

Agence de la santé publique du Canada



Immunization Competencies

for Health Professionals



To promote and protect the health of Canadians through leadership, partnership, innovation, and action in public health

- Public Health Agency of Canada

Published by authority of the Minister of Health.

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Immunization Competencies for Health Professionals

Prepared by the Professional Education Working Group of the Canadian Immunization Committee

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As a starting point for *Immunization Competencies for Health Professionals*, the working group used a document prepared by the U.K. Health Protection Agency entitled *Core Curriculum for Immunisation Training* and adapted it to the Canadian context.

The levels of proficiency (aware, knowledgeable, or proficient) used to develop the Immunization Competencies Levelling Tool was adapted from a document prepared by the Northwest Center for Public Health Practice, University of Washington School of Public Health and Community Medicine entitled *Informatics Competencies for Public Health Professionals*.

Preamble

The competencies contained in the handbook *Immunization Competencies for Health Professionals* were developed to support the application of the National Guidelines for Immunization Practices, published in the *Canadian Immunization Guide*. The aim of this handbook is to promote safe and competent practices to achieve higher vaccine coverage rates. This effort will enable and maintain the highest possible degree of community protection against vaccine-preventable diseases.

The competencies range from knowledge of the scientific basis of immunization to essential immunization practices and contextual issues relevant to immunization. Each competency is supported by a learning domain and a number of guiding learning objectives.

This handbook does not dictate how to teach or assess health professionals. Instead, it lays out the essential topics for effective immunization that are universal to a wide range of health professionals. These can be adapted and incorporated into all immunization training or performance evaluations. As such, the immunization competencies provide the framework stakeholders can use to tailor education programs to the needs of health professionals based on their level of experience, practice setting, and degree of involvement with immunization.

The competencies can be used by:

- » Educational institutions and continuing education providers to conduct needs assessments, assess existing curricula, and incorporate the Immunization Competencies in undergraduate and continuing education training;
- » Coordinators and managers of immunization programs to set practice standards and conduct employee performance evaluations;
- » Front-line health professionals to identify their individual learning needs and select learning opportunities that address the Immunization Competencies; and
- » Educators to assess curricula and adapt existing educational resources to support the Immunization Competencies.

Professional education is one of the initiatives undertaken by the Public Health Agency of Canada (PHAC) to support the National Immunization Strategy, launched in 2003. In 2005, PHAC formed the Professional Education Working Group (PEWG) with members representing front-line health professionals, immunization program planners, professional societies, and academics from across Canada. PEWG is a sub-group of the Canadian Immunization Committee, a federal, provincial, and territorial group of public health officials providing leadership, advice, and recommendations to PHAC on implementing the strategy and on issues affecting immunization in Canada.

PEWG is responsible for making recommendations regarding professional development strategies and learning opportunities for health professionals in the field of immunization. The Immunization Competencies were developed in consultation with immunization program planners from federal, provincial, and territorial jurisdictions; expert advisory committees on immunization; health professional educators; licensing bodies and professional societies; health education accreditors; vaccine regulators; and vaccine manufacturers (Appendix A).



As part of its supporting role, PHAC is involved in the development of learning opportunities and resources that can help health professionals achieve and maintain the immunization competencies. PHAC encourages provincial and territorial jurisdictions, educational institutions, health professional organizations, and other stakeholders to use and incorporate the Immunization Competencies into their respective activities. The desired result is an expanded and diverse set of immunization education resources to support a similarly diverse set of health professionals.

Appendix C includes a levelling tool to assist in identifying levels of proficiency based on the specific responsibilities and performance requirements of a given set of health professionals in a given work setting.

The Canadian Context

Vaccine Approval – Health Canada Biologics and Genetic Therapies Directorate

All vaccines authorized for sale in Canada are reviewed and approved by the Biologics and Genetic Therapies Directorate (BGTD) of Health Canada. Like all medicines, vaccines must undergo rigorous review and testing before they are approved for use. Health Canada also supervises all aspects of vaccine production by the manufacturers to ensure safety, sterility, and quality.

Before a new vaccine can be submitted to Health Canada for approval, its manufacturer must collect sufficient scientific evidence from pre-clinical and clinical human trials (typically carried out over several years) that show the vaccine is safe, effective, and of high quality and that it produces the desired immune response. The manufacturer must then include this evidence along with information on how the vaccine was developed and manufactured, as well as how it will be routinely tested, in a New Drug Submission filed with the BGTD.

