



Medical Directive and Clinical Protocol for the Administration of COVID-19 Vaccines in South and Central First Nations

First Nation & Inuit Health Branch – Saskatchewan Region

Distribution: Nurse Managers in South and Central First Nations

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Employer policy and procedure, along with this Medical Directive for the Administration of COVID-19 Vaccines, provide the authority and direction for Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Registered Psychiatric Nurses (RPNs) in South and Central Saskatchewan First Nations to provide COVID-19 vaccines with appropriate support from Nurse Managers, the Regional Immunization Coordinator and the Medical Health Officer (MHO).

RNs, LPNs and RPNs may provide COVID-19 vaccines using the Saskatchewan Ministry of Health immunization protocols and schedules as set out in the most current edition of the Saskatchewan Immunization Manual (SIM).

HIGH ALERT

- Following the completion of requirements for education and certifications, COVID-19 vaccines may be administered by RNs, LPNs and RPNs under this Medical Directive.
- Refer to the SIM Chapter 6 *Contraindications and Precautions*.
- Refer to the SIM Chapter 7, Section 3.0 Immunocompromised Conditions and consult a regional MHO for specific directives (e.g., Appendices 7.1 and 7.6).
- Refer to the SIM Chapter 10 Biological Products for vaccine specific information.
- Refer to the appropriate and most up to date Saskatchewan Ministry of Health documentation regarding who may and may not receive the COVID-19 vaccine.
- **Consultation with MHO required for:**
 - Immunization of clients who have contraindications to vaccines in general, as well as those who have contraindications to receiving the COVID-19 vaccine being offered.
 - Immunization of clients who require additional precautions, such as those with newly diagnosed disease, immune suppression due to disease/medication, or other conditions described in the SIM.
 - Vaccine administration errors or incidents, such as when the wrong vaccine has been given, the minimal interval between vaccine doses has not been respected, and so on.
- **The LPN may only provide COVID-19 immunizations in a setting where an RN or RPN (who is competent in the administration of immunizations and the treatment of anaphylaxis) is present and immediately available.** Should the RN or RPN need to be away for any time, the LPN must cease immunizing until the RN returns.
- **The management/treatment of anaphylaxis is not within the scope of practice of a LPN.** The LPN may assist the RN/RNP in the management of anaphylaxis. Refer to FNIHB Medical Directive and RN Clinical Protocol for the Treatment of Anaphylaxis.
- **Referral to the Community Health Nurse required for:**
 - Situations not described in this document; or those that are beyond the scope of LPN, RPN, practice; or where the LPN, RPN does not feel competent to perform the required activity. The CHN will decide whether further consultation with the MHO is required.



EDUCATION/CERTIFICATION/QUALIFICATION

- All immunizers need to achieve and maintain immunization competencies to:
 - Ensure safe, competent, and appropriate immunization practices
 - Achieve higher vaccine coverage rates
 - Provide a high degree of community protection against COVID-19
- All immunizers must review this Medical Directive and Clinical Protocol.
- All immunizers must have active licensure with their licensing body
- Current certification in CPR
- Certification in Transportation of Dangerous Goods every 3 years for at least one of the team members is required.
- **RNs, LPNs, RPNs not currently certified to immunize require initial certification as follows:**
 - RNs, RPNs: Completion of the education package prepared by the ISC Regional Nurse Educator
 - LPNs: Completion of the Bridging Education prepared by the ISC Regional Nurse Educator
 - Option: Completion of the Canadian Pediatric Society's EPIC (Education Program for Immunization Competencies - 14 modules) may be completed in lieu of the education packages for all uncertified immunizers. The EPIC can be completed in lieu of the bridging course for LPNs.
 - Anaphylaxis Management (exam component and education) certification required. See Anaphylaxis Medical Directive for additional information.
 - Supervised Immunization Experience
- **RNs and LPNs who have completed initial certification for vaccination and are currently certified to immunize:**
 - Vaccine specific immunization education is required for all immunizers administering a COVID-19 vaccine, as developed by the Regional Nurse Educator from FNIHB-SK region.
- The employer and the 2nd level Nurse Clinical Supervisor both have a role in providing and/or supporting the education and achievement of competency and promoting safe environments compliant to the conditions of this Medical Directive.

DEFINITIONS

- RNs perform immunization through RN Specialty Practice criteria as defined by the Saskatchewan Registered Nurses Association (SRNA, 2020). Community Health Nurses (CHNs) 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.
- LPNs perform immunization as an Additional Competency as defined by the Saskatchewan Association of Licensed Practical Nurses' Practice Guideline (May, 2018). An Additional Competency requires specific theory and practice. LPNs may function under a Medical Directive (SALPN, 2018) from the Regional Medical Health Officer and they must achieve and maintain immunization competence (by the steps noted in the education section of this directive) in order to immunize.
- RPNs can perform immunizations under a Medical Directive. Intramuscular injection (IM) competency should be supported with training as needed prior to immunizing.
- The Saskatchewan Ministry of Health provides the guidelines for the eligibility criteria for COVID-19 vaccine and identification of high risk conditions and circumstances.
- LPNs are expected to provide COVID-19 immunizations (as appropriate) working as part of a nursing team with the RNs or RPNs.
- All immunizers are to adhere to the policies/procedures relating to the administration, handling and storage of vaccines in accordance with the current SIM,
- The Regional MHO communicates specific FNIHB-Saskatchewan Region immunization protocols to nurse managers via the Regional Immunization Coordinator, and all correspondence is to be placed in the Saskatchewan Immunization Manual under the appropriate FNIHB section.



