



Policy & Procedure

Policy Title:	Immunization	
Applies To:	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 Nova Scotia Health.	
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PURPOSE

The purpose of this policy is to:

- Set a standard for Immunization Competency requirements
- Facilitate Immunization program delivery to routine and high-risk populations
- Promote the accuracy of documentation and reporting of Immunizations
- Support the safety, efficiency, and effectiveness of Immunization practices

PRINCIPLES AND VALUES

1. Nova Scotia Health strives to:

- 1.1. Ensure equitable access for vulnerable populations.
- 1.2. Promote and improve accessibility by minimizing barriers such as, but not limited to: transportation, child care, providing services in non-health care settings, time of day, urban and rural considerations.
- 1.3. Promote cultural and emotional safety.
- 1.4. Provide access to interpretive services.

2. **People Centred Care:** Nova Scotia Health strives to always put the person at the centre of care and service. The dignity and respect of Patients, Team Members, and community members are essential to policy development. The following statements demonstrate Nova Scotia Health's commitment to building trust-based relationships and genuine partnerships with all Patients, Team Members, and community members.

- 2.1 When preparing and administering Immunizations, Nova Scotia Health professionals strive to provide quality, safe care that is respectful of the Client, their family, and community.

3. From a publicly funded perspective, the authority for Immunization in Nova Scotia is provided by the [Health Protection Act](#).

4. Nova Scotia Health policies governing Immunization practice are designed to be used in conjunction with the most current:

- 4.1. Recommendations from the [National Advisory Committee on Immunization \(NACI\)](#)
- 4.2. [Nova Scotia Immunization Schedule\(s\)](#)
- 4.3. [Nova Scotia Publicly Funded Vaccine/Immunoglobulin Eligibility Policy](#)
- 4.4. [Nova Scotia Publicly Funded Vaccine Eligibility for Individuals at High Risk of Acquiring Vaccine Preventable Diseases](#)

POLICY STATEMENTS

1. Regulated Health Care Professionals (HCPs) must ensure competency in Immunization practice aligned with the requirements of their practice setting prior to provision of Vaccines or other immunizing agents.
2. Prior to administering any Immunization, the HCP must follow:

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- The current product monograph
 - [Canadian Immunization Guide](#)
 - [National Advisory Committee on Immunization \(NACI\)](#) statements for the specific Immunization
 - Guidance on [Nova Scotia Publicly Funded Immunization Policy](#)
 - Guidance on [Nova Scotia Publicly Funded Vaccines for High Risk Conditions](#)
3. For dose, route of administration, and schedule, the HCP must follow the current product monograph and other resources for clinical guidance, including:
 - [Routine Immunization Schedule for Children, Youth and Adults](#)
 - [Tetanus Prophylaxis in Wound Management](#)
 - [Nova Scotia Immunization Manual](#)
 - [Canadian Immunization Guide](#)
 - [National Advisory Committee on Immunization \(NACI\)](#) statements for the specific Immunization
 - [NS DHW Immunization Policies](#)
 4. Before immunization, Informed Consent must be obtained from the Client or substitute decision maker and validated by the HCP administering the vaccine (where required).
 - 4.1. Informed Consent must be obtained for both vaccine administration and any necessary emergency measures, if required (e.g. EPINEPHrine).
 5. Documentation of Immunization must follow Nova Scotia Health policy and any regulatory or area/setting specific requirements.
 - 5.1. The HCP must also record administration of Vaccine in the Client's personal Immunization record, as applicable and if available.
 6. HCPs working in, or supporting Occupational Health, Safety and Wellness (OHSW) may immunize Nova Scotia Health employees or other Team Members specifically under [NSHA CD MM-005 Administration of Vaccines, Medications and Testing by OHNs](#).
 - 6.1. HCPs immunizing fellow Nova Scotia Health Team Members must register as part of an OHSW workplace Immunization campaign (e.g. Champion program) in order to administer **only** seasonal/epidemic/pandemic Vaccines to other NS Health Team Members and other non-NS Health staff who have contact with NS Health Clients (e.g. Justice, Community Services, Education).
 - 6.2. This includes the administration of Vaccine and the initial management of anaphylaxis following Immunization (see [NSHA CD-PH-020 Initial Management of Anaphylaxis Following Immunization](#)).
 7. All HCPs may immunize a Client as per [NSHA CD-PH-010 Immunization](#).

