Thames Valley
Family Health Team

Medical Directive

Administration of Vaccines	**Assigned Number: 008**
Activation Date: July 1, 2011	**Review due: December 2027**

Approval Signature & Date

Medical Director: _____ Date Reviewed: Aug 11, 2026

Executive Director, Clinical Services: _____ Date Reviewed: Aug 11, 2026

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Administration of vaccinations per the Ontario Publicly Funded Immunization Schedule.

Recipient Patients:	**Appendix Attached:** ☐ **Yes** ☒ **No**

All active patients (attached or unattached) served by Thames Valley Family Health Team affiliated physicians and nurse practitioners, as identified on the Authorizer Approval Form.

Authorized Implementers:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Thames Valley FHT Registered Nurses/Registered Practical Nurses (RN/RPN) and Registered Respiratory Therapists (RRT)—for the administration of influenza, pneumococcal, and other vaccines to treat cardio-respiratory and associated disorders, in accordance with the Respiratory Therapy scope of practice.

The implementer must complete educational requirements for this medical directive, including review of the education package and medical directive and successful completion of any quizzes. If additional orientation or shadowing is needed, the implementer must make arrangements for this with their clinical supervisor. Once all of the above has been completed, they are required to sign the Implementer Performance Readiness Form electronically, via Citation Canada, indicating they have the knowledge, skill and judgment to safely enact the medical directive.

The Implementer must be an active Implementer for Medical Directive 007: Emergency Treatment of Anaphylaxis/Severe Allergic Reactions to Allergy Injections, Vaccines, or Injectable Medications prior to utilizing this directive.

Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Patient is due for vaccine(s) per the latest Publicly Funded Immunization Schedule for Ontario, including those who meet high-risk eligibility criteria.

Contraindications:	**Appendix Attached:** ☐ **Yes** ☒ **No**

1. Patient has a fever or other demonstrated signs of current illness.
2. Prior anaphylactic reaction to a vaccine.
3. Patients who are immunocompromised due to disease or treatment (e.g., biologics, immunosuppressants):
   - **Live vaccines**: Generally contraindicated in severely immunocompromised individuals or when immune status is uncertain. In milder cases, the benefits may outweigh risks. Consultation with a physician/NP or specialist involved in patient's care is advised.
   - **Inactivated vaccines**: Usually safe and may be given if indicated, as they do not replicate. For complex cases, consult a physician/NP or specialist.
4. Patient is pregnant:
   - **Live vaccines**: contraindicated.
   - **Inactivated vaccines**: Some inactivated vaccines are NOT recommended during pregnancy. Review current recommendations in the Immunization in Pregnancy and Breastfeeding: Canadian Immunization Guide before proceeding.
   - Consult a physician/NP or appropriate specialist if further guidance is needed.

Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Informed verbal consent is obtained from the patient/substitute decision maker, per TVFHT: Informed Consent of Patient Healthcare Procedure, prior to the implementation of care.

Guidelines for Implementing the Order/ Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

1. Confirm vaccine(s) and patient eligibility.
2. Provide pre-vaccination counseling, including risks, benefits, and potential side effects.
3. Administer vaccine(s) per manufacturer instructions and nursing standards.
4. Provide post-vaccination counseling, including common side effects and their management.
5. Patient remains on site for 15 minutes for post-administration monitoring.
6. Manage adverse reactions; initiate Medical Directive 007 for anaphylaxis or severe allergic reactions. If administering vaccine(s) off-site, ensure an anaphylaxis kit is available and follow TVFHT's Home Visit Policy.

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No**

- The implementer will follow the documentation standards set by their governing college.
- In the patient's medical record, documentation must be completed on the TVFHT documentation template provided for this directive and the Immunization Record must be updated with vaccine details
- Information regarding implementation of the directive and the patient's response will be documented in the patient's medical record, in accordance with standard documentation practice.

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No**

The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances:

1. The Medical Director identifies a need for change
2. Issues arise related to the directive's use—the team must promptly communicate concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director
3. New information becomes available between scheduled reviews, particularly if it affects outcomes

The Medical Directives Committee will then review the concerns in consultation with at least one implementer and the Medical Director, as needed, before making necessary changes.

Approving Physician(s)/Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No**

Authorizer Approval Form signed in Citation Canada.