Thames Valley
Family Health Team

# Medical Directive

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| **Title:** | **Administration of Immunizations** | **Assigned Number:** | **008** |
| **Activation Date:** | **July 1, 2011** | **Review due by:** | **December 1, 2025** |

**Approval Signature & Date**

Medical Director: _____ Date Reviewed: Feb 23, 2024

Clinical Services Director: _____ Date Reviewed: Feb 23, 2024

| **Order and/or Delegated Procedure:** | **Appendix Attached:** ☐ **Yes** ☒ **No** **Title:** |
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| Administration of Immunizations to pediatric and adult patients by Registered Nurses/Registered Practical Nurses. | |
| **Recipient Patients:** | **Appendix Attached:** ☐ **Yes** ☒ **No** **Title:** |
| All active patients of Thames Valley Family Health Team who require any of the recommended vaccinations as per the latest Guidelines in the online Canadian Immunization Guide or as per recommendation by the Regional Public Health Unit. Vaccines that are non-OHIP funded services, such as administering a shingles vaccine to someone outside the eligible age range, require a direct order from a provider. Vaccines required for travel consultation, should not be provided by FHT RNs/RPNs. | |

| **Authorized Implementers:** | **Appendix Attached:** ☐ **Yes** ☒ **No**<br>**Title:** |
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Thames Valley Family Health Team Registered Nurses/Registered Practical Nurses (RN/RPN) * herein referred to as implementer.

* The implementer must receive orientation from the Educator with regards to the task and must be familiar with and have immediate access to the current Publicly Funded Immunization Schedule for Ontario. The implementer must have completed orientation and educational requirements of Emergency Treatment of Anaphylaxis/Severe Allergic Reactions to Allergy Injections or Immunizations medical directive and is encouraged to review Emergency Treatment of Anaphylaxis/Severe Allergic Reactions to Allergy Injections or Immunizations medical directive to ensure all required supplies and reference materials are available in the case of an emergency. The implementer must sign the Implementer Performance Readiness Form in HR Downloads after successful completion of the orientation.

| **Indications:** | **Appendix Attached:** ☐ **Yes** ☒ **No**<br>**Title:** |
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1. Verbal consent received from the patient, or substitute decision maker, for the implementer to administer the immunization.
2. Patient is due for an immunization based on the current "Publicly Funded Immunization Schedule for Ontario" either through the Routine Vaccine Programs or High-Risk Vaccine Programs.
3. Patient is healthy with absence of fever or other signs of illness.

| **Contraindications:** | **Appendix Attached:** ☐ **Yes** ☒ **No**<br>**Title:** |
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1. No verbal consent from patient or substitute decision maker for implementer to implement this medical directive.
2. Patient has a fever or other demonstrated signs of current illness.
3. Prior anaphylactic reaction to a vaccine.
4. Patient is immunocompromised due to a disease state or medical treatment such as biologics for inflammatory disorders or immunosuppressants:
   a. Live vaccines: In general, people who are severely immunocompromised or in whom immune status is uncertain, should not receive live vaccines. In less severely immunocompromised people, the benefits of vaccination with routinely recommended live vaccines may outweigh risks. Before giving an immunocompromised individual a live vaccine, a provider with expertise in immunodeficiency (e.g., a patient's specialist) should be consulted (NACI, 2018 – last revision)
   b. Generally, inactivated vaccines may be administered to immunocompromised individuals if indicated because the antigens in the vaccine cannot replicate and there is no increase in the risk of vaccine-associated adverse events. (NACI, 2018). At the implementer's discretion, in complex cases, consultation with a physician/NP with expertise in immunization should be consulted.
5. Patient is pregnant:
   a. Live vaccines are contraindicated
   b. Inactivated vaccines–- some inactivated vaccines are NOT recommended for use in pregnancy – check Canadian Immunization Guide: Part 3 - Vaccination of Specific Populations, Immunization in pregnancy and breastfeeding before proceeding

* National Advisory Committee of Immunizations. Canadian Immunization Guide (latest online edition). (Accessed on Nov. 2, 2023).

| **Consent:** | **Appendix Attached:** ☐ **Yes** ☒ **No**<br>**Title:** |
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1. Patients of Thames Valley Family Health Team.
2. The implementer obtains verbal patient consent prior to the implementation of care.

| **Guidelines for Implementing the Order/ Procedure:** | **Appendix Attached:** ☒ **Yes** ☐ **No**<br>**Title: Appendix 1 – Immunizations in the Context of a Home Visit** |
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1. Determine and confirm the vaccine to be administered
2. Following these steps as outlined in the Vaccine administration practices section of the Canadian Immunization Guide, below is a short summary but is not intended to replace the information in the Immunization Guide:
    a. **Pre-vaccination counseling** - Information regarding the risks and benefits of both receiving and not receiving the vaccination should be provided. Minor side effects that occur frequently and any adverse effects that are severe should be discussed with the individual or substitute decision maker

    b. **Vaccine administration** - Vaccines should be administered using the recommended dose, route, site, equipment, technique, and schedule to optimize vaccine effectiveness and reduce the risk of local reactions or other adverse events. Dosage and administration recommendations can be found in the manufacturer's instructions. Vaccine administration is performed according to nursing practice standards*

    The following strategies can be considered for individuals who are particularly concerned about immunization pain. Swaddling, holding, or sucking on a pacifier. Breastfeeding infants or offering sweet-tasting solutions. The parent or guardian should hold a child with specific instructions on restraint positioning. Failed restraint can result in inaccurate dose, inappropriate depth of injection or injury to the individual being immunized and/or vaccine provider**