As part of the process for approving vaccines, members of the BGTD perform on-site inspections and evaluations of the vaccine manufacturer's establishment(s) to assess the quality of the production process and ensure that the necessary quality controls and internationally recognized Good Manufacturing Practices are being used. The manufacturer must also provide at least three sample batches or "lots" of the vaccine to the BGTD for testing in its laboratories. The BGTD approves a vaccine only when its safety, effectiveness, and quality have been thoroughly proved and when the benefits of the vaccine greatly outweigh any risks associated with it. If the above requirements have been satisfied after thorough review of the New Drug Submission, the on-site evaluation(s), and the independent laboratory testing of samples, the vaccine is issued a Drug Identification Number and a Notice of Compliance indicating that it is approved for sale in Canada.

All vaccines sold in Canada undergo ongoing lot release evaluation even after they have been approved. The manufacturer must submit the results of testing for each lot of vaccine to be sold in Canada and lot samples for independent evaluation by the BGTD. In order to sell new lots of the vaccine, manufacturers must ensure that each new lot is the same in its specific characteristics as the ones tested before authorization was given. This method allows experts to reasonably determine that the new lots are as safe and effective as previous ones. If a vaccine lot meets all required specifications, a formal release letter is issued to approve the sale of that lot in Canada.

Optimal Use – The National Advisory Committee on Immunization

The National Advisory Committee on Immunization (NACI) is an independent committee of recognized experts (in the fields of paediatrics, infectious diseases, immunology, medical microbiology, internal medicine, and public health) that provides expert advice on vaccines to PHAC. After Health Canada authorizes a vaccine for sale in Canada, the NACI evaluates all available scientific information about that vaccine and then makes recommendations about its optimal use. For information on the list of immunizing agents and the companies that have received approval to market them in Canada, consult the *Canadian Immunization Guide*.

Immunization Programs – The Provinces and Territories

In Canada, provinces and territories are responsible for the development of publicly funded immunization programs, including the purchase of vaccines. Each provincial or territorial ministry of health uses NACI's recommendations to develop its program and schedules for children and adults. While the provinces and territories decide which vaccines to purchase, most of the vaccines used in publicly funded immunization programs in Canada are purchased through a bulk purchasing program coordinated by Public Works and



Government Services Canada. In some cases, provinces may purchase vaccines on their own behalf. All vaccine purchases must follow a process that is open, fair, and transparent and must respect Canada's obligations under applicable national and international trade agreements. The vaccine procurement process is intended to ensure that equal consideration is given to all eligible vaccines that have met the stringent requirements for approval in Canada.