- 7.1. This includes the administration of Vaccine and the management of anaphylaxis following Immunization (see [NSHA CD-PH-020 Initial Management of Anaphylaxis Following Immunization](#)).

See also: NSHA [AD-OHS-015 Occupational Health Immunizations](#)

8. All admitted Clients and Team Members are offered influenza Vaccine during the annual influenza season, unless contraindicated.
 - 8.1. If the Client or Team Member has already received the influenza Vaccine, the HCP must document the administration date (approximate, if necessary) in the Client's medical record.
9. All Clients must be assessed for pneumococcal Immunization.
 - 9.1. If eligible, all individuals with high risk conditions as outlined in the [Publicly Funded Vaccine Eligibility for Individuals at High Risk of Acquiring Vaccine Preventable Diseases](#) must be offered the publicly funded pneumococcal Vaccine.
10. All Clients must be assessed for [tetanus prophylaxis in wound management](#) in emergency or urgent care settings.
11. Panorama is the repository for all Nova Scotia Immunization records. Panorama is maintained by Public Health.

Competency Requirements

12. General

- 12.1. All HCPs must successfully complete competency requirements for Immunization practice.
 - 12.2. Pharmacists must hold a valid [Nova Scotia College of Pharmacists Drug Administration by Injection Permit](#).
 - 12.3. Immunization Competency is required for administration of Vaccines for [tetanus prophylaxis in wound management](#).
 - 12.4. Nursing, medical, and pharmacy students must complete the Immunization learning modules appropriate to their practice setting, demonstrate competency, and be supervised by another HCP competent in Immunization practice.
 - 12.5. Education, training, and competency are professional requirements for HCPs and continuing competence relevant to their discipline.
13. Nurses refer to [NSCN Nursing Scope of Practice: Practice Guideline](#).
 - 13.1. For support in decision-making on scope of practice and/or scope of employment, consult with Clinical Support or Nova Scotia Health Interprofessional Practice & Learning.
 14. **All Practice Settings except Public Health and Primary Health Care**
 - 14.1. For Initial Immunization Competency certification, the HCP must complete:

- 14.1.1. The Immunization Course on the [NS Health Learning Management System \(LMS\)](#).
- 14.2. Demonstration of proficiency in the clinical skill by using the [Skills Checklist for Vaccine Administration](#). The completed checklist must be submitted by the HCP to the Health Services Manager or delegate prior to independent practice.
15. **Public Health Registered Nurses (RNs/PHNs), Licensed Practical Nurses (LPNs) and Primary Health Care Nurse Practitioners (NPs), RNs, LPNs**
 - 15.1. For initial Immunization Competency certification, the HCP must complete:
 - 15.1.1. The Canadian Pediatric Society (CPS) Education Program for Immunization Competencies (EPIC), by registering through the [NS Health LMS](#) and following guidance from their setting for access to the program.
 - 15.1.2. Demonstration of proficiency in the clinical skill by using the [Skills Checklist for Vaccine Administration](#).
 - 15.1.3. Submission of proof of competency (e.g. the completed checklist) to the Health Services Manager or delegate prior to independent practice.
16. **All HCPs must complete an annual self-assessment** of competency consisting of:
 - 16.1. A review of skills and knowledge using the [Skills Checklist for Vaccine Administration](#).
 - 16.2. Review of the specific product monograph for the Vaccine or immunizing agent
 - 16.3. Review of new or revised literature or clinical practice guidance for the Vaccine/immunizing agent:
 - 16.3.1. [Updates to NACI Guidelines](#) for specific Vaccines/products
 - 16.3.2. Updates to Provincial Guidance on [Publicly Funded Vaccines/Immunizing Agents in NS](#)
17. Retention of records related to learning/competency is the responsibility of the HCP and the manager.

Immunization Orders

18. An Authorized Prescriber's order for a Vaccine or immunizing agent must be provided for all programs and services administering active immunizing agents except where a Care Directive has been developed and approved by the appropriate authority of Nova Scotia Health.
19. NPs have the authority to prescribe Immunizations and must ensure they have the required knowledge, skills, and judgement to do so.
20. Midwives have the authority to prescribe Immunizations and must ensure they have the required knowledge, skills, and judgement to do so.
21. Pharmacists have the authority to prescribe Immunizations and must ensure they have the required knowledge, skills, and judgement to do so.

