



GUIDELINES FOR IMMUNIZATION ADMINISTRATION & IMMUNIZATION PROGRAMS

A. Background:

The current high level of public trust and acceptance of immunization can be largely attributed to a history of publicly funded childhood immunization programs by registered nurses committed to quality nursing standards of practice. In Saskatchewan, all preschool and school age childhood immunizations are still given through the public health sector by public /community health nurses in Regional Health Authorities (RHA)s and First Nations Health Services. The public health sector in Saskatchewan also provides approximately 70% of adult immunizations with the remaining 30% administered in doctors' offices, occupational health services, continuing care settings, and private agencies. Honish, Loewan & Perrin (2002) have identified that in Alberta, RNs are increasingly facing situations where they are being asked to deliver immunizations outside the publicly funded system due to the rapid development of new vaccines, the increased public demand for vaccines, a reduction in publicly funded programs (e.g. travelers' or workplace immunization), and the growth of private, for-profit immunization services. A similar scenario is being seen in Saskatchewan.

This change in immunization service delivery presents the need for RNs to determine what needs to be in place to support their role and professional responsibilities when asked to participate in immunization programs. As with other areas of nursing practise, RNs are expected to practise immunization delivery according to standards as identified in the SRNA Standards and Foundation Competencies for the Practice of Registered Nurses (SRNA, 2000).

B. Immunization Practice: Jurisdictional Responsibilities

At present, no national strategy for public health immunization exists. However, other levels of government have jurisdiction for immunization accountability.

1. Provincial

In Saskatchewan, the Minister of Health announces which vaccines will be provided free of charge to children and specifically targeted groups of adults and seniors. At the provincial level, the Medical Health Officer(s), with advice from the Standing Committee on Immunization, defines immunization goals, strategies, and policies for publicly funded immunization programs. Public/community health nurses, who administer vaccines province-wide, follow the guidelines and recommendations outlined in the *Saskatchewan Immunization Manual* (Saskatchewan Health, 2003).

2. Regional

The public health sector, under the auspices of the Medical Health Officer of each RHA, is accountable for the implementation of immunization programs at the RHA level according to provincial requirements. The nursing practice standards and implementation of immunization programs have been a responsibility most often assigned to public/community health nurse program managers and clinicians.

3. Private

Non-publicly funded immunization services may be provided by private health care agencies in Saskatchewan. The safety and quality of these services rests with the physician who oversees the program and a RN who administers the vaccine. The components as identified in this document for immunization programs should guide nursing practice whether a RN provides immunization services within the public or the private health care sector. (see section C)

4. SRNA

The SRNA's mandate is to ensure safe competent registered nursing practice for the people of Saskatchewan. Immunization is recognized as a powerful public health tool in disease control and eradication. As registered nurses are the key health professionals who administer vaccines, all RNs providing immunizations should ensure that his/her practice conforms to high standards. Whether a RN is immunizing in a setting such as a public health clinic, doctor's office, occupational health service, or private agency, the RN often provides the leadership in developing and maintaining a high quality program.

Registered nurses involved with immunizations are accountable to apply the Standards and Foundation Competencies for Registered Nurses (2000) within their practice. It is also necessary to maintain a level of competency in relation to this practice.

Nurse managers and/or registered nurses involved in an immunization program or activity shall maintain competency for immunization best practises, including consent authorization, program development, quality control, vaccine information, competence of personnel, and vaccine handling.

C. Standards for Practice

1. Resources for the Registered Nurses

a. Adequate educational preparation in regards to client assessment, determination of needs, planning, implementing care and evaluating the outcome in relation to immunizing agents.

b. Practice Standards Manual

In addition to the SRNA standards of practice, RNs participating in the program should be provided or have access to a manual of practice standards that include topics such as:

- Acceptable physician directives;

- The risks and benefits of receiving the vaccine;
 - Contraindications;
 - Procedures for anaphylaxis;
 - Volume of vaccine permitted in specific anatomical sites;
 - Procedures for multiple injections;
 - Informed consent;
 - Assessment when the vaccine schedule has been interrupted;
 - Safe sharps disposal;
 - Infection prevention practices; and
 - Documentation procedures
- c. RN Accountabilities and Responsibilities
- The accountabilities and responsibilities of the registered nurses have been outlined in Appendix A: Ask A Practice Advisor: Vaccinations (Banerjee & Stumborg, 2002, p.21).

