

For Your Information

A newsletter for health care providers in
Peterborough County and City
Volume 16 Number 03 March 2011



Health Care Worker (HCW) Flu Vaccine Rates

On March 16, the Health Unit made a recommendation to the Board of Health to send a letter to the Minister of Health and Long Term Care to:

1. Explore options to make annual influenza immunization mandatory for HCWs if coverage rates for health care institutions do not improve over the next three years; and
2. Include annual institutional HCW influenza immunization rates as an indicator within publicly reported Ontario Patient Safety Initiatives

The National Advisory Committee on Immunization (NACI) considers the provision of flu vaccination for HCWs who have direct patient contact to be an essential component of the standard of care for the protection of their patients. HCWs who have direct patient contact should consider it their responsibility to provide the highest standard of care, which includes annual influenza vaccination. In the absence of contraindications, refusal of HCWs who have direct patient contact to be immunized against influenza implies failure in their duty of care to patients. NACI reports that transmission of influenza between infected HCWs and their vulnerable patients results in significant morbidity and mortality. Studies have demonstrated that HCWs who are ill with influenza frequently continue to work, thereby

potentially transmitting the virus to both patients and co-workers. In one study, 59% of HCWs with serologic evidence of recent influenza infection could not recall having influenza, suggesting that many HCWs experience subclinical infection. These individuals continued to work, potentially transmitting infection to their patients. In two other studies, HCWs reported four to ten times as many days of respiratory illness as days absent from work due to respiratory illness, suggesting that many HCWs worked while they were ill and were potentially able to transmit infection. In addition, absenteeism of HCWs who are sick with influenza results in excess economic costs and, in some cases, potential endangerment of health care delivery because of the scarcity of replacement workers.ⁱ

The College of Physicians and Surgeons of Ontario states, "All health care workers are strongly encouraged to be vaccinated annually against influenza. For those with a contraindication to vaccination (e.g., anaphylactic egg allergy), antiviral medications can be taken after close, unprotected contact with an infected individual."ⁱⁱ Ontario's College of Nurses recognizes that immunization is a key measure in reducing nurses' susceptibility to certain diseases, including influenza and hepatitis.ⁱⁱⁱ

References: ⁱ Statement on Seasonal Trivalent Inactivated Influenza Vaccine for 2010-2011, National Advisory

Committee on Immunization (CCDR, Volume 36, August 2010). ⁱⁱ Infection Control in the Physician's Office, College of Physicians and Surgeons, 2004. ⁱⁱⁱ Influenza Vaccinations, Practice Guidelines, College of Nurses of Ontario, June 2009 (CONTACT: Marilyn Mitchell, Nicole Dunlop or Sarah McBride]

Perinatal Mood Disorders: Presentations in Peterborough

On May 6, 2011, Dr. Ariel Dalfen, Psychiatrist, Head of the Perinatal Mental Health Program at Mount Sinai Hospital in Toronto, will be speaking at Grand Rounds at the Peterborough Regional Health Centre, from 8-9 a.m. Dr. Dalfen will present to the broader community of health care and family service providers at Westdale Church the same morning following Grand Rounds from 9:30 a.m. to 12:30 p.m. More info regarding times and registration will be coming soon. Dr. Dalfen's recent book *When Baby Brings the Blues: Solutions for Postpartum Depression* has received praise from doctors specializing in Obstetrics, Reproductive Mental Health, and Pharmacology. She has been a medical contributor to various television networks and is regularly called upon to deliver public and professional lectures. Attendees will receive the package "*Perinatal Mood Disorders: A Resource for Health Care Providers in the Peterborough Community*". [CONTACT: Jennifer Lesurf]

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Reducing the Pain of Childhood Vaccination

Appendix 2 (as supplied by authors)

Reducing Vaccine Injection Pain in Children A Guide for Health Care Providers

Preparation:

- Review this evidence-based guide
- Provide parent/caregiver with information and tools
- Discuss pain management strategies

Procedure:
Combine strategies to improve pain relief

Practice and Documentation

- Assess pain
- Document pain score
- Assess parent and child satisfaction
- Reflect and plan approach for next vaccine

Document:

- Age of child
- Vaccines given
- Pain-relieving strategies used
- Pain score
- Parent/child satisfaction

see over →

Appendix to Taddio A, Appleton M, Bortolussi R, et al. Reducing the pain of childhood vaccination: an evidence-based clinical practice guideline. CMAJ 2010. DOI 10.1503/cmaj.101720. Copyright © 2010 Canadian Medical Association or its licensors.

A copy of this document will be sent with vaccine orders or, go to www.cmaj.ca/cgi/content/full/cmaj.101720/DC1

This document is an appendix to the article, "Reducing the Pain of Childhood vaccination: an evidence-based clinical practice guideline" Nov 22, 2010 (CMAJ 2010.DOI:10.1503/CMAJ.101720) by Anna Taddio, et. al. The recommendations are limited to the evidence that was available at the time of the reviews. Certain recommendations have more research support than others and this is outlined in the study. Some of the recommendations apply to children of all ages, whereas others apply only to subgroups of children.