PROCEDURE

Safety and Preparation for Immunization

The HCP is responsible to:

1. Review clinical guidance documents to guide the administration of the Vaccine/immunizing agent as per product monograph and [clinical guidance documents](#) referenced in the policy statements.
2. Prepare the emergency response protocol as per [NSHA CD-PH-020 Initial Management of Anaphylaxis Following Immunization](#), review administration technique and clinical situations where use would be indicated.
3. Ensure the anaphylaxis supplies and/or Kits are within reach and items have not expired.
4. Review guidance to prevent and report any needlestick injury as per [NSHA-AD-OHS-005 Sharps Safety](#).
5. Assemble safety supplies, including a sharps container, and hand hygiene products.
6. Prepare for safe Vaccine handling, including:
 - 6.1. Maintenance of the Vaccine at appropriate temperature in accordance with product monograph to ensure efficacy, and protection from light, as applicable.
 - 6.2. Complete temperature log daily to ensure the Vaccine remains within recommended temperature range as per the product monograph, as outlined in the [Storage and Handling Toolkit](#).
 - 6.3. Report of Cold Chain breach for any publicly funded Vaccine (report any variation to the expected temperature range immediately to [Public Health](#)).
 - 6.4. Report of Cold Chain breach for any non-publicly funded Vaccine (report any variation in the expected temperature range to local pharmacy department and/or directly to the manufacturer).
 - 6.5. Public Health refers to provincial bio-depot for Cold Chain investigation.

Education and Assessment

The HCP is responsible to:

1. Obtain Informed Consent (see [relevant local policies](#) on consent).
2. Perform [Point of Care Risk Assessment](#) and choose appropriate PPE to minimize risk.
3. Explain what Vaccines will be given and which type(s) of injection(s) will be done.
4. Answer questions and accommodate language or literacy barriers and special needs of the Client/SDM/family.
5. Complete a health assessment and Immunization history and screens for indications and contraindications with careful consideration to the following:
 - Allergy to any component of the Vaccine
 - Reactions to a previous dose of any Vaccine

- Pregnancy
 - Immune compromised status
 - Receipt of live Vaccine in previous 4 weeks (if administering a live Vaccine)
 - Receipt of a blood product prior to a live Vaccine
 - Interval between a polysaccharide and a conjugate Vaccine
 - Vaccine specific contraindications (see product monograph)
 - Invite the Client to share any information that may relate to receiving the Vaccine.
6. Not immunize Client if there are contraindications (see [Appendix B](#)).
 - 6.1. Advise Client to consult a primary care provider/most responsible HCP for follow-up.
 7. Provide education on common side effects, how to manage at home, and when to contact their provider or seek care.
 8. In collaboration with Client/SDM/family determine the need for psychosocial preparation, procedural support such as distraction, pain management, as well as the need for an assistant to support the safe completion of the procedure while minimizing the risk of pain and distress (see: [Techniques to Decrease Immunization Injection Pain](#)).
 9. Review comfort measures and aftercare instructions including requirement for observation for 15 minutes post-Immunization.

Vaccine Preparation

The HCP is responsible to:

1. Perform proper [hand hygiene](#).
2. Review temperature of Vaccine to ensure it is within proper range when removing from refrigerator or Vaccine cooler. Maintain daily record of temperature storage for Vaccines and other biological products (see [Vaccine Storage and Handling Toolkit](#)).
3. Check vial expiration date. Double check vial label and contents prior to drawing up. Inspect the Vaccine for:
 - 3.1. Unusual appearance (color, sediment, or evidence of freezing)
 - 3.2. Expiry date: check the vial, not the box, for Vaccine expiry. Refer to product monograph for expiry of multi-use vials.
4. Prepare Vaccine in designated clean medication areas or clinic station immediately prior to administration.
 - 4.1. Vaccine should only be drawn up immediately before administration. Pre-drawing of Vaccine is not an approved practice, can impact the viability of the product to provide protection, and increases risk of administration errors.

