



IMMUNIZATION BY PUBLIC HEALTH NURSES/RNs

Medical Directive and RN Clinical Protocol

A Registered Nurse (RN) Clinical Protocol outlines a series of Registered Nursing actions that are implemented in pre-determined situations to provide specialized client care in Saskatchewan. A RN who implements a RN Clinical Protocol must meet the criteria as outlined in the current CRNS document, *Standards for RN Specialty Practices (2015)*. This RN clinical protocol contains evidenced-informed content that is used in conjunction with a RN's critical thinking and clinical judgment to determine when it is appropriate for it to be implemented according to the client's presenting health situation. This RN Clinical Protocol is based on the principle that the appropriate resources are readily available in the employment setting.

MEDICAL DIRECTIVE

CLIENT POPULATION ORDERS

This Medical Directive and RN Clinical Protocol provides the authority and direction for Nurse Managers and Public Health Nurses/RNs working within NITHA partnership communities to:

- Promote best practice guidelines and decision-making framework for Nurses managing Immunization programs within the NITHA Communities.
- Maintain mandatory immunization programs in accordance with this Medical Directive and in conjunction with employer policies under the direction of the Medical Health Officer.
- This document is intended to be reviewed annually by RNs and Managers.

Approved by: _____ Dr. Nnamdi Ndubuka, Medical Health Officer _____

Authorizing Physician, Title & Signature



_____ 2023/Jan/27 _____

Date Approved
(yyyy/mmm/dd)

_____ **Date for review**
(yyyy/mmm/dd)

HIGH ALERT

- Refer to the SIM Chapter 6 *Contraindications and Routine Precautions*.
- Refer to the SIM Chapter 7 *immunization of Special Populations* (e.g., Section 3.0 and Appendices 7.1 and 7.6) and consult the Public Health Nurse for specific recommendations as needed.
- Refer to SIM Chapter 10 *Biological Products* for vaccine specific information.

Deferral of vaccination and further consultation with the Medical Health Officer and/or NITHA Public Health Nurse is required for:

- Immunization of clients who have contraindications to vaccines.
- Immunization of clients who require additional precautions, such as those with newly diagnosed disease, immune suppression due to disease/medication, etc.
- Following vaccine administration in non-conforming situations, such as when the wrong vaccine is given, the minimal interval between vaccine doses has not been respected, and so on.
- Situations not described in this RN Clinical Protocol.

RN EDUCATION/CERTIFICATION/QUALIFICATIONS

- Nurses need to achieve and maintain immunization competencies to:
 - Ensure safe, competent, and appropriate immunization practices
 - Provide a high degree of community protection against vaccine-preventable disease
- Active licensure with the College of Registered Nurses of Saskatchewan (CRNS).
- Nurses must successfully complete the initial immunization certification exam, with a mark of 85% or higher, as developed by NITHA, with MHO oversight. Refer to Nursing Practice Administrative Guidelines (NPAG) Policy 2.4 for more details.
- Annual immunization recertification (exam & education) is required for Nurses who have completed the initial certification process with exam as developed by the Immunization Coordinator from FNIHB-SK region and Public Health Nurse from NITHA, with MHO oversight. Refer to Nursing Practice Administrative Guidelines (NPAG) Policy 2.4 for more details
- Yearly Anaphylaxis Management (exam component and education) certification required. See the *Medical Directive and RN Clinical Protocol for Initial Management of Anaphylaxis* for additional information
- Skills assessment is required for Nurses as part of the initial certification process. Skills assessment is considered part of continuing competency for Nurses, and may not be conducted periodically thereafter, based upon self-assessment/ Direct Supervisor/Nurse Manager assessment.
- **Nurses must review this Medical Directive and RN Clinical Protocol annually.**

