

PRIMARY HEALTH CARE/PUBLIC HEALTH Care Directive

Title:	Immunization Administration	Number:	NSHA CD-PH-010 IWK 1170
Sponsor:	<p>NSHA Senior Director, Population and Public Health</p> <p>NSHA Senior Director, Primary Health Care and Chronic Disease Management</p> <p>NSHA Senior Medical Director, Primary Health Care and Department of Family Practice</p> <p>IWK VP, Clinical Care and Chief Nurse Executive</p>	Page:	1 of 9
Approved by:	<p>Nova Scotia Health Authority Medical Advisory Committee</p> <p>IWK Policy and Practice Committee</p>	Approval Date:	<p>NS Health: Dec. 9, 2020</p> <p>IWK: Dec. 14, 2020</p>
		Effective Date:	Dec. 14, 2020
Applies to:	<p>Regulated Health Care Professionals (HCPs) (including Indigenous Services Canada/Government of Canada employees) 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 Centre and Nova Scotia Health.</p> <p>Authorized Prescribers: procedures only.</p>		

Policy exception:

For a limited time, Canadian Armed Forces (CAF) personnel (including Registered Nurses, Medical Technicians, and Medical Assistants) and Canadian Red Cross personnel (Registered Nurses) are authorized to implement this care directive in accordance with their scopes of practice and employment, only when guided by Nova Scotia Health and IWK Health Centre **operational direction.**

Initial competency for immunization and the initial management of anaphylaxis following immunization is the responsibility of the Canadian Armed Forces and Canadian Red Cross.

NOTE:

This care directive must be used in conjunction with

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

[IWK 1107 Immunization](#)

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

[IWK - 1052.0 - Management of Anaphylaxis following Immunization](#)

Exception: This care directive does not apply to 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 Professionals (HCPs) 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 publically funded are not covered under this care directive.

- An order/prescription from an Authorized Prescriber (AP) for each individual patient/client is required for 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 HCP 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 HCP competent in administering immunizations
 - 1.2. Nurses must review and follow [NSCN Care Directives: Guidelines for Nurses](#).

Implementation

1. The HCP is authorized to administer publicly funded vaccines listed in [Routine Immunization Schedules for Children, Youth and Adults](#).
2. An Authorized Prescriber (AP) must be available for consultation in the event of complications or concerns.
3. Each clinical setting is responsible to determine the applicability and implementation of this CD.
4. The Registered (RN) is responsible to assess and determine the appropriateness of implementing this CD.
5. The Advanced Care Paramedic (ACP) and Critical Care Paramedic (CCP) are responsible to assess and determine the appropriateness of implementing this CD.
6. Licensed Practical Nurses (LPNs), graduate nurses, medical students, and nursing students must implement this CD in collaboration with an RN or AP.
 - 6.1. ACPs and CCPs implement this CD in collaboration with an RN or AP when necessary.
7. Nurses refer to [NSCN Nursing Scope of Practice: Practice Guideline](#).
 - 7.1. For support in decision-making on scope of practice and/or scope of employment, consult with IWK Nursing Practice and Clinical Support or Nova Scotia Health Interprofessional Practice & Learning.
8. For dose, route of administration, and schedule, the HCP must follow the current product monograph and other resources for clinical guidance, including:
 - [Nova Scotia Routine Immunization Schedule for Children, Youth and Adults](#)
 - [National Advisory Committee on Immunization \(NACI\)](#) statements for the specific immunization

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

REFERENCES

- 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>
- Government of Nova Scotia (2019). *Nova Scotia immunization manual*. Retrieved from: <https://novascotia.ca/dhw/cdpc/documents/Immunization-Manual.pdf>
- Nova Scotia College of Nurses. (2012). *Care directives: Guidelines for Nurses*. Halifax. Retrieved from: <https://cdn1.nscn.ca/sites/default/files/documents/resources/CareDirectives.pdf>
- Nova Scotia College of Nurses. (2017). *Documentation guidelines for nurses*. Retrieved from: <https://cdn1.nscn.ca/sites/default/files/documents/resources/DocumentationGuidelines.pdf>
- Nova Scotia College of Nurses. (2020). *Immunizations: Practice guideline*. Retrieved from: <https://cdn1.nscn.ca/sites/default/files/documents/resources/Immunization.pdf>
- Public Health Agency of Canada. (2020). *Canadian immunization guide*. Retrieved from: <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>
- Public Health Agency of Canada. (2020). *Canadian immunization guide: Anaphylaxis and other acute reactions following vaccination*. Retrieved from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html>
- Public Health Agency of Canada. (2020). *Canadian immunization guide: Table of updates*. Retrieved from: <https://www.canada.ca/en/public-health/services/canadian-immunization-guide/updates.html>

Legislative Acts

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

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](#)

Policies

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

[IWK 1107 Immunization](#)

[IWK - 1052.0 - Management of Anaphylaxis following Immunization](#)

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[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, 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 midwives.</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>
Regulated Health Care Professionals	<p>For the purposes of this Care Directive, includes only the following:</p> <ul style="list-style-type: none">• Registered Nurses (RNs)• Licensed Practical Nurses (LPNs)• Advanced Care Paramedics (ACP)• Critical Care Paramedics (CCP)• Midwives• Graduate Nurses and Graduate Practical Nurses (implementing in collaboration with an RN)
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>
Relevant Local Policy	<p>Policies of the former district health authorities that are in effect until superseded by Nova Scotia Health policy.</p>

Appendix B: Contraindications to Administering Vaccine

1. Acute severe illness without fever is a valid reason to defer immunization, this prevents associating effects of acute illness with the vaccine administration or vice versa.
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.
4. Clients receiving immunosuppressive therapy should consider delaying inactivated vaccination until immunosuppressive therapy has stopped. Live vaccines are contraindicated in most clients receiving immunosuppressive therapy. Refer clients receiving immunosuppressive therapy to the authorized prescriber.
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.
6. Vaccines should not be administered if previously given within the recommended immunization schedule guidelines. Recommended timeframe must elapse before subsequent doses of vaccine can be administered.
7. The influenza vaccine should not be given to children under 6 months of age.
8. Clients who developed Guillain-Barre Syndrome within 6 weeks of receiving a vaccine should not receive the same vaccine. For influenza vaccine, refer such clients to the authorized prescriber.
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.
Public Health Agency of Canada (PHAC), 2020

NSHA/DHA POLICIES BEING REPLACED

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

CDHA MM 15-011 Immunization by Pharmacists

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

Version:	Effective:	Approved by:	What's changed:
Revised	2021-04-08	N/A	Editorial Revision: <ul style="list-style-type: none"> • Clarification in obtaining consent
Revised	2021-05-25	NSHA Senior Director, Population and Public Health NSHA Senior Director, Interprofessional Practice and Learning IWK, Policy & Practice Committee	Minor Revision: <ul style="list-style-type: none"> • Clarified conditions for paramedics • Clarified AEFI reporting direction
Revised	2021-07-05	NSHA Senior Director, Population and Public Health NSHA Senior Director, Interprofessional Practice and Learning IWK, VP Patient Care	Minor Revision: <ul style="list-style-type: none"> • Added policy exception • Updated applicability