ACTION PLAN

APhA-ASP Operation Immunization
Getting Started

Operation Immunization offers a unique opportunity for student pharmacists to take an active role in the profession. Not only can you increase public awareness through media campaigns and immunization events, but you may also advocate for student pharmacists’ right to immunize if it is not already allowed in your state. All of these activities will in turn increase immunization rates and awareness.

As the Project Coordinator, the first step to implementing a successful event is to schedule a meeting with your APhA-ASP Chapter Advisor, other interested faculty, and your APhA-ASP Chapter Officers to set chapter goals for your chapter to accomplish through Operation Immunization. This meeting will give you the opportunity to discuss your ideas, brainstorm, and set the direction of your Operation Immunization events. This is the time to decide how you will participate in this patient care project. Contact your state board of pharmacy and find out the laws governing pharmacists and student pharmacists immunizing rights. Depending on whether you choose to hold an actual event, or advocate on behalf of the profession will change how you use this planning guide. There are two sections to the Action Plan; one to outline planning an event/media campaign and another to educate you on how to advocate on behalf of the profession. You are not limited to only participating in one way, and you are, in fact, encouraged to be creative. The two sections are provided as a way to help you attain your goals, and ease your way towards success. The methods lined out in both sections are meant to be a general guide, and will need to be adjusted based on your situation.

Planning Events

This section of the Action Plan will assist you, the Project Coordinator, in planning an event to educate the public as well as an event when immunizations are performed. The process of recruiting students to participate should start early to increase the opportunities for participation. You can hold an interest meeting to outline projects and brainstorm. The interest meeting will offer you the opportunity to assess student interest and begin forming committees. Forming committees will increase involvement and encourage participation in future events. These committees can be responsible for such areas as public relations, publicity, immunization sites, and reports. Each of these committees will have specific tasks and responsibilities. These are just a few suggestions for committees, and can be adjusted as seen fit by the Project Coordinator. An example of the specific duties of each of these committees is outlined later in this section, and as stated above you can tailor the number and responsibilities of these committees to fit your chapter needs. The practical considerations section of this planning guide is a great resource in assisting your planning, and should be an available reference for your committees. This Preparation should begin at least 6 weeks before the Patient Care Project.

Project Organization

Event days can be conducted throughout the year and can be held in conjunction with other events and patient care projects. Hosting multiple patient care projects at one time allows you to offer screenings for multiple disease states to patients at one event. Don’t forget October is American Pharmacists month, and is a great time to promote the profession. Continue utilizing the Operation Immunization Planning Guide materials and establish a timeline to facilitate your planned event and education day.

Enlist the support of a faculty project advisor (e.g. either the APhA-ASP Chapter Advisor or another interested faculty member). Your faculty project advisor can assist you in coordinating a training session, and also be a
supportive contact in case you encounter challenges during the project. The faculty project advisor will need to be well informed about the activities going on with the project in order to ensure the project’s success.

Begin developing your media contacts in the community. Also contact your state pharmacy association to see if they are interested in becoming involved with your project. Allow yourself about 2 weeks to complete this portion, and don’t forget to utilize your committees.

**Pharmacist Recruitment & Initial Publicity**

Pharmacists have been continually recognized as one of the most approachable healthcare providers, and you are at an advantage for finding these practitioners to participate in the event. During this two week period, you will need to identify the pharmacists who are interested in participating. Meet with these individuals to discuss the campaign and review plans for implementation of the campaign. The pharmacists will need to be present on the day of the event, and give immunizations or observe student pharmacists giving immunizations if allowed by local law. You will also collaborate with the pharmacist to make sure the proper vaccinating supplies are ordered and available for the event. You can also utilize your chapter’s New Practitioner Mentor as a resource for events.

**Mass Publicity and Supply Procurement**

This is also the time to start contacting radio and TV show producers and send a “pitch” letter indicating that you would like an interview to promote this community service project. A pitch letter is used to introduce yourself to an editor or producer and suggest story ideas. There is information about pitch letters and other media tools in the “Promotion” section of this planning guide.

To ensure the success of your event, getting the word out to the public is a vital part of the project. You will make your big advertising push to the public starting about 3-4 weeks prior to the event. Get your posters and flyers out to the identified locations, and make follow-up phone calls to media outlets to arrange interviews. Get in touch with local newspapers, radio, and TV stations to inform them about your event and when it will occur. Invite the public to attend. Another great tool to reach patients is a radio public service announcement (PSA). Deliver the PSA to the public service director of the stations. Contact the venue to find out what supplies and equipment is available. Work with your committees to ensure that the appropriate supplies have been ordered to provide immunization education and immunization services to patients. Use new and innovative ways to reach your target audience.

By utilizing the tools provided in the planning guide, student pharmacists can assist the patients in effectively educating and preventing disease. Be sure to check out the health literacy resources on www.pharmacist.com/students.

**Final Preparation**

Now that you are in the homestretch, keep in touch with media contacts and distribute literature throughout the community. Send news releases to local newspapers if they are not planning to run a feature article on the project. Make copies of fact sheets, consent forms, surveys and all other documentation forms and handouts to be distributed at the event site. Ensure you have immunization cards and other necessary documentation for the event.
Help your faculty advisor organize a training session for the immunization events. Have the faculty advisor refer to the “Diseases & Vaccines” section to see the educational material provided. The training session can take place during your lunch hour or another time that is convenient for students participating in the event. Topics for the training session should cover an overview of immunizations, as well as how students should interact with the patients. The Operation Immunization event is also a great time to help your patients fill out a Personal Medication Record along with their immunization card that they can take home, and the training session is a great time to familiarize student pharmacists with the form. The planning guide provides great resources that should also be introduced to students during this session so that they may familiarize themselves on how to best screen, educate, and treat the public.

**Day of Project**

Implement Operation Immunization! Hand out the literature you’ve prepared, educate the public, and administer immunizations. Radio stations should be running the PSAs as well as other advertisements. Newspapers should run stories covering your event this week. TV interviews should discuss the event and invite the public.

You are now prepared to raise patients’ awareness about the impact of preventable disease. The event is an extension of your recent media campaign, and gives you the chance to personalize the education to the public. Through presentations to groups and one-on-one patient counseling, student pharmacists will focus their efforts on those individuals at the event site.
**Project Coordinator Checklists**

The checklists below are provided as an example for the Project Coordinator to follow. The individual tasks can be assigned to committees and adjusted to fit the project’s needs. These timelines are suggestions and should be modified to fit the needs of your events.