2. Procedures

- a. Ensure procedures for reporting and managing immunization errors are in place and track immunization errors on a continuing basis for quality improvement.
- b. Vaccine Associated Adverse Events (VAAE)
- Assess and report all Vaccine Associated Adverse Events (VAAE) following immunization. Reporting VAAE is essential to ensure vaccine safety. In Canada, public health nurses report 90% of VAAE. The monitoring of VAAE is an integral part of monitoring vaccine safety and is "...critical to protect the reputation of vaccines that are increasingly under attack" (Collet, et al., 2000, p. 182).

3. Policies: Vaccine Management

- a. Document vaccine-handling procedures, in accordance with Health Canada National Guidelines for Vaccine Storage and Transportation (1995), and communicate procedures to staff. Improper vaccine storage and handling may reduce vaccine potency and contribute to vaccine failures.
- b. Store all vaccines at temperatures recommended by the manufacturer, from the time they leave the manufacturing site until they are administered to clients. Vaccine warming, freezing, or exposure to light may compromise the product.
- c. Provide RNs participating in the immunization program with an active role in the selection and evaluation of vaccine products to facilitate safe and efficient immunization in the field. Examples of product issues that affect the end user include:
- Packaging: Less bulk reduces transportation problems for nurses carrying vaccines to outreach sites and contributes to the efficient use

- of cold storage space.
 - Vials: Caps should be easily removable to prevent nurse injury from repetitive tasks.
- d. Establish efficient methods to manage vaccine inventory and monitor vaccine expiry dates.
 - e. Track vaccine utilization (vaccine used and vaccine wasted) on a continuous basis to reduce the overall costs of immunization programs.

4. Documentation

- a. Conduct audits of health records for quality of recording on a regular basis. RNs providing immunization must document on a health record the name and dosage of the vaccine, date administered, site and route of immunization, lot number and the name of the person administering the vaccine (Health Canada, 1997).
- b. Provide clients with a personal record of immunization at the time of immunization including the date of next immunization.
- c. Maintain an immunization database and implement a tracking system to remind parents or clients when immunization has been delayed according to recommended age appropriate vaccine schedules.

5. Education and Promotion

- a. Promote immunization through public education by all RNs, including those who are providers of immunization.
- b. Participate in teaching nursing students about immunization and assist with student practice in the clinical setting.

6. Evaluation

All providers of immunization should participate in local and provincial initiatives that evaluate immunization programs to:

- Monitor vaccine coverage rates for targeted populations. For provincially funded vaccines, the public health staff in the RHA submit aggregate data on paper forms or electronic records provincially for this purpose.
- Assess and improve achievement towards reaching immunization targets. The effectiveness of immunization programs is evaluated by a reduction in vaccine preventable diseases.

Maintain after-hours public access to professional consultation with current immunization resources to provide advice regarding unexpected or adverse events post immunization.

7. Occupational Health and Safety

- a. Document and communicate to staff post-exposure procedures for the management of sharp injuries to the client or nurse during immunization.
- b. Monitor sharps injuries and develop prevention strategies to reduce injuries.

D. Summary

RNs must understand their professional responsibility for immunization and the need to provide leadership because immunization is much more than giving an injection. The professional responsibility to the public dictates that the RN:

- maintain competency and follow the SRNA Standards of Practice;
- Function under a physician's directive;
- obtain informed consent;
- provide after care instructions;
- monitor and report adverse events;
- maintain a record system; and
- be prepared to manage any adverse reactions.

References:

- Banerjee, L., & Stumborg, D. (2002). Ask a practice advisor: Vaccinations. *Saskatchewan Registered Nurses Association Newsbulletin*, 4(5), 21.
- Collet, J.P., MacDonald, N., Cashman, N., Pless, R., Halperin, S., Landry, M., Palkonyay, L., Duclos, P., Mootrey, G., Ward, B., LeSaux, N., & Caserta, V. (2000). Monitoring signals for vaccine safety: The assessment of individual adverse event reports by an expert advisory committee. *Bulletin of the World Health Organization*, 78(2), 178-185.
- Health Canada. (1995). National guidelines for vaccine storage and transportation. *Canada Communicable Disease Report*, 21, F1-7.
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- Honish, A., Loewen, J., & Perrin, M. (2003). Injecting quality into your immunization program. *Albert RN*, 58(4), 6-8.
- Saskatchewan Health. (2003). *Saskatchewan Immunization Manual*. Regina, SK: author.
- Saskatchewan Registered Nurses' Association. (2000). *Standards and Foundation Competencies for the Practice of Registered Nurses*. Regina, SK: author.