Post-Marketing Surveillance – Public Health Agency of Canada

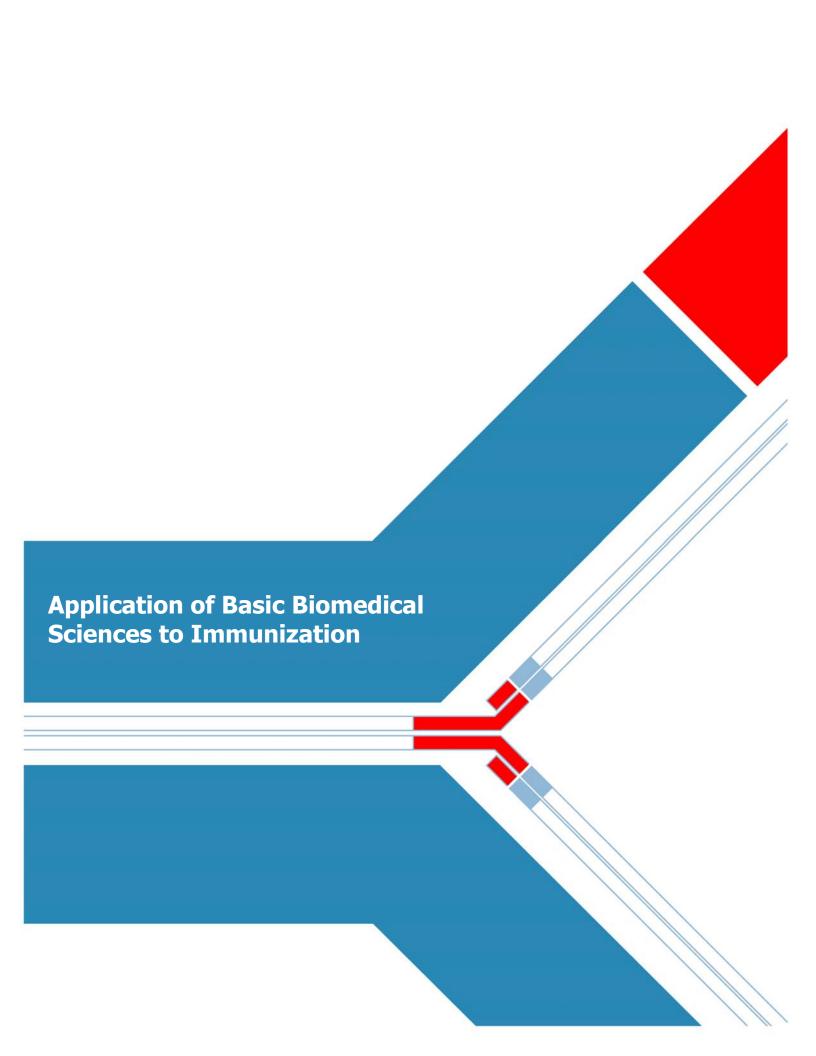
After any vaccine is approved to be sold in Canada, mandatory and voluntary post-market surveillance and adverse event reporting occur. Vaccine manufacturers are required by law to report serious adverse events following immunization within 15 days of notification of the occurrence. Public health nurses, doctors, and other healthcare workers in Canada also report these events to the Centre for Immunization and Respiratory Infectious Diseases (CIRID) at PHAC. After removal of any identifying personal information, such events reported at the provincial or territorial level are then referred to the Canadian Adverse Events Following Immunization Surveillance System. Selected serious events, particularly those affecting children, are also reported by the Immunization Monitoring Program – Active (IMPACT). IMPACT is administered by the Canadian Paediatric Society with funding from the Immunization and Respiratory Infections Division of the Public Health Agency of Canada.

The goal of this national vaccine safety surveillance is to monitor all vaccines used in Canada and to detect, as quickly as possible, any evidence of concern regarding safety. If unexpected or increased side effects due to vaccines occur, the BGTD and CIRID decide on the best course of action needed to resolve these situations.

Effective, Competent Practice – The National Immunization Strategy

The development of the National Immunization Strategy (NIS) was first endorsed by the federal/provincial/territorial deputy ministers of health in June 1999, under the direction of the Advisory Committee on Population Health. In 2002, the deputy ministers agreed in principle to the concept of a strategy and endorsed the *National Immunization Strategy: Final Report* in June 2003.

The NIS stipulates the need for continued collaboration and partnerships with federal, provincial, and territorial partners and other stakeholders to improve the effectiveness and efficiency of immunization programs in Canada. In addition, a key activity of the NIS is the development of a national professional education component to support the achievements and maintenance of a safe and competent practice to better protect Canadians from vaccine-preventable diseases.



1. The Immune System and Vaccines

Competency: Explains how vaccines work using basic knowledge of immune system.

Learning Objectives

The health professional will be able to perform the following:

- 1. Compare and contrast innate and adaptive immunity.
- 2. Differentiate between the primary and memory immune response to a vaccine.
- 3. Differentiate between passive and active immunity.
- 4. Explain why some vaccines induce a memory response while others do not.
- 5. Name some host- and vaccine-related factors that affect the immune response to vaccines.
- 6. Explain how the immunization schedule accommodates factors that affect the immune response to vaccines.
- 7. Respond to the concern that giving too many vaccines will overload the immune system.
- 8. Discuss the pros and cons of immunity gained through immunization as opposed to wild-type infection.

Key Terms: Active immunity, antibody, antigen, B-lymphocyte (B-cell), booster, cell-mediated immunity (CMI), herd/community immunity, humoral immunity, memory response, passive immunity, primary immune response, protective level, T-lymphocyte (T-cell).

- » Antigens and antibodies
- » Cell-mediated and humoral immunity
- » Active and passive immunity
- » Primary and secondary immune responses
- » Conditions that affect immunity and the immune response to vaccines



2. Vaccine-Preventable Diseases

Competency: Demonstrates an understanding of the rationale and benefit of immunization, as relevant to the practice setting.