*Eight Weeks to Target Date*

- Review the materials and timeline for Operation Immunization and make adjustments as needed to facilitate your school, APhA-ASP plans.
- Organize a planning meeting with your APhA-ASP Chapter Officers and APhA-ASP faculty advisor.
- Hold a student interest meeting to overview projects and brainstorm on event dates and locations.
- Select a target date and location.
- Form working committees and outline the tasks of each for your specific needs.
- Develop a list of names, addresses, phone numbers, fax numbers, and e-mail addresses of media contacts in your community.
- Contact your state and/or local pharmacy associations to seek involvement in the project.
- Contact your state pharmacy association to participate in the campaign and place advertisements and articles describing Operation Immunization in your state pharmacy journal.

*Six Weeks to Target Date*

- Identify pharmacists who will participate and pharmacies where immunization services will be provided. Meet with these individuals to discuss the campaign and review plans for implementation of the campaign.
- Identify radio and TV show producers and send information on Operation Immunization with a “pitch” letter indicating that you would like an interview to promote this community service project.
- Contact state/local health departments to inform them of Operation Immunization.
- Produce promotional flyers and a promotional display for the event site.
- Identify a source for all equipment necessary for the event, and acquire equipment.

*Four Weeks to Target Date*

- Distribute posters and flyers to identified target locations advertising when and where immunization services will be provided.
- Make follow-up phone calls to radio and TV producers to arrange an interview to discuss Operation Immunization.
ACTION PLAN

___ Send out a media advisory to local newspapers, radio, and TV stations explaining Operation Immunization. Provide dates and times that immunization services will be available at participating pharmacies.

___ Send out radio public service announcements (PSAs) to the public service director of the stations. Personal delivery of PSAs is better, so try to make an appointment with the PSA director and bring along the Operation Immunization Media Kit. If you cannot get an appointment, follow up with a telephone call to make sure the PSA made it to the right person.

___ Contact the pharmacists and other health care professionals involved in the campaign to ensure that the appropriate supplies have been ordered to provide immunization services to patients.

___ Send out education and screening day sign-up sheets to students.

Two Weeks to Target Date

___ Continue making media contacts and distributing flyers and posters throughout the community.

___ Send news release to local newspapers detailing Operation Immunization if they are not planning to run a feature article on the project.

___ Make copies of fact sheets and immunization schedules to be distributed at the immunization sites, health fairs, and/or local pharmacies.

___ Enlist a faculty member to perform a 1-hour basic training session for all participating student pharmacists.

___ If local newspapers are not planning to run a feature article on the project, send a news release to them detailing the Operation Immunization event.

___ Remind participating students to wear lab coats, nametags, and professional attire to the screening event.

Operation Immunization Event Day

___ Deliver equipment and have it set-up at least ½ hour before the event.

___ Hand-out brochures/bag stuffers and information on adult immunizations at the pharmacies where immunization services are being provided.

___ Radio stations should be running the PSA’s as well as other Operation Immunization advertisements.

___ Newspapers should run story covering Operation Immunization this week.

___ TV interviews should be discussing Operation Immunization and inviting the public to attend.

___ Collect all documentation and assessment forms, and complete the screening summary results form.

___ Clean up, tear down, and return equipment at the conclusion of the event.
Post Event Follow-Up and Report Submission

** Within one week after project**

___ Send out “Thank You Notes” to:

___ All media who promoted Operation Immunization
___ Business locations that promoted Operation Immunization
___ Pharmacists and other health care professionals involved in the campaign
___ Your school Dean, faculty, advisor, and other supporters
___ State and local pharmacy associations that promoted the event

___ Complete project report on Operation Immunization activities and send into APhA Headquarters for award recognition judging. Reports must be submitted electronically to the FTP site no later than July 15. Late reports will not be accepted for award consideration under any circumstance.
**Operation Immunization Committees Outline**

Promotions Committee Assignments

Action Items:

1) Select committee chairperson.
2) Select committee members.
3) Assign committee tasks to members for action.

Specific Tasks:

1. Seek out support of state and local pharmacy associations, and the state board of pharmacy.
   - Find out the names of key contact persons (i.e. executive director, president, etc.) and when the next organizational board meeting will be held. Asked to be placed on the agenda to inform the group of the Operation Immunization campaign and ways in which they can assist your chapter with its efforts.

2. Prepare an outline to present at these meetings.
   - Remember to tailor it to the target audience because each organization will likely play a different role.
   - The local pharmacy association may provide names of pharmacists/pharmacies that are interested in participating in the Operation Immunization campaign. The state pharmacy association may also be able to do this, and may additionally provide publicity support through the association’s journal or newsletters.
   - The board of pharmacy should be made aware of your project plans to ensure compliance with all state pharmacy laws and regulations.
   - Compile a list of all contact persons identified in this step that can be shared with the advertising committee. Each of your key organization contact persons should be provided with copies of all consumer advertising materials and kept abreast of your promotion and event activities so as to maximize your support from these organizations.

3. Attend meetings and ask for support from these organizations.
   - It is your responsibility to make sure there is the appropriate number of pharmacists are at the event, so make sure you have commitments from pharmacists to participate.

4. Meet with pharmacists and other health care professionals who have committed to assist with your project.
   - Provide more detail to them on the Operation Immunization event and your plans for the project. Ask for their ideas and suggestions on how to make your project even more successful.
5. Encourage chapter members to participate.

- Dedicate time at a chapter meeting early in the planning period to promote participation in Operation Immunization to general members.
- Ask interested members to sign up so that they can be included in the planning process.
- Send out education and screening day sign-up sheets to the students 2 to 4 weeks before the event.
- You will need enough students to counsel/immunize the patients with a reasonable waiting time. If students cannot immunize under your local law, they can still assist by educating the public, passing out literature, and possibly drawing up doses.
- Ask students to sign up to participate and provide them with educational material covering immunizations that will be offered at your event.
- Only enlist students for education and immunizing shifts if they have completed training conducted by the training committee on the proper patient education/counseling techniques.

6. Student Pharmacist Training

- One to two weeks before the event, organize a time with your faculty advisor to have a 1-hour informational session for all participating students, provide an overview of immunization and education recommendations and to prepare the students to answer questions from the community.
Advertising Committee Assignments

Action Items:

1) Select committee chairperson.
2) Select committee members.
3) Assign committee tasks to members for action.