DEFINITIONS

- “Nurses working within the NITHA partnerships” refers to Registered Nurses (RNs) working as Public Health Nurses or RNs working directly with Immunization Programs under the jurisdiction of NITHA’s MHO.
- RNs perform immunization through RN Specialty Practice criteria as defined by the College of Registered Nurses of Saskatchewan (CRNS). Nurses function under a Medical Directive from the Regional MHO and they must achieve and maintain immunization competence in order to immunize. The Public Health Agency of Canada handbook Immunization Competencies for Health Professionals (2008) is used as an immunization education framework.
- RNs are expected to provide all recommended immunizations, and to adhere to all policies/procedures relating to the administration of, handling and storage of, and documentation of immunization in accordance with the current SIM.
- The NITHA and FNIHB MHOs work collaboratively to communicate specific Saskatchewan Region immunization protocol to nurse managers via Public Health Nurse/Immunization Coordinators and all correspondence is to be placed in the SIM under the appropriate section.

BACKGROUND

- Publicly funded immunization programs are intended to help prevent and reduce the incidence of vaccine-preventable diseases (VPDs) and communicable disease outbreaks.
- The health of the population is at risk if exposed to VPDs, in particular, those clients who are not able or willing to receive vaccines, those who are particularly vulnerable to VPDs as well as the mortality/morbidity associated with them.
- The administration of immunizations is a mandatory component of the community health program within First Nations communities in Saskatchewan.

OBJECTIVE

- Refer to SIM Chapter 1 *Introduction*.
- To improve health outcomes and reduce the incidence of vaccine preventable disease.
- To provide publicly funded immunization programs to protect the health of individuals and communities, closely following the optimal timing of the routine schedule as outlined in the SIM Chapter 5.
- To provide a high degree of vaccine protection in the First Nations communities.
- To educate and foster confidence in the public regarding vaccines and immunization programs.
- To support national monitoring and surveillance of vaccine safety.

ASSESSMENT

- Refer to SIM Chapter 3 *Informed Consent* to obtain consent directives from clients before the administration of publicly funded vaccines.
- If English is an alternative language for the client, identify the client's language of comprehension, and use an appropriate translated fact sheet and/or use of a translator.
- Refer to SIM Chapter 5 *Immunization Schedules* to assess client eligibility, exemptions, and scheduling for publicly funded vaccines.
- Refer to SIM Chapter 6 *Contraindications and Routine Precautions* to assess for contraindications and precautions that may affect the client.
- Refer to SIM Chapter 7 *Special Populations* to assess client eligibility and scheduling of public funded vaccines when they are identified as having a risk factor.
- Refer to SIM Chapter 8 *Administration of Biological Products* to conduct client health screening and immunization techniques.
- Refer to SIM Chapter 10 *Biological Products* for detailed information regarding client eligibility, scheduling, ingredients, and adverse events of vaccines and other biological products.
- Where applicable, refer to the SIM chapter 4, Appendix 4.2 "Where Do I Document?" for situation specific documentation recommendations.

NURSING DIAGNOSIS AND THERAPEUTIC ACTIONS

- Readiness for enhanced knowledge related to routine immunization schedules
 1. Determine the client's current immunization status by performing clinical assessment as outlined in the preceding section of ASSESSMENT
 2. Assist the client to develop or strengthen immunization knowledge through informed consent as outlined in the following section on CLIENT EDUCATION
- Readiness for enhanced immunization status related to accepting and receiving eligible vaccines
 1. Determine client's eligibility for publicly funded vaccines as outlined in preceding section on ASSESSMENT
 2. Obtain client/guardian/substitute decision maker's informed consent
 3. Administer vaccines for which the client is eligible for and have consented to

INTENDED OUTCOMES

- To maintain or improve vaccine coverage rates, at a local, provincial and regional level.
- Prevention of vaccine preventable diseases and outbreaks of communicable diseases.
- Reduce vaccine hesitancy and improve vaccine uptake in specific population groups

