted from birds to humans. **The Swine Flu refers to flu viruses that occur in pigs.** Pigs can be infected with both human and avian flu viruses in addition to swine flu viruses and can, therefore, transmit them to humans.
- **The 2009 H1N1 Flu was a new virus that presented in the spring of 2009 and caused a significant amount of illness in people.** This virus was originally referred to as “swine flu” because lab tests showed that many of the genes in this new virus were very similar to flu viruses that normally occur in pigs in North America. But further study has shown that this new virus is very different from what normally circulates in North American pigs.
- **The 2009 Novel H1N1 Flu vaccine is part of the 2010-2011 Seasonal Flu vaccine.** Remember, there are many different strains of the flu virus, as well as other similar illnesses. The flu vaccine covers only the three flu viruses chosen to be most likely to cause illness during the upcoming season, though it might also provide protection against other closely related or similar flu viruses. **If the 2009 Novel H1N1 Flu had**

presented sooner, it would have been one of the three strains included in the 2009-2010 Seasonal Flu vaccine. Unfortunately, the 2009 Novel H1N1 Flu started making people sick after the 2009-2010 Seasonal Flu vaccine was already in production. Because it was too late to add the 2009 Novel H1N1 to the 2009-2010 Seasonal Flu vaccine, and because the 2009 Novel H1N1 Flu was expected to cause a lot of illness, it was determined that an additional flu vaccine should be made. **THE ONLY DIFFERENCE in the two vaccines last year was the strains included in them. A flu shot is a flu shot.** The strains included in Seasonal Flu vaccine are updated each year, which is why annual flu vaccination is recommended.

- **The 2010-2011 trivalent vaccine virus strains are:** A/California/7/2009 (H1N1)-like (the same strain as was used for 2009 H1N1 monovalent vaccines), A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like.
- **Pandemic flu refers to a global outbreak of serious illness in humans caused by flu viruses.** There is little natural immunity so disease is very contagious. **Last year, we experienced the 2009 H1N1 Flu pandemic.** 2
- **Since the early 1900s, three pandemics (worldwide epidemics) occurred until 2009.** 2
 - “The Spanish flu” occurred in 1918-19. There were approximately 500,000 deaths in the U.S. and 20 million worldwide. 2
 - “The Asian flu” occurred in 1957-58. There were 70,000 deaths in the U.S. 2
 - “The Hong-Kong flu” occurred in 1968-69. There were 34,000 deaths in the U.S. 2
- **“The stomach flu” is an incorrect term sometimes used to describe gastrointestinal illnesses caused by other organisms.** 2
- **The most common flu symptoms are fever, headache, muscle aches, fatigue, dry cough, sore throat, and a runny or stuffy nose.** Nausea, vomiting, and diarrhea are rare symptoms, more common in children.
- **On average, 5% to 20% of the population gets the flu, more than 200,000 people are hospitalized and approximately 36,000 people die in the U.S. each year due to flu-related complications.** 2
- **You may be contagious with the flu for a day before you even know you are sick and up to five days after.** Children may be contagious for a longer period of time. 2
- **The flu is spread in respiratory droplets from coughing and sneezing, usually from person to person, but sometimes by touching something with flu viruses on it and then touching your mouth or nose.** 2
- **To improve your chances of avoiding the flu, you should get a flu shot every year.** Flu viruses are constantly changing to avoid being destroyed by our immune systems. When a significant abrupt change occurs and a different strain comes about, there might be little or no antibody protection against it and large numbers of people may become ill (epidemic). On the other hand, a new virus may be similar enough to one in the past, that antibodies built up against an old one might protect individuals against the new one.
- **What’s the difference between the plain old flu shots and the newer vaccine you inhale?** The vaccine you inhale is referred to as live attenuated influenza vaccine (LAIV). Basically, the viruses in this vaccine are still alive and able to replicate, though weakened, while the viruses in the plain old flu shot, or trivalent inactivated vaccine (TIV), are considered “killed” and unable to do so. Both vaccines contain the same virus strains, which are grown in eggs. Currently, LAIV is only approved for healthy, non-pregnant people aged 2-49 years, while TIV is approved for most everyone older than 6 months. LAIV, licensed for use in the U.S. beginning in 2003, is produced by MedImmune, Inc. (Gaithersburg, Maryland; <http://www.medimmune.com>) and marketed under the name FluMist™. For more information, please review the current ACIP report or visit the MedImmune website.
- **There is a newly approved “High-Dose” trivalent vaccine that provides an alternative for people aged 65 and older.** This vaccine (Fluzone High-Dose, Sanofi Pasteur) was licensed in 2009 and contains an increased amount of flu virus antigen compared with other inactivated flu vaccines. It is not yet known if the increased amount of antigen will provide greater protection against the flu.
- **Forget flu season and the perfect timing of flu vaccination. The new recommendation is that vaccination efforts begin as soon as vaccine is available and continue through the flu season.** Flu season in the U.S. is usually November-April, with peak activity between late December and early March. Flu season in the southern hemisphere is usually April-September and, in the tropics, it is year-round.
- **The flu shot can be given in conjunction with some other vaccines at different injection sites.**
- **The flu shot is recommended for all persons aged 6 months and up.** Protection of persons at higher risk for flu-related complications should continue to be a focus of vaccination efforts as providers and programs transition to routine vaccination of all persons aged 6 months and up. Use of both available vaccines (TIV