Other Resources on Immunization:

Canadian Nurses Association (CNA). (2001) Nursing Now: Issues and Trends in Canadian Nursing. *Nursing and Immunization – What you need to know!* (No. 12, November 2001) Nursing Now is a series of short papers that explore issues and trends in Canadian Nursing. Copies of *Nursing Now* are available at the CNA Web site under Issues and Trends.

International Council of Nurses (ICN). (2001). Nursing Matters. *Immunization Safety: An Essential Nursing Function* (September 2001). *Nursing Matters* fact sheets provide quick reference information and international perspectives from the nursing profession on current health and social issues. Copies of *Nursing Matters* are available at <http://www.icn.ch/matters.htm>

Appendix A

Ask a Practice Advisor

by Linda Banerjee, RN, and Della Stumborg, RN, Nursing Practice Advisors

Nurses play a major role in influenza vaccination programs every year. In preparation for this role there are several accountabilities and responsibilities that need to be considered.

Has an informed consent been obtained? An informed consent means the client must be provided with information necessary to make a decision to consent or refuse. If a client is incapable of giving consent, the substitute decision-maker must provide consent.

Is a prescription/medical directive in place? A prescription with the authority to prescribe the vaccine is needed before the vaccine can be administered. This is done with a client-specific order or as a medical directive which is a physician's order applicable to a range of clients who meet certain conditions. The medical directive should include the specific vaccine and the treatment for an anaphylactic reaction. It should also include the specific condition that must be met and any specific circumstances that must exist before the directive can be implemented. The medical directive must have the name and signature of the physician authorizing the directive, and the date and signature of any administrative authority that is approving the directive.

Is the nurse competent to deliver and manage the vaccine?

- Do you have the knowledge, skill and judgement required to assess the appropriateness of the vaccine? Do you understand the indications, contraindications, risks and expected outcomes of vaccination?
- Do you have the knowledge, skill and judgement to take appropriate action before, during and after the administration of the vaccine?
- Do you have the knowledge, skill and judgment required to assess for negative outcomes?
- Do you have the resources to intervene and manage the situation if anaphylaxis occurred?

Is the nurse competent to manage an emergency situation?

- Do you have an anaphylaxis kit readily available? Do you have a protocol established for use of the anaphylaxis medications and treatment of reaction?
- Do you have the authority to administer the medications at the time of an emergency?
- Do you have access to a physician with expertise in managing emergency situations, adverse reactions to immunization, and high risk individuals?

If a nurse is giving the flu vaccine as an independent practitioner (e.g. for a pharmacy) he/she must consider the legal risks involved. Some questions to consider are: who is responsible if an individual goes into anaphylaxis, how are you going to handle anaphylaxis, who gives the adrenaline and if it is the nurse, under whose authority is it given. Nurses who are employees are covered by their employer's insurance through the operation of vicarious liability. Vicarious liability means that the employer is responsible for the actions of its employees in the course of the employment relationship. The registered nurse in independent practice does not have this protection and will be held directly accountable for his or her practice. Further advice can be obtained by contacting Canadian Nurses Protective Society (CNPS) at 1-800-267-3390.

Standing order policies for the influenza vaccine has become a practice in nursing homes and chronic care facilities. The flu vaccine does not require a prescription. Institutions need to have written clinical guidelines for flu vaccine administration that are mutually acceptable to all the professionals involved (physicians, nurses, pharmacists). The standing order should include a reference to protocol as outlined by Health Canada and/or as outlined in the vaccine monogram. Consents for flu immunization can be obtained on admission and made durable for future years by way of policy.

Reference: Adapted from the College of Registered Nurses of Manitoba document

If you have any further questions, please contact a nursing practice advisor at (306) 359-4237 or 1-800-667-9945 (ext. 237).