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| Origination | 08/2019 | Owner | Kay Capen: Clinic Director |
| Last Approved | 01/2024 | Area | Clinic |
| Effective | 01/2024 | | |
| Last Revised | 01/2024 | | |
| Next Review | 01/2026 | | |

# Public Health



## PURPOSE:

It is the purpose of Muenster Hospital District (MHD) to provide guidelines for the provision of public health to the population served.

## Immunizations:

The clinic will provide immunizations as suggested by the State Department of Health and updated periodically. In addition, the clinic will provide Hepatitis vaccinations to employees requiring the same, as per the clinic's Blood Borne-Pathogen Control Plan. The clinic will administer injections of Hepatitis vaccine to other individuals, but shall not be responsible for the purchase of the vaccine, except for at risk employees of the clinic.

A. **Storage of Immunization Materials**
All serums and vaccines shall be stored in appropriately refrigerated units, separate from food storage. When immunization materials are being transported to locations outside of the Clinic, they shall be kept at the appropriate temperature in an ice-chest with sufficient coolant to last for the duration of the trip.

B. **Immunization Records Computerized System Procedures**
Access to the State Vaccines for Children computer database is limited to the designated clinic staff who shall comply with all protocols established by that program and shall submit the data in a timely manner.

C. **Immunization Protocols**
Immunizations shall be provided based upon the protocols recommended by ACIP (Advisory Committee on Immunization Practices) and the CDC.

D. **Immunization Standing Orders**
Standing orders are required for Influenza and pneumonia immunizations. These orders are

maintained in the clinic and are approved by the clinic Medical Director.

E. **IMMTRAC Consent and Eligibility**

1. IMMTRAC consent must be offered to each patient who is 18 years of age or younger. Consent must be signed, dated, and scanned into the patient's EHR. At 19 years of age a new consent form must be obtained and signed as an adult.
2. Texas Vaccines For Children Screening and Eligibility Forms must be documented with an "X" at every Well Child Exam and at each encounter for immunizations. These are scanned into the EHR with each visit.
3. Updated IMMTRAC consents are to be scanned into the patient's chart once immunizations are given.

F. **Immunization Declination by Patient or Parent/Guardian**

1. All parents and patients should be informed about the risks and benefits of preventive and therapeutic procedures, including vaccination. In the case of vaccination, federal law mandates this discussion. Despite doctors' and nurses' best efforts to explain the importance of vaccines and to address parental concerns about vaccine safety, some families will refuse vaccination for their children.
2. Others will ultimately accept some or all vaccinations after repeated discussions during which the provider has listened to the parents' concerns and addressed them in a non-condescending manner. The use of this or a similar form demonstrates the importance you place on appropriate immunizations, focuses the parents' attention on the unnecessary risk for which they are accepting responsibility, and may in some instances induce a wavering parent to accept your recommendations.
3. Providing parents (or guardians) with an opportunity to ask questions about their concerns regarding recommended childhood immunizations, attempting to understand the parent's reason for refusing one or more vaccines, and maintaining a supportive relationship with the family are all part of a good risk management strategy. The American Academy of Pediatrics (AAP) encourages documentation of the health care provider's discussion with a parent about the serious risks of what could happen to their un-immunized or under-immunized child.
4. Provide the parents the appropriate Vaccine Information Statement (VIS) for each vaccine and answer their questions. For parents who refuse one or more recommended immunizations, document your conversation, the provision of the VIS(s), and have the parent sign the vaccine refusal form and keep the form in the patient's medical record. Revisit the immunization discussion at each subsequent appointment and carefully document the discussion, including the benefits to each immunization and the risk of not being age-appropriately immunized. For un-immunized or partially immunized children, some physicians may want to flag the chart to be reminded to revisit the immunization discussion, as well as to alert the provider about missed immunizations when considering the evaluation of future illness, especially young children with fever of unknown origin.

G. **Influenza and Pneumonia Log**

The Business Office shall maintain a log of all influenza and pneumonia shots provided to patients of the clinic. This log shall have separate listings for Medicare patients receiving

these injections.

# Sexually Transmitted Disease Reporting

## HIV Testing, Referral and Follow-up

A. All testing for HIV shall be done only after the patient or their legal guardian has signed the consent form specific to HIV.

B. All patients having this test performed shall be given the name, address and phone number of the nearest counseling service providing counseling to individuals who have, or are at risk of developing HIV. This information shall be given to ALL patients receiving HIV testing, not just to those who have tested positive. If a patient feels they may be at risk of contracting HIV, or any other sexually transmitted disease, then it is the responsibility of the clinic to provide them with information regarding the nearest location of preventive counseling services. At NO TIME shall any STD or HIV test results be provided over the telephone, regardless of the nature of the test results. ALL patients having been tested for any STD or for HIV shall come to the clinic for a personal consultation with the medical provider, during which consultation the results of their test shall be given to the patient.

# Legal Reporting Requirements



A. **Child Abuse/Neglect**
Staff shall report to appropriate authorities, according to State laws and regulations, all situations where reasonable concern is established during the encounter, that the patient is the subject of abuse or neglect.

B. **Elderly Abuse/Neglect**
Staff shall report to appropriate authorities, according to State laws and regulations, all situations where reasonable concern is established during the encounter, that the patient is the subject of abuse or neglect.

C. **Caretaker Abuse/Neglect**
Staff shall report to appropriate authorities, according to State laws and regulations, all situations where reasonable concern is established during the encounter, that the patient is the subject of abuse or neglect.

D. **Domestic Abuse**
Staff shall report to appropriate authorities, according to State laws and regulations, all situations where reasonable concern is established during the encounter, that the patient is the subject of abuse or neglect.

## Approval Signatures

| Step Description | Approver | Date |
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| CEO Approval | Eric Hellman | 01/2024 |
| CNO Approval | Kerri Snyder: Chief Nursing Officer; Quality/Risk | 12/2023 |
| ACNO Approval | Lisa Bridges: ACNO; Employee Health | 12/2023 |
| | Kay Capen: Clinic Director | 12/2023 |