

TANIS WYNN | SEPTEMBER 2023

## IN-PRACTICE CONSULTANT CLINIC MANAGERS & LEAD MOA'S MEETING

Please join us at our next Clinic Managers meeting on **September 15th**. Our **bi-monthly meetings** are held **via Zoom** and providing an opportunity to meet and network with other clinic managers, share ideas, participate in group discussions, and receive up to date information on upcoming initiatives, programs, and events and bring forward. As a result of your managers attending these meetings, concerns were brought forward that we were able to address by inviting guest speakers such as **Island Health Diagnostic Imaging Managers and Informaticists, Dr. Cecilia Dunn from WorksafeBC** and we also created several toolkits, documents, and resources that are available to assist you. In addition, we also provided educational opportunities such as Sany's Cultural Safety Training, Blanket Exercise, Mental Health First Aid Workshops, Conflict Resolution and Emotional Intelligence, CPR re-imburement and Trans Care BC resources. **Please connect with me if you would like your manager to participate in our meetings.**

### FLU SEASON COMING UP!

Flu season is fast approaching and to help your clinic prepare, here is some information that you may find helpful.

#### When will the influenza vaccines be available?

Typically, the vaccines are available mid-September. As soon as public health receives a supply from their supplier, it will be available to physicians & clinics. Check with your local public health unit for updates.



[Influenza Order Form](#)

#### How far in advance should I order the vaccine?

3-4 days in advance. Public Health does not have the ability to deliver vaccines. Once your order is ready, Public Health will notify your office. You or one of your staff members will need to pick up your supply. Transportation and storage of your vaccines can be found [here](#).

#### Do pharmacies receive flu vaccines before physicians do?

Pharmacies and Public Health use different suppliers for their vaccine orders which can give the appearance that pharmacies receive priority with vaccine orders. Public Health releases vaccines to physicians as soon as it is received from their own supplier. Public Health has limited capacity to store the large volume of vaccines they receive and are eager to distribute their supply to physician offices as quickly as possible.

#### Can my RN, RPN or LPN provide flu shots to my patients?

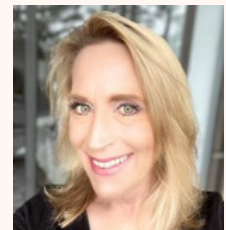
Yes, RN's, RPN's and LPNs can provide flu shots to your patients if they hold a [current immunization certificate](#).

#### Are my patients required to provide consent prior to receiving a flu shot?

Yes, patients should provide consent prior to receiving a flu shot as well as provide other health information. You will also want to screen for Covid-19.

[Flu shot Consent Form](#)

### IN-PRACTICE CONSULTANT



Tanis Wynn works solely with South Island Division members & their clinics to identify large system issues and develop new strategies, assist in practice transitions, as well as further support opportunities to improve best practices.

Additionally, Tanis provides many resources for Clinic Managers & MOAs for Human Resources, Scheduling, Professional Development, and more! You may access her online resources by logging into your Division account and locating the [Managing Your Practice](#) tab. If you would like to contact Tanis directly, you can reach her at [tanis.wynn@sidfp.com](mailto:tanis.wynn@sidfp.com) or 1-236-304-1312.



# Influenza Vaccine Order Form for Community Vaccine Providers 2022-2023

Fax order to local health unit (see next page). Allow at least 3 working days (Monday to Friday) to fill your order.  
Vaccine will be distributed based on available products and supply. **We will NOT backfill orders.**

**Influenza vaccine is only being distributed for clients/patients this year; all staff are required to book an appointment through [Get Vaccinated](#).**

Clinic/Physician/Group:	Contact Person:
Address:	
Phone Number:                      Ext:	Fax Number:
Date of Order:	E-mail:

**When filling out the order form you must indicate:**

- Number of **doses on hand** for each type of vaccine (even if you are not ordering that type)
- Number of **doses requested**

