



Capital Health

MEDICATION MANUAL Policy and Procedure

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| TITLE: Immunization Administration | NUMBER: MM 20-010 |
| Effective Date: February 2015 | Page 1 of 8 |
| Applies To: Holders of the Medication Manual | |

THIS IS A POST- ENTRY LEVEL COMPETENCY FOR *RNs, LPNs AND PHARMACISTS* IN SPECIFICALLY APPROVED PRACTICE SETTINGS AND REQUIRES ASSESSMENT OF COMPETENCY PRIOR TO PERFORMING.

POLICY

1. Capital Health Healthcare Professionals are to follow the Nova Scotia Immunization Schedules as outlined by the Department of Health and Wellness.
2. Immunization administration as per this policy serves to:
 - 2.1. Set a standard regarding requirements for competency in immunization practice, in Capital Health
 - 2.2. Facilitate immunization program delivery to routine and targeted high-risk populations within Capital Health.
 - 2.3. Ensure the accuracy of documentation of immunization and reporting of immunization.
 - 2.4. Promote the safety, efficiency and effectiveness of the immunization practices.

3. Immunization is a post-entry level competency for RNs, LPNs and Pharmacists.
 - 3.1. To be deemed competent initially, the nurse must complete the 5 learning modules and exam on the Health Information Services Technology Nova Scotia [HITS-NS] provincial website and successful demonstration of skill using the “Initial Certification Competency” form.
 - 3.2. Annual review of competency consists of a self assessment of skills and knowledge, review of new or revised literature, and the specific medication monographs to be delivered.

Note: Please refer to MM 15-011 *Immunization by Pharmacists Medical Directive* which outlines the competency requirements specific to pharmacists.

4. Prior to administering immunization, LPNs are to have successfully completed an approved post-entry level competency program in immunization (E.g. NSCC immunization program for LPNs), as well as completing the Capital Health Immunization Learning Module.
5. An authorized prescriber’s order is required for all programs and services administering vaccines and the management of anaphylaxis following immunization with the following **exceptions:**
 - 5.1. Public Health Nurses and LPN’s working in Public Health deliver immunizations under the medical directive developed by the Provincial Medical Officer of Health, Department of Health Promotion and Protection. This includes the administration of immunization and the management of anaphylaxis following immunization.
 - 5.2. In the event of emergencies or pandemic situations, certified Capital Health RN’s, LPN’s and Pharmacist’s deliver immunizations to **patients** under a specific medical directive authorized by the Vice President – Medicine, Capital Health. This includes the administration of immunization and the management of anaphylaxis following immunization.
 - 5.3. Capital Health RNs, LPNs and Pharmacists may immunize **employees** under a specific medical directive written by the Capital Health Occupation Health Physician. This includes the administration of immunization and the management of anaphylaxis following immunization. (Refer to MM 15-013 *Administration of Influenza Immunizations to Capital Health Staff by Flu Immunization Champions*)
 - 5.4. Nurses working in Family Practice settings are to follow the Medical Directive: *MM 15-010 Immunization by Family Practice Nurses, Administration of.*
 - 5.5. Pharmacists work under the medical directive – *MM 15-011 Immunization Administration by Pharmacists* to administer immunizations at Capital Health.

Note: Authorized prescribers are to use PPO00397MR (Pneumococcal and Influenza Vaccination) when ordering pneumococcal and/or influenza vaccine in the inpatient setting.

6. Immunization in Nova Scotia requires informed consent.
 - 6.1. Informed consent should be obtained by the person who is best able to explain the risks and benefits, general information, potential adverse effects, management of same and the reason for treatment.

Refer to Procedure # 1.3

7. The Healthcare Professional administering the immunization is responsible and accountable for the management of the patient, including:
 - 7.1. Completion of a health assessment including vaccine specific contraindications prior to administration.
 - 7.2. Obtaining verbal consent for immunization and associated treatment of anaphylaxis and documenting evidence that the consent process occurred.
 - 7.3. Completion of post-immunization assessment for a period of not less than 15 minutes.
 - 7.4. Management of suspected anaphylactic shock post-immunization.
 - 7.5. Complete documentation in progress notes regarding consent and observations. Document in the MAR the drug used, dose and site given, lot number and expiry date of the medication.
 - 7.6. Document the immunization event on appropriate reporting forms (i.e. Influenza Immunization Notification Form or Employee Health Influenza Vaccine Consent) and send to the department responsible for yearly reporting to Public Health.
 - 7.7. Report any adverse events following immunization to Public Health using the **A**dverse **E**vents **F**ollowing **I**mmunization form (AEFI).
 - 7.8. CH must report all immunizations to the Department of Health using appropriate forms: The Public Health “Reciprocal Form” to report all immunizations except influenza (sent directly to Public Health). Mass patient immunizations (like the flu immunization campaign) are reported on an Aggregate form by the Pharmacy or Employee Health yearly.

