



# IMMUNIZATION

*Guidelines for Registered Nurses*



College of Registered Nurses of Nova Scotia

This document replaces the 2005 print copy and 2008 electronic version of *Immunization Guidelines for Registered Nurses*.

© 2011, College of Registered Nurses of Nova Scotia  
4005-7071 Bayers Road, Halifax, NS B3L 2C2

All rights reserved. Copies of this document can be downloaded from the College website at [www.crnns.ca](http://www.crnns.ca).

For practice questions related to immunization, call the College of Registered Nurses of Nova Scotia at 491.9744, ext. 223 (toll-free in NS 1.800.565.9744) or email [practice@crnns.ca](mailto:practice@crnns.ca).

# Table of Contents

- Overview ..... 4
- Nursing Accountability ..... 4
  - Competence/Continuing Competence ..... 5
  - Context of Practice..... 5
  - Scope of Practice & Scope of Employment ..... 6
- Employers’ Accountability ..... 6
- Liability..... 7
- Influenza Immunization of Staff/Volunteers ..... 8
- Best Practice Guidelines..... 9
- Additional Resources ..... 11
- Operational Definitions ..... 12
- Appendix A: Care Directives ..... 14
- Appendix B: Scope of Practice ..... 15
- Appendix C: Mass Immunization ..... 17
- Appendix D: Reporting Adverse Events..... 18
- References ..... 20

# OVERVIEW

While only physicians, nurse practitioners and pharmacists are authorized to prescribe vaccines/immunizing agents in Nova Scotia (i.e., through orders or care directives), the administration of immunizations falls within the scope of practice of various healthcare professionals, including registered nurses.

This document, *Immunization Guidelines for Registered Nurses*, has been developed to:

1. highlight the accountabilities of registered nurses and employers in relation to immunization (i.e., individual and mass campaigns)
2. provide a framework to support best nursing practice in immunization
3. recommend the types of supports required to enable registered nurses to provide immunizations in a safe and competent manner, including resources that the College considers critical to the development of agency policies and practices.

*It is important to note that the College's Immunization Guidelines for Registered Nurses are intended to be used in conjunction with, but not supersede, agency policies on immunization.*

## NURSING ACCOUNTABILITY

Regardless of their roles or practice settings, registered nurses in Nova Scotia are expected to practise in accordance with the *Standards for Nursing Practice* established by the College of Registered Nurses of Nova Scotia (the College) and the *Code of Ethics for Registered Nurses* (developed by the Canadian Nurses Association and adopted by the College). They are always accountable to the public (e.g., clients), their regulatory body, and employers for the provision of safe, competent, ethical and compassionate care. They are also expected to attain, maintain and demonstrate competencies relevant to their scope of practice; advocate for their clients; and demonstrate professional leadership in the delivery of quality nursing and healthcare services.

In order to meet their core accountabilities in relation to immunization, registered nurses must attain, maintain and demonstrate competencies (i.e., knowledge, skills, and judgment) specific to immunization. They must also be aware of how the administration of an immunization could be impacted by their context and scope of practice, as well as their scope of employment.

Being familiar with and adhering to agency policies and provincial legislation related to immunization is also an aspect of registered nurses' accountability; as is, ensuring that these policies support practice in accordance with the *Standards for Nursing Practice* and *Code of Ethics for Registered Nurses*.

As immunizations protect individuals and the public at large, particularly 'at-risk' populations, registered nurses are encouraged to keep their own immunizations current (e.g., Hepatitis B, tetanus/diphtheria, influenza (see Staff /Volunteer Influenza

**Context of practice:** conditions or factors that affect the practice of nursing including: client population, (e.g., age, diagnostic grouping); location of practice setting (e.g., urban, rural); type of practice setting and service delivery model (e.g., acute care, community); level of care required (e.g., complexity, frequency); staffing (e.g., number, competencies); and availability of other resources and supports. In some instances, context of practice could also include factors outside a specific healthcare facility/organization (e.g., community resources, government).

**Competence:** the ability to integrate and apply the knowledge, skills and judgment required to practise safely and ethically in a designated role and practice setting and includes both entry-level and continuing competencies (Registered Nurses Act, 2006).

**Scope of practice:** the roles, functions and accountabilities which members of a profession are legislated, educated and authorized to perform. In Nova Scotia, the scope of practice of registered nurses is defined within the *Registered Nurses Act*.

**Scope of employment:** the range of responsibilities defined by an employer through job descriptions and policies, which are required to be within the legal legislated scope of practice.

Immunizations, p. 8). They are also expected to be able to differentiate between personal beliefs associated with vaccines/immunizations and actual scientific evidence supporting their effectiveness.

