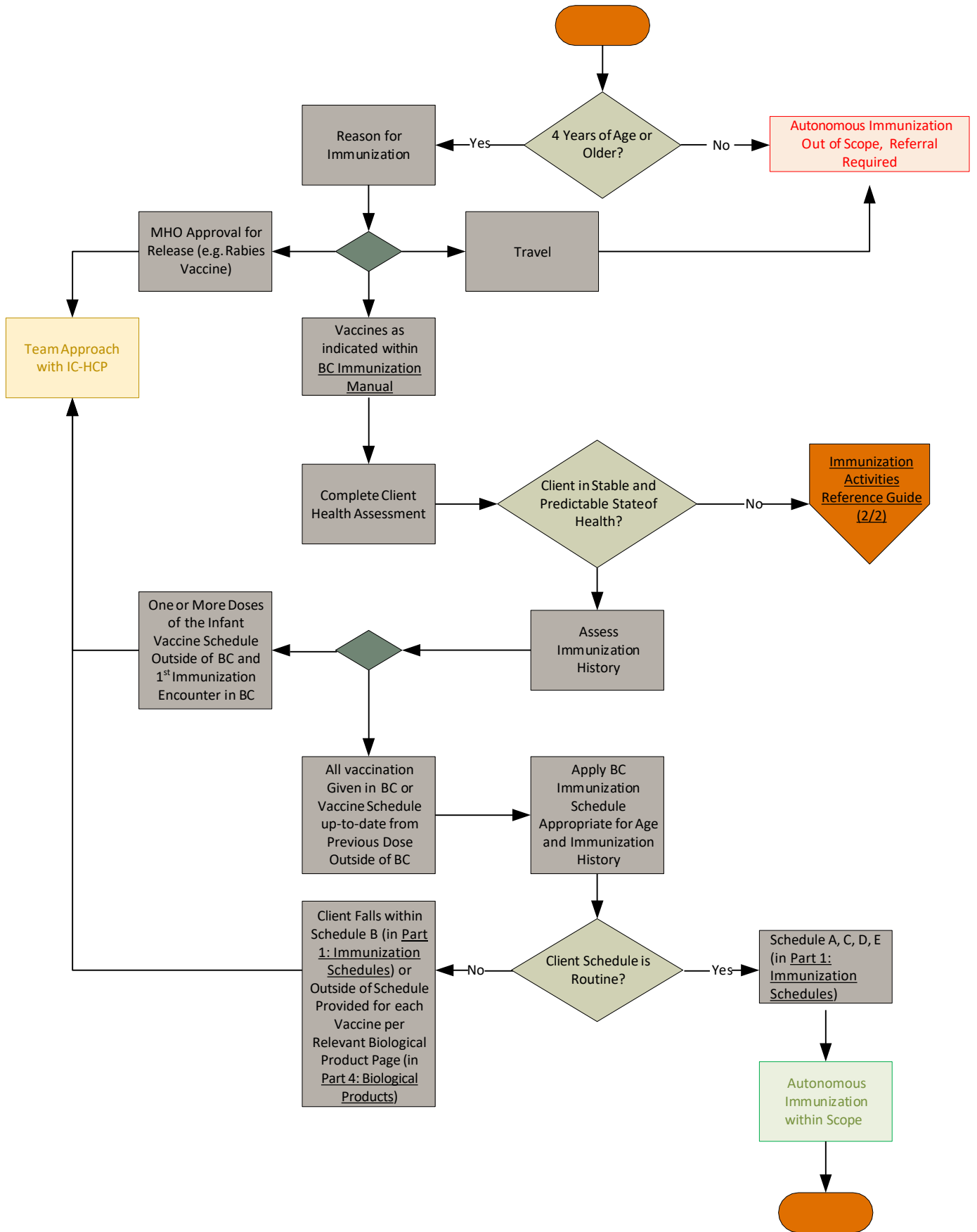
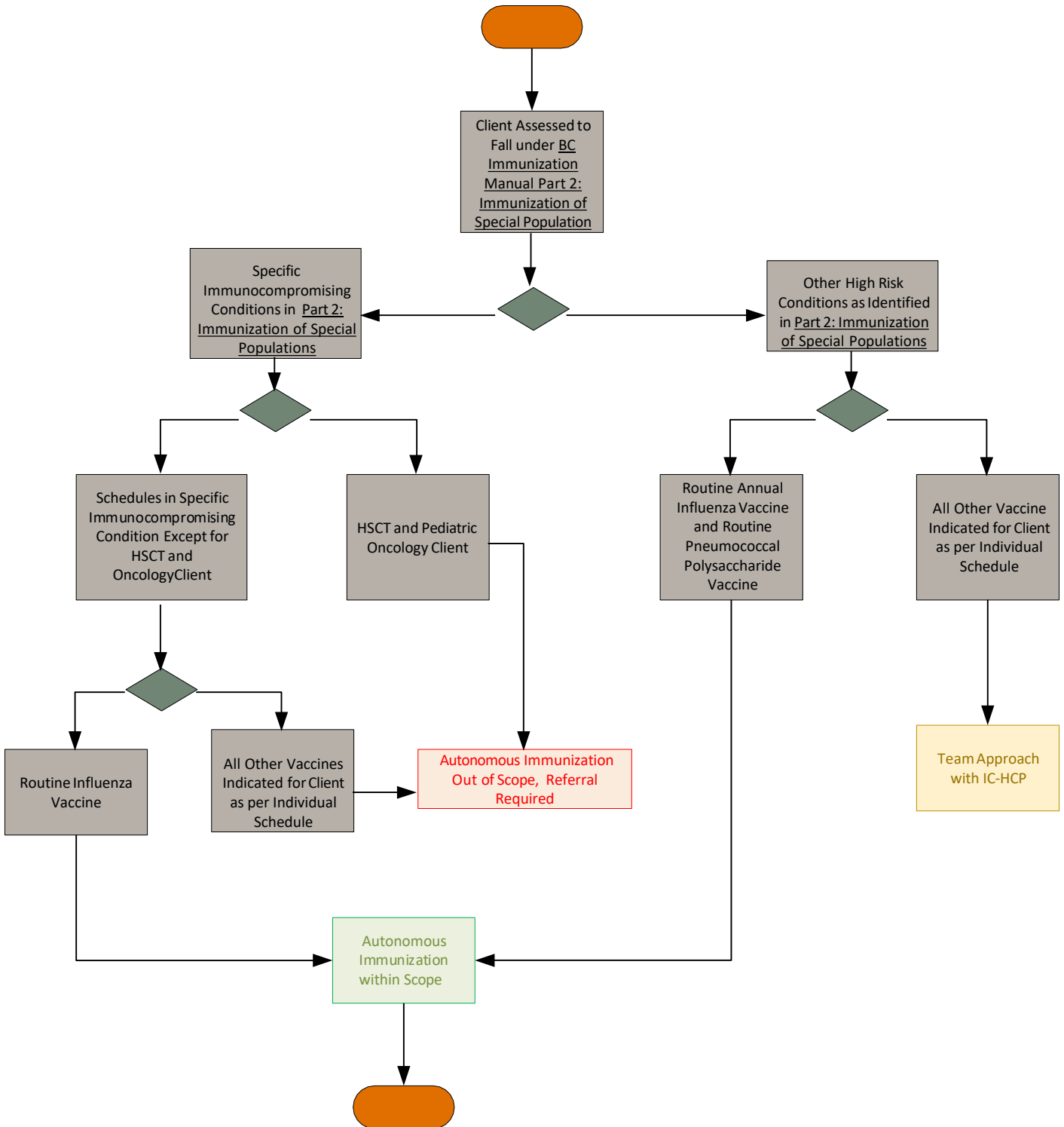