and LAIV) is encouraged for eligible people. Use of LAIV is especially encouraged when possible for those eligible (including health-care workers) because use of LAIV by them might considerably increase the availability of the flu shots for high-risk people. Those who have received the LAIV should avoid contact with severely immunosuppressed people for 7 days after vaccination.

- **Some children should receive 2 doses of flu vaccine.** All children aged 6 months to 8 years who receive a seasonal flu vaccine for the first time should receive 2 doses. Children who received only 1 dose of a seasonal flu vaccine in the first flu season that they received vaccine should receive 2 doses, rather than 1, in the following flu season. In addition, for the 2010-2011 flu season, children aged six months to 8 years who did not receive at least 1 dose of a 2009 H1N1 monovalent vaccine should receive 2 doses of a 2010-2011 seasonal flu vaccine, regardless of previous flu vaccination history. Children aged 6 months to 8 years for whom the previous 2009-2010 seasonal or 2009 H1N1 monovalent vaccine history cannot be determined should receive 2 doses of a 2010-2011 seasonal flu vaccine. When a child has to receive 2 doses, he or she should receive the first dose as early as possible. For LAIV, the second dose should be at least 6 weeks after the initial dose and, for TIV, the second dose should be at least 4 weeks after the initial dose.
- **When vaccine supply is limited, vaccination efforts should focus on vaccinating the following:**
 - All children aged 6 - 59 months
 - All persons aged 50 and older
 - Children and adolescents (aged 6 months - 18 years) who are receiving long-term aspirin therapy and therefore might be at risk for Reye syndrome after flu virus infection
 - Women who will be pregnant during the flu season
 - Persons of any age (above 6 months) who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus) or are immunosuppressed (including immunosuppression caused by medications or by HIV)
 - Residents of nursing homes and other long-term care facilities
 - American Indians/Alaska Natives
 - Morbidly obese individuals (who have a BMI of 40 or higher)
 - Health care personnel
 - Household contacts and caregivers of children under 5 years of age and adults aged 50 and older, with particular emphasis on vaccinating contacts of children aged under 6 months
 - Household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from the flu
- **Experts consider the flu shot safe for pregnant women and breastfeeding women and their infants. Vaccination is recommended for women who will be pregnant during the flu season because of their increased risk for flu-related complications.** However, be aware that there is increased awareness about vaccinating pregnant women. Of particular concern to many is the fact that a lot of flu vaccine contains thimerosal, a mercury-containing organic compound that is widely used as a preservative. In the late 1990s, overly conservative risk assessments led to the removal of thimerosal from childhood vaccines. The assessment made the assumption that the ethylmercury in thimerosal could affect the body as much as methylmercury, which can have negative effects on the nervous system. However, since then, it has been found that ethylmercury is cleared from the body and the brain significantly faster than methylmercury. Basically, in the late 90s, thimerosal was removed from vaccines purely as a precautionary measure. The current scientific consensus is that no convincing evidence supports claims that thimerosal is connected to autism or any other neurodevelopmental disorders. Despite this, many parents and some scientists and doctors, believe there is a connection, which makes this a controversial topic. Note that the FDA has classified TIV as a “Pregnancy Category C” medication, indicating that adequate animal reproduction studies have not been conducted. However, there is quite a bit of available data that does not indicate that flu vaccine causes fetal harm when administered to a pregnant woman.
- **Some people should not be vaccinated.** Contraindications include having a severe allergy to eggs (since influenza used in vaccine is grown in hens’ eggs) or any other vaccine component (i.e., thimerosal) and having a moderate or severe illness with fever at the time of vaccination (does not include minor illnesses). Also, the vaccine is not approved for children younger than six months. People allergic to eggs or other vaccine components [see vaccine package insert], those who have ever had an allergic reaction to a flu shot or similar vaccine, or developed Guillain-Barre syndrome (GBS) within six weeks of getting a flu shot in the