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Appendix 2 (as supplied by authors)

Reducing Vaccine Injection Pain in Children A Guide for Health Care Providers

Preparation
Consider using the evidence-based strategies described below in order to minimize pain during vaccine injections in infants/children/teens in your practice. Discuss this information with the parents/caregivers and children/teens prior to vaccine injections.

Prepare Parents and Children

- Perform all intramuscular injections quickly without prior aspiration. Aspiration is not necessary because the sites used for vaccination are devoid of large blood vessels.
- Encourage mothers to breastfeed infants during vaccine injections. Ensure that an adequate latch is established prior to injection.
- Alternatively, infants can be given sugar water. Sugar water can be made by mixing 1 packet of sugar with 2 teaspoons of water. Feed some to the infant with a syringe or pacifier right before the injection (within 1-2 minutes).
- Sugar water is indicated for the management of painful procedures only, not for general comfort or as a food supplement.

Topical Anaesthetics

- Can be used for children of all ages.
- Available for purchase from a pharmacy without a prescription.
- Must be applied up to 1 hour before injection, either at home or upon arrival to the appointment. Check product instructions.
- Consider providing topical anaesthetics in your practice for a minimal fee or no cost to parents/caregivers.
- Two doses may be needed (one for each arm or leg) if 2 or more injections are being given. Specify injection sites to parent/caregiver.

Upright Position and Holding

- Infants, children, and teens should not be positioned supine.
- Infants and children should be held by a parent or caregiver in a position that is most comfortable for them and their parent or caregiver (over his or her parent/caregiver's lap). Children may lie down after the injection.
- If held by a parent/caregiver, have parent sit on a chair or stand against the examination table to minimize the risk for accidental falls. Keep limbs exposed. Have parent/caregiver secure the child, but advise against undue force as it increases distress.

Multiple Injections

- When multiple vaccines are being administered, always inject the most painful vaccine last.
- There is insufficient evidence for or against simultaneous injections.

Tactile Stimulation Near Injection Site

- Offer to rub/stroke the skin near the injection site with moderate intensity prior to and during injection in children aged 4 years and older.

Distraction (Led by Provider, Parent/Caregiver or Child)

- Distraction involves taking the child's attention away from the procedure. It is effective for children of all ages.
- Involve parents/caregivers and children in helping to select the best distraction strategy for the child and involve them in helping with distractions.
- Choose an age-appropriate strategy:
 - Infants:** toys, bubbles, singing, directing the infant's attention to something in the environment that would be of interest to them.
 - Toddlers:** toys, bubbles, pop-up books, songs, party blowers, kaleidoscopes, singing, directing attention to something in the environment, non-procedural talk (favourite book, etc.)
 - School-aged children:** toys, stories, videos, books, joking, music, counting, non-procedural talk (favourite movie, etc.)
 - Adolescents:** games, videos, books, joking, music (iPods, MP3 players), non-procedural talk (favourite video game, etc.)
- Stay focused on the child and interact with the child throughout the procedure.
- Provide verbal and physical reminders for the child to continue to pay attention to the distraction strategy.
- Re-direct the child's attention back to the distraction strategy if their attention wanders to the procedure.
- Use a variety of distractions, and multi-sensory distractions, as necessary.
- Maintain a positive attitude.
- Praise the child for engaging in distraction behaviours.

Deep Breathing

- Prompt children 3 years and older to take slow deep breaths.
- Deep breaths can be facilitated by using bubbles or pinwheels, which also act as distracting techniques.

Simple Suggestion

- DO NOT tell children that "it won't hurt" because evidence shows that this is ineffective. It also promotes distrust. Instead, tell children how potential discomfort will be minimized.

Combine strategies described above to improve pain relief.

Practice and Documentation
Health care providers are encouraged to develop a consistent approach to immunization pain management in their practice. This includes: integrating pain management education, preparing parents/caregivers and children in advance whenever possible, ensuring consistent understanding among team members of the effective strategies, implementation and documentation of strategies used, and children's pain. Providers are encouraged to modify the pain management plan for individual children, as needed, in order to minimize pain and distress.

In collaboration with www.aboutkidshealth.ca

Appendix to Taddio A, Appleton M, Bortolussi R, et al. Reducing the pain of childhood vaccination: an evidence-based clinical practice guideline. CMAJ 2010. DOI 10.1503/cmaj.101720. Copyright © 2010 Canadian Medical Association or its licensors.

Also available is A Guide for Parents, Caregivers and Children on 'How to Reduce Vaccine Injection Pain in Children.'

These guidelines were endorsed by the Canadian Center for Vaccinology, the Canadian Coalition for Immunization Awareness and Promotion, the Canadian Family Practice Nurses Association, the Canadian Nursing Coalition for Immunization, the Canadian Paediatric Society, the Canadian Pain Society, the Canadian Pharmacists Association, the Canadian Psychological Association, and the Community and Hospital Infection Control Association—Canada.

Questions: Call Vaccine Preventable Disease Nurses at (705)743-1000.