Specific Tasks:

1. Keep in communication with the promotion committee.
   - Get a list of the people to contact on the state and local pharmacy associations, and board of pharmacy from the promotion committee.
   - Once the contacts have been established, begin to communicate with these organizations to learn of ways they may be able to assist you in getting the word out to the public about your Operation Immunization event. For example, they may already have established contacts with local newspapers, radio, and television stations. Ask the organizations for their help advertising. They may be able to assist in preparing press releases or in getting ad placement in key newspapers.

2. Consult with pharmacists who have committed to be a part of your project.
   - The promotion committee should be able to provide you with the names of those who have committed. Ask these pharmacists for their assistance in brainstorming ideas for promotion of the event to the public.
   - These pharmacists may also be able to distribute bag stuffers or flyers with each prescription they dispense or with each front-end pharmacy sale. They may also be willing to post flyers or posters in their pharmacies as a way of promoting your upcoming event.

3. Produce promotional materials.
   - Flyers including the date, time, and location(s) of your Operation Immunization event(s) should be created.
   - Use brightly colored paper and bold lettering on your flyers to increase their visibility.
   - If pharmacies will be distributing the flyers as bag stuffers or at the checkout counter, be sure to provide an adequate supply to each pharmacy (500 flyers per pharmacy is probably sufficient).
   - Your local or state pharmacy association, participating pharmacies, or school may be willing to assist with copying of the flyers to help offset expense.

4. Start posting promotional materials in the area of the site at least 2 weeks prior to the event.
   - If your education and screening site is a pharmacy or other retail outlet, be sure to provide an extra supply of flyers for distribution to every patient and customer of the store.
5. Work with pharmacy organizations to aggressively inform the media of the event.

- Submit press releases, develop public service announcements for radio and TV stations, and arrange interviews with radio, newspaper, and TV reporters 1 to 2 months before your event if possible.
- Try to get TV coverage on the day of your event by inviting local celebrities to take part in the Operation Immunization education and screening day.

6. Continue to advertise to the radio and television all the way up to the day of the event.

- Follow up regularly with the pharmacy organizations and the media to inform them of your progress. Keep trying, sometimes the media cannot commit until the last minute, and be prepared in case they show up without notice.

7. Create a promotional display.

- Create a promotion exhibit on a corkboard (bulletin board) or poster board to display at the site the day of the event to attract uninformed passers-by of the event.
**Immunization Site and Equipment Committee Assignments**

**Action Items:**

1) Select committee chairperson.

2) Select committee members.

3) Assign committee tasks to members for action.

**Specific Tasks:**

1. Determine a location for the education and screening site.

   - The promotion committee should be able to provide contact information of pharmacists interested in participating in the event. The pharmacists should be consulted for recommendations of host sites.
   - If pharmacists are not authorized or trained to administer vaccines in your state, this subcommittee could identify physicians, public health nurses or other authorized healthcare professionals to participate in the program.
   - Talk to faculty, local pharmacists that may not be participating in the event, and fellow students about any site that may be available for use.
   - You will need a site large enough to accommodate 3 to 4 tables, 10 student pharmacists, and 2 pharmacists at any given time during the education and immunization event.
   - Adequate space for patients that does not interfere unnecessarily with the site’s business operations is also required, as well as for patient privacy.

2. Identify a source for all equipment necessary to perform your Operation Immunization project and acquire equipment. Please see following pages for equipment check-off list. This committee is also responsible for ensuring that needed supplies are ordered and available for the event. This committee should be referred to the practical considerations section of this planning guide regarding the “Cold Chain”, and their responsibility to ensure proper temperature for the vaccines.

3. Deliver equipment and set-up the day of the event. Tear down and return equipment at the conclusion of the event.

**Operation Immunization Equipment**

You will need the following specific items:

(Note: depending upon the nature of your event, additional items may be necessary and some recommended items may be unnecessary for your particular event)

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Four, 6-foot tables</td>
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<tr>
<td>20 folding chairs</td>
<td>___</td>
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<tr>
<td>Pens, markers, and pencils</td>
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<tr>
<td>Power strip/electric extension cord</td>
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<tr>
<td>Tape to cover any extension cords</td>
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<tr>
<td>Patient education materials</td>
<td>___</td>
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<tr>
<td>Blank Immunization Cards</td>
<td>___</td>
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<tr>
<td>Blank Screening Documents</td>
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## Action Plan

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Blank Personal Medication Records</td>
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<tr>
<td>Brochures</td>
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<td>Contact information for patients</td>
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<tr>
<td>Clipboards (4-6)</td>
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<tr>
<td>Vaccines</td>
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<td>Syringes (1-3 ml)</td>
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<tr>
<td>Needles (22- to 25-gauge)</td>
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<tr>
<td>Red “sharps” containers (replace at 2/3 full)</td>
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<td>Hazardous waste bags</td>
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<tr>
<td>Alcohol wipes</td>
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<td>Cotton balls</td>
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<tr>
<td>Adhesive bandages</td>
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<tr>
<td>Disposable gloves (1 set/patient)</td>
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<tr>
<td>Epinephrine</td>
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<tr>
<td>Diphenhydramine</td>
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<tr>
<td>Medication refrigeration/ freezer</td>
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<tr>
<td>Blood pressure cuffs</td>
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<td>Stethoscope</td>
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<td>Tourniquets</td>
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</table>

Other: ________________________________  
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  ____________________________________  
  ____________________________________
Training Committee Assignments

Action Items:

1) Select committee chairperson.
2) Select committee members.
3) Assign committee tasks to members for action.

Specific Tasks:

1. Consult with the Promotion Committee and find out the date of the event, as well as the names of all pharmacists who have committed to participate in the event. Find out the names of all students who have been enlisted to assist with the event.

2. Enlist a faculty member (either the chapter advisor or another faculty member) to perform a 1-hour basic training session for all participating student pharmacists.
   - Training should occur 1 to 2 weeks prior to the scheduled education and screening event. The faculty member should provide an overview of the education and screening tools, recommendations, how to help a patient fill out a personal medication record (this is Medication Therapy Management!), the presentation and tips on good patient counseling.
   - Invite participating pharmacists to attend this brief educational session as well. This is a good opportunity to familiarize the students with the handouts and educational materials that will be utilized on your event date.

3. Provide participating pharmacists with copies of all patient education materials that have been acquired by the Site and Equipment Committee.
   - Also provide the participating pharmacists with a listing of all students who will be participating in the event and information on the types of devices that will be used for screening. Determine from the pharmacist if he or she needs any additional information before the education and screening event.