past should talk to a doctor before being vaccinated. Possible sensitivity to dry natural latex rubber should be considered by those receiving certain brands of vaccine [again, see package insert]. Additionally, note that if your immune system is compromised by illness at the time of vaccination, your body may not be able to respond to the vaccine as it should to build up antibodies for protection against the flu and you could become sicker or prolong your illness. LAIV should not be given to children younger than 5 years who have possible reactive airways disease, such as those who have had recurrent wheezing or a recent wheezing episode.

- **You cannot get the flu from the flu shot.** Flu shots are made from “killed” flu viruses. They cannot make you sick like live viruses but your body recognizes that they are present and attempts to build up the appropriate defenses to fight them off. It is important to NOTE, however, that many people do believe they have gotten the flu from the flu shot. Some explanations for this are as follows:
 1. **Some people, usually children and others who have not been exposed to the flu viruses before, may notice “mild” flu-like symptoms, such as fever, muscle pain and feelings of discomfort or weakness, after receiving a flu shot.** To some, the symptoms do not seem mild. They usually start soon after the shot and last one or two days. This is a rare but normal occurrence while the immune system is responding to the vaccine. It should not be confused with the flu or an allergic reaction.
 2. **Receiving a flu shot does not guarantee that you will avoid the flu.** However, getting a flu shot will reduce your chances of getting sick with the flu. Remember, there are many different strains of the flu virus, as well as other similar illnesses. The flu vaccine covers only the three flu viruses that are chosen to be most likely to cause illness during the upcoming season, though it might also provide protection against other closely related or similar flu viruses.
 3. **Unfortunately, some people can remain unprotected despite getting a flu shot.** This is more likely to occur among people that have weakened immune systems. However, even among people with weakened immune systems, the flu vaccine can still help prevent flu-related complications.
- **The most common side effect of the flu shot is soreness at the injection site.** It can last up to two days but does not usually affect an individual’s ability to perform normal daily activities. In rare cases, some individuals report persistent arm pain.
- **Less common side effects of the flu shot include allergic reactions and Guillain-Barré syndrome (GBS).** Life-threatening allergic reactions (which usually occur immediately) are very rare but possible in individuals allergic to any vaccine component. The 1976 Swine flu vaccine was associated with an increased number of GBS, a severe paralytic illness. Since then, the risk is estimated to be very low at one to two cases per million vaccinated—much less than the risk of getting the flu. However, individuals with a history of GBS should not be vaccinated without consulting a doctor because they have a much greater likelihood of subsequently developing the illness than individuals without such a history.
- **ACIP recommendations for antiviral use will be published separately later in 2010.** Antiviral medications that act against the flu are useful adjuncts in combating flu, and effective when used early in the course of treating illness. They should not be used as a substitute for vaccination. There are four flu antiviral agents licensed in the US, oseltamivir/Tamiflu, zanamivir/Relenza, amantadine and rimantadine. There are some others under investigation, including peramivir and IV formulations of zanamivir. Many flu virus strains are now proving to be resistant to antiviral medications.