# LPN Immunization Activities Reference Guide (1/2)



## LPN Immunization Activities Reference Guide (2/2)



## **Best practice guidance for enacting LPN scope of practice in immunization services:**

### **Definitions:**

**Routine:** In this context, the word 'routine' describes a population-based immunization program included in the BC Immunization Manual.

**Off-schedule:** A client who falls outside of the schedules provided for each vaccine per the relevant biological product page included in the BC Immunization Manual. For example, a client between 4-6 years of age who requires immunization other than Tdap-IPV- containing, MMRV and/or Influenza vaccines, or a client who has received some or all of their immunizations outside of BC.

**Stable and predictable states of health:** A client's health is sufficiently stable from an immunological standpoint to permit immunization without risk of serious harm **and** that the client's vaccine response will be predictable. This excludes, but is not necessarily limited to, clients falling within Immunocompromising Conditions and Other High Risk Conditions sections of the BC Immunization Manual. These clients require additional assessment from an immunization-competent health care provider (IC-HCP, can include RN, NP, MD or other HCP) to further assess client health status and determine appropriateness of immunization by LPN.

**Refer:** LPN employers must create policy outlining the process for transferring care to another IC-HCP for clients whose care falls outside of scope for LPN immunization practice. Referral for care in this context is defined as an encounter in which two health care providers have a formal communication process for ensuring follow-up (e.g., a written, faxed or phoned transfer of care). Transfer of care must be documented in the client's chart including provider name, time and manner of referral and confirmation of receipt of referral.

**Team Approach:** LPN employers outline a process whereby LPNs providing immunization services can access IC-HCPs for consultation regarding immunizations covered within the BC Immunization Manual. All consultation with an IC-HCP (can include RN, NP, MD or other HCP) must be documented in the clients chart.

The outcome of the team approach may be:

1. IC-HCP and LPN review client health status and immunization history. IC-HCP assesses client as stable and predictable and immunization history as routine and therefore determines that client meets criteria for LPN autonomous immunization. LPN records IC-HCP name, time of consultation and recommendation for autonomous immunization in client chart.
2. IC-HCP and LPN review client health status and immunization history and assess client health status to be appropriately stable and predictable, however immunization determined to be non-routine due to client complexity. IC-HCP assesses client immunization scheduling to be outside of LPN autonomous scope of practice, but immunization by LPN to be appropriate with client-specific order specifying vaccine products and timing. Immunization plan is documented by both IC-HCP and LPN in client chart.
3. IC-HCP and LPN review client health status and immunization history, IC-HCP determines that client immunization falls outside of LPN scope of practice. LPN refers client to another IC-HCP for services. LPN documents IC-HCP consult and referral to specific provider in client chart.