4. Remind participating students to wear lab coats, nametags, and professional attire to the education and screening event.
   - This is for the purpose of projecting a professional image to patients, pharmacists, professional association representatives, and media representatives that may be present for the event.
Reporting Committee Assignments

Action Items:

1) Select committee chairperson.
2) Select committee members.
3) Assign committee tasks to members for action.

Specific Tasks:

1. Photocopies.
   - Patient consent forms, assessment forms, personal medication record, and any other handouts or education material deemed appropriate. (Refer to the “Forms” section.)
   - Consult with participating pharmacists and the Advertising Committee to gauge whether additional copies beyond the recommended number may be necessary.
   - Vaccine Information Statements
   - Consent forms (if required)
   - Personal immunization record forms
   - HCFA Form 1500
   - CDC text and ACIP recommendations
   - Reference materials

2. Ensure you have an adequate supply of Adult Immunization Cards.

3. Collect all documentation and assessment forms at the conclusion of the event. (See Forms section)

4. Complete the screening summary results form (see Forms section) and submit the form with the Chapter Operation Immunization Report. All reports are due to APhA headquarters by January 5:

5. Send thank you letters to:
   - Participating pharmacists
   - Participating/supporting faculty members and administration
   - Participating organizations (i.e. local and state associations)
   - Participating student pharmacists
   - Site host(s)
ACTION PLAN

__ Media contacts that provided event coverage

Project Report Committee Assignments

Action Items:

1) Select a committee chairperson, who will also serve as the person responsible for assembling the final report for submission to APhA headquarters.

2) Select committee members. The committee should be made up of one representative from all activity committees (i.e. Promotion, Advertising, Site and Equipment, Training, and Documentation Committees).

3) Assign committee tasks to members for action.

Specific Tasks:

1. Each representative from the aforementioned committees should provide the committee chair with details necessary to complete the chapter’s final project report to APhA headquarters.

2. Remember, your chapter will be considered for an award and recognition based upon the details provided in your report, so try not to leave any important details out of the report. Include photographs, copies of news clips, and supporting letters if possible. It is strongly required that your chapter submits the report through the APhA-ASP File Transfer Protocol (FTP) Site.

3. Reports that are submitted after 11:59pm July 15 will not be considered. There will be no exceptions.

4. Chapters that submit their report on time will receive a plaque of recognition for participation.

5. Awards will be presented during the APhA-ASP Opening General Session at the APhA Annual Meeting & Exposition.
**Immunization Process**

In the immunization delivery process, pharmacists and student pharmacists can play several roles: to advocate, to facilitate, and to immunize. All three roles are equally important in facilitating immunization delivery to needed populations. All states currently allow pharmacists to immunize, and twenty-nine allow student pharmacists to immunize under pharmacist supervision. The remaining states, however, also have a mission to fulfill. Pharmacists and student pharmacists are encouraged to actively advocate and facilitate the immunization process in order to help increase immunization awareness and delivery. The information in this section is intended to be used to assist you in portraying the need for pharmacists and student pharmacists to immunize.

Immunization advocacy spans the life-cycle from newborns to the elderly. Pharmacy’s impact can involve educating parents and caregivers on the importance of maintaining immunization records and adhering to immunization schedules. Pharmacists and student pharmacists can help communities meet their immunization goals. Currently pharmacy’s activities focus on providing vaccinations and immunization information to adolescents and adults. The adult community is currently the population most likely not to receive immunizations for several reasons. For example, many adults may find it difficult to schedule appointments at a clinic because it takes them away from work and other obligations they have. In today’s society, people are more likely to partake in an activity if it is convenient to them.

Pharmacies are avenues that are noted to be more accessible and convenient than other offices or public health clinics for some people. Extended hours in the evenings and on the weekends and locations in the same proximity as the patients’ neighborhoods help make pharmacists readily available to the public. People also depend on pharmacists, known to be one of the most trusted healthcare professionals, for information and advice. Therefore, pharmacists possess a great opportunity to provide patients with resources they need to become active in preventative healthcare.

Many people may be more apt to receive immunizations if they can do so at their own convenience. This especially includes those who struggle with transportation problems. By expanding the scope of immunization delivery to include pharmacists, more adults are reached and are given information on immunizations. Increasing the number of adults immunized is the ultimate result.

Pharmacists do possess a unique opportunity to reach populations. A National Vaccine Advisory Committee report on Adult Immunization Programs in Nontraditional settings (March 24, 2000) stated that many adults are not receiving immunizations. Therefore, in order to increase the number of adults being immunized, vaccine delivery, and information must be readily available. Pharmacists have the ability to provide these services. By examining patients’ medication profiles, pharmacists may identify high-risk patients who would benefit from receiving immunizations. For example, adults 50 years and older should be vaccinated against influenza. Patients who are taking medications for congenital or adult heart disease, diabetes, chronic pulmonary disease, or other similar disease states are also high risk patients who should be informed about the importance of being immunized.
Pharmacists’ access to patients provides an excellent opportunity to reach at-risk patients through the use of reminders, bag inserts, and other educational materials. As an advocate, pharmacists should identify high-risk patients and offer them immunization information that will help patients protect their health.

Another area for immunization advocacy for students to advocate is in the area of immunization education. Students are taught in the classroom how to immunize, but many states restrict students from practicing immunizations outside of the class room setting. Only 29 states allow student pharmacists to practice their immunization skills outside the classroom under the supervision of a pharmacist.

Pharmacists should keep informed about immunizations. Immunization resource information is provided in the resource section of this resource guide. By keeping up-to-date, pharmacists can correct misconceptions their patients may have. This can be done during counseling sessions with patients, writing letters to the editor, or speaking to local community groups. These activities help pharmacists serve the community and promote individual health care.

Many opportunities are also available for pharmacists to facilitate the immunization process. Pharmacists and student pharmacists can collaborate with other healthcare professionals. (ie. nurses, physicians, physician assistants, etc.) who have the authority to immunize. Pharmacists could host one of these healthcare professionals in their pharmacy to administer immunizations while they provide the patients with vaccine education and answer patients’ questions. Pharmacists with the ability to immunize can also work with these individuals and provide immunizations when clinics are not scheduled. Some health care professionals may be leery of involving pharmacists in the immunization process.

