



Fact Sheet: Administering Vaccines

Influenza is a contagious respiratory illness that can shift its antigens from one season to another, therefore annual outbreaks of influenza are a major concern (Rizzo, Rezza, & Ricciardi, 2018).

Preventive measures to limit the spread of influenza include both individual and public health interventions such as: hand hygiene, coughing into your sleeve instead of your hand, staying home when sick, wearing masks as appropriate, and influenza vaccination. For additional information on influenza, visit:

- [Health Canada](#)
- [Government of New Brunswick](#)

The Nurses Association of New Brunswick (NANB) receive queries every year from members about providing vaccinations. Registered nurses (RNs) and nurse practitioners (NPs) are responsible for their own competence and are accountable for their own actions at all times. Competencies and regulatory standards for prescribing and/or administering vaccines are the same as for other medications. Visit [Medication Administration](#) to review your medication standards.

When administering vaccines, whether in the context of a mass immunization program or by individual client administration, the RN/NP must ensure the following conditions are met:

- an individualized order (prescription¹) or medical directive² is needed for the administration of the vaccine and for the drugs required for managing any possible side effects;
- they are competent to administer the vaccine and manage any possible side effects;
- consent has been obtained; and
- administration is documented with the date, time, vaccine name, lot number, dosage and route (visit [Standards for Documentation](#) to review your documentation standards).

An individualized order or medical directive can be from a physician or an NP. A medical directive is an order applicable to a range of clients who meet certain conditions. The medical directive must include:

- the name and description of the treatment or drug being ordered (in this case both the vaccine and treatment for an anaphylactic reaction);
- specific clinical condition(s) that must be met;
- any specific criteria that must exist before the directive can be implemented;
- identification of any contraindication for implementing the directive;
- the name and signature of the physician or NP authorizing the directive, and
- the date and signature of any administrative authority (i.e. employer policy) which supports the directive (NANB, 2016).

RNs/NPs are accountable for the care they provide. The *Standards of Practice for Registered Nurses* state that nurses are answerable for their actions or inactions and take action in situations where client safety is at risk (NANB, 2019). Prior to administering a vaccine, the following factors should be considered:

- Do you have the knowledge, skill and judgement required to:
 - Assess the appropriateness of the vaccine? Indications and contraindications for giving the vaccine, the risks involved and the expected outcomes must be understood.
 - Take appropriate actions before, during and after the administration of the vaccine, including proper storage and handling of the vaccine, reporting requirements, and how to obtain consent?
 - Assess for negative outcomes?
- Do you have the competence and physical resources to intervene in the event of an emergency? For example, having an anaphylaxis kit available and the appropriate order or medical directive for use and be able to manage this outcome (e.g. respiratory equipment and/or support).

Nurses must advocate for and respect the client's right to informed decision-making and consent (NANB, 2019). Informed consent requires communication between a client and/or substitute decision maker and a member of the healthcare team that results in the client's authorization, agreement or refusal to undergo a specific intervention/procedure (NANB, 2015), and must include:

- the nature of the treatment;
- the expected benefits of the treatment;
- the risks and side effects of the treatment;
- alternative courses of action; and
- the likely consequences of not having the treatment.

The individual proposing the treatment is responsible for taking reasonable steps to ensure consent is obtained. If the client is incapable of giving consent, the substitute decision-maker must provide consent. Consent may be written or verbal. Documentation that consent was obtained should be completed by using a consent form or documentation in the client's health record. For more information on consent visit [Guidelines for Consent](#).

If you have additional questions about this document, please contact NANB at 1-800-442-4417 or nanb@nanb.nb.ca.

¹ Please refer to appendix 3 in the *Standards for the Practice of Primary Healthcare Nurse Practitioners* (NANB, 2018) for details on prescriptions: <http://www.nanb.nb.ca/media/resource/NANB-NPStandards-Dec2018-E.pdf>.

² For additional information on directives, read *What is a Directive* (NANB, 2018): <http://www.nanb.nb.ca/media/resource/NANB-FAQ-Directives-June2018-EN.pdf>



REFERENCES

Nurses Association of New Brunswick. (2015). *Standards for Documentation*. Fredericton, NB: Author.

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Rizzo, C., Rezza, G., & Ricciardi, W. (2018). Strategies in recommending influenza vaccination in Europe and US. *Human Vaccines & Immunotherapeutics*, 14(3), 693-698. doi: 10.1080/21645515.2017