Community Vaccine Provider (CVP) Use Only			Health Unit Use Only		
Number of Doses on Hand	Vaccine	Number of Doses Requested	Number of Doses Distributed	Lot Number	Expiry Date
	<b>Fluzone Quadrivalent</b> Injectable (6+ months) * Multi-dose vial ** Pre-filled syringe				
	<b>Flumist Quadrivalent</b> Intranasal (2 - 17 years)				
	<b>Fluad Trivalent</b> Injectable (65+ years living in the community) ** Pre-filled syringe				
	<b>Fluzone High-Dose Quadrivalent</b> Injectable (Orders filled only to CVPs providing vaccine to ≥65 years <b>AND living in long term care/assisted living facilities or living in First Nations communities</b> ) ** Pre-filled syringe				

\***FLUZONE:** once punctured, multi-dose vials stored between +2°C to +8°C can be **used up to the expiry date on the label**

\*\***FLUZONE and FLUAD:** pre-filled syringes take up about **10 times the space** of multi-dose vials, **do not come with needles**

**NOTE**

- Bring a hard-sided cooler (with insulation material and frozen ice packs) when you pick up vaccine
- Store vaccine in refrigerator between +2° and +8°C, in the original packaging to protect from light

*For more information about Influenza vaccine eligibility, vaccine products and intended use for this year's Influenza Season, see [BCCDC Immunization Manual](#)*

<b>Health Unit Use Only:</b>		
Date Order Received: _____	Filled: _____	By: _____
Date Order Picked up: _____	By (signature): _____	





# Publicly Funded Influenza Vaccine Order Form

<b>North Island Health Units</b>		
<b>Campbell River</b> <b>Fax: 250-850-2454</b> #200–1100 Island Highway Campbell River, BC V9W 8C6 Phone: 250-850-2110	<b>Comox Valley</b> <b>Fax: 250-331-8521</b> 961 England Avenue Courtenay, BC V9N 2N7 Phone: 250-331-8520	<b>Port Hardy</b> <b>Fax: 250-902-6072</b> #12–7070 Market Street, PO Box 46 Port Hardy, BC V0N 2P0 Phone: 250-902-6071

<b>Central Island Health Units</b>		
<b>Cowichan Valley (Margaret Moss)</b> <b>Fax: 250-709-3055</b> 675 Canada Avenue Duncan, BC V9L 1T9 Phone: 250-709-3050	<b>Nanaimo</b> <b>Fax: 250-755-3369</b> 1665 Grant Avenue Nanaimo, BC V9S 5K7 Phone: 250-755-3342	<b>Parksville (Oceanside)</b> <b>Fax: 250-947-8241</b> 494 Bay Avenue, PO Box 339 Parksville, BC V9P 2G5 Phone: 250-947-8242
<b>Port Alberni</b> <b>Fax: 250-731-1316</b> #202-4152 Redford Street Port Alberni, BC V9Y 3R5 Phone: 250-731-1315	<b>Tofino (Coastal Family Place)</b> <b>Fax: 250-725-4019</b> 265 First Street, PO Box 1078 Tofino, BC V0R 2Z0 Phone: 250-725-4020	<b>*See vaccine ordering schedule*</b>

<b>South Island Health Units</b>		
<b>Esquimalt</b> <b>Fax: 250-519-5312</b> 530 Fraser Street Victoria, BC V9A 6H7 Phone: 250-519-5311	<b>Peninsula</b> <b>Fax: 250-544-2403</b> 2170 Mount Newton X Rd Saanichton, BC V8M 2B2 Phone: 250-544-2400	<b>Saanich</b> <b>Fax: 250-744-1042</b> 3995 Quadra Street Victoria, BC V8X 1J8 Phone: 250-519-5100
<b>Salt Spring Island</b> <b>Fax: 1-250-744-1042</b> 160 Fulford-Ganges Road Salt Spring Island, BC V8K 2T8 Phone: 250-538-4880	<b>Sooke</b> <b>Fax: 250-519-3491 (West Shore)</b> 104 – 6672 Wadams Way Sooke, BC V9Z 0H3 Phone: 250-519-3487	<b>Victoria</b> <b>Fax: 250-388-2249</b> 1947 Cook Street Victoria, BC V8T 3P7 Phone: 250-388-2200
<b>West Shore</b> <b>Fax: 250-519-3491</b> 345 Wale Road Victoria, BC V9B 6X2 Phone: 250-519-3490		