However, Together Everyone Achieves More . . . TEAM. According to Grabenstein’s doctoral dissertation, 7 June 1999, University of North Carolina, society as a whole can benefit from pharmacists’ involvement in immunization delivery. People benefit by having greater access to vaccinations and information; healthcare providers benefit by seeing a general increase in the interest and acceptance of adult vaccinations.
In order for pharmacists to become immunizers, they must have the authority to immunize from the state in which they practice. Authorization can come from the language in the state pharmacy practice act, from an interpretation by a state agency, or from a statement by the Attorney General. After authorization is granted, pharmacists should participate in an intensive immunization training program, such as the American Pharmacists Association’s Pharmacy-Based Immunization Delivery: A National Certificate Program for Pharmacists.

### People Who Need Influenza and Pneumococcal Vaccines

Influenza and pneumococcal vaccines are indicated for people in these groups:

- Adults, adolescents, and children (>2 years of age) with chronic disorders of the pulmonary or cardiovascular systems. For influenza vaccine, this includes children >6 months of age with asthma.
- Adults, adolescents, and children who needed regular medical follow-up or hospitalization during the previous year for chronic metabolic diseases—including diabetes mellitus, renal dysfunction, problems related to hemoglobin, or any form of immunosuppression, including that caused by medications.
- Residents of nursing homes and other chronic care facilities housing people of any age with chronic medical conditions.
- People aged 65 years or more should get both vaccines, even if otherwise healthy. In addition, influenza vaccine is recommended for everyone 50 years and older. Patients older than 65 account for >80% of pneumococcal and influenza deaths. About two-thirds of those who died had been hospitalized in the previous year but were not vaccinated. More than 90% had visited an outpatient clinic or private physician in the preceding year. But again, their clinicians did not take advantage of these opportunities to protect them from deadly infection.

For influenza vaccine only:

- Children and teenagers (6 months to 18 years of age) who receive long-term aspirin therapy and therefore may be at risk of developing Reye’s syndrome if they contract influenza.
- Staff and visitors at nursing facilities with residents at increased risk of influenza.

(See the Immunization Resources section for more information and the dates of the program.) Immunizations in many states may be provided via a written or verbal prescription, standing order or protocol/collaborative agreement, and may be issued by an individual practitioner or health department.
These authorizations apply not only to vaccines, but also epinephrine. Most state practice acts include the term “administer” with the definition of the scope of practice.

Some state medical practice acts allow physicians to delegate any activity they wish including the provision of immunization by pharmacists, and may be another avenue to grant the authority to pharmacists.

*The following material is excerpted from “Pharmacy-Based Immunization Delivery: A Certificate Program for Pharmacists” - Copyright 2007 American Pharmacists Association*

### Starting Your Pharmacy-Based Immunization Program

Immunization advocacy happens at the pharmacy counter, the counseling center, the patient’s bedside, in meeting rooms, or anywhere you find a pharmacist interacting with patients. In a community pharmacy, the consultation area is often the most appropriate place to give vaccine doses.

Infant and toddler immunizations are needed throughout the year, making immunizations a year-round concern. Even so, some months involve more immunization activities than others. National Infant Immunization Week falls during the last full week of April each year, and summer offers the opportunity to focus on getting older children caught up on the missed immunizations needed to attend school. August has been designated National Immunization Awareness Month by the National Partnership for Immunization. Immunization in October usually centers on efforts to vaccinate people against influenza. Because October is also American Pharmacists Month, there is a particularly strong opportunity for pharmacists to reach the un-immunized and under-immunized. Never forget, however, pneumococcal disease kills people all year long. The same is true for tetanus and hepatitis B. Immunize the susceptible people whenever you find them.
Guidelines for Pharmacy Immunization Advocacy

Every pharmacist can and should warn patients who are vulnerable to vaccine-preventable infections. In 1996 at APhA’s 143rd Annual Meeting in Nashville, the Association called on pharmacists to adopt one of three roles in immunization advocacy: educator, facilitator, or immunizer. The level of involvement will vary depending on the resources, time, and interest of the pharmacist. See Table 1 for a description of each level.

Student pharmacists at sites acting at level 2, hosting others who vaccinate, still have professional responsibilities as hosts. Student pharmacists should assure the providers who administer the vaccines follow CDC guidelines, giving priority to those at greatest risk, have professional liability coverage, and are otherwise conducting a professionally responsible immunization delivery program. For example, programs might give precedence to senior citizens or at least offer them a seating area during extensive waiting periods.

In August 1997, the APhA Board of Trustees adopted the following guidelines for pharmacy-based immunization advocacy and administration. As you begin to consider participating in Operation Immunization, incorporate these principals as student pharmacists and use these principals as reference when advocating for the profession.

<table>
<thead>
<tr>
<th>Table 1: Levels of Pharmacist’s &amp; Student Pharmacists Immunization Advocacy</th>
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<tr>
<td>Level 1: Advocate</td>
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<tr>
<td>Immunization motivator</td>
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<tr>
<td>Level 2: Facilitator</td>
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<tr>
<td>Level 1 activities, plus hosting others who vaccinate</td>
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<tr>
<td>Level 3: Immunizer</td>
</tr>
<tr>
<td>Level 1 activities, plus giving vaccinations yourself</td>
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</table>
Guideline 1: Priority to Prevention—

Pharmacists should protect their patients’ health by being vaccine advocates. Pharmacists should adopt one of three levels of involvement in vaccine advocacy:

1. Pharmacist as advocate (motivating people to be immunized);
2. Pharmacist as facilitator (hosting others who immunize); and
3. Pharmacist as immunizer (protecting vulnerable people, consistent with state law).

Pharmacists should:

- focus their immunization efforts on diseases that are the most significant sources of preventable mortality among the American people, such as influenza and pneumococcal and hepatitis B infections;
- routinely determine the immunization status of patients, then refer patients to the most appropriate provider for immunization;
- identify high-risk patients in need of targeted vaccines and develop an appropriate immunization schedule; and
- protect themselves and prevent infection of their patients by being appropriately immunized themselves.

Guideline 2: Partnership—

Pharmacists who administer immunizations do so in partnership with their community.

Pharmacists should:

- support the immunization advocacy goals and other educational programs of health departments in their cities, counties, and states;
- collaborate with community prescribers and health departments;
- assist their patients in maintaining a medical home, including care such as immunization delivery;
- consult with and report immunization delivery, as appropriate, to primary care providers, state immunization registries, and other relevant parties;
- identify high-risk patients in hospitals and other institutions and ensure that appropriate vaccination is considered either before discharge or in discharge planning; and
- identify high-risk patients in nursing homes and other facilities and ensure that needed vaccinations are considered either upon admission or in drug regimen reviews.