<ul style="list-style-type: none"> • Communication linkage must be established between the Community Health Nurse Managers and the other licensed professionals who offer COVID-19 vaccines under this Medical Directive.
<p>ASSESSMENT</p> <ul style="list-style-type: none"> • Refer to SIM Chapter 3 <i>Informed Consent</i> 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 6 <i>Contraindications and Precautions</i> to assess for contraindications and precautions that may affect the client. • 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 reactions of COVID-19 vaccines. • Ensure adequate references, resources and practice supports (including the presence of an RN and/or RPN who is competent in the administration of immunizations and the treatment of anaphylaxis, in the clinic and immediately available) prior to the administration of a COVID-19 immunization.
<p>INTENDED AND UNINTENDED OUTCOMES</p> <p>Intended:</p> <ul style="list-style-type: none"> • To maintain or improve COVID-19 vaccine coverage rates, at a local, provincial and regional level. • Reduction and prevention of COVID-19 disease and outbreaks. • Reduce vaccine hesitancy and improve vaccine uptake in the target population groups. <p>Unintended:</p> <ul style="list-style-type: none"> • Refer to SIM Chapter 3 <i>Informed Consent</i> regarding vaccine hesitancy/refusals. • Refer to SIM Chapter 6 <i>Contraindications and Precautions</i> regarding vaccine administration to a client that has a contraindication to a vaccine or precaution that has not been assessed. • Refer to SIM Chapter 11 <i>Adverse Events Following Immunization (AEFI)</i> for any adverse events following an immunization. • Refer to SIM Chapter 12 <i>Anaphylaxis Management</i> regarding anaphylaxis following an immunization. • Vaccine administration errors or incidents, such as when the vaccine has been given via the wrong route. <p>Please note: Consultation by 2nd level Nurse Clinical Supervisor with MHO or delegate is required for all unintended outcomes.</p>
<p>COMMUNICATION</p> <p>To team lead (RN, RPN site):</p> <ul style="list-style-type: none"> • Identify if/when adequate resources and practice supports are not readily available. • Identify if the activity is beyond the LPN's scope of practice or if he/she does not feel competent to perform the activity. • Identify the clients who have received immunization for the purposes of documentation/tracking. <p>To 2nd level Nurse Clinical Supervisor:</p> <ul style="list-style-type: none"> • Report AEFIs, as per regional policy. • Report all other unusual situations including consent issues, and vaccines administration errors or incidents. <p>Please note: 2nd level Nurse Clinical Supervisor will determine when situation requires consultation with regional office (MHO or Regional Immunization Coordinator).</p> <p>The CHN is an expert resource with respect to immunizations within First Nation communities and as such, it may be appropriate to communicate/consult with him/her.</p>



CLIENT EDUCATION

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

- SIM Chapter 3 *Informed Consent* to obtain consent directives before the administration of publicly funded vaccines;
- SIM Chapter 3 *Informed Consent 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;
- The appropriate Saskatchewan Ministry of Health Immunization Fact Sheet. The most current fact sheets should be provided for review at every immunization appointment such as:
 - *Protecting the Privacy of Your Immunization Record*,
 - *COVID-19 vaccine specific immunization fact sheet*;
- Review information for the COVID-19 vaccine to be administered including:
 - Risk of adverse events following immunization;
 - Expected reactions post-administration of immunizations;
 - Addressing questions related to screening questions and vaccine ingredients;
 - Safety precautions such as 15 minute wait at clinic following immunization.

DOCUMENTATION

- Refer to SIM Chapter 4 *Documentation* to accurately record vaccine administrations, as well as the direction provided within the COVID-19 vaccine specific information.
- Use most up to date form when reporting immunization related events such as AEFIs and provide to 2nd level Nurse Clinical Supervisor.
- Refer to the NPAG* as appropriate for additional details on documentation.
- Documentation in Panorama as per agency policy.

* 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 Ministry of Health. (2016). *Provision of Publicly Funded Biological Products by Public Health Nurses*. Regina, SK: Ministry of Health Specialty Practice Task Group on Immunization and Anaphylaxis.

Nursing Practice and Administrative Guidelines Policy 2.4 and Policy 9.13

Public Health Agency of Canada. *Canadian immunization Guide* Evergreen Edition. Ottawa, ON: author. Retrieved from <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>

Saskatchewan Association of Licensed Practical Nurses (2018). Practice Guideline: Immunization. Retrieved from

http://www.salpn.com/images/Member/Scope_of_Practice/Immunizations_Approved_May_7_2018.pdf

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Saskatchewan Registered Nurses Association (June 2020). RN Specialty Practices Guideline. <https://www.srna.org/wp-content/uploads/2020/06/RNSP-Guidelines-2020.pdf>



The First Nation and Inuit Health Branch Medical Health Officer will authorize this Medical Directive and provide technical guidance and support for RNs, RPNs, LPNs, who are authorized by their employer to provide the services as described in this Medical Directive for the administration of COVID-19 vaccine by RNs, RPNs and LPNs in South and Central First Nations communities of Saskatchewan.

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Date

This directive will be reviewed annually and reissued as needed. Immunizers must adhere to the conditions and limitations as described in this document in order for the Medical Directive to be in effect.