



What about the use of sedation?”



- Sedation should not be a common practice (I reached out to former VVC staff, LTC staff and group home staff to survey them and they all said that it was a very rare occurrence).
- SHA staff are trained to do this in a way that should circumvent the need for sedation, but for people who are highly anxious and concerned- an emphasis on support strategies and care preferences is vital.
- We have been told by SHA how they are willing to accommodate folks, so strong communication up front should help create that plan. If people regularly need sedation for procedures, this may be considered for the vaccine.
- Least restrictive: sedation should be an absolute last resort and there are many ways to work with the individual and the SHA to ensure the process is as person-centred as possible.

Some people do not get flu shots, even with the most creative approaches, accessible health education, and amazing emotional support provided from their preferred people simply because the fear of needles is so high. These individuals are often the ones who also need to get hospital dental work under general anesthesia, etc, and my only faint hope for these individuals to be immunized is that by the time their next hospital dental date comes up (every 2-4 years), we may be able to request a vaccine dose be given at the same time.

Environment: have music going, coffee and donuts afterward, or celebrate by sharing photos with loved ones, etc.

If we have people who need a different approach (e.g. in-the-car flu shot, in a quiet room all alone) we can communicate needs in advance. Or if people aren't in the right headspace to get a vaccine during their time slot, we can re-strategize and see how we can support the person to come again when they feel ready.

It's also worth mentioning that lidocaine (numbing) cream can be purchased through a pharmacy. Generally, the one available without prescription is Emia, and doctors can prescribe a faster-acting and stronger one called Maxalene. These are applied to the injection site prior to the appointment time (30-60 mins) to prevent pain. Quite often, this will have enough of a placebo effect to get the individual through one injection, and can be more helpful for those who do not get injections frequently.

JPCH and RUH now have an entire team dedicated to this and can accompany patients in many procedures to use supportive techniques, desensitization supplies, etc. and the SHA staff will have the ability to connect with this team to problem solve for these rare cases.