Note: Pre-drawing may be considered only if the manufacturer data supports this practice in a pandemic or public emergency.

See [Clinical Practice Guideline: Preparing/Pre-Loading Covid-19 Vaccine Syringes for Pandemic Immunization Clinics](#)

5. Select the correct needle size for IM and Subcutaneous injection based on Client age and/or weight, injection site, and recommended injection technique as per product monograph.
6. Maintain aseptic technique throughout, including cleaning the rubber septum (stopper) of the vial with alcohol prior to piercing it.
7. Prepare Vaccine vial as per direction from product monograph (i.e. reconstitute and mix using the diluent supplied).
8. Prepare a new sterile syringe and sterile needle for each injection.
9. Check the expiration date on the equipment (e.g. needles and syringes), if present.
10. Label each filled syringe and/or use labeled tray/trays to keep them identified.
 - 10.1. If administering multiple Vaccines, clearly differentiate Vaccines from each other for safety.

Administering Immunizations

The HCP is responsible to:

1. Re-check the Authorized Prescriber's order or Care Directive against the vial and prepared syringes.
2. Use proper [hand hygiene](#) with every Client.
3. Identify appropriate route of injection for each Vaccine, as per the product monograph.
4. Position Client, or provide guidance to parents as appropriate for positioning of children.
5. Correctly identify the injection site and anatomic landmark for specific IM or subcut injection.
6. Prep the site with alcohol wipe, using circular motion from the centre to a 2" to 3" circle. Allow alcohol to dry.
7. Control the limb with the non-dominant hand; hold the needle an inch from the skin and insert quickly at the appropriate angle (i.e. 90° for IM and 45° for subcut).
8. Inject Vaccine using steady pressure; withdraw needle at angle of insertion.
9. Apply gentle pressure to injection site for several seconds using gauze pad or bandaid.
10. Use strategies to reduce anxiety and pain associated with injections.
11. Dispose of needle, syringe and Vaccine vial in sharps container.
12. Monitor Client post-Immunization:
 - 12.1. Observe the Client for a minimum of **15 minutes** for signs and symptoms of anaphylaxis/allergic reaction. If local reaction, assessment timeframe may be extended to 30 minutes or longer considering practice setting considerations.

- 12.2. For suspected signs and symptoms of anaphylaxis, implement [NSHA CD-PH-020 Initial Management of Anaphylaxis Following Immunization](#) .
- 12.3. For local reactions at the injection site, systemic reactions or other allergic reactions, or rare neurological events, complete an assessment and follow treatment recommendations based on clinical best practice guidance, i.e. [NS Immunization Manual Chapter 8: Adverse events Following Immunization Guidance](#).

Documentation and Reporting

1. Document the following:
 - 1.1. Pre-Immunization assessment findings (e.g. assessment of contraindications or precautions)
 - 1.2. Risks/benefits of not being immunized reviewed, possible common and expected adverse effects and possible serious side effects and frequency
 - 1.3. Potential need and consent for anaphylaxis management
 - 1.4. Questions posed by the Client and their verbal consent to the Immunization and potential anaphylaxis management.
 - 1.5. Consent can be documented in the health record or appropriate designated form.
 - 1.5.1. [Employee Health Influenza Consent Form](#) can be used for employee influenza Immunization campaigns.
 - 1.6. The administration of and response to the Vaccine in the health record, including:
 - Date and time
 - Product: generic & trade name
 - Lot number
 - Expiry date
 - Route
 - Site
 - Dose
 - Adverse event or reaction
 - Signature
2. The record of all Immunizations administered (including those not publicly funded) are sent to Public Health using the required Public Health forms (i.e. Reciprocal Notification or Aggregate Form).
 - 2.1. Public Health is responsible to record all Immunizations administered in Panorama.
3. Report all of the following, as applicable:
 - 3.1. All individual Immunizations of Clients **except** influenza.
 - 3.2. Client Immunization data to local public health offices within each zone.