Flu Shot Clinic Procedures

In addition to the General Event Procedures above, you should consider the following in regards to flu shot administration for adults:

BEFORE CLINIC

Filling Syringes:

Syringes should be filled using aseptic technique.

- Wash your hands thoroughly.
- Arrange supplies so that they are easily accessible in a clean work area.
- Agitate vial to restore suspension of vaccine.
- Carefully remove vial cover to expose rubber top without contaminating it.
- Carefully remove syringe cap without contaminating the needle or inside of cap.

- Draw back 0.5 ml of air into the syringe.
- Inject the air into the vial and draw up 0.5 ml of vaccine.
- **Remove any air bubbles from the syringe carefully to avoid losing vaccine.**
- Carefully and securely recap the needle to avoid contaminating it.
- Make note of the lot number.

NOTE that you **must** maintain the sterility of the needles and vaccine, but you **do not** need to clean the vial with alcohol unless it is contaminated. It is reasonable to assume it is contaminated if you leave it alone and open, if it is open for an extended period of time, or if you or someone/something else touches the rubber top. If you do use alcohol, make sure you wait for it to dry before inserting a syringe to avoid introducing the alcohol into the vaccine. You are usually supplied with 5.0-5.25 ml vials of flu vaccine. Since one adult dose equals 0.5 ml, you should have no problem drawing up at least 10 doses per vial. Out of every two vials, you should be able to draw up 21 doses. You may fill a syringe using multiple vials as long as they are from the same lot. [See section on *Vaccine Lot Numbers* under *Flu Shot Clinic Procedures*] NOTE that some influenza vaccine manufacturers state that vaccine sterility and stability cannot be assured if unit doses are withdrawn from the multi-dose vial and allowed to remain in syringes for longer than a few minutes prior to injection into patients. This means it is your responsibility to maintain the sterility and stability as you pre-fill any syringes. Use your best professional judgment regarding this and always keep vaccine refrigerated prior to use. Your Scheduled Clinic Time, for which you are compensated, should allow some extra time for you to fill syringes immediately prior to the Clinic Start Time. [See section on *Scheduling*] This will increase the efficiency of the clinic. Be careful to not fill too many syringes in advance. You may pre-fill up to half of the number ordered. If any are wasted, you will be responsible for them. Companies may overestimate or underestimate the number of expected participants.

Vaccine Lot Numbers:

When vaccine is made it is given a lot number. There are several different ones each year. It is important to keep up with which lot vaccine comes from in case it should prove to be ineffective or be “recalled” for some other reason. If you are working with multiple lot numbers you **must** keep them separate and keep record of who receives which lot. You may use whatever system works for you as long as you keep track of the lot numbers and record them accurately on the Consent Forms and Immunization Information Forms for the client contacts. An Immunization Information Form [SEE Handouts and Other Paperwork] will be included in each flu shot shipment. It **must** be completed accurately and given to every client contact so that they have a record of the lot number(s), etc. used at their clinics.

Storing and Transporting Vaccine:

The temperature of flu vaccine, in vials and syringes, **must** be maintained at 35°- 46°F (2°- 8°C). If it freezes or gets too warm its effectiveness is significantly reduced and vaccine should not be used. It should be stored in a clean dry container in a refrigerator. Use adequately frozen Cold Packs to maintain vaccine temperature throughout transport and clinics. Do not use dry or bagged ice, or place Cold Packs directly on vaccine, as they may cause freezing. The Styrofoam container is intended for transporting vaccine and must be returned to TW after events, **whether or not there is leftover vaccine.** Insulated “lunch box/bags” also work well. NOTE that the more empty space there is in a container, the more Cold Packs it will require to maintain proper temperature. Also, be aware that, if you use too many Cold Packs, it could cause freezing, and that Cold Packs thaw out much faster when not properly insulated (i.e., when transported in a plain bag, etc. and not in an insulated container). If you do not administer a vaccination immediately after filling a syringe, ensure that the filled syringe is refrigerated and is in a secure position to avoid losing vaccine.