In some circumstances, registered nurses, in consultation with an authorized prescriber, may also advocate for a client by withholding an immunization when this is clearly in the client's best interest.

## Competence/Continuing Competence

Registered nurses administering any medication must adhere to the core nursing responsibilities outlined in the College's *Medication Guidelines for Registered Nurses* (2011, p.12). While the nursing competencies required to perform immunizations include these core responsibilities, it is important to recognize that they also extend beyond the psychomotor skills of drawing up medications and administering injections.

According to the Professional Education Working Group of the Canadian Immunization Committee (2008), the competencies related to immunization range from knowledge of the scientific basis of immunizations through to essential immunization practices and contextual issues relevant to immunization (Immunization Competencies for Health Professionals, Public Health Agency of Canada, 2008, p.3).

In other words, to administer immunizations safely and competently, registered nurses must:

- be aware of any policies/legislation (i.e., agency, provincial, federal) governing the administration of vaccines and other immunizing agents (NOTE: As vaccines and other immunizing agents are biological/pharmacological products their administration and distribution must comply with relevant provincial legislation.)
- as required, collaborate in the development of comprehensive care directives and promote and refer to appropriate resources (e.g., *Canadian Immunization Guide*) in the development of immunization policies
- adhere to agency policies on individual competence assessment (immunizers must be deemed competent by their employing agencies)
- possess knowledge about specific vaccines/immunizations to be administered, including appropriate handling (e.g., benefits, side/adverse effects, cold chain maintenance, vaccine storage and inventory)
- continuously assess knowledge and skills relative to immunization
- be proficient in drawing up medications and administering injections
- ensure availability of and carefully check individual orders or care directives prior to preparing or administering immunizations
- know how to assess clients prior to immunization and evaluate their status post-immunization
- be prepared to provide emergency care in response to adverse events
- know how to document immunizations appropriately and effectively
- access continuing education and clinical experiences to strengthen proficiency (should include a review of up-to-date information, evidence-based knowledge, and a skills assessment).

## Context of Practice

Although there are commonalities in the administration of vaccines, different competencies are often required for different client populations. For example, a registered nurse who is competent to provide flu immunizations to elderly residents in a long-term care facility would not necessarily be competent to provide Hepatitis B immunizations to a group of school-age children.

It is imperative that registered nurses consider the context of their practice when deciding if they possess the competence to immunize a particular client or client population. Individuals' health needs may also influence the competencies required.

## Scope of Practice & Scope of Employment

Registered nurses must always ensure that any intervention they perform is within both their scope of practice and scope of employment. While only physicians, nurse practitioners and pharmacists are authorized to prescribe vaccines/immunizing agents in Nova Scotia (i.e., through orders or care directives), the administration of immunizations does fall within the scope of practice of registered nurses (see Appendix C for information on Mass Immunization Campaigns & Pre-Loading Vaccines).

However, it is important to note that registered nurses can only administer immunizations when there is a direct order or care directive written by an authorized prescriber (see Appendix A for more information on care directives), and the required medications have been dispensed\* by an authorized pharmacy/pharmacist to the nurses' practice settings (see Appendix B for the legislated scopes of practice of registered nurses, physicians and pharmacists).

(\*According to the *Pharmacy Act* (2001, s. 29), dispensing medications falls only within the scope of practice of pharmacy NOT within the scope of practice of registered nurses.)

**Care directive:** an order written by an authorized prescriber (e.g., nurse practitioner or physician) for an intervention or series of interventions to be implemented by another care provider (e.g., registered nurse) for a range of clients with identified health conditions and only when specific circumstances exist. A care directive relates to interventions for which the authorized prescribers hold ultimate responsibility, however, which must also be within the scope of practice of the care provider involved. Care directives can only be implemented when an authorized prescriber is available (determined by agency policy).

**Dispensing:** the interpretation, evaluation and implementation of a prescription drug order, including the preparation and delivery of a drug or device or patient's agent in a suitable container appropriately labeled for subsequent administration to, or use by, a patient. (NAPRA, 2009)

**NOTE:** Public health nurses deliver immunization programs under policy/guidelines developed by the Office of the Provincial Medical Officer of Health, Department of Health & Wellness (i.e., Nova Scotia's Immunization Schedule). These policies/guidelines are considered to be their care directive.

## EMPLOYERS' ACCOUNTABILITY

Healthcare employers are accountable to their employees to ensure that their practice environments enable them to provide safe, competent, compassionate and ethical care to the public. They are also accountable to support employees, through continuing education and orientation processes, in their achievement of responsibilities defined in their scope of employment.