Guideline 3: Quality—

Pharmacists must achieve and maintain competence to administer immunizations, and should administer vaccines only after:
• being properly trained and evaluated in disease epidemiology, vaccine characteristics, injection technique, and related topics;
• being properly trained in emergency responses to adverse events; they should provide this service only in settings equipped with epinephrine and related supplies;
• they question patients and their families about contraindications and inform them in specific terms about the risks and benefits of immunization; and
• they receive additional education and training on current immunization recommendations, schedules, and techniques at least annually.

Guideline 4: Documentation—
Pharmacists should document immunizations fully and report important events appropriately.

Pharmacists should:
• maintain perpetual immunization records and offer a personal immunization record to each patient; and
• report adverse events following immunization to any appropriate primary care provider and to the Vaccine Adverse Event Reporting System (VAERS).

Guideline 5: Empowerment—
Pharmacists should:
• educate patients about immunizations and respect patients’ rights;
• encourage appropriate vaccine use through information campaigns for health care practitioners, employers, and the public about the benefits of immunizations;
• educate patients and their families about immunization in readily understood terms; and
• before immunizing, document any patient education provided and obtain written informed consent as recommended in their state.

Advantages of the Pharmacy Immunization Center

One of the major advantages of the pharmacy as the immunization center is its extended hours of availability. For busy parents who cannot take time from work to get themselves or their children to a health clinic or a pediatrician, immunizations offered at a pharmacy may be very attractive.

Even if there are plenty of resources in your community for delivering poliovirus, pertussis, measles, and other routine childhood vaccines, ask if anyone is taking responsibility for identifying the children who need influenza vaccine. Those with diabetes, sickle-cell anemia, and other chronic diseases need this vaccine and pneumococcal vaccine as well.

Pharmacies offer major advantages as places to administer immunizations: access, convenience, and knowledge of the individuals most in need. The unique contributions of pharmacy to immunization delivery are:
• Identification of specific people who need vaccines based on their medication use or knowledge of patient-specific disease-based risk factors.
• Extended hours of access in the evening and on weekends, if immunizations are offered throughout those times.
• Proximity to the patients’ own neighborhoods.
• Computerized records, facilitating the delivery of reminders (e.g., postcards with encouraging messages).
• Pharmacists repeatedly are cited among America’s most trusted professionals.
• Pharmacists offer a useful bridge between patients and physicians for referrals and health advocacy. As with all health care services, high levels of quality are needed to protect the patients’ interests and maintain their trust.
• Pharmacists are adept at electronic communications, using modems, and electronic claims processing.
• Pharmacists are experienced in product storage, handling, and safeguarding inventory.
• Pharmacists are responsible for the effective use of all medications.

Depending on whether you practice in a rural, suburban, or urban setting, offer services that will meet the greatest needs around you. The same is true whether you are in a community, nursing home, or hospital-based practice. For example, it may be more convenient for a patient to stop by the neighborhood pharmacy rather than travel to a health department or other immunization site. This is especially true for people with few transportation options.

Meet Your Local Needs

What you do should depend in large measure on what is needed in your area. Ask your county health director or the immunization division of your state health department what their greatest needs are. It will vary for adults, adolescents, and children. Explain your interest in joining the multidisciplinary team that keeps your community healthy.

One of pharmacy’s greatest contributions to the public health may come in rural areas.29,40,42 Similarly, regions with shortages of health professionals might stand to benefit most from pharmacists and student pharmacists who expand the clinical services they provide.29

Emphasize that pharmacists bring unique capabilities to the multidisciplinary immunization delivery team. Vaccines are drugs, and pharmacists help people achieve the best outcomes from all drugs. If a patient suffers a preventable infection, it is a drug-related problem that a pharmacist could have helped prevent.49

Information Is Essential

Most people believe that vaccines work, or they are easily persuaded when offered the facts. Nonetheless, some myths persist, such as “Oh, I always get the flu from a flu shot.” Explaining the manufacturing method of mixing influenza viruses with formaldehyde can help dispel this myth. Many individuals do not realize the differences between influenza and the common cold. Some return and complain that the vaccine did not work because immediately after being vaccinated they came down with a cold. Pharmacists can educate the public about vaccines and associated misconceptions.
Perhaps the most important contribution the pharmacist can make is simply informing the person or parent of disease risk. The pharmacist can then encourage immunization at any of several locations as soon as possible. Experience from a variety of settings shows that between 50% and 94% of people will act on the basis of the pharmacist’s vaccine recommendation.1, 3, 47, 52–56

Vaccines are prescription drugs. If vaccines are not on the list of drugs authorized for pharmacists to prescribe in your state, work with your local health department. Consider asking for authority to act in collaboration with the county medical director, a physician, provided that you ask the same screening questions as the nurses who administer vaccines at the public health clinic. In most cases, people immunized in public clinics do not see a physician; he or she is called in only to consult on unusual cases. For your practice, develop an emergency response plan and have the necessary resources (e.g., epinephrine, CPR, and ambulance availability) in the event of an anaphylactic response.

Some current vaccine providers may object to pharmacists delivering immunizations, often on the basis of competition. This obstacle may be best countered by pointing out the tremendous number of people who are vulnerable and die of vaccine-preventable infections each year. Something extra is needed to protect these people and keep them alive. There are so many vulnerable people currently unimmunized, so much unmet demand, that competition is not really an issue.

Others are justifiably concerned whether pharmacists provide high-quality immunization care. These concerns can often be satisfied by pointing out that the pharmacists’ procedures emulate the controls and precautions adopted at local health clinics. Show how your practice abides by the guidelines for pharmacy based immunization advocacy described earlier. Invite them to visit.

If pharmacists in your state do not have the explicit authority to administer immunizations, work with your state pharmaceutical association and board of pharmacy to change your state’s pharmacy practice act, so pharmacists can more fully protect the public’s health.

Remember that pharmacists should join the immunization activities of their community as an enhancer, not as a competitor, especially in the case of children.

