

PUBLIC HEALTH Care Directive

Title:	Immunization Administration	Number:	NSHA CD-PH-010 IWK 1170
Sponsor:	NSHA Senior Director, Population and Public Health IWK VP, Clinical Care and Chief Nurse Executive	Page:	1 of 13
Approved by:	Nova Scotia Health Authority Medical Advisory Committee IWK Policy and Practice Committee	Approval Date:	NS Health: Dec. 9, 2020 IWK: Dec. 14, 2020
		Effective Date:	Dec. 14, 2020
Applies to:	<p>Regulated Health Care Providers (RHCPs) and Unlicensed Health Care Providers (UHCPs) (including Indigenous Services Canada/Government of Canada employees), clinical clerks, nursing students, pharmacy students, and any others working in Primary Health Care, Public Health, Acute Care, Mental Health and Addictions, Long Term Care, Urgent/Emergency Care, Ambulatory Care, Occupational Health, Safety and Wellness, community settings, and correctional facilities as directed by IWK Health and/or Nova Scotia Health.</p> <p>Authorized Prescribers: procedures only.</p>		

NOTE:

This care directive must be used in conjunction with

[NSHA PH-HP-015 Immunization](#)

[IWK 1107 Immunization](#)

[IWK 1175 NSHA CD-PH-020 Initial Management of Anaphylaxis Following Immunization](#)

Exception: This care directive does not apply to Nova Scotia Health Occupational Health, Safety and Wellness. See [NSHA CD-MM-005 Administration of Vaccines, Medications and Testing by OHNs](#).

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PURPOSE

This care directive (CD) provides Regulated Health Care Providers (RHCPs) and Unlicensed Health Care Providers (UHCPs) with the authority and conditions to administer publicly funded vaccines to individuals. It outlines the responsibilities and accountabilities for immunization of publicly funded vaccines.

NOTE:

Vaccines that are not publicly funded are not covered under this care directive.

- An order/prescription from an Authorized Prescriber (AP) for each individual patient/client is required to administer these additional vaccines (i.e., non-publicly funded vaccines).
- For more, see:
 - [NSHA CD-PH-001 Travel Clinic Vaccines](#)
 - [NSHA CD-PH-005 Occupational Health and Other Non-Publicly Funded Vaccines](#)

POLICY STATEMENTS

Competency Requirements

1. To perform this care directive, the Immunizer must:
 - 1.1. Obtain initial Competency, which includes:
 - 1.1.1. Review of this policy
 - 1.1.2. Review of [NSHA PH-HP-015 Immunization](#) or [IWK 1107 Immunization](#)
 - 1.1.3. Completion of required learning and ongoing self-assessment of competence, as per [NSHA PH-HP-015 Immunization](#) or [IWK 1107 Immunization](#)
 - 1.1.4. Demonstrated Competency in the skill to an RHCP competent in administering immunizations

- 1.2. Nurses must review and follow [NSCN Care Directives: Guidelines for Nurses](#).

Implementation

1. Each clinical setting is responsible to determine the applicability and implementation of this CD.
2. An Authorized Prescriber (AP) must be available for consultation in the event of complications or concerns.
3. The following are authorized to autonomously implement this CD:
 - The Registered (RN),
 - The Critical Care Paramedic (CCP)
 - The Advanced Care Paramedic (ACP)
4. The LPN is authorized to autonomously implement this CD if all of the following are met:
 - The client's needs are known,
 - The intervention is part of an established plan of care,
 - The client's response(s) to the intervention are known, consistent over time, or readily anticipated, and
 - Sufficient resources are available within the environment (i.e., staff, policy, equipment etc.).
 - 4.1. If any of the above conditions are not met, the LPN must collaborate with the RN, ACP, CCP, or AP to determine the appropriateness of implementing this CD.
5. Registered Respiratory Therapists (RRTs), dentists, graduate nurses, clinical clerks, nursing students, pharmacy students, and UHCPs must implement this CD in collaboration with an RN, ACP, CCP, or AP.
 - 5.1. Immunizers are responsible to administer only those vaccines within their professional scope of practice.
6. Nurses refer to [NSCN Nursing Scope of Practice: Practice Guideline](#).
7. For support in decision-making on scope of practice and/or scope of employment, consult with IWK Director Nursing & Professional Practice, Health Services Manager, and/or Nova Scotia Health Interprofessional Practice & Learning.
8. The Immunizer is authorized to administer publicly funded vaccines as directed by PH or listed in [Routine Immunization Schedules for Children, Youth and Adults and Publicly Funded Vaccine Eligibility for Individuals at High Risk of Acquiring Vaccine Preventable Diseases](#).
9. The Immunizer must follow the [Canadian Immunization Guide, National Advisory Committee on Immunization \(NACI\)](#) statements for the specific immunization, and other resources for clinical guidance, including:
 - Current product monograph
 - [Nova Scotia Routine Immunization Schedule for Children, Youth and Adults](#)