UNINTENDED OUTCOMES

- Refer to SIM Chapter 6 *Contraindications and Routine Precautions* regarding vaccine administration to a client that has a contraindication to a vaccine or precaution that has not been assessed.
- Refer to the SIM Chapter 11 *Adverse Events Following Immunization (AEFI)* for more information regarding the reporting any adverse events following an immunization.
 - Refer to Appendix 11.6 for the *Saskatchewan Adverse Events Following Immunization Report User Guide*. This document is there to assist with the completion AEFI reports with specific attention to sectional details required for submission. This user guide has also been posted at the following link:

<https://www.ehealthsask.ca/services/Manuals/Documents/SK%20AEFI%20User%20Guide.pdf>

- Refer to SIM Chapter 12 *Management of Anaphylaxis* regarding anaphylaxis following an immunization.
- The treatment of anaphylaxis in a community health setting is addressed in a Medical Directive approved by the MHO. Refer to the current NITHA *Medical Directive and RN Clinical Protocol for Initial Management of Anaphylaxis* as well as the associated Clinical Procedure *Anaphylaxis: Identification and Initial Management*.
- Vaccine administration in non-conforming situations, such as when the wrong vaccine is given, the minimal interval between vaccine doses has not been respected, and so on.

Please note:

Consultation with MHO or delegate is required for most of the above unintended outcomes. If uncertain whether further consultation is required, please speak with 2nd Level Nursing Supervisor.

COMMUNICATION**To client prior to immunization:**

- Review information for all vaccines to be administered including potential adverse reactions.
- Discuss importance for the client to stay in the clinic for 15 minutes after getting any vaccine.
- Reinforce the importance of communicating immunization status with primary physician, particularly with pregnant women (Tdap).

To 2nd Level Nursing Supervisor:

- Report AEFIs, especially those that are severe, unusual and unexpected after anaphylaxis management has occurred as per NITHA/employer policy.
- Report all other unusual situations including parental custody issues, consent issues, and vaccines administered in non-conforming situations.
- Complete and provide all applicable immunization coverage rate templates as provided by the NITHA Public Health Unit.

CLIENT EDUCATION

Education for the client and/or parent/guardian/substitute decision maker should include the following:

- SIM Chapter 3 *Informed Consent* to obtain consent directives before the administration of publicly funded vaccines. In particular, please note Appendix 3.1 *Recommended Immunization Websites, Book and Articles for Parents and Caregivers* to support client education.
- SIM Chapter 13 *Principles of Immunology* for content related to vaccines and immunology.
- SIM Chapter 14 Appendix 14.3 *Immunization Fact Sheets*. The most current fact sheets should be provided for review at every immunization appointment such as:
 - *Panorama Privacy Information*
 - *Caring for Your Child's Fever*
 - Vaccine specific immunization fact sheets
- Risk of adverse events following immunization
- Expected reactions post-administration of immunizations
- Addressing questions related to screening question and vaccine ingredients
- Safety precautions such as 15-minute wait at clinic following immunization
- Reinforce the importance of communicating immunization status with primary physician, particularly with pregnant women (Tdap).

DOCUMENTATION

- Refer to SIM Chapter 4 *Documentation* to accurately record vaccine administrations.
- Refer to the SIM Chapter 4, Appendix 4.2 "*Where Do I Document?*" for specific situations relating to documentation in Panorama.
- Use most up to date form when reporting immunization related events such as AEFIs/Vaccine Error Reports and provide to 2nd Level Nurse Supervisor.
- Refer to NPAG Policy 9.13* for more details on documentation.

*May be substituted with an approved local alternative

REFERENCES

- Government of Saskatchewan. (Evergreen). *Saskatchewan Immunization Manual*. Regina, SK: author. Retrieved from <https://www.ehealthsask.ca/services/manuals/Pages/SIM.aspx> .
- Government of Saskatchewan Immunization Fact Sheets available at <https://www.saskatchewan.ca/residents/health/accessing-health-careservices/immunization-services>
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