


| | | |
|--|---|--|
|  <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p> | DAI Policy #: 500.60.04 | Page 1 of 5 |
| | Original Effective Date: 06/15/05 | New Effective Date: 04/08/19 |
| | Supersedes: 500.60.04 | Dated: 05/1/16 |
| | Administrator's Approval: Makda Fessahaye, Administrator | |
| Required Posting or Restricted: | | |
| <input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted | | |
| Chapter: 500 Health Services | | |
| Subject: Immunization Program | | |

POLICY

Division of Adult facilities shall make immunizations available to all patients based upon current guidelines from the Centers for Disease Control, Division of Public Health, Department of Health Services and Bureau of Health Services.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-B-02 Infectious Disease Prevention and Control
<http://www.cdc.gov/vaccines/pubs/pinkbook/hepb.html>
<http://www.cdc.gov/vaccines>
<http://www.cdc.gov/vaccines/acip/>
DAI Policy 500.50.02 – Health Care Record Content and Format
DAI Policy 500.80.01 – Pharmaceutical Operations
Nursing Protocol Manual, Bureau of Health Services, Allergic Reactions
WIR HELPLINE: 608-266-9691
Attachment – Immunization Schedule

DEFINITIONS, ACRONYMS AND FORMS

BHS – Bureau of Health Services

CDC – Centers for Disease Control

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-3218A – Record of Immunizations

DOC 3220 – Refusal of Recommended Health Care

DOC-3400 – Offender Hepatitis B Vaccination Medical History

DOC-3611 – Influenza Vaccination Screening Questionnaire

DPH-4702 – Vaccine Administration Record

DPH – Division of Public Health, Department of Health Services

| | | |
|--------------------------------------|-------------------------------------|--------------------|
| DAI Policy #: 500.60.04 | New Effective Date: 04/08/19 | Page 2 of 5 |
| Chapter: 500 Health Services | | |
| Subject: Immunization Program | | |

HPV – Human Papillomavirus

HSU – Health Services Unit

MMR – Measles, Mumps, Rubella

Td – Tetanus/Diphtheria

Tdap – Tetanus, Diphtheria, and Pertussis Vaccine

TWINRIX – Hepatitis A and Hepatitis B combined

VIS – Vaccine Information Statement
(<http://www.cdc.gov/vaccines/pubs/vis/default.htm>)

WIR – Wisconsin Immunization Registry

F-42024 – Vaccine Fahrenheit Temperature Log

PROCEDURES

I. General Guidelines

- A. Immunizations available include, but are not limited to:
 1. Td.
 2. Tdap.
 3. Hepatitis A.
 4. Hepatitis B.
 5. TWINRIX.
 6. Pneumococcal.
 7. Influenza.
 8. MMR.
 9. HPV.
 10. Shingrix
- B. Orders (individual by prescriber) or standing orders from the BHS Medical Director are required.
- C. A history of allergies or other medical conditions which may contraindicate vaccination shall be taken prior to the administration of immunizations.
- D. Before obtaining consent for vaccine administration, the health care provider shall check WIR and existing DPH-4702s and the DOC-3218A in the patient health record for vaccines already administered.
- E. Utilize the following prior to administration of Hepatitis B and Influenza vaccinations:
 1. DOC-3400 – Offender Hepatitis B Vaccination Medical History.
 2. DOC-3611 – Influenza Vaccination Screening Questionnaire.

| | | |
|--------------------------------------|-------------------------------------|--------------------|
| DAI Policy #: 500.60.04 | New Effective Date: 04/08/19 | Page 3 of 5 |
| Chapter: 500 Health Services | | |
| Subject: Immunization Program | | |

- F. Patients shall be informed about the immunization, the disease for which the patient is being immunized, possible side effects and the schedule for future immunizations.
- G. The immunization specific VIS is required by federal law to be provided to the patient prior to administration of the vaccine.
- H. The patient shall sign the DPH-4702 prior to administration of the vaccine.
- I. Document administered immunizations on DPH-4702 and scan into Health Record in accordance with DAI Policy 500.50.02.
- J. Patients identified as High risk shall be offered immunizations.
- K. Identified high risk patients declining vaccinations shall sign a DOC-3220.

II. Influenza

- A. Directions and standing orders for the influenza vaccine program shall be sent to HSUs from the BHS Medical Director when in season.
- B. High risk patients shall be identified and offered immunization as soon as vaccine is available followed by all other patients.
- C. Identified high risk patients declining the influenza vaccination shall sign a DOC-3220.

III. Vaccine Handling and Storage

- A. Handling and storage of vaccines shall be in compliance with DPH policy and recommendations of the CDC.
- B. Vaccines shall not be stored in the refrigerator door.
- C. Each HSU shall have a system in place that shall prevent stockpiling of vaccine and only have on site the amount of vaccines needed for their current population.
- D. Return vaccines due to expire within three months to CPS.
- E. Monitoring temperatures of refrigerators and freezers storing vaccines shall be completed according to CDC vaccination storage guidelines and recorded on F-42024 twice daily.

| | | |
|--------------------------------------|-------------------------------------|--------------------|
| DAI Policy #: 500.60.04 | New Effective Date: 04/08/19 | Page 4 of 5 |
| Chapter: 500 Health Services | | |
| Subject: Immunization Program | | |

Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Paul Bekx, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

| | | |
|--|---------------------------|--------------------|
| Facility: Name | | |
| Original Effective Date: | DAI Policy Number: | Page 5 of 5 |
| New Effective Date: 00/00/00 | Supersedes Number: | Dated: |
| Chapter: 500 Health Services | | |
| Subject: Immunization Program | | |
| Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation | | |
| Warden's/Center Superintendent's Approval: | | |

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

I.

- A.
 - 1.
 - a.
- B.
- C.

II.

- A.
- B.
- C.