    Giving multiple vaccines at the same visit is encouraged where appropriate. Considerations include:

    - When drawing up multiple vaccines, it is best to do so for an individual client only.
    - Syringes should be labelled to identify which vaccine each syringe contains.
    - The site of administration of each vaccine should be recorded, so that if an injection site reaction occurs, the associated vaccine can be identified.
    - If multiple parenteral injections are required, whenever possible, separate anatomic injection sites (different limbs) should be used. If multiple injections in the same limb are required, the injection sites should be separated by at least 2.5 cm (1 inch). In individuals where there is insufficient deltoid muscle mass, the anterolateral thigh muscle can be used.
    - Vaccines that are known to cause the most injection site pain (e.g., Prevnar®13; M-M-R®II, human papillomavirus vaccines [HPV]) should be administered after other vaccines.

    c. **Post-vaccination counselling and observation** - Vaccine recipients/substitute decision makers should be counseled on common side effects and the management of these reactions. Vaccine recipients are to be kept under observation for at least 15 minutes after immunization.

In special circumstances such as a pandemic, vaccine recipients who have had no history of anaphylactic reactions vaccines and are receiving a vaccine that they had previously received with no complications (e.g. influenza vaccine), they can be observed for 5 minutes and then discharged to their vehicle or another unsupervised area for the remaining 10 minutes where the recipient can still contact medical staff physical or via virtual means in case of the onset of side effects or complications.

In case of anaphylaxis refer to the "Emergency Treatment of Anaphylaxis/Severe Allergic Reactions to Allergy Injections or Immunizations" TVFHT Medical Directive.

**3.** Document relevant information about the vaccination in recipient's medical record

**Pre-loading vaccines in syringes**

Pre-loading syringes with vaccine is discouraged because of the uncertainty of the vaccine stability in syringes, risk of contamination, increased potential for vaccine administration errors and vaccine wastage.

To facilitate timely and efficient administration of a single vaccine to a large number of people in an immunization clinic setting, pre-loading of syringes may be considered. However, if implemented, this practice should be limited to these settings and must include the following considerations: 1) prior agreement on how professional accountability can be ensured if different people pre-load and administer the vaccine, 2) data on stability of pre-loaded product for a specified time period, 3) prepare only the number of doses required to keep the clinic running efficiently and doses should be used as soon as possible and 4) maintenance of the cold chain.

There may be special considerations given to administering immunizations during a home visit. Please see **Appendix 1** for more details.

** *Reducing the pain of Childhood vaccination: an evidence-based clinical practice guideline CMAJ 2010.DOI:10.1503/CMAJ.101720*

| **Documentation and Communication:** | **Appendix Attached:** ☐ **Yes** ☒ **No**<br>**Title:** |
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1. Documentation in the patient's medical record needs to include the name and number of the directive, name of the implementer (including credential), and name of the physician/authorizer responsible for the directive and patient. Specific site of immunization must also be noted along with the **Lot Number and Expiration Date** of the vaccine.
2. Information regarding implementation of the procedure and the patient's response should be documented in accordance with standard documentation practice*


∗ Potter, P.A. & Perry, A.G. (2006). Fundamentals of Nursing. St. Louis: Mosby.
∗ College of Nurses of Ontario (2008). CNO Practice Standard: Documentation

| **Review and Quality Monitoring Guidelines:** | **Appendix Attached:** ☐ **Yes** ☒ **No**<br>**Title:** |
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1. The Directive remains in force until and unless amendment occurs. Review will occur biennially. In case the Medical Director identifies the need to change the Medical Directive, at least one TVFHT member of the implementing disciplines will be consulted.
2. At any such time that issues related to the use of this directive are identified, the team must act upon the concerns immediately by identifying these concerns to the Medical Director. The Medical Director will review these concerns and consult with at least one TVFHT member of the implementing disciplines, before necessary changes are made.
3. If new information becomes available between routine renewals, and particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the Medical Director and a minimum of one TVFHT member of the implementing disciplines.

| Approving Physician(s)/Authorizer(s): | **Appendix Attached:** ☐ **Yes** ☒ **No**<br>**Title:** |
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Authorizer Approval Form signed in HR Downloads by Medical Director.

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# Appendix 1: Immunizations in the Context of a Home Visit

When considering completing an immunization as part of a home visit with a client, you must follow all procedures outlined in Thames Valley Family health Team's *Home Visit Policy*. Once you have followed this process and determined there is a need for a home visit, you must ensure the physician for that client has signed both the Anaphylaxis medical directive and this Immunizations directive. You must bring the following supplies with you to the home as part of an Anaphylaxis Kit:

- Epinephrine
- Diphenhydramine
- 1" and 1.5" needles
- 1mL and/or 3mL syringes
- Alcohol pads
- Anaphylaxis quick dosing guide

As per this medical directive, you must remain at the client's home with them for at least 20 minutes to monitor for any kind of reaction to the substance being administered. Once you have determined the client is stable with normal reaction to the injection you can depart the home and their response should be documented in the EMR along with the immunization(s) given.

If the client does have a reaction, implement the Anaphylaxis and Emergency Management medical directive and call Emergency Services. This should be documented as per Standard Documentation practices.

* * You must always ensure there is an anaphylaxis kit present in the clinic as well. Do not remove this kit for use in-home.