- [Nova Scotia Immunization Manual](#).
- 9.1. Specific Nova Scotia government guidelines for certain groups must also be followed (i.e., high-risk groups, newcomers, and unimmunized patients/clients).
 10. The Immunizer must follow [Appendix B](#) for contraindications for administration of vaccinations to pediatric and adult patients/clients.
 11. Before immunization, Informed Consent must be obtained and validated by the Immunizer administering the vaccine (where required).
 - 11.1. Informed Consent must be obtained for both vaccine administration and any necessary emergency measures, if required (e.g., EPINEPHrine).
 - 11.2. Refer to [IWK 1175 NSHA CD-PH-020 Initial Management of Anaphylaxis Following Immunization](#)
 12. The Immunizer who performs the client immunization assessment is responsible and accountable to ensure the vaccine is administered.
 13. Documentation of immunization must follow IWK Health or Nova Scotia Health policy and any regulatory or setting specific requirements.
 - 13.1. The Immunizer must also record administration of vaccine in the client's personal Immunization record, as applicable and if available.
 14. For anaphylaxis, follow [IWK 1175 NSHA CD-PH-020 Initial Management of Anaphylaxis Following Immunization](#) and [Initial Management of Anaphylaxis Following Immunization Flow Chart](#).
 15. Immunizers with access to Panorama follow the appropriate procedure for reporting adverse events. Serious AEFI (e.g., anaphylaxis) must be reported within 1 working day.
 16. All other AEFI must be reported within 5 working days.
 17. For all adverse events following immunizations except COVID-19 vaccines, Immunizers:
 - 17.1. Complete [Initial Management of Anaphylaxis Following Immunization Documentation](#).
 - 17.2. Complete the [Adverse Event Following Immunization \(AEFI\) form](#).
 - 17.3. Submit the form to Public Health according to the direction in [It's the Law: Reporting Adverse Events Following Immunization](#).
 18. For adverse events following COVID-19 vaccination, Immunizers:
 - 18.1. Complete [Initial Management of Anaphylaxis Following Immunization Documentation](#)
 - 18.2. Complete the [Adverse Event Following Immunization \(AEFI\) form](#)
 - 18.3. Submit the form to CovidAEFI@nshealth.ca
 - 18.4. Alternatively, AEFI forms can be submitted to Public Health according to the direction in [It's the Law: Reporting Adverse Events Following Immunization](#)

REFERENCES

- College of Paramedics of Nova Scotia. (2019). *Scope of practice. Essential competency profiles*. <https://www.cpbs.ca/public/download/files/196038>
- Government of Nova Scotia. (2019). *Routine immunization schedules for children, youth & adults*. Retrieved from: <https://novascotia.ca/dhw/cdpc/documents/Routine-Immunization-Schedules-for-Children-Youth-Adults.pdf>
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Legislative Acts

- Hospitals Act, Revised Statutes of Nova Scotia (2014, c. 32, ss. 129, 130). Retrieved from: <http://nslegislature.ca/legc/statutes/hospitals.pdf>

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RELATED DOCUMENTS

Other

[Initial Management of Anaphylaxis Following Immunization Flow Chart](#)

[Nova Scotia Immunization Manual](#)

[NSCN Care Directives: Guidelines for Nurses](#)

[NSCN Practice Guideline Immunizations](#)

[Nova Scotia COVID-19 Vaccine Program – Information for Health Professionals](#)

Policies

[NSHA PH-HP-015 Immunization](#)

[IWK 1107 Immunization](#)

[NSHA IPC-RP-001 Routine Practices and Precautions](#)

[Relevant Local Policy on consent to treatment](#)

[NSHA MM-GA-001 Drug Prescribing, Administration and Testing By Pharmacists](#)

Care Directives

[IWK 1175 / NSHA CD-PH-020 Initial Management of Anaphylaxis Following Immunization](#)

[NSHA CD-EC-020 Administration of Tetanus Immunization](#)

