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| **Order and/or Delegated Procedure:****Administer ONE OF the following:*** Pfizer-BioNTech COVID-19 prepared by pharmacy 0.3mL IM, 2 doses 21 days apart
* Moderna COVID-19 vaccine 0.5mL, 2 doses one month apart

In addition, upon assessment post administration, RNs may administer Epinephrine 1:1000 0.3ml sc epinephrine PRN (in the event of the conditions listed below) | Appendix Attached:  Yes  No Title: |
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| **Recipient Patients:**Patients described by the provincial criteria for screening and prioritization for vaccination as identified by the Ontario Ministry of Health. | Appendix Attached:  Yes  No Title: |
|  |
| **Authorized Implementers:**All nurses employed by Muskoka Algonquin Healthcare who have reviewed this document, reviewed the medication table within the document ‘Nurses (RN/RPN)-Province Wide COVID 19 mRNA Vaccination Order’ the and possess the knowledge skills and judgement to independently administer IM injections. | Appendix Attached:  Yes  No Title: ‘Nurses (RN/RPN) – Province Wide COVID 19 mRNA Vaccination Order |
|  |
| **Indications:** | Appendix Attached:  Yes  No Title: |
| Signs and symptoms of, or including one or more of the following:* Meeting the requirements described by the provincial criteria for screening and prioritization for vaccination as identified by the Ontario Ministry of Health
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| **Contraindications:** |
| * Children under 16 years for Pfizer BioNTech or children under 18 years of age for Moderna.
* Individuals who are hypersensitive to the active substance or any ingredient in the formulation.
* Anyone suffering from acute febrile illness.
* Individuals receiving anticoagulant therapy or those with a bleeding disorder.
* Individuals who are immunosuppressed or have a weakened immune system.
* Women who are pregnant, may be pregnant, planning to become pregnant and women who are breast feeding.
* Individuals who have had severe allergic/adverse reactions to other vaccines.
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| **Consent:** | Appendix Attached:  Yes  No Title: |
| Staff implementing the directive will obtain consent in accordance with the Health Care Consent Act and any relevant hospital policies and procedures. |
| **Guidelines for Implementing the Order or Procedures:*** Provide and ensure the recipient reads the Patient Medication Information provided by Pfizer-BioNTech Product Monograph or Moderna Product Monograph.
* Review the Consent Form with the recipient to ensure that it has been read, understood and signed. Explain the risks, side effects, and precautions.
* Perform a brief assessment of relevant allergy status, (including allergy to band-aids), present health and present medications.
* Ensure there are no contraindications to vaccination.
* Explain the procedure.
* Ensure the recipient has had any questions answered.
* Administer the vaccine 0.3 mL by intramuscular injection in the deltoid
* All recipients must be monitored by the attending nurse for 15 minutes post injection to monitor for any serious reaction.
* Significant adverse reactions include symptomology related to anaphylaxis, such as respiratory distress (dyspnea, laryngeal edema and or spasm), hives, swelling of the face, tongue or throat. The RN may administer Epinephrine (1:1000) 0.3 ml subcutaneously and activate Rapid Response
* Any significant adverse effects, as described in the Pfizer-BioNtech COVID-19 Product Monograph and Moderna COVID-19 will be reported to public health in a timely manner.
 | Appendix Attached:  Yes  No Title: |
|  |
| **Documentation & Communication:**Documentation of the implementation of the order and the fact for vaccination was obtained must be recorded in the provincial documentation and registration system. Documentation must include the name of the order, date of implementation and name and (electronic) signature including credentials of the implementer | Appendix Attached:  Yes  No Title: |
|  |
| **Review & Quality Monitoring Guidelines:**Yearly and with significant changes to Ontario Health regulations for Covid 19 vaccination | Appendix Attached:  Yes  No Title: |
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| **Administrative Approvals (as applicable)****Director of Nursing** **Medical Advisory Committee** | Appendix Attached:  Yes  No Title: |
|  |
| **Approving Physician(s)/Authorizer(s):****Chief of Staff** | Appendix Attached:  Yes  No Title: |
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**Cross Reference**

List document titles that relate to the current document and/or that should be cross referenced.

**Notes**

Standardized Statement:

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**References / Relevant Legislation**

Sources of information that are referenced in the document and/or sources that provide further information related to the document content.

Provide a brief statement and link to the applicable legislation related to the document.

**Appendices**

If applicable, insert one or more Appendices that supplement the procedure and overall understanding of the document. An appendix will be numbered following a title (for example Appendix 1 – Policy and Procedure Development and Implementation Plan).