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- 3.3. [Employee Health Influenza Consent Forms](#) are sent to Occupational Health for employee files and reporting to Public Health.
4. For anaphylaxis, follow [IWK 1175 NSHA CD-PH-020 Initial Management of Anaphylaxis Following Immunization](#)
5. Any HCP administering immunizations to NS Health Team Members within any seasonal/pandemic campaign must report any adverse event to OHSW.
6. 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.
7. All other AEFI must be reported within 5 working days.
8. For all adverse events following immunizations except COVID-19 vaccines, HCPs:
 - 8.1. Complete [Initial Management of Anaphylaxis Following Immunization Documentation](#).
 - 8.2. Complete the [Adverse Event Following Immunization \(AEFI\) form](#).
 - 8.3. Submit the form to Public Health according to the direction in [It's the Law: Reporting Adverse Events Following Immunization](#).
9. For adverse events following COVID-19 vaccination, HCPs:
 - 9.1. Complete [Initial Management of Anaphylaxis Following Immunization Documentation](#).
 - 9.2. Complete the [Adverse Event Following Immunization \(AEFI\) form](#)
 - 9.3. [Submit the form to CovidAEFI@nshealth.ca](#)
 - 9.4. Alternatively, AEFI forms can be submitted to Public Health according to the direction in [It's the Law: Reporting Adverse Events Following Immunization](#)

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confidence in immunization skills. *Academic Pediatrics*, 18 (5), e6.
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RELATED DOCUMENTS

[COVID-19 Hub for NS Health Team Members & Physicians](#)

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

Policies

[NSHA AD-OHS-020 Pre-Employment Health Screening](#)

[NSHA AD-OHS-015 Occupational Health Immunizations](#)

[IWK-1745 & NSHA MC-NB-001 Skin to Skin Contact for Healthy Term Infants](#)

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

Care Directives

[IWK 1170 NSHA CD-PH-010 Immunization](#)

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

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

[NSHA CD-OHS-001 Administration of Vaccines, Medications, and Testing](#)

[NSHA CD-PH-001 Travel Clinic Vaccines](#)

[NSHA CD-PH-005 Occupational Health and Other Non-Publicly Funded Vaccines](#)

Other

[National Association of Pharmacy Regulatory Authorities](#)

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](#)

[Appendix C: Active Immunizing Agents](#)

[Appendix D: Course Descriptions](#)

[Appendix E: Related Resources and Information](#)

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Appendix A: Definitions

Active Immunity	Active Immunity is protection acquired through active immunizing agents and is produced by one's own immune response. This type of immunity takes longer to achieve, but it is stronger and is usually permanent.
Anaphylaxis Kit	An Anaphylaxis Kit contains the medication and supplies required to initially treat anaphylaxis. Medication (e.g., epinephrine) and other emergency supplies should be checked on a regular basis and replaced when outdated. Anaphylaxis management Kits should be readily available wherever Vaccines are administered, as appropriate preparation is important for a good outcome in anaphylaxis. Refer to link for essential items in an Anaphylaxis Kit. Kits may also be available from pharmacies.
Authorized Prescriber	A Health Care Professional authorized by legislation to prescribe drugs and other health products. In Nova Scotia, Authorized Prescribers include nurse practitioners, physicians, dentists, midwives, pharmacists, and optometrists.
Care Directive	<p>An employer policy developed in consultation with prescriber(s) for an intervention or series of interventions to be implemented by another care provider for a range of Clients with identified health conditions or needs when specific circumstances exist.</p> <p>The purpose of a Care Directive is to provide safe, timely, effective and efficient Client care and to optimize the practice of all care providers. A Care Directive is different from a direct order or an order set.</p>
Client	For the purpose of this policy, a Client is an individual patient, resident, employee, or other team member for which Immunization is indicated based on public health guidance for routine and high risk Immunizations, and additionally for response to Vaccine preventable disease outbreaks, including influenza, or pandemic response.
Cold Chain	The process used to maintain optimal conditions during the transport, storage and handling of Vaccines. It begins with the Vaccine manufacturer and ends when the Vaccine is administered. The optimum temperature for most refrigerated Vaccines is between +2°C and +8°C. For frozen Vaccines the optimum temperature is -15°C or lower. In addition, protection from light is a necessary condition for some Vaccines. Adherence to storage temperatures must be maintained at every point in chain. Vaccine