Flu Shot Supplies:

TW will provide you with flu shot supplies, including vaccine, syringes, 1.5-inch needles for larger participants, epinephrine, biohazard bags, sharps containers, alcohol wipes, cotton balls, bandages, medium-sized gloves, Styrofoam containers and Cold Packs. We know the use of gloves during vaccination administration varies. We generally send one glove per shot. Other needs or preferences are up to you. Remember, it is important that you are secure in your knowledge of federal, local and state, including OSHA, regulations pertaining to healthcare. They might govern your decision to use certain materials (i.e., whether to wear gloves or not). NOTE that the use of gloves during vaccine administration is primarily for your (the nurse’s) protection. If you choose to not wear our gloves we suggest you get and use hand sanitizer (this is not included in flu shot supply shipments). We also suggest that you be aware of public perception and be prepared to answer any questions about it since there is a heightened awareness of glove procedures these days. If you do wear gloves, NOTE that they need to be changed when

contaminated with body fluids such as blood, not necessarily between each administration. In fact, it is rare that gloves are contaminated during flu shot administration and it can be very wasteful to use a new pair of gloves for each flu shot participant. Please only change gloves when they are contaminated.

DURING CLINIC

An epinephrine injection (1:1000) must be immediately available should an acute anaphylactic reaction occur due to any component of vaccine. [See section on *Flu Shot Emergency Information and Procedures*]

Screening:

- Introduce yourself.
- We recommend that you take brief notes on Consent Forms during the screening process if any pertinent information applies to an individual.
- Ask participants if they have had flu shots before. This is a simple way to assess their flu shot level of knowledge and experience. Generally, if they have had a flu shot without allergic reaction, you need not worry about them and they probably will not have questions. NOTE that allergic reactions do not include the occurrence of flu-like symptoms. [See sections on *Flu Shot Emergency Procedures* and *Flu Facts*] *If they have **not** had a flu shot before, inform them of the following:*
 - *They should pay attention to how they feel afterwards. They should not worry too much since severe allergic reactions are very rare, but anytime you try something new you should be aware of how it affects you. And, prior to immunization, they should be aware of the **rare** chance it could happen to them.*
 - *They should stay in the vicinity of the nurse for at least 15 minutes after they receive the shot. If they refuse to stay, they should at least be sure to remain near others during that time, in case they react. Allergic reactions are usually immediate, however in **very rare** instances they can occur hours later. As a general rule, the sooner one reacts, the more severe the reaction.*
- Verbally inform participants of potential side effects and adverse reactions (i.e., soreness and/or swelling at injection site, “mild” flu like symptoms/body aches, and allergic reaction such as hives and swelling, particularly around the mouth and eyes, itching, trouble breathing, etc.). [See sections on *Flu Shot Emergency Procedures* and *Flu Facts*]
- Ask participants if they have any questions and be prepared to answer them. [See section on *Flu Facts* for information that will help you answer common questions.]
- **Make sure that Consent Forms have been read, are completed correctly, and signed.**
- Review individual Consent Forms for contraindications or precautions and address any that exist. Then use your best professional judgment to determine whether or not an individual should receive the shot. **If in doubt, DO NOT give the shot! Refer individuals to their healthcare providers.** [The *Flu Facts* section will provide you with information that might help you make such decisions.] *Sometimes individuals have already consulted their healthcare providers and arrive at flu shot clinics with recommendations from them. As a general rule you should be able to trust an individual’s healthcare provider. Their recommendations may decrease your hesitations.* If you refuse to administer or an individual refuses to receive the shot for any reason during the screening process you **must** attach his/her Consent Form to an Incident Report.
- If they have no questions, contraindications or precautions, proceed to flu shot administration.