DEFINITIONS:

Biological agent: Active immunization involves vaccination. Passive immunization involves transfer of antibodies, called immune globulins.

Immunization Competency: Demonstration by a vaccine provider of the attitudes, knowledge and clinical skills necessary to provide safe and effective immunizations.
Note: Vaccine providers are to complete an immunization competency program (5 modules and exam on HITSNS) before administering vaccine and biological products.

Immunization Coverage: A measure of the extent to which immunizations administered cover the potential need in the population.

Immunization: The process by which immunity is conferred, either by injection of antigens (active immunization) or by injection of serum containing specific antibodies (passive immunization).

Medical Directive: A written physician's order for one or a series of medical procedures, treatments, and/or interventions that may be performed by qualified health care professionals for a range of clients/patients who meet specific criteria.

Medical Directives are always written, intended for the care of a group or population of clients/patients, and effective for an extended period of time.

GUIDING PRINCIPLES AND VALUES

1. The authority for immunization in Nova Scotia is provided by the Health Protection Act (2004). Under this Act, health authorities are required to ensure the provision of immunization programs designed to reduce or eliminate vaccine-preventable diseases in Nova Scotia.
2. Capital Health policies governing immunization practice are designed to be used in conjunction with the *Canadian Immunization Guide*, recommendations from the National Advisory Committee on Immunization (NACI), and the Nova Scotia Immunization Schedule(s) and manuals. Refer to References section for links)
3. The licensing bodies for Registered Nurses, Licensed Practical Nurses and Pharmacists, specifies standards for these healthcare professionals, and provides documents to guide immunization practice.
4. Admission or visit to hospital provides an important opportunity to review the current immunization status for patients.

PROCEDURE

Equipment

Vaccine Administration:

- Vaccine (maintained at 2°C-8°C)
- Sterile syringe (1ml or 3ml)
- Needle (5/8", 1" to 1.5"; 25 gauge)
- Blunt fill needle (if reconstituting)
- Alcohol swab
- 2x2 cotton ball or gauze
- Band-Aid
- Sharps container
- Privacy screen (setting dependant)
- Alcohol-based hand sanitizer for routine hand hygiene
- Anaphylaxis Kit

1. Assessment and Consent

- 1.1. Complete a health assessment and immunization history, with careful consideration to the following:
 - 1.1.1. Allergy to any component of the vaccine
 - 1.1.2. Reactions to a previous dose of any vaccine
 - 1.1.3. Pregnancy
 - 1.1.4. Immunocompromised state
 - 1.1.5. Receipt of live vaccine in previous 4 weeks (if administering a live vaccine)
 - 1.1.6. Vaccine specific contraindications (see product monograph)
- 1.2. If the patient cannot be immunized, consult an authorized prescriber.
- 1.3. Obtain informed consent, providing verbal and/or written information regarding the vaccine which includes:
 - 1.3.1. purpose
 - 1.3.2. risks and benefits
 - 1.3.3. potential adverse events following immunization
 - 1.3.4. post immunization care, and
 - 1.3.5. the recommended schedule for the vaccine, i.e. series of doses.

Note: Refer to CH 30-045 *Consent to Treatment*

2. Vaccine Preparation and Administration

- 2.1. Ensure an anaphylaxis kit is accessible and items have not expired
- 2.2. Ensure sharps container and hand sanitizer are at station
- 2.3. Ensure vaccine is stored, supplied and transported to maintain the cold chain (2°C - 8°C)
- 2.4. Prepare vaccine
- 2.5. Check the characteristics of the product for the following:
 - 2.5.1. Unusual appearance (color, sediment, or evidence of freezing)
 - 2.5.2. Expiry date (refer to product monograph for expiry)
- 2.6. Select appropriate syringe/needle size and injection site
- 2.7. Prepare vaccine immediately before giving medication. (The vaccine can become unstable or cross contaminated while in pre filled syringe).

Post-Immunization Management

- 2.8. Observe the patient for a minimum of **15 minutes** for signs and symptoms of anaphylaxis/allergic reaction (See *Immunization Administration* Learning Module for signs and symptoms).

2.9. Should anaphylaxis occur, implement the Management of Anaphylaxis Following Immunization Protocol and processes outlined in the *Appendix A* of MM 20-005 *Initial Management of Anaphylaxis Following Immunization*.