Ideas for Immunization Advocacy:

- Cooperate with local high schools to educate students and parents about immunizations needed during adolescence and especially those recommended before college. Parent-teacher conferences provide an excellent time to have access to parents, and students can be reached during the school day.
- Write articles or short passages in residence hall newsletters to warn these high-risk students of meningococcal disease and educate them about the availability of the meningococcal and influenza vaccines.
- Target the immunization status of younger children by providing information at PTO meetings or at preschools and kindergartens.
- Use health fairs and other pharmaceutical care activities to take time to educate patients regarding the importance of proper immunizations.
- Educate university students, faculty, and staff by holding informational sessions in the evenings and staffing booths in the student union, dining halls, or residence halls. This can be
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done as a part of another large university event such as homecoming or as part of American Pharmacists Month to educate about immunizations and the patient care roles of pharmacists.
• Promote Operation Immunization at state pharmacy association meetings to gather overall support and assemble a list of practitioners willing to assist students in the project.
• Learn about the legislative process to see if you need to change a law or a regulation in your state to be able to effectively practice your immunization skills while you are still in school.

Ideas for Immunization Facilitation:
• Find out about immunization clinics already scheduled in your area (including those at pharmacies) and ask to help promote their clinic and assist on-site. Aid in promotion through radio and print advertisements, fliers and posters, announcements, lollipop reminders, etc. On-site, students can prepare the patient for immunization by going through the screening questionnaires, taking patient histories, assessing patient appropriateness for vaccination, advising patient of vaccine benefits/adverse events, filling out Medicare billing forms, handing out immunization record cards, providing vaccine information statements, and generally counseling patients. Remind your chapter members that providing patient counseling is a way to practice providing Medication Therapy Management.
• Collaborate with other well-known health care organizations that administer immunizations in your area. Examples include the American Red Cross, Department of Public Health, state pharmacy associations, and other healthcare-related student organizations.
• Collaborate with the student health services at your university to advocate and facilitate their immunizations campus-wide.
• Find a large company in your area interested in immunizing its employees, and arrange to hold several clinics there. Find immunizing pharmacists, nurses, or public health officials to come give the immunizations.
• Correlate Operation Immunization activities with classroom experiences by having faculty members administer immunizations as part of a lecture about immunization providers or by having students on experiential rotations facilitate immunizations with their preceptors.

Sources of Immunization Information:

There are a wide variety of resources to turn to for information on new recommendations, products, programs, and materials. See “Resources” section.

Common Questions

Q: If I can’t immunize why should I participate?

As a student pharmacist, it is important to advocate for patients’ healthcare. By helping identify high-risk patients in your pharmacy and informing them on immunization benefits, you are helping patients take preventative health care measures. Experiences and interactions you have with people will also help you better understand the information you’ve learned in the classroom. You can also learn about the legislative process to see if you need to change a law or a regulation in your state to be able to effectively practice your immunization skills while you are still in school.
Q: I’m only a student, how can I possibly make a difference?

Student pharmacists do make a difference! Over 25,000 people were immunized and thousands received information on immunizations in the inaugural year of Operation Immunization (1997). Over 51,000 immunizations were administered in 1998 and over 53,000 in 1999. In eleven years, student pharmacists and practitioners provided over 750,000 immunizations nationwide. Your chapter’s participation can only help increase the number of people being immunized!

Q: What can I do if I can’t give immunizations?

- Even though you may not be able to administer immunizations, you can still impact the immunization delivery process by promoting and encouraging people to receive vaccinations. Be an advocate of immunizations! Use the resources found in this resource guide to provide information to the public about the importance of immunizations.
- Collaborate with an organization that offers immunizations (such as the Red Cross, local health departments, community groups, etc.) and assist them in providing information and answering questions on immunizations.
- Host a nurse in your local pharmacy to administer immunizations and provide the patients with information.
- Contact a local nursing program or hospital for potential participants.
- Send a letter to them explaining you would like to work with them to provide immunizations delivery. Share your excitement about wanting to assist them in providing vaccine information and potential side effects to patients.
- Develop a schedule where and when the immunizations will be offered.
- Recruit student pharmacists who will provide information and counsel patients.
- Organize appropriate brochures and materials that will be available to patients at the sight.
- Thank the immunizer for letting you participate.
- Distribute brochures to high-risk patients.
- Send letters to the editors of local papers explaining the importance of immunizations. (Samples are in the resource section.)
- Encourage your pharmacy manager to invest in auxiliary labels, for example, “Are your immunizations up to date?”
- Create bag stuffers to include with high-risk patients’ medications. Samples are in the resource section.

How can I help student pharmacists in my state receive authority to immunize?

- CHECK with State Pharmacy Association to determine activity, if any, that has occurred on this issue.
- If current activity, volunteer to assist in the effort
- If no activity, determine the Association’s interest level in pursuing the issue and volunteer to develop a plan for securing the authority. The plan would be presented to the Association.

CONCEPT DEVELOPMENT

1) Items to Acquire
ACTION PLAN

a) copy of the state Pharmacy Practice Act and Regulations.

b) copy of the state Medical and Nursing Practice Acts and Regulations.

c) immunization rates for the state, including demographic statistics (ie. at risk populations).

d) gather examples of existing immunization programs being conducted in your state that could be used for comparison purposes (ie. Visiting Nurses programs).

e) gather examples of pharmacist provided patient focused care programs in your state today (include examples from independent, chain, supermarket, ambulatory care, acute care, long term care and other settings).

f) current school of pharmacy curriculum and continuing education requirements in your state.

g) identify current immunization standards in your state related to registries and documentation (ie. Reporting immunizations to public health department, physicians and/or patients).

h) identify and join immunization coalitions in your state / local community. Offer to promote public education and other programs.

i) Find out if state association has APhA’s immunization resource packet. Contact APhA’s State Relations.

2) Determine method to obtain authority:

   a) Legislature

   b) Regulation

   c) Attorney General or other official opinion

3) Draft language for Bill/Regulation

   a) Statute/Regulation Components

      i) Practice of Pharmacy Definition

      ii) Education and Training Requirements

      iii) Patient Populations Affected

      iv) Protocol/Standing Orders Use and Procedures

      v) Documentation Requirements

      vi) National Immunization Standards (follow ACIP, NVAC and APhA Immunization Standards)

OBTAINING SUPPORT:
Present your proposal to the following groups and listen to their concerns. Where appropriate, modifications may be made. However, there may be some issues where a compromise cannot be reached.