Forms

[Initial Management of Anaphylaxis Following Immunization Documentation](#)

[Report of Adverse Event Following Immunization \(AEFI\)](#)

Appendices

[Appendix A: Definitions](#)

[Appendix B: Contraindications to Administering Vaccine](#)

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Appendix A: Definitions

Authorized Prescriber	<p>A Health Care Professional permitted by legislation, their regulatory college, IWK Health, Nova Scotia Health, and/or practice setting (where applicable) to prescribe medications and treatments. The authority to order medications is not linked to any particular health profession and may also differ within that health care profession depending upon specific competencies and skills.</p> <p>Examples of an Authorized Prescriber may include, but are not limited to, a physician, medical resident, Nurse practitioner, pharmacist, or midwife.</p>
Competency	<p>The combined knowledge, skills, judgment, and attributes that are required of the HCP to practice ethically and safely in a certain role or setting.</p>
Immunizer	<p>An RHCP or UHCP who has the employer-granted authorization via scope of employment, competency, and skills to administer immunizations, independently, in collaboration, or under supervision.</p>
Informed Consent	<p>Consent to treatment that is made on the basis of accurate and complete information with a goal to protect the patient's right to make autonomous decisions.</p>
Regulated Health Care Provider (RHCP)	<p>The practice of an RHCP is set out by legislation. A college, association, board, or other entity regulates the practice of the provider in the public interest by setting out the criteria for membership, a process for the investigation/resolution of complaints against members and provides that persons who are not admitted as members may not engage in the scope of practice as defined in the governing statute. An RHCP has a governing statute; a professional scope of practice as defined in its governing statute; and is guided by standards of practice and a code of ethics.</p> <p>For the purposes of this Care Directive, includes only the following:</p> <ul style="list-style-type: none">● Registered Nurses (RNs)● Dentists● Licensed Practical Nurses (LPNs)● Critical Care Paramedics (CCP)● Advanced Care Paramedics (ACP)● Graduate Nurses and Graduate Practical Nurses (implementing in collaboration with an RN)

- Registered Respiratory Therapists (RRT)

Relevant Local Policy

Policies of the former district health authorities that are in effect until superseded by Nova Scotia Health policy.

Unlicensed Health Care Providers (UHCPs)

The practice of UHCPs is not set out in or regulated by legislation. Individual UHCPs are always accountable to their employer for their actions (which includes inactions) and the decisions they make through a scope of employment, rather than a regulatory body (e.g., College, Association).

Appendix B: Contraindications to Administering Vaccine

See also: [Contraindications and selected precautions for vaccine administration for inactivated and live vaccines](#)

1. Acute severe illness without fever may be a valid reason to defer immunization. It is possible that systemic adverse events may complicate the medical management of an acute illness or that events associated with the acute illness may be misperceived as vaccine-related adverse events.

2. Vaccines are contraindicated for any client who had a previous anaphylactic reaction to the same vaccine, and for any clients with proven anaphylactic hypersensitivity to any component of a vaccine or its container.

3. Live vaccines are contraindicated for severely immunocompromised clients. Immunocompromised clients who are considering receiving live vaccines or who have complex care needs should be referred to the authorized prescriber.

Refer to [Immunization of Immunocompromised persons: Canadian Immunization Guide](#)

4. **Inactivated vaccines:** Inactivated vaccines may generally be administered to immunocompromised people if indicated because the antigens in the vaccine cannot replicate and there is no increase in the risk of vaccine-associated adverse events; however, the magnitude and duration of vaccine-induced immunity are often reduced. For complex cases, referral to a physician with expertise in immunization and/or immunodeficiency is advised.

Live attenuated vaccines: In general, people who are severely immunocompromised or in whom immune status is uncertain should not receive live vaccines because of the risk of disease caused by the vaccine strains. In less severely immunocompromised people, the benefits of vaccination with routinely recommended live vaccines may outweigh risks. Before giving an immunocompromised person a live vaccine, a physician with expertise in immunodeficiency should be consulted.

5. Client is pregnant (applies to live vaccines only). Pregnant clients should not receive live vaccines unless their risk from the illness is clearly greater than the potential risk from the vaccine; such cases should be referred to the authorized prescriber. Routine inactivated vaccines may be administered to pregnant clients if indicated. HPV is not indicated. HPV vaccine is not recommended for use in pregnancy.