In relation to immunizations, employers must ensure that appropriate care directives and policies are developed to support those involved in the delivery, distribution and administration of vaccines/immunizations. These policies should identify educational requirements for specific employees (e.g., continuing education) and set clear guidelines for initial and ongoing assessment of competence, including timelines for achieving these competencies.

For example, a policy in a facility's emergency room (ER) might stipulate that registered nurses in the ER must complete an educational program on influenza immunization during their orientation to the unit, and review their individual competence in relation to influenza immunization on an annual basis. In addition, the ER policy could state that registered nurses are also required to sign that they have completed a required literature review and skills assessment.

Employers, medical advisors/directors, authorized prescribers and registered nurses should also work together in developing appropriate care directives and/or policies related to emergency care (i.e., in the rare event of an anaphylactic reaction or adverse event). The *Canadian Immunization Guide* could be used as resource in the development of these care directives/policies.

## LIABILITY

Employers share accountability with registered nurses in their employ for the delivery of safe, competent and ethical care, and can be held financially accountable for their practice through vicarious liability (i.e., a legal doctrine holding employers legally responsible for acts of their employees that occur within the scope and course of their employment). An employer's vicarious liability, however, would never eliminate an individual registered nurse's obligation to practise in accordance with the *Standards for Nursing Practice* and *Code of Ethics for Registered Nurses*.

Registered nurses licensed with the College have liability coverage through the Canadian Nurses Protective Society (CNPS). However, this liability coverage would only apply to registered nurses who administer immunizations with the appropriate authorization (i.e., a care directive from an authorized prescriber).

Registered nurses in self-employed practice (who act as their own employers) can purchase additional coverage through CNPS' optional insurance plan (more information on liability for self-employed practice can be found in the College's *Guidelines for Self-Employed Practice for Registered Nurses*).

Given that liability issues for registered nurses administering immunizations would be similar to those arising from the provision of any nursing service, it would be in the best interests of all parties involved (e.g., employers, registered nurses, clients) to ensure that adequate policies are in place at all times.

---

Agency policies should address all legal/legislative issues when registered nurses are required to purchase immunizing agents directly (e.g., in circumstances in which registered nurses are required to purchase vaccines/immunizing agents, it is advised that a pharmacy or physician's office accept the pharmaceuticals directly from the supplier).

---



---

Student nurses do not have liability coverage with CNPS. Depending on their nursing program's policies, they may administer immunizations, as part of their core curriculum, under the direct supervision of assigned clinical instructors/preceptors.

---

## INFLUENZA IMMUNIZATION OF STAFF/VOLUNTEERS

In an effort to enhance public safety, the Nova Scotia Department of Health & Wellness (DHW), along with the College, encourages registered nurses to receive influenza vaccines in accordance with the province's Immunization Schedule.

Registered nurses with the required competencies may administer recommended and/or publicly-funded vaccines to staff and volunteers within their workplaces when their facilities/agencies have established policies/care directives. Without a policy/care directive, registered nurses would not have liability coverage.

Agencies/facilities that do not have policies/care directives in place for administering influenza vaccine to their staff/volunteers should use the province's Immunization Schedule (which is endorsed by Chief Medical Officer of Health) as a care directive.

Registered nurses immunizing staff/volunteers within agencies/facilities in which they practise should also refer to the College's Immunization Guidelines and the Canadian Immunization Guide (2006) as resources. The latter document, which agencies should ensure is accessible to staff, provides direction on appropriate sites, routes and needle lengths for vaccine administration (information not outlined in the provincial immunization schedules or the College's Immunization Guidelines).

Registered nurses are also encouraged to regularly check the DHW website ([www.gov.ns.ca/DHW](http://www.gov.ns.ca/DHW)) for updates on seasonal influenza vaccines.

# BEST PRACTICE GUIDELINES FOR IMMUNIZATION

## Before performing an immunization, registered nurses must:

- possess required skill and ability to administer immunization
- possess knowledge of specific vaccine(s) to be administered (e.g., benefits, risks, side-effects, contraindications)
- know how to handle and reconstitute vaccine
- know what critical factors to consider in the administration of individual or mass immunizations, including the potential transporting of vaccines (e.g., cold chain maintenance, vaccine storage, vaccine inventory, securing of consents and required supplies, vaccine scheduling, simultaneous administration of immunizing agents, and documentation)
- have knowledge of appropriate sites, routes and needle lengths for vaccine administration (see *Canadian Immunization Guide*)
- review agency policies, as well as relevant provincial legislation, related to immunization
- confirm authority to proceed with immunization based on context of practice and scope of employment
- have the knowledge, skills and expertise to appropriately assess clients, and plan, implement, evaluate and document the administration of immunizations.

