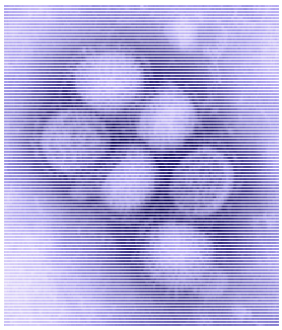
The Newest On H1N1 Flu



H1N1 Vaccine Priority Groups

- Pregnant women
- Household contacts and caregivers of children younger than 6 months of age
- Healthcare and emergency medical services personnel
- Children aged 6 Months to 18 years
- Young adults 19-24 years of age
- Persons aged 25-64 who have health conditions associated with higher risk of medical complications from influenza

H1N1 Vaccine

- All vaccine is going to the CDC
- Allocated to State Health Departments on a pro rata basis (i.e., based on the percent of the total US population). New York State is about 8%.
- NYS DOH will decide who gets how much when

Distribution in NYS

- Upstate agencies interested in receiving vaccine to administer must register on-line at:
- http://www.nyhealth.gov/diseases/communicable/influenza/h1n1/health_care_provider
- Click on "H1N1 Vaccine Provider Pre-Registration Request."
- Must provide NYS License #
- Only one person i.e.: most likely to be in charge of coordinating H1N1 vaccine activities for the agency should register
- In the drop-down for type of facility
  - choose "other"
  - enter "OMRDD-certified vol agency"
- NYC agencies contact the NYC Dept of Health and Mental Hygiene

Other vaccine facts

- Vaccine is being provided free of charge to agencies
- Ancillary kits of syringes, needles and sharps containers are also being provided.
- The cost of administration likely to be reimbursed by private insurers, Medicare and Medicaid.

Availability

- Some vaccine (all nasal (LAIV) became available first week in October
- Injectible form should be available in early November.
- Production is significantly behind schedule
- Will come out in weekly or bi-weekly "waves"

LAIV (nasal) vaccine contraindications

Cannot be given to:

- persons with a hx of allergy to eggs
- persons under 2 or over 49 years of age
- persons with any of the underlying medical conditions that can cause complications of influenza
- Children under 5 with wheezing and/or asthma
- pregnant women
- children or adolescents receiving aspirin or other salicylates

Persons with nasal congestion should defer administration

Administration Facts

- Inactivated 2009 H1N1 vaccine (injectible) can be administered at the same visit as any other vaccine, including pneumococcal polysaccharide vaccine.
- Live 2009 H1N1 vaccine (nasal) can be administered at the same visit as any other live or inactivated vaccine EXCEPT seasonal live attenuated influenza vaccine.
- If a person received a live vaccine (e.g. varicella) at one visit, they must wait 28 days before receiving the live 2009 H1N1 vaccine.

Influenza Management in OMRDD

- Influenza Management Guidelines can be found on OMRDD website www.omr.state.ny.us
- It is the intent of OMRDD that all state and/or voluntary operated facilities will implement the guidelines
- “communication regarding influenza” contains information on contact tracing and info that most be collected.

Influenza Management

- Persons with suspected or confirmed cases of flu restrict activity with non-exposed individuals for at least 5 days.
- Everyone in the residence cannot attend day program UNLESS they have been immunized against BOTH seasonal and H1N1 flu

Influenza Management

- Return to program if:
  - Greater than 5 days AND
  - They have been afebrile without the use of fever-reducing medication for at least 24 hours AND
  - There is no evidence of on-going transmission in the residence

So do they have to stay in the house?

- Consumers can:
  - Go out in the back yard
  - Go to a park or other outside activity where they will not be in close contact (within 3 feet)with other individuals
- Should NOT go to indoor activities e.g. shopping mall, movie theater, restaurant etc.

Reporting

- Influenza is a New York State reportable disease
- One case of ILI must be reported to the appropriate DDSO ICN or designee
- One test-confirmed influenza must be reported to the New York State DOH
- In NYC: five or more cases of ILI in one incubation period must be reported to the NYC DOHM

Licensed Practical Nurses in OMRDD Facilities

Licensed Practical Nurses in New York State

Article 139, §6902.2 of Education Law and section 64.6 of the Regulations of the Commission of Education :

- Must practice under the direction of a registered nurse, physician, dentist or other health care practitioner (e.g. NP, PA)
- Cares for persons with common illnesses and provides basic therapeutic and preventive nursing procedures.

“Under the Direction of an RN”

- “understood to mean that a registered nurse should be present on the premises or immediately available by telephone when professional services are rendered by a licensed practical nurse.
- The degree of supervision shall be appropriate to the circumstances.” (*NYS Nursing Handbook).*
- “immediately available by telephone” has been further interpreted to mean that the RN must respond within 30 minutes.

LPN allowable tasks

- The LPN recognizes alterations in the client’s condition
- Compares them to the previous condition.
- matches findings to already identified problems and interventions outlined in the care plan
- knows when, to whom, and where to report the findings

LPNs

- Prior to performing any task that is part of the LPN’s legal scope of practice, the LPN must be
  - trained in the task and
  - must have demonstrated initial and continuing competence in the task.
- The training and periodic evaluations of competency of the individual to perform the task must be noted in the employee record.
- All training and evaluation of competency must be performed by a RN.