Administering Flu Shots:

- Make sure that Consent Forms are complete, signed and dated with questions answered and blanks filled in.
- Simultaneously complete, before or after administration, the “Nurse Box” with the Clinic ID, date, your name, injection site and vaccine lot number. Be careful if you are working with multiple lots.
- Uncover the deltoid muscle and locate the center of the “upside-down triangle.” You may also pinpoint the spot between two imaginary lines, one just below the shoulder bone and one at the armpit. **Believe it or not, many nurses do not properly administer deltoid IM injections.** *Do you see the spot on her arm and where his bandage is? Those are the proper sites. Many nurses administer too low (i.e., near his tattoo) or towards the back of the arm. Some also administer too high, near the shoulder joint. In those cases, it is very likely that vaccine is not injected into muscle at all and could possibly cause damage. It is very important that you administer the shot into the very center of the deltoid. For large participants, you may need to use the*

1.5-inch needles included in your shipment in order to reach the center of the deltoid. If participants have sleeved shirts, you may reach the site by having them pull their shirts down over their shoulders or push their sleeves up over them. If neither exposes the site sufficiently, participants may need to remove their shirts. You **must** be able to reach the proper site so that vaccine is absorbed as it should be!



- Choose an injection site that is free of tattoos, moles, bruises, scars, rashes and visible blood vessels.
- Wipe injection site with alcohol pad in a circular and outward-moving motion and wait for it to dry.
- Ensure that participant is sitting comfortably and instruct him/her to hold still and relax his/her arm as best as he/she can. *If the muscle is tense, the needle will go through more layers of it, and the participant will more likely feel pain and/or soreness during and afterwards. NOTE that if participants hold their arms up for you to inject, their deltoid muscles are tense. Have them hang their arms at their sides to ensure they are as relaxed as possible.* Be sensitive to participants' feelings. If they are uncomfortable, instruct them to look away and try to relax. If they remain uncomfortable, allow them the option to wait until later during the clinic to receive the shot.
- Check syringe for correct dosage, air bubbles, precipitate, freezing, discoloration, etc.
- When alcohol is dry, stretch skin between thumb and forefinger.
- Introduce needle at a 90-degree angle with a quick thrust and advance as necessary into the muscle tissue. Consider that you want to inject the vaccine right into the middle of the muscle tissue away from blood vessels, nerves and bones. *In people with little body fat and small muscles you might not need to advance the needle very far, while in obese individuals you might need to advance the needle all the way to ensure you are injecting vaccine into muscle and not fat tissue.*
- Inject the vaccine, remove the syringe and dispose of it.
- Use cotton balls and bandages and instruct participants to apply pressure to site as necessary.
- You **must** give each individual a copy of the CDC's current Vaccine Information Statement (VIS).

Emergency Procedures

The Primary is responsible for communicating with the onsite client contact and staff so that all are prepared in the event of an emergency. If an emergency arises with an individual, the Primary will stay with the individual, keep him/her in a safe position, and maintain privacy as much as possible and will designate others to notify the onsite client contact and dial 911 if deemed necessary.

Certain screening results, namely Blood Pressure and Glucose, may cause urgent concern. If this applies to a certain screening participant, he/she should be discreetly evaluated for symptoms. If there is no private onsite counseling service being offered, the medical professional should invite the participant to follow him/her to a more private area, if possible. If the participant is experiencing symptoms, such as headache, dizziness, chest pain, or blurry vision, 911 should be called. Otherwise, participants should be expressly encouraged to follow up with their Primary Healthcare Providers right away.

Vasodepressor Reactions/Vasovagal Syncope and Panic Attacks:

It is important to note that vasodepressor reactions and panic attacks are sometimes confused with anaphylactic reactions. Both are considered a physiologic response to stress (i.e., the person receiving the vaccination is responding to the stress produced by the injection rather than the contents of the injection).³ Please consider the following when assessing an individual for anaphylaxis, because the appropriate treatment—epinephrine—might exacerbate the anxiety of a vasodepressor reaction or panic attack.