## ASSESSMENT

- determine client's state of health and identify potential client risks/benefit(s) of immunization (e.g., existing health problems, immunization history, allergies, contraindications)
- determine client's eligibility for immunization.

## PLANNING

- ensure availability of direct (individual) order or care directive (should include a process or protocol for emergency care measures)
- ensure required medications have been dispensed by an authorized pharmacy/pharmacist to your practice setting
- determine location of all required supplies, including those required in case of emergency
- be prepared to educate client(s) in relation to specific vaccines, vaccine schedules, risks/benefits, potential adverse events, and post-immunization care (available public education materials could be included)
- provide clients with an opportunity to ask questions, and ask clients to restate, in their own words, the benefits and risks of the vaccine/immunizing agent
- obtain consent, if required by agency policy (pertains to individual and mass immunizations)
- be prepared to deal with adverse events, including ensuring the availability of orders/care directives for emergency interventions.

---

The *Canadian Immunization Guide* (2006), developed by the National Advisory Committee on Immunization (Public Health Agency of Canada), advocates for a risk/benefit approach to informed consent for immunizations, however, does not promote the need for signed consents. It is recommended that clients, at least, be informed of:

- risks/benefits of an immunization (e.g., disease being prevented)
- eligibility for a vaccine(s)
- details specific to their situations (e.g., immunization schedules when travelling to a particular geographical area/country)
- contraindications for a vaccine
- voluntary nature of immunization
- common and expected adverse events (including their frequency)
- post-immunization care (e.g., having to wait 15-30 post-immunization to ensure there are no problems, especially allergic reactions).

## IMPLEMENTATION

- check identification label and expiry time/date on vaccine vial or package
- do not use vaccines beyond their expiry time/date, and report all cold chain breaks to your local Public Health Services (follow their directions on use of affected vaccines)
- check that multi-dose vials are labelled with the date of first use (unless otherwise specified by the manufacturer discard 30 days after that date)
- inspect vaccine vial for any irregularities (e.g., damage, contamination, particulate matter inside)
- reconstitute vaccines as required (should be mixed only with the diluent supplied for the vaccine unless otherwise permitted by the manufacturer)
- mix vaccine with a careful swirling motion, until a uniform suspension is attained
- adhere to the core nursing responsibilities in the process of medication administration (*Medication Guidelines for Registered Nurses*, 2011).

---

According to the *Canadian Immunization Guide* (2006):

- vaccines must be stored between +2° and +8° C at all times.
  - when only month and year are provided as an expiry date, a vaccine can only be used to the end of the month noted.
  - stability of vaccines is an important consideration once a vial is opened or a vaccine is reconstituted.
- 

## EVALUATION/EMERGENCY MEASURES

- post-immunization, keep client(s) under observation for a period of at least 15 to 30 minutes, and for a longer period of time when it is known that hypersensitivity is a real possibility
- administer adrenalin in the event of anaphylaxis (as per care directive)
- seek additional medical assistance as required and according to agency policy (e.g., 911)
- appropriately document and report adverse events following immunization.

The *Canadian Immunization Guide* (2006) has a section entitled *Anaphylaxis: Initial Management in Non-Hospital Settings* (available at <http://www.phac-aspc.gc.ca/publicat/cig-gci/index.html#toc>).

---

Adverse events following immunizations must be reported to the Medical Officer of Health, Public Health Services (see Appendix D: It's the Law – Reporting Adverse Events Following Immunization).

---

## DOCUMENTATION

- complete according to agency policy
- should include:
  - client assessments completed prior to immunization
  - teaching/information provided
  - name of vaccine (generic names and/or trade names)
  - lot number of vaccine (in case of recall or adverse event)
  - dosage of vaccine
  - route of administration
  - signature of provider who prepared/reconstituted and administered the vaccine
  - adverse events post-immunization (according to agency policy)
  - any emergency measures implemented.

In the case of pre-loaded vaccines, documentation must include the signatures of all providers involved (i.e., the providers who prepared/reconstituted the vaccines and those who administered them).

For additional information on documentation, refer to the *College's Documentation Guidelines for Registered Nurses*, p. 5-11.