	<p>product held outside the optimum temperature has experienced a Cold Chain breach.</p> <p>Refer to the current product monograph for specific direction on Vaccine storage.</p>
Health Care Professional (HCP)	<p>Includes the following:</p> <ul style="list-style-type: none"> • Physicians • Medical Clerks • Medical Residents • Nurse Practitioners (NPs) • Registered Nurses (RNs) • Licensed Practical Nurses (LPNs) • Advanced Care Paramedics (ACP) • Critical Care Paramedics (CCP) • Midwives • Graduate Nurses • Graduate Practical Nurses (Implementing in collaboration with an RN) • Pharmacists
Immunization	<p>The process by which immunity is conferred, either by injection of antigens (active Immunization)</p>
Immunization Competency	<p>Demonstration by a Vaccine provider of the attitudes, knowledge, and clinical skills necessary to provide safe and effective Immunizations.</p> <p>Note: Vaccine providers must complete an Immunization Competency program, particular to their professional designation, before administering Vaccine and biological products</p>
Informed Consent	<p>The process of the HCP giving information about a particular treatment or test (potential risks and benefits) in order for the Client to decide whether or not they wish to undergo a treatment or test.</p>
Nova Scotia Health Team Members	<p>Unless specifically limited by a certain policy, refers to all Employees, physicians, learners, volunteers, board members, contractors, contract workers, franchise employees, and those with affiliated appointments and other individuals performing activities within Nova Scotia Health.</p>

<p><u>Point of Care Risk Assessment</u></p>	<p>An individual assessment of each Client’s potential risk of transmission of microorganisms must be made by all HCPs who come into contact with them. Based on that risk assessment and a risk assessment of the task, one may determine appropriate intervention and interaction strategies, such as (but not limited to) hand hygiene, waste management, and use of personal protective equipment that will reduce the risk of transmission of microorganisms to and from the individual.</p>
<p>Vaccination</p>	<p>Vaccination is a method of preventing certain infections. It consists of introducing preparations called Vaccines into an organism for the purpose of inducing Active Immunity.</p>
<p>Vaccine</p>	<p>A Vaccine is an antigenic preparation which, when introduced into an organism, induces the production of antibodies capable of fighting off infection of that organism by a given micro-organism.</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.
11. Asthma should be optimized before giving any vaccine. Live, attenuated influenza vaccine (LAIV) should not be administered to individuals with severe asthma (defined as currently on oral or high dose inhaled glucocorticosteroids or having active wheezing) or those with medically attended wheezing in the seven days prior to vaccination. LAIV can be used in stable, non-severe asthmatics.
Public Health Agency of Canada (PHAC), 2020

Appendix C: Active immunizing agents

Active Immunizing Agents			
Type of Vaccine			Examples
Replicating Vaccines	Live Attenuated	Virus	MMR, Varicella (chickenpox)
		Bacteria	Typhoid (oral)
Non-Replicating Vaccines	Inactivated	Viral	Polio (inj), Hepatitis A, Rabies
		Bacteria	Typhoid (inj)
	Subunit	Proteins	Acellular pertussis, Influenza
		Protein toxoid	Diphtheria, Tetanus
		Recombinant	Hepatitis B, Human Papillomavirus, Herpes Zoster (shingles)
		Polysaccharide	Pneumococcal, Meningococcal, Typhoid (inj)
Conjugate	Act-HIB, Meningococcal, Pneumococcal		

Appendix D: Course descriptions

Education Program for Immunization Competencies (EPIC):

EPIC is the required immunization competency program for HCPs in Public Health and Primary Health Care setting within NS Health. Other HCPs may benefit from completion of the EPIC program for ongoing practice development/practice progression. Upon successful completion of this continuing education program, participants will be better able to:

- Provide accurate and complete information about immunization
- Promote safe and competent practices to achieve higher vaccine coverage rates

The following modules are the core components of the program:

1. The Immune System and Vaccines
2. Vaccine-Preventable Diseases
3. Vaccine Development and Evaluation
4. The Types of Immunizing Agents and their Composition
5. Population Health
6. Communications
7. Storage and handling of Immunization Agents
8. Administration of Immunizing Agents
9. Adverse Events Following Immunization
10. Documentation
11. Populations Requiring Special Considerations
12. The Canadian Immunization System
13. Immunization Issues
14. Legal and Ethical Aspects of Immunization

The Canadian Pediatric Society has designed EPIC to help health care professionals provide accurate and complete information about immunization. EPIC was developed and supported by the Department of National Defence and the Public Health Agency of Canada.