<table>
<thead>
<tr>
<th>First Line Contact</th>
<th>Secondary Contacts</th>
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<tbody>
<tr>
<td>- Professional Support</td>
<td>- Other Healthcare Professionals/Organizations</td>
</tr>
<tr>
<td>- Pharmacy Associations and Societies</td>
<td>- Medical Society</td>
</tr>
<tr>
<td>- School(s) of Pharmacy</td>
<td>- Nursing Association</td>
</tr>
<tr>
<td>- Board of Pharmacy</td>
<td>- Public Health Department</td>
</tr>
<tr>
<td>- CO-OPS/Buying Groups</td>
<td>- Major Insurers (including Medicaid)</td>
</tr>
<tr>
<td>- Major pharmacy corporations in state</td>
<td>- Local AARP chapters</td>
</tr>
<tr>
<td>- Individual practitioners</td>
<td>- Business Coalitions</td>
</tr>
<tr>
<td>- Pharmaceutical Industry representatives</td>
<td>- Coalitions / Community Support</td>
</tr>
<tr>
<td>- Pharmacy leaders</td>
<td>- Immunization Coalition</td>
</tr>
<tr>
<td>- Peer Review Organizations (PROs)/</td>
<td>- Community Health Centers</td>
</tr>
<tr>
<td>Quality Improvement Organizations</td>
<td></td>
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</tbody>
</table>

**BILL INTRODUCTION**

1) Once feedback is obtained and modifications, if any, are made to the proposed bill, work with the state pharmacy association to obtain a House or Senate sponsor. Provide sponsors with a complete background packet. The packet should include the material gathered during the concept development, a list of organizations/individuals who you met with in developing the bill, action taken on comments received, and any concerns/issues that still exist with the bill. The sponsors of the bill will be your champion during the legislative process.

2) Create a student task force on the immunization legislation to work with the state pharmacy association.
   
   a) make sure each student knows who their state Representative and Senator is and how to contact them.
   
   b) Identify students who have special relationships with their legislator (ie. relative, close friend, worked campaign, etc.)

3) Conduct a briefing / presentation on the legislation at an APhA-ASP meeting to be conducted by the state pharmacy association and/or initiative leaders.
   
   a) provide students with a one-page bullet point document highlighting the important components of the legislation.
   
   b) Invite school faculty and Board of Pharmacy to participate.
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4) When notified by the state pharmacy association that the bill is to be heard by a committee or the full legislature, mobilize the student body to contact the appropriate legislators in order to educate them on the benefits of the bill to citizen’s public health.

    a) offer to coordinate a visit to the state capitol by students to meet with individual legislators.

PASSAGE OF THE BILL:

1) In most states both the House and Senate must pass the legislation.

2) The passed bill is sent to the Governor’s office for consideration (signature, no action which equals passage, or veto)

    a) if necessary, contact may need to be made with the Governor’s office to encourage the signature of the bill

Promulgation of Rules

Even though the legislation may have been passed by the legislature and signed by the Governor, rules must be adopted before a student pharmacist would be allowed to provide immunizations.

1) depending upon the process established within the statute for implementation of the new law, the timeframe for establishing rules can vary. (ie. if need to utilize joint pharmacy / medicine board, etc.)

2) communicate with the Board of Pharmacy to determine the procedure they will follow. Plan to have a student representative at any open hearings.

3) Once rules have been adopted, conduct a seminar for students on the new law and rules. Invite state pharmacy association and board of pharmacy representatives to participate.

NOTE: even after passage and rule adoption, pharmacists and their state association need to be cautious of attempts to eliminate immunization authority by those opposed to pharmacists partaking in this activity. Pharmacists and student pharmacists should adhere to the established standards and do what’s right for the patients they serve.

APhA has compiled the following information to assist individuals and organizations interested in passing legislation/regulations on pharmacists’ administration of immunizations. The observations/suggestions made are based upon APhA’s experience with several state legislative and regulatory processes. Fell free to utilize this information to best meet the needs of your state. APhA staff is available to assist you in your efforts.

Empowerment Language

Many states have included the term “administer” within the definition of the practice of pharmacy. Then, within the regulations they identify the procedures pharmacist must follow to partake in this activity.

Regulatory Language
1) Ideally, having a physician or public health department official establish a protocol with the pharmacist is preferred. This approach is the recommended approach since the intent of pharmacists’ involvement in this activity is to increase access, not divert patients or disrupt the medical home. “A rising tide lifts all boats” —increased public awareness of the need to be immunized will increase immunization rates throughout the entire system (documented in a June 1999 Ph.D. dissertation work by John Grabenstein, Ph.D.). The protocol establishes which vaccines may be administered, record keeping/reporting requirements and emergency procedures. Regulations might describe these protocols as follows: “Written protocol” means a physician’s order, standing medical order, standing delegation order or other order or protocol as defined by_______ and contains:

a) statement identifying the individual authorized to prescribe drugs who has delegated the activity.

b) statement identifying the individual pharmacist authorized to administer the vaccine

c) statement identifying the types of vaccines that the pharmacist is authorized to administer

d) statement of the procedures, decision criteria or plan the pharmacist should follow when exercising the administration authority, including when to refer the patient to the physician

e) statement of the procedures for emergency situations, and statement of record keeping and documentation procedures

Training Program:

Successfully complete an immunization training program recognized by the state Board of Pharmacy. The current guidelines and recommendations of the Center for Disease Control and Prevention for pediatric, adolescent and adult patients and the APhA Guidelines for Pharmacy-based Immunization Advocacy. The course of study shall include, at a minimum, the following:

1) mechanisms of action for vaccines, contraindications, drug interactions, and monitoring after vaccine administration

2) immunization schedules (pediatric, adolescent and adult)

3) immunization screening questions, informed consent, record keeping, registries and reporting mechanisms/requirements of state

4) vaccine storage

5) biohazard waste disposal and sterile techniques

6) establishing protocols/standing orders

7) immunization coalitions and other community resources available

8) mechanism for reporting adverse events to the Vaccine Adverse Event Reporting System (VAERS)
9) reimbursement procedures and vaccine coverage by federal, state and local entities

10) administration techniques

In addition, current cardiopulmonary resuscitation/Basic Life Support (CPR certification) should be part of the requirements for immunization providers.

*The primary focus of pharmacists’ immunization activities is the adult population (those individuals who are 14 years old and above), where the greatest need for increasing immunization rates exist. In communities where increasing providers and access have been identified by the public health department or local physicians, pharmacists could become providers of immunizations to additional targeted population groups. The training program contains pediatric information because pharmacists need to educate parents/grandparents about immunization needs of kids, too. This also allows pharmacists the opportunity to assist with pediatric pockets of need, working in conjunction with local health departments and pediatricians.*