# ADDITIONAL RESOURCES TO SUPPORT SAFE, COMPETENT IMMUNIZATION

The College endorses the following external resources to help registered nurses maintain currency in the practice of immunization, as well as to support evidence-based (informed) practice and policy development:

- publicly-funded immunization programs and schedules of the Nova Scotia Department of Health & Wellness: available at [www.gov.ns.ca/hpp/cdpc/immunization.asp](http://www.gov.ns.ca/hpp/cdpc/immunization.asp)
- *Nova Scotia Immunization Manual* (Department of Health & Wellness): available at [www.gov.ns.ca/hpp/publications/13067\\_NS\\_ImmunizationManual\\_Jan09\\_En.pdf](http://www.gov.ns.ca/hpp/publications/13067_NS_ImmunizationManual_Jan09_En.pdf)  
(NOTE: This manual supports nurses involved in the delivery of provincial public health immunization programs.)
- *Canadian Immunization Guide* (Public Health Agency of Canada): available at [www.phac-aspc.gc.ca/publicat/cig-gci/pdf/cig-gci-2006\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/cig-gci/pdf/cig-gci-2006_e.pdf)  
(NOTE: This document is the standard for all healthcare professionals administering immunizations.)
- *Immunization Competencies for Health Professionals* (Public Health Agency of Canada): available at <http://www.phac-aspc.gc.ca/im/ic-ci-eng.php>
- recommendations from the National Advisory Committee of Immunization (available at [www.phac-aspc.gc.ca/im/index.html](http://www.phac-aspc.gc.ca/im/index.html), including the *Infants, Children and Youth Immunization Schedule* available at [www.phac-aspc.gc.ca/im/is-cv/index.html#a](http://www.phac-aspc.gc.ca/im/is-cv/index.html#a))



The Nova Scotia Department of Health & Wellness also publishes other resource pamphlets that are available online or in print through Public Health Services.

# OPERATIONAL DEFINITIONS

**Accountability:** the obligation to acknowledge the professional, ethical and legal aspects of one's role, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated.

**Adverse event:** an activity/intervention that results in unintended harm to a client, and is related to the care and/or service provided rather than to the client's underlying condition (CPSI, 2008).

**Care directive:** an order written by an authorized prescriber (e.g., nurse practitioner, physician, pharmacist) for an intervention or series of interventions to be implemented by another care provider (e.g., registered nurse) for a range of clients with identified health conditions, only when specific circumstances exist. The interventions outlined in a care directive must be within the scope of practice of the intended care provider, however, the authorized prescriber holds ultimate responsibility for the intervention(s). Care directives can only be implemented when an authorized prescriber is available ('availability' to be determined by agency policy).

**Client(s):** the individual, group, community or population who is the recipient of nursing services and, where the context requires, includes a substitute decision-maker for the recipient of nursing services (RN Act, 2006).

**Competence:** the ability to integrate and apply the knowledge, skills and judgment required to practise safely and ethically in a designated role and practice setting and includes both entry-level and continuing competencies (RN Act, 2006).

**Context of practice:** conditions or factors that affect the practice of nursing, including client population, (e.g., age, diagnostic grouping), location of practice setting (e.g., urban, rural), type of practice setting and service delivery model (e.g., acute care, community), level of care required (e.g., complexity, frequency), staffing (e.g., number, competencies); and availability of other resources. In some instances, context of practice could also include factors outside of the healthcare sector (e.g., community resources, justice).

**Continuing competence:** the ongoing ability of a registered nurse or a nurse practitioner to integrate and apply the knowledge, skills and judgement required to practise safely and ethically in a designated role and setting (RN Act, 2006).

**Dispensing:** the interpretation, evaluation and implementation of a prescription drug order, including the preparation and delivery of a drug or device or patient's agent in a suitable container appropriately labeled for subsequent administration to, or use by, a patient (NAPRA, 2009).

**Evidence-informed practice:** practice based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data (CRNBC, 2005d, 2005e; CHSRF, 2005).

**Informed consent:** a phrase used in law to indicate that the consent given by a person has been based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given. In some instances, a substitute decision maker may be involved in giving informed consent.

**Intervention:** a task, procedure, treatment or action with clearly defined limits, which can be assigned or delegated within the context of client care.

**Scope of employment:** range of responsibilities defined by an employer through job descriptions and policies: must be within practitioner's legislated scope of practice.

**Scope of practice:** roles, functions and accountabilities which members of a profession are educated and authorized by legislation to perform. In Nova Scotia, the scope of practice of registered nurses is determined by the *Registered Nurses Act*.

# APPENDIX A: CARE DIRECTIVES

A care directive is an order written by an authorized prescriber (e.g., nurse practitioner, physician, pharmacist) for an intervention or series of interventions to be implemented by another care provider (e.g., registered nurse) for a range of clients with identified health conditions, *only* when specific circumstances exist. The interventions outlined in a care directive must be within the scope of practice of the intended care provider, however, the authorized prescriber holds ultimate responsibility for the intervention(s). Care directives can only be implemented when an authorized prescriber is available ('availability' to be determined by agency policy).

Care directives are different than direct orders, which are written exclusively for individual clients. In many healthcare facilities, care directives are replacing, or have replaced, *standing orders* (which are no longer considered legal).