[Immunization in pregnancy and breastfeeding: Canadian Immunization Guide](#)

6. Recommended timeframe must elapse before subsequent doses of the same vaccine can be administered.

7. The influenza vaccine should not be given to children under 6 months of age.

8. It is recommended that persons who develop GBS within 6 weeks of receipt of a tetanus or influenza vaccine should not receive further doses of that specific vaccine.

If there is a history of both Campylobacter infection (which has been associated with GBS) and immunization within 6 weeks before the onset of GBS, consultation with an infectious disease specialist is advised. Those who develop GBS outside the 6-week interval may receive subsequent doses of the vaccine.

9. MMR, MMRV, Varicella (chickenpox), and Herpes Zoster (shingles) live, attenuated vaccines are contraindicated in individuals with active, untreated tuberculosis as a precautionary measure. Consultation with an expert in infectious diseases is recommended. BCG vaccine is contraindicated for individuals with a positive tuberculin skin test.

10. Rotavirus vaccine is contraindicated in infants with a history of intussusception or uncorrected congenital malformation of the gastrointestinal tract that would predispose for intussusception.

11. For Covid-19 immunization related contraindications and precautions, refer to the Covid-19 vaccine chapter: [Covid- 19 vaccine: Canadian Immunization Guide](#).

Public Health Agency of Canada (PHAC), 2022

POLICIES BEING REPLACED

NSHA CD-PHC-001 Immunization Administration by Nurses in Primary Health Care

CDHA MM 15-011 Immunization by Pharmacists

IWK - 1052.0 - Management of Anaphylaxis Following Immunization

VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	2020-12-14	Nova Scotia Health Authority Medical Advisory Committee IWK Policy and Practice Committee	N/A
Revised	2021-02-12	NSHA Senior Director, Population and Public Health NSHA Senior Director, Primary Health Care and Chronic Disease Management NSHA Senior Medical Director, Primary Health Care and Department of Family Practice IWK VP, Clinical Care and Chief Nurse Executive	Minor Revision: <ul style="list-style-type: none"> • ACP/CCP role • Adverse Effect Reporting • Appendix B: Contraindications
Revised	2021-03-15	NSHA Senior Director, Population and Public Health NSHA Senior Director, Primary Health Care and Chronic Disease Management NSHA Senior Medical Director, Primary Health Care and Department of Family Practice	Minor Revision <ul style="list-style-type: none"> • Included Pharmacists as Authorized Prescribers
Revised	2021-04-08	N/A	Editorial Revision:

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			<ul style="list-style-type: none"> • Clarification in obtaining consent
Revised	2021-05-25	<p>NSHA Senior Director, Population and Public Health</p> <p>NSHA Senior Director, Interprofessional Practice and Learning</p> <p>IWK, Policy & Practice Committee</p>	<p>Minor Revision:</p> <ul style="list-style-type: none"> ○ Clarified conditions for paramedics ○ Clarified AEFI reporting direction
Revised	2021-07-05	<p>NSHA Senior Director, Population and Public Health</p> <p>NSHA Senior Director, Interprofessional Practice and Learning</p> <p>IWK, VP Patient Care</p>	<p>Minor Revision:</p> <ul style="list-style-type: none"> • Added policy exception ○ Updated applicability
Revised	2021-11-23	<p>NSHA Senior Director, Population and Public Health</p> <p>IWK, Policy and Practice Committee</p>	<p>Minor Revision:</p> <ul style="list-style-type: none"> ○ Removed policy exception ○ Revised contraindications <p>Note: NSHA PHC co-sponsorship officially withdrawn</p>
Revised	2022-01-17	<p>NSHA Senior Director, Population and Public Health</p> <p>IWK, Policy and Practice Committee</p>	<p>Minor Revision:</p> <ul style="list-style-type: none"> • Addition of term 'immunizer' for clarity • Addition of UHCPS
Revised	2022-07-12	<p>NSHA Senior Director, Population and Public Health</p> <p>IWK, Policy and Practice Committee</p>	<p>Minor Revision:</p> <ul style="list-style-type: none"> • Inclusion of RRTs • ACPs and CCPs as authorized implementers • Revised scope for LPNs • Updated contraindications

Revised	2022-11-08	IWK Policy and Practice Committee IWK VP, Chief Nurse Executive Director, Nursing, and Professional Practice	Minor Revisions: <ul style="list-style-type: none">• Clarified policy exception• Added missing IWK policy number for joint Initial Management of Anaphylaxis Care Directive• Removed IWK Policy 1052.0 references
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