NS Health Immunization Course (LMS)

The NS Health Immunization Course is the required competency for immunization providers across all practice settings in NS Health (except Public Health and Primary Health Care).

Upon successful completion of this continuing education program, participants will be able to:

- Provide education and assessment for recommended immunizations
- Provide safe and competent practices for recommended immunizations

The following modules are the core components of the course:

1. Immunology and Vaccinology

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2. Assessment and Preparation of the Client for Immunization
3. Immunization Administration Techniques
4. Adverse events
5. Safe handling of vaccines

Appendix E: Related resources and information

- [COVID-19 Hub for NS Health Team Members & Physicians](#)
- [Nova Scotia Health Interpretation/Translation](#)
 - Provides resources and contact information for NS Health services
- [Nova Scotia Health Ethics Network](#)
- [CANImmunize](#): A digital vaccination record for Canadians (not affiliated with NS Health)
- [Influenza Immunization Campaign](#)
- [It's the Law: Report Adverse Events Following Immunization](#)
- [Immunization Action Coalition](#)
- [BC Centre for Disease Control, Communicable Disease Control Manual, Chapter 2: Immunization, Part 5: Adverse Events Following Immunization](#)
- [CDC's Pink Book Webinar Series](#)
- [Consent and Minors for COVID-19 Interventions](#)
- [Mature Minor Consent for COVID-19 Immunization](#)
- Product Monographs:
 - [Pfizer-BioNTech COVID-19 Vaccine](#)
 - [COVID-19 Vaccine Moderna](#)
 - [AstraZeneca COVID-19 Vaccine](#)
- [IWK Comfort Promise: IWK's Commitment to Pain Management](#)
- [Pain Management Resources for Immunization](#)
- Pharmacy Resources:
 - [Numbing Cream: Topical Anesthetic PL-1259](#)
 - [Pediatric Drug Dosing Guidelines: tetracaine](#)
 - [Pediatric Drug Dosing Guidelines: lidocaine/prilocaine](#)

NSHA/DISTRICT HEALTH AUTHORITY POLICIES BEING REPLACED

NSHA IPC-CD-005 Pneumococcal Immunization

NSHA IPC-CD-010 Influenza Immunization

AVDHA 282.013 Influenza Pneumococcal Immunization: Admitted Patients and Out Patients

CBDHA - IC-III-325 Administration of Influenza Vaccine

CBDHA - IC-III-405 Pneumococcal Immunization

CBDHA N-9-50 Immunization

CBDHA N-1-50 Management of Anaphylaxis in Community Practice Setting

CDHA MM 20-005 Initial Management of Anaphylaxis Following Immunization

CDHA MM 20-010 Immunization Administration

CEHHA 311-024 Influenza Immunization Shared Competency

CEHHA 311-043 Pneumococcal Immunization (Post Entry Level Competency)

CHA 110-007 Immunization

GASHA-Initial Management of Anaphylaxis Following Immunization

GASHA-Immunization Administration

PCHA 9-i-20 Adult Influenza & Pneumococcal Vaccination Program

SSH-NU-200-550 Immunization

SWDHA 0-022 Immunization Competency

VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	2020-12-14	HAMAC	N/A
Revised	2021-02-11	SD, IPP&L and SD, Public Health	Minor revisions to: <ul style="list-style-type: none"> • Adverse Effect Reporting • Appendix B: Contraindications • Appendix C: Active immunizing agents
Revised	2021-03-15	SD, IPP&L and SD, Public Health	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	2021-04-29	SD, IPP&L and SD, Public Health	Minor Revision: <ul style="list-style-type: none"> Clarification on pre-drawing Added relevant links to resources
Revised	2021-05-25	SD, IPP&L and SD, Public Health	Minor Revision: <ul style="list-style-type: none"> Updated AEFI reporting direction Added resources
Revised	2021-07-05	Senior Director, Population and Public Health Senior Director, Interprofessional Practice and Learning	Minor Revision: <ul style="list-style-type: none"> Updated applicability