Care directives must be approved by an agency's Medical Advisory Committee (or equivalent body/policy approval process), and the related intervention(s) must fall within the scope of practice of the healthcare provider implementing the care directive.

A written care directive must include:

- one or more specific interventions
- the assessment process to be used by registered nurses in making a decision to implement the directive (e.g., an algorithm or specific clinical conditions and/or other circumstances that must exist before the nurse can implement the directive)
- specific monitoring parameters, and reference to appropriate emergency care measures
- identification of contraindications to implementing the care directive
- reference to essential resources (e.g., nursing, medical, national, provincial or agency policies)
- name, date and signature of the authorized prescriber
- date and confirmation of policy approval by agency's Medical Advisory Committee (or equivalent body/policy approval process).

Care directives are generally developed in collaboration with registered nurses and incorporated in agency/facility policies. They are not written on individual client's health records (as is the case with direct orders); however, a copy of a care directive may be attached to a client's health record.

Some care directives will only be valid for specified periods of time (e.g., influenza vaccine). IN the case of immunizations, these time-limited directives authorize specific RNs, or RNs employed within specific agencies, to administer an identified immunization to groups of persons exhibiting the same health need (e.g., school children, employees, nursing home residents), within a designated timeframe.

Examples of time-limited care directives for immunizations, based on clients' needs:

- Administer influenza vaccine 0.5ml IM to all first-year nursing students at T.H.E. University between September 27, 2012, and January 31, 2013.  
Signed: Nurse Practitioner D                      Date: September 25, 2012
- Administer influenza vaccine 0.5ml IM to all residents of Shady Grove Long-term Care Facility between October 1, 2012, and January 3, 2013.  
Signed: Doctor G                                      Date: September 29, 2012

## APPENDIX B: SCOPES OF PRACTICE

**Practice of nursing:** the application of specialized and evidence-based knowledge of nursing theory, health and human sciences, inclusive of principles of primary health care, in the provision of professional services to a broad array of clients ranging from stable or predictable to unstable or unpredictable, and includes

- (i) assessing the client to establish their state of health and wellness;
- (ii) identifying the nursing diagnosis based on the client assessment and analysis of all relevant data/information;
- (iii) developing and implementing the nursing component of the client's plan of care;
- (iv) coordinating client care in collaboration with other health care disciplines;
- (v) monitoring and adjusting the plan of care based on client responses;
- (vi) evaluating the client's outcomes;
- (vii) such other roles, functions and accountabilities within the scope of practice of the profession which support client safety and quality care;

in order to

- (A) promote, maintain or restore health;
- (B) prevent illness and disease;
- (C) manage acute illness;
- (D) manage chronic disease;
- (E) provide palliative care;
- (F) provide rehabilitative care;
- (G) provide guidance and counseling; and
- (H) make referrals to other health care providers and community resources;

and also includes research, education, consultation, management, administration, regulation, policy or system development relevant to the above.

*(Registered Nurses Act, 2006)*

**Practice of medicine:** includes, but is not restricted to:

- (i) advertising, holding out to the public or representing in any manner that one is authorized to practice medicine in the jurisdiction,
- (ii) offering or undertaking to prescribe, order, give or administer any drug or medicine for the use of any other person,
- (iii) offering or undertaking to prevent or diagnose, correct or treat in any manner or by any means, methods, devices or instrumentalities any disease, illness, pain, wound, fracture, infirmity, defect, or abnormal physical or mental condition of any person,
- (iv) offering or undertaking to perform any obstetrical procedure or surgical operation upon any person.

*(Medical Act, 1996)*

**Practice of pharmacy:** includes the practice of and responsibility for:

- (a) the interpretation and evaluation of prescriptions,
- (b) the provision of information respecting drug and non-drug therapy,
- (c) the compounding, dispensing and added labeling of drugs and devices,
- (d) taking all reasonable steps to ensure pharmaceutical and therapeutic appropriateness of drug therapy;
- (e) monitoring drug therapy,
- (f) the identification, assessment and recommendations necessary to resolve or prevent problems in patients related to drugs,
- (g) counseling persons respecting the therapeutic values, content, hazards, side effects and proper storage of drugs and devices,
- (h) the safe storage of drugs and devices,
- (i) the maintenance of proper records for drugs and devices, including patient records,
- (j) services, duties and transactions necessary to management, operation and control of pharmacy,
- (k) the sale of drugs and devices, and
- (l) other professional services authorized by law.