Symptoms of vasodepressor reactions can include fainting, pallor, weakness, hypotension, sweating, nausea and sometimes vomiting. An important feature that distinguishes vasodepressor reactions from anaphylactic reactions is that vasodepressor reactions are characterized by a slow heartbeat (usually under 60 beats per minute). In addition, cutaneous symptoms such as swelling, hives, itching, and flushing are not present. The skin usually appears pale and is cool and moist to the touch.³

The acute anxiety, with feelings of intense apprehension or terror, of a panic attack might be accompanied by symptoms such as dizziness, sweating, shortness of breath, and chest pain or palpitations, but have none of the other symptoms associated with anaphylaxis, such as wheezing or itching. 3

Anaphylactic Reactions and Shock:

Severe allergic reactions vary from person to person. Symptoms can begin within seconds or minutes after exposure to an allergen (e.g., an injection). However, in **very rare** instances, they may be delayed for hours. In general, consider that the sooner symptoms begin after an injection, the more severe the attack will be. The reaction may be a localized wheal and flare of generalized itching, hyperemia, angioedema, and in severe cases vascular collapse, respiratory distress, and shock. 3

The most common symptoms of allergic reactions involve the skin. Swelling, hives, itching and/or flushing might occur. However, note that if an individual complains of tongue and/or mouth itching, it might indicate a less common but more serious symptom—swelling that could occlude the airway. The second most common symptoms involve the respiratory tract. Stridor with upper airway edema, shortness of breath, and/or wheezing might occur. Hypotension is the third most common feature. An individual might experience dizziness, disorientation, and/or syncope. Gastrointestinal symptoms with nausea, vomiting, diarrhea, and cramping abdominal pain might occur as well. 4 Though many of these symptoms might be observed during anaphylaxis, the first symptoms during a reaction are often intense anxiety, weakness, sweating, and shortness of breath. 3

Interventions:

Maintain individuals in a safe position. Assist them into a safe position as necessary.

Vasodepressor Reactions and Panic Attacks

If possible, instruct individuals to lie down on their backs with their feet elevated and to take slow, deep breaths. Have someone stay with them and, if possible, place cool paper towels on their foreheads.

Anaphylactic Reactions

- You **must** be prepared for an emergency situation. Make sure epinephrine is readily accessible. If you are not comfortable waiting until it is necessary to fill the syringe in a case of emergency, you may pre-fill it at the beginning of a flu shot clinic. *See pre-filling instructions below.*
- Epinephrine **must** be protected from light. Keep vials and syringes covered when not in use. 5
- Do not use solution if its color is pinkish or darker than slightly yellow or if it contains precipitate. 5 NOTE that epinephrine in a pre-filled syringe may maintain its properties through multiple clinics. Discard after 24 hours or if you notice any change in color or content. 5 Keep an unused and protected vial with which to compare it.
- Reactions with delayed onsets might allow you time to question, observe, prepare, and obtain a verbal consent to administer epinephrine. However, since they can occur immediately, you **must** be prepared to perform the following interventions in a simultaneous manner.

1. **Check and maintain airway, breathing, and circulation throughout.**
2. **Designate someone to call 911/EMS and someone to clear the room for privacy.**
3. **Maintain the individual in a safe position (i.e., lying on his/her back on the floor).**

IF SYRINGE IS PRE-FILLED SKIP TO #8.

IF SYRINGE IS NOT PRE-FILLED

4. Check the color and consistency of the solution.
5. Replace the needle in the syringe package with the filtered needle. Keep original needle for administration.
6. Break top off of 1.0 mL single-dose ampoule and draw up entire contents (1 mg/mL (1:1000 USP, 3 mg)).
7. Discard the filtered needle and return the original needle to the syringe for administration.

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8. **Administer 1.0 mL epinephrine via IM injection (outer aspect of thigh/quadriceps is a good location). DO NOT administer IM into the buttocks. Administer through clothing if necessary. Massage the site afterwards to counteract possible vasoconstriction and to enhance absorption.**
 9. **Monitor the individual until EMS arrives. Perform CPR if and when necessary. If symptoms persist or become worse, you may repeat the dose every 10 to 15 minutes. EMS usually arrives before that becomes an option.**
 10. **Fill out an Incident Report! [SEE Handouts and Other Paperwork]**

References

1. Centers for Disease Control and Prevention. Prevention and control of influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Early Release 2009; 58 July 24, 2009: 1-52.
 2. Centers for Disease Control and Prevention. Flu in the United States, <http://www.cdc.gov/flu>.
 3. Mosby's Medical, Nursing, & Allied Health Dictionary, 4th Ed. St. Louis, MO, Mosby—Year Book, Inc., 1994.
 4. American Academy of Allergy, Asthma and Immunology. Resource Guide for allergy practice, Milwaukee, WI, 2001.
 5. Nursing96 Drug Handbook, Springhouse, PA, Springhouse Corporation, 1996.
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Staff Website Instructions:

- Go to www.vsamerica.com.
- Click on the “**Staff Login**” **QuickLINK** to the right.
- Enter your Username and Password. If it is your first time logging in, **please read** and follow the directions on the screen.
- Once you are logged in, you will see the staff pages **Navigation Menu** to the left and your **Account Information** to the right.