# Consent for Immunization in the province of British Columbia

By provincial legislation,

Patient Information				
Last Name:		First Name:		
Address:	City:		Postal Code:	
Emergency Contact Name:		Emergency Telephone Number:		
Personal Health Number (PHN):		Date of Birth (MM/DD/YYYY):		
Gender:		Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		
COVID-19 Screening Questionnaire			YES	NO
1. In the past 10 days have you experienced any of the following: fever, new onset of cough or worsening of chronic cough, new or worsening shortness of breath or difficulty breathing, sore throat, runny nose?				
2. Do you have any of the following: chills, painful swallowing, stuffy nose, headache, muscle or joint ache, feeling unwell, nausea, vomiting, diarrhea or unexplained loss of appetite, loss of sense of smell or taste, conjunctivitis?				
3. In the past 14 days, did you return from travel outside of Canada or were in close contact with someone confirmed as having COVID-19?				
Other Health Information				
<input type="checkbox"/> My immune system is affected by a severe disease or medication. If checked, please specify: _____ <input type="checkbox"/> I have had a serious life-threatening allergic reaction. Please specify: _____ <input type="checkbox"/> I have received another vaccine in the last 4 weeks. Please specify: _____				
Consent <input type="checkbox"/> Client <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Representative				
<p>I understand the information in the HealthLink BC File(s) for the vaccine listed below. I understand the benefits and possible reactions of the vaccine and the risk of not getting immunized. I have been informed of any medical reason why the vaccine listed below should not be given to me/my child. I have had the opportunity to ask questions that were answered to my satisfaction. I understand this consent is valid for the vaccine listed below unless the consent is cancelled.</p> <input type="checkbox"/> I consent to receiving/for my child to receive, the vaccine listed below. <input type="checkbox"/> I agree that I may be asked to wait in the clinic/pharmacy for 15-20 minutes after getting the injection and will seek medical attention if needed. <input type="checkbox"/> I will report any adverse effects I experience to the immunizing pharmacist. <input type="checkbox"/> I consent for the information collected on this form to be provided to my Family Physician (or Physician of my choice) and to the Health Authority for entry into my immunization record. I understand the information will be used and disclosed in accordance with the Freedom of Information and Protection of Privacy Act and that summary statistical information may be reported to the Ministry of Health.				
Name (PRINT) _____			Phone _____	
Signature (Legal guardian or Representative, if applicable) _____			Date signed (YYYY/MM/DD) _____	
<input type="checkbox"/> Patient verbal consent provided.				
FOR CLINIC USE ONLY				
Vaccine Information				
Name of vaccine: _____ DIN: _____ Dose: _____ mL Site: LA <input type="checkbox"/> RA <input type="checkbox"/> Route: IM <input type="checkbox"/> SC <input type="checkbox"/> ID <input type="checkbox"/> IN <input type="checkbox"/> Lot #: _____ Expiry date (YYYY/MM/DD): _____ <small>LA left arm; RA right arm; IM intramuscular; SC subcutaneous; ID intradermal; IN intranasal.</small>			Clinic name and address	
Pharmacy Information				
Provider's signature: _____		License number: _____		
Date of administration (YYYY/MM/DD): _____		Time of administration: _____		
Client Response				
<b>Before:</b> Normal Yes <input type="checkbox"/> No <input type="checkbox"/> _____		<b>15-30 mins post-administration:</b> Normal Yes <input type="checkbox"/> No <input type="checkbox"/> _____		
<b>During:</b> Normal Yes <input type="checkbox"/> No <input type="checkbox"/> _____ <input type="checkbox"/> No <input type="checkbox"/>		<b>Notes:</b> _____ _____		

The "Vaccine Consent Form" has been updated to "Consent for Immunization" form, in collaboration with members of the BC Immunization Committee (BCIC), which includes representatives from BC Ministry of Health Services, BC Centre for Disease Control, Health Authorities, Society of General Practitioners of BC and BC Pharmacy Association.