*(Pharmacy Act, 2001)*

## APPENDIX C: MASS IMMUNIZATION CAMPAIGNS & PRE-LOADING VACCINES

Mass immunization campaigns generally occur during flu outbreaks when registered nurses are required to provide vaccinations to a large number of individuals in one setting (e.g., clinics, schools, public buildings). In Nova Scotia, it is within the scope of practice of registered nurses to administer vaccines during these types of campaigns. In addition to the accountabilities and responsibilities identified previously in this document, registered nurses involved in a mass immunization campaign would also be expected to take all administrative steps to minimize the chance of error (e.g., having appropriate guidelines/policies in place) and to clarify the accountability of others involved, for instance whether other nurses would help in the preparation of vaccines (CNO, 2009, p.5).

Registered nurses are always expected to follow the 10 rights when preparing and administering medications (*Medication Guidelines for Registered Nurses*, 2011). And based on best or evidence-based (informed) practice for medication administration, pre-pouring of any medication (i.e., when a registered nurse pours a medication which s/he either administers at a later time or leaves to be administered by another person) is an unacceptable practice as it increases the risk of errors and confuses the lines of accountability.

According to the *Canadian Immunization Guide* (7th edition, 2006, p. 2.), a vaccine should be withdrawn from a vial by the provider intending to administer it:

“Pre-loading syringes with vaccine is discouraged because of the uncertainty of vaccine stability in syringes, risk of contamination, increased potential for vaccine administration errors and vaccine wastage. Pre-loading of syringes in the hospital setting where vaccines are drawn up and labeled in the pharmacy may be considered.”

However, the *Canadian Immunization Guide* also states that to facilitate timely and efficient administration of a single vaccine to a large number of people in a clinic setting, pre-loading of syringes could be considered an acceptable practice.

If agencies choose to allow the pre-loading of syringes, their policies should provide clear directions on how to store them safely and securely. The cold chain must be maintained for pre-loaded vaccines and the syringes need to be properly labeled.

---

Proper labeling of a pre-loaded vaccine would include:

- name of the healthcare professional who prepared/reconstituted the vaccine
  - time and date when the vaccine was prepared
  - expiration time and/or date (e.g., length of stability of vaccine).
- 

When agencies allow registered nurses to pre-load (vaccine) syringes, the College recommends that:

1. this practice be limited to mass immunization campaigns only (to be outlined in the form of a policy)
2. agreements on accountability be established (e.g., for the healthcare professional completing the pre-load and the one who will administer the vaccine)
3. the roles of all healthcare professionals involved be clarified (e.g., who will pre-load and who will administer a vaccine)
4. documentation clearly shows who prepared a vaccine and who administered it.

# APPENDIX D: REPORTING ADVERSE EVENTS

## IT'S THE LAW: Reporting Adverse Events Following Immunization (AEFI)

### What to Report

You are required by law to report to Public Health Services the following major and moderate adverse events that may occur following immunization.

Major Adverse Events	Moderate Adverse Events
<p>Report within 1 working day</p> <p>Any reaction that requires immediate medical intervention and/or hospitalization, which may include:</p> <ul style="list-style-type: none"> <li>• Anaphylaxis</li> <li>• Acute encephalopathy</li> <li>• Paralysis</li> <li>• Guillain Barré Syndrome</li> </ul>	<p>Report within 5 working days</p> <ul style="list-style-type: none"> <li>• Fever as high as 40°C</li> <li>• Chills/shivers</li> <li>• Hives</li> <li>• Pronounced drowsiness</li> <li>• Prolonged crying or irritability</li> <li>• Significant nodules/lumps</li> <li>• Abscesses at injection site</li> </ul>

### How to Report

1. Consult your local or district Public Health Services office to determine if an AEFI form needs to be completed.
2. If required, download and complete AEFI form. ([www.phac-aspc.gc.ca/im/ae-fi-form-eng.php](http://www.phac-aspc.gc.ca/im/ae-fi-form-eng.php))
3. Send the completed form to your local or district Public Health Services office.