“Allowable tasks”

Under the direction of an RN, LPNs may

- administer medications (but not IV push medications)
  - Report adverse reactions to medications or treatments
  - Prepare and give injections and enemas
- provide basic hands-on care that helps to improve the health of generally stable patients
  - Observe patients
  - Treat bedsores
  - Apply medical dressings
  - Insert catheters
  - Replace gastrostomy tubes
- gather patient measurements, signs, and symptoms
  - Take vital signs such as temperature, blood pressure, pulse, and respiration
  - Observe patients
  - Take vital signs such as temperature, blood pressure, pulse, and respiration
  - Treat bedsores

LPNs

- In NYS, LPNs may not
  - Triage (either in person or over the phone)
  - Create, initiate, or alter nursing care goals
  - Establish nursing care plans or
  - Interpret clinical data to determine appropriate clinical actions

What about Nursing Assessments?

- The assessment of the actual or potential health needs of individuals, families, or communities.
- It is comprehensive of the physical, medical, social, and emotional aspects of the person’s condition.
- It is interpreting clinical data and/or information to determine what clinical action is needed

Information Collection Phase

- The **information collection** phase is the bringing together of all pertinent data using such actions as
  - observing;
  - interviewing; and
  - exploring secondary sources, e.g.: diagnostic tests and laboratory results.
- *The LPN may assist the RN and perform these activities.*
- *The LPN uses observation to collect data and provides the data to the RN*

Planning phase

- The **planning** phase is RN level practice and involves
  - setting priorities;
  - forming realistic goals;
  - identifying outcomes;
  - writing nursing actions; and
  - developing nursing care plans
- *The LPN contributes to the development of the care plan by*
  - *reporting pertinent observations and*
  - *suggesting nursing intervention based on the individual's responses*

Nursing Intervention and Evaluation

- **Intervention** involves utilizing the care plan to coordinate and provide care for the person. This is largely the responsibility of the LPN in conjunction with the direct care staff.
- **Evaluation** phase includes ongoing reassessment of the individual with appropriate revisions in the plan of care,
  - *The LPN participates by observing and reporting the individual's response to nursing actions to the RN*
  - *May suggest alternative nursing actions*
- The RN revises the plan as is appropriate to meet the changing needs of the individual.

Co-signing Assessments

Question: Can an LPN do the assessment and be "signed off" by the RN?

ANSWER: NO. According to 6901 of Article 139 of the Education Law only a RN may plan nursing care.

LPNs in NYS do not have assessment privileges; they may not interpret patient clinical data or act independently on such data.

The State Board of Nursing and LPN Scope of Practice

- The State Board of Nursing (SBN) has the authority by law to determine what tasks are within the scope of practice of nurses (LPNs, RNs, NPs).
- Use many criteria in determination:
  - Need for assessment to complete the task
  - Technology involved
  - Supervision required/available,
  - Amount of assistance available in an emergency
  - relevant infection control and safety issues.

LPN Scope of Practice

Question: Can LPNs administer medications or tests without a patient specific order from an authorized prescriber?

Answer: No. LPNs are required to have patient-specific orders for the medications and tests that they administer.

LPN Scope of practice

Question: Can an LPN plant and read a PPD?

Answer: LPNs can plant a PPD provided there is a person-specific order.

LPNs may read a PPD in mm of induration. However, they may not determine if the reading indicates a positive or negative test result.

LPN Scope of Practice

Question: Can an LPN replace a gastrostomy tube?

Answer: Yes, provided:

- It is a "mature" (well-established) track
- There is a person-specific order
- The LPN has been appropriately trained and determined competent to perform the task.

LPN Scope of Practice

Question: Can an LPN irrigate a urinary catheter (a foley)?

Answer: Yes,provided

- There is a person-specific order
- The LPN has been appropriately trained and determined competent to perform the task.
- LPNs <u>MAY NOT</u> irrigate nephrostomy tubes

LPN Scope of Practice

Question: Can an LPN perform venipuncture?

Answer: Yes, for the purpose of drawing blood or for administering non-medicated IV solutions.

LPN Scope of Practice

Question: Can an LPN administer medication via IV in a community setting?

Answer:

- LPNs can *replace* bags of the same intravenous fluid, including medicated fluid but not initiate new or different medicated intravenous fluid.
- LPNs cannot administer any direct IV push medications, except for saline and heparin flushes.

LPNs and Scope of Practice

Question: can LPNs care for PICC lines?

- Answer: Not in the community. LPNs cannot access any form of central line, or venous chest or arm port line device. This includes changing, inserting, removing flushing or changing dressings.

LPN Scope of Practice

Question: Can LPNs take calls from staff if there is an RN in case s/he needs them? What if they are in the house?

Answer: LPNs may not triage, either in person or on the phone.

LPN Scope of Practice

Question: Can LPNs implement non-person specific (standing) orders?

Answer: NO. LPNs may not initiate the implementation of a standing order or protocol that has not been individualized to a specific person by a physician, nurse practitioner or physician's assistant, unless directed to administer a part of the order by a registered nurse who has evaluated the individual in person

LPN Scope of Practice

Question: Can an LPN change a trach tube?

Answer: No. An LPN cannot change tracheostomy tubes.

An LPN can not intervene sufficiently, nor assess the person sufficiently, in situations where the outer cannula of a tracheostomy needs to be reinserted.

LPN Scope of Practice

Question: Can an LPN care for a person on a ventilator in a community setting?

Answer: Not unless there is an RN on site. Individuals on ventilators require continual assessment. An LPN can not intervene sufficiently, nor assess the person sufficiently to provide safe care.

Scope of Practice

Question: Can LPNs

- Teach the med course
- Supervise the clinical practicum
- Conduct recertification "pours" and recertify staff

Answer: NO. Only RNs may teach the medication administration course.

Only RNs may supervise the clinical practicum.

Only RNs can re-certify AMAPs.

QUESTIONS / TECHNICAL ASSISTANCE

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