3. Documentation

3.1. Document the following:

- 3.1.1. The *consent* in the health record or appropriate designated form.
- 3.1.2. Pre-Immunization Assessment findings (E.g.: assessment of contraindications)
- 3.1.3. Discussed benefits, risks of not getting immunized, possible common and expected side effects of vaccine and possible serious side effects of vaccine and frequency
- 3.1.4. Potential need and consent for anaphylaxis management
- 3.1.5. Any questions posed by the patient and their verbal consent to the immunization and potential anaphylaxis management
- 3.1.6. 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

4. Reporting

- 4.1. Report all immunizations to Public Health.
- 4.2. Use the required Public Health Services forms and send via interoffice mail to Public Health Services (i.e. Reciprocal Notification or Aggregate Form).
- 4.3. For all individual immunizations of patients **except** influenza, complete a single reciprocal notification form and send to Public Health Services.
- 4.4. For mass patient immunization campaigns (such as the annual flu campaign) use the “*Influenza Immunization Notification*” form (Capital Health Print # PrinA1224_08_12) to report immunization and send to the Halifax Infirmary (HI) Pharmacy. Pharmacy will report the total number of immunizations provided using the aggregate form to Public Health at the end of February.
- 4.5. For the mass employee influenza immunization campaign *use the “Employee Health influenza Consent Form”* to report immunization and send to Employee Health for staff files and reporting to Public Health.
- 4.6. If an adverse event occurred, complete the CH Patient Safety Report.

4.7. If a patient experiences an adverse event following immunization, complete the *Adverse Events Following Immunization (AEFI)* form and send to the Medical Officer of Health at Public Health Services through inter-office mail or fax to 902 481-5803.

Note: Form can be found on the Public Health Agency of Canada link: Adverse Events following immunization (AEFI) <http://www.phac-aspc.gc.ca/im/ae-fi-essi-form-eng.php>

REFERENCES

Adverse Events following immunization (AEFI)

<http://www.phac-aspc.gc.ca/im/pdf/raefi-dmcisi-eng.pdf>

BC Centre for Disease Control (2005). Communicable Disease Control: Immunization Program. Communicable Disease Control Manual, Chapter II. Retrieved November 30, 2007 from <http://www.bccdc.ca/default.htm>

Canadian Immunization Guide Evergreen Version

<http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>

College of Nurses Immunization Guidelines (2011)

<http://www.crnns.ca/documents/Immunization%20Guidelines%20WEB%202011.pdf>

National Advisory Council on Immunization (NACI)

<http://www.phac-aspc.gc.ca/naci-ccni/index-eng.php>

Nova Scotia Immunization Manual

<http://novascotia.ca/dhw/cdpc/documents/Immunization-Manual.pdf>

Public Health Agency of Canada Immunization Competencies for Health Professionals

<http://www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf>

Saskatchewan Health (2006). Saskatchewan Immunization Manual. Retrieved November 30, 2007 from <http://www.health.gov.sk.ca/immunization-manual>

This is the link outlines how preloading vaccines is not acceptable <http://www.phac-aspc.gc.ca/publicat/cig-gci/p01-07-eng.php#vacci>

RELATED DOCUMENTS

Policies

- CH 30-045 Consent to Treatment
- IC 04-002 Routine Practices
- MM 15-010 Immunizations by Family Practice Nurses, Administration of
- MM 15-011 Immunization by Pharmacists
- MM 15-013 Administration of Influenza Immunizations to Capital Health Staff by Flu Immunization Champions
- MM 20-005 Initial Management of Anaphylaxis Following Immunization
- MM 50-005 Medication Cold Chain and Cold Chain Break
- MM 50-020 Medication Safe Handling and Storage

Forms

- CD2018MR Management of Anaphylaxis - Initial Management Following Immunization
- PPO00397MR Pneumococcal and Influenza Vaccination

Adverse Events Following Immunization form (AEFI) <http://www.phac-aspc.gc.ca/im/pdf/raefi-dmcisi-eng.pdf>

Reciprocal Form {Public Health Form #13058/06; available from Public Health –(902) 481-5800}

Influenza Immunization Notification Form (PrinA1224-08_12) (found on immunization website)

Employee Health Consent (found on immunization website)

Other

Immunization Online Learning Module – **Non** Public Health Settings HitNS

Immunization Learning Module –Public Health Settings
<https://elearning.nshealth.ca/HITSNS-shared/learningstudio/index.cfm?fuseaction=mylearningcenter.mylearningpage>

Influenza Fact Sheet - Important Information about **Influenza** and Influenza Vaccine:
http://novascotia.ca/dhw/cdpc/documents/13010_FluTearsheet_En.pdf

http://novascotia.ca/dhw/cdpc/documents/13087_AdverseEventsPoster_En.pdf

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