<p>Annapolis Valley Health Public Health Services 23 Eamscliffe Ave. Wolfville, NS B4P 1X4 Tel 542.6310 Fax 542.6333</p>	<p>Capital Health Public Health Services 7 Mellor Ave., Unit 5 Dartmouth, NS B3B 0E8 Tel 481.5800 Fax 481.5889</p>	<p>Cumberland Health Authority Public Health Services 18 South Albion Street, Amherst, NS B4H 2W3 Tel: 667.3319 Fax: 893.2614</p>
<p>Pictou County Health Authority Public Health Services 825 East River Road New Glasgow, NS B2H 3S6 Tel 752.5151 Fax 893.2614</p>	<p>South West Health Public Health Services Yarmouth Regional Hospital 60 Vancouver St., 4th Floor Yarmouth, NS B5A 2P5 Tel 742.7141 Fax 742.6062</p>	<p>Cape Breton District Health Authority Public Health Services 235 Townsend St. 2nd Floor Sydney, NS B1P 5E7 Tel 563.2400 Fax 563.2005</p>
<p>Colchester East Hants Health Authority Public Health Services 201 Willow St. 3rd Floor Annex Truro, NS B2N 4Z9 Tel 893.5820 Fax 893.2614</p>	<p>Guysborough Antigonish Strait Health Authority Public Health Services Martha Centre 23 Bay St., Suite 2N Antigonish, NS B2G 2G7 Tel 867.4500 ext. 4800 Fax 863.5111</p>	<p>South Shore Health Public Health Services 215 Dominion Street Suite 109 Bridgewater, NS B4V 2K7 Tel 543.0850 Fax 543.8024</p>

## What NOT to Report

Do not report the following minor adverse events that occur frequently following immunization:

- local redness and/or induration at the injection site
- local tenderness
- painful limb
- crying, fretfulness, drowsiness, irritability, loss of appetite
- swelling of lymph nodes near injection site, fever, arthralgia, myalgia
- with live vaccines (MMR, Varicella), a reaction may resemble a mild form of the disease, with a fever and rash 5-14 days following immunization.

This document is reprinted with permission from:

Public Health Services



[www.gov.ns.ca/hpp](http://www.gov.ns.ca/hpp)

## REFERENCES

- Canadian Nurses Association. (2008). *Code of ethics for registered nurses*. Ottawa: Author.
- Canadian Nurses Protective Society. (1998). Vicarious liability. *infoLAW* , 7 (1).
- College & Association of Registered Nurses of Alberta. (2007). *Medication administration: Guidelines for registered nurses*. Edmonton: Author.
- College of Nurses of Ontario. (2009). *Practice standard: Medication*, Revised 2008. Toronto: Author.
- College of Registered Nurses of British Columbia. (2008). *Mass immunization clinics*. Vancouver: Author.
- College of Registered Nurses of Nova Scotia. (2003). *Delegation guidelines for registered nurses*. Halifax: Author.
- College of Registered Nurses of Nova Scotia. (2005). *Documentation guidelines for registered nurses*. Halifax: Author.
- College of Registered Nurses of Nova Scotia. (2004). *Standards for nursing practice*. Halifax: Author.
- College of Registered Nurses of Nova Scotia. (2011). *Medication guidelines for registered nurses*. Halifax: Author.
- Guidelines from the Office of the Professions. New York State, Department of Education. (2001). *Current issues in nursing. Non-patient specific standing order and protocol*.
- Medical Act*, c. 10. (1995/1996). Statutes of Nova Scotia. Halifax, NS: Government of Nova Scotia.
- Nova Scotia Department of Health and Wellness. (2008). *Nova Scotia immunization manual*. Halifax: Author. Retrieved from <http://www.gov.ns.ca/hpp/cdpc/docs/tableofcontents.pdf>
- Nova Scotia Department of Health and Wellness. (2011). *Nova Scotia immunization schedules*. Halifax: Author. Retrieved from [www.gov.ns.ca/hpp/cdpc/immunization.asp](http://www.gov.ns.ca/hpp/cdpc/immunization.asp)
- Pharmacy Act*, c. 36. (2001). Statutes of Nova Scotia. Halifax, NS: Government of Nova Scotia
- Potter, P., & Perry, A. (2006). *Canadian fundamentals of nursing* (3rd ed.). (Ross-Kerr, J., & Wood, M. Eds.). Toronto: Elsevier Mosby.
- Public Health Agency of Canada. (2006). *Canadian immunization guide*. (7th ed.). Ottawa: Author. Retrieved from [www.phac-aspc.gc.ca/publicat/cig-gci/pdf/cig-gci-2006\\_e.pdf](http://www.phac-aspc.gc.ca/publicat/cig-gci/pdf/cig-gci-2006_e.pdf)
- Public Health Agency of Canada. (2008). *Immunization competencies for health professionals*. Ottawa: Author. Retrieved from [www.phac-aspc.gc.ca/im/ic-ci-eng.php](http://www.phac-aspc.gc.ca/im/ic-ci-eng.php)
- Registered Nurses Act*, c. 21. (2006). Statutes of Nova Scotia. Halifax, NS: Government of Nova Scotia.



College of Registered Nurses of Nova Scotia  
4005-7071 Bayers Road, Halifax, NS B3L 2C2  
Tel 902.491.9744 1.800.565.9744 (in NS)  
[info@crnns.ca](mailto:info@crnns.ca) [www.crnns.ca](http://www.crnns.ca)