View/Edit Account Information

- There are two links to edit your account information. One is listed in the Navigation Menu and the other is listed at the bottom of your Account Information page.
- When editing your account information, click on “**Submit**” to save changes and click on “**Reset**” to start over.

Change Password

- To change your password, click on the “**Change Password**” Navigation Menu link. Follow the directions on the screen and click on “**Submit**” to save changes or click on “**Reset**” to start over. We recommend you change your password after your first login. Record your password somewhere in case you forget it.

Inventory/Time Log

- To access your Time Log, you may be asked to update your inventory. Follow the directions on the screen to “**Submit**” your inventory when applicable.
- Time Logs for events you worked during the past 30 days will appear. On this page you may “**View/Hide Instructions**” for completing Time Logs, “**View/Hide Payment Policies and Procedures**” as stated in the Independent Contractor’s Manual of Common Policies and Procedures, and “**Download Expense Report**” if applicable. Follow the instructions to “**Submit**” any outstanding Time Logs.
- When prompted, answer **YES** to the drop-down menu question if all information is correct.
- Time Log area will turn **grey** upon submission.

Scheduled Upcoming Events

- To view a list of upcoming events for which you are currently scheduled to work, click on the “**Scheduled Upcoming Events**” Navigation Menu link. For each event in this list, you are able to view event ID, date, staff arrival time, event start and end times, company name and address, number of shots and/or tests ordered, if applicable. You may also get MapQuest directions to the event locations.

Self-Nominate for Other Upcoming Events

- When you click on the “**Self-Nominate for Other Upcoming Events**” Navigation Menu link, you are able to view a list of events for which you have already nominated yourself, but have not been scheduled, as well as a list of other

upcoming events near you for which you have not nominated yourself. Follow the instructions on the screen to “Nominate” yourself for any events listed.

Policies, Procedures and Paperwork

- Click on the “Policies, Procedures and Paperwork” Navigation Menu link to access our privacy notice, policies, procedures, flu and flu shot information, consent forms, handouts, MD Rx orders, helpful contact information, etc.

TOTAL WELLNESS CLINIC TIME EXTENSION FORM

This form must be completed if you are requesting additional clinic time than originally noted on our Service Agreement.

This form must be returned to TOTAL WELLNESS.

If you are requesting additional time today, the day of the clinic, for whatever reason, you must complete this form, which authorizes TOTAL WELLNESS to invoice your company for additional nursing and/or service time, billed at the rate detailed in our Service Agreement. This also verifies our records so we can pay our staff accordingly. If the only reason you are requesting that staff stay late is to accommodate more participants than expected (e.g., to provide extra flu shots that would make the average shots per hour approximately 30 per hour per nurse) or because staff was slow and did not provide services within the expected time-frame (per participant services only, not hourly services), you will not be charged extra.

Event Date: _____

Clinic ID #: _____

Company Name: _____

Company Contact: _____

Contact Phone #: _____

Staff Names: _____

Reason for Time Extension: _____

Staff Primary
Printed Name: _____
Signature: _____

If you need additional space, you may write on the back of, or attach paper to, this Report.



IMMUNIZATION INFORMATION FORM

FLU SHOT NURSE:

Complete and give this sheet to the Company Contact where shots are being given.

COMPANY CONTACT:

Please keep this information on file, or copy and distribute to flu shot participants, in case any of them require this information following their immunization.

Date of Vaccination:

Company/Location of Vaccination:

Clinic ID #:

Vaccine Manufacturer:

Vaccine Lot Number:

Administering Nurse:

