



HOMES AND SENIORS SERVICES

Medical Directive for Administration of Epinephrine and Benadryl for the Management of Anaphylaxis Related to Vaccine Administration

<p>Order/Delegated Procedure: The Attending physician delegates the authority to Registered Nurses and Registered Practical Nurses to administer Epinephrine and Benadryl, in the event of an adverse reaction to a vaccination, to County of Elgin Homes residents and staff provided the conditions outlined in this directive, the product monograph(s) and Infection Control Policy and Procedure 2.6 “Management of Fainting and Anaphylaxis Related to Vaccine Administration” are met. This medical directive is to be used in conjunction with Infection Control policy and procedures 3.3 “Immunization - Residents (Influenza, Pneumovax, Antiviral)”, and 3.4 “Immunization - Staff Influenza & Surveillance of Infections”.</p>	
<p>Authorized Implementers: The Registered Staff may administer Epinephrine and Benadryl to eligible residents or staff according to the applicable manufacturer’s instructions after performing a health assessment in an emergency situation only. Directive: Epinephrine and Benadryl according to Infection Control policy and procedure 2.6 “Management of Fainting and Anaphylaxis” in the event of an adverse reaction to a vaccination.</p>	
<p>Recipients: Those residents who are eligible for influenza/pneumovax vaccination; and staff who are eligible for influenza vaccination, and have had an adverse reaction to same.</p>	
<p>Indications: All individuals who work or reside at the home are eligible in the event of an adverse reaction to the influenza or pneumococcal vaccination as per ICP 2.6 Management of Fainting and Anaphylaxis”.</p>	
<p>Contraindications: See applicable product monographs.</p>	
<p>Consent: Not applicable in an emergency situation.</p>	
<p>Procedure: 1. Follow Infection Control policy and procedure 2.6 Management of Fainting and Anaphylaxis</p>	
<p>Authorizing signatures:</p>	
_____	_____
Attending Physician	Date
_____	_____
Manager of Resident Care	Date
_____	_____
Director of Homes and Seniors Services/Administrator	Date