Learning Objectives

The health professional will be able to perform the following:

- 1. Describe the key clinical features, including acute and long-term complications, of each vaccine-preventable disease.
- 2. Describe the key epidemiologic features of each vaccine-preventable disease.
- 3. Describe the historical impact of immunization on the epidemiology of vaccine-preventable disease.
- 4. For each of the vaccines administered in the practice setting, formulate a response to the question "Why should I be immunized when vaccine-preventable diseases are so rare in Canada?"
- 5. Explain why accurate diagnosis of vaccine-preventable diseases is important.

Key Terms: Carriage, clinical features, communicability, complications, contagiousness, endemic, epidemic, epidemiology, incubation period, imported, natural infection, pandemic, reservoir, serotypes, serogroups, transmissibility, vaccine-preventable disease.

- » Epidemiology, signs and symptoms, and mode of transmission of each disease
- » Potential complications/long-term sequelae of vaccine-preventable diseases; the nature and rates of each
- » Historical impact of immunization programs and the premature withdrawal of these programs, including reduced coverage
- » Concepts of control, elimination, and eradication of vaccine-preventable diseases

3. Vaccine Development and Evaluation

Competency: Integrates into practice knowledge about the main steps in vaccine development and evaluation.

Learning Objectives

The health professional will be able to perform the following:

- 1. Describe, in general terms, the process to obtain marketing approval for vaccines in Canada.
- 2. Describe what can be learned about vaccines after they are approved for marketing, via surveillance activities and more formal post-marketing studies.
- 3. Characterize, in broad terms, the key roles and responsibilities for each of the following relative to the post-marketing assessment of vaccine safety and effectiveness:
 - Vaccine manufacturers
 - Canadian regulatory authority (Biologics and Genetic Therapies Directorate)
 - Public Health Agency of Canada
 - Provincial/territorial health departments
 - Vaccine providers
 - Healthcare providers who don't administer vaccines
 - Vaccine recipients or their parents/caregivers

Key Terms: Effectiveness, efficacy, immunogenicity, package insert, post-marketing, product monograph, reactogenicity, surveillance.

- » Stages of vaccine trials before and after licensure
- » Steps in the process of obtaining approval of vaccines for sale in Canada
- » Post-marketing surveillance and immunization safety
- » The role of surveillance in designing and monitoring immunization programs

4. The Types of Immunizing Agents and Their Composition

Competency: Applies the knowledge of the components and properties of immunizing agents as needed for safe and effective practice.

Learning Objectives

The health professional will be able to perform the following:

- 1. Classify each immunizing agent used in practice as live attenuated, inactivated, or subunit.
- 2. Demonstrate the ability to describe live attenuated, inactivated, and subunit immunizing agents to an audience with minimal or no science knowledge.
- 3. Compare the major advantages and disadvantages of live attenuated versus inactivated/subunit immunizing agents.
- 4. Identify key differences in the immune response to purified polysaccharide versus polysaccharide protein conjugate vaccines.
- 5. Describe, in general terms, the purpose, action and potential concerns of each of the following components that may be present in a given vaccine product: adjuvant, preservative, additives, glass vial, stopper, and pre-filled syringe.
- 6. Locate and utilize current information resources on the types and content of immunizing agents used in practice.

Key Terms: Active immunizing agent, additive, adjuvant, allergens, combination vaccine, inactivated vaccine, live attenuated vaccine, passive immunizing agent, polysaccharide, preservative, protein conjugate, purified protein, subunit vaccine, toxoid.

- » Immunoglobulins, live and inactivated vaccines, polysaccharide and conjugate vaccines and combination vaccines
- » Composition of a vaccine, use of adjuvants and other additives
- » Efficacy, reactogenicity, compatibility

5. Population Health

Competency: Applies relevant principles of population health for improving immunization coverage rates.

Learning Objectives

The health professional will be able to perform the following:

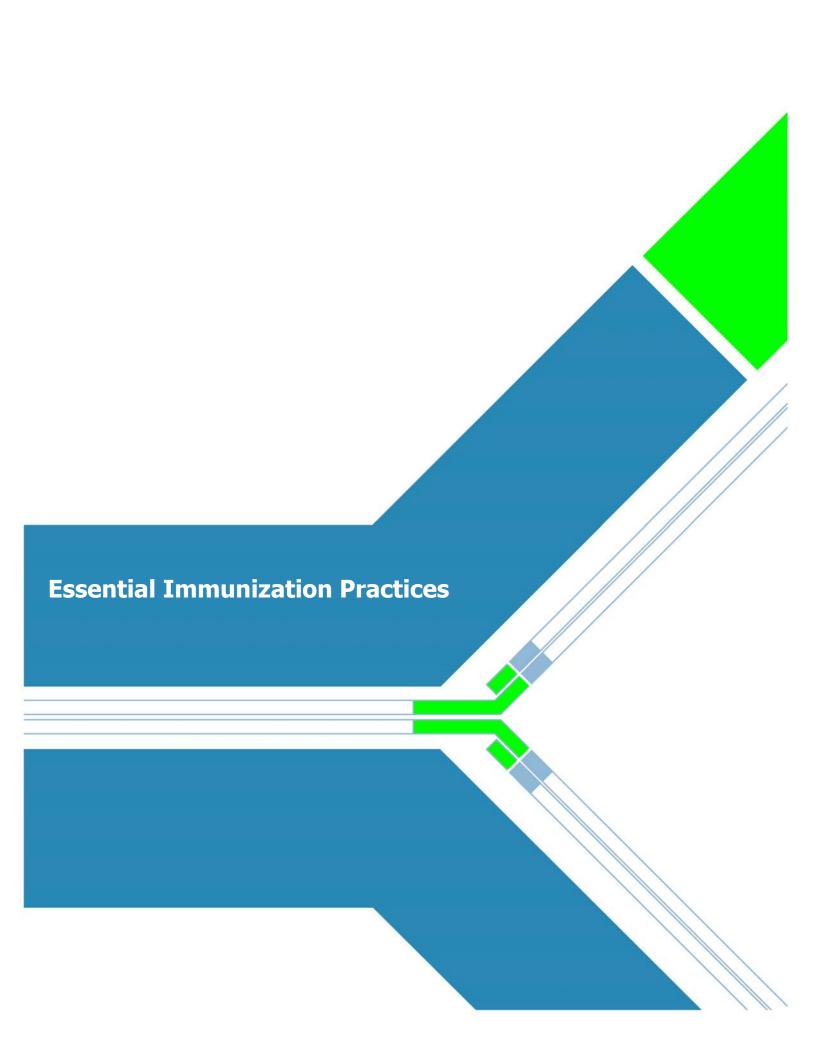
- 1. Use specific examples to show how immunization is a population-based health strategy.
- 2. Explain the concept of herd immunity (also called community immunity) in non-scientific terms.
- 3. Explain, using examples, why vaccine-preventable diseases return when immunization coverage rates decrease.
- 4. Explain how immunization registries can benefit not only individuals but also populations.
- 5. Present the case for the importance of having a highly immunized healthcare workforce.
- 6. Use health promotion planning model to identify barriers (economic, educational, system-based, and social factors) to immunization uptake.
- 7. Use health promotion strategies to improve immunization coverage rates.

Key Terms: Community immunity, coverage rate, determinants of health, effectiveness, efficacy, endemic, epidemic, epidemiological triangle, herd immunity, incidence, mode of transmission, morbidity, mortality, pandemic, population health prevalence, prevention and health promotion, primary prevention, recall, reminder, sporadic.

- » Concept of herd immunity and the effect of vaccination on the community as a whole
- » How herd immunity protects individuals
- » Identification of barriers and obstacles that may prevent uptake of vaccination
- » Development of strategies to overcome barriers and improve immunization services
- » Consideration of environmental factors such as the clinic environment, appointment timings, and length and attitudes of staff to immunization







6. Communication

Competency: Communicates effectively about immunization, as relevant to the practice setting(s).

Learning Objectives

The health professional will be able to perform the following:

- 1. List the components of the evidence-based decision-making process.
- 2. Explain the importance of risk perception for immunization decision making.
- 3. Respond appropriately following an assessment of client knowledge, attitudes, and beliefs regarding immunization.
- 4. Deliver clear, concise messages about the risks of vaccine-preventable diseases and the benefits and risks of vaccines.
- 5. Provide appropriate evidence-based information and resources to clients regarding immunization and vaccines.
- 6. Provide guidance to clients so they can correctly identify credible sources of information on immunization and vaccines.
- 7. Apply, as appropriate to the practice setting, mass media strategies for public communication.

Key Terms: Credible sources, evidence-based decision making, informed decision making, risk communication, risk perception.

- » Issues that affect and influence parents/caregivers in their vaccination decision making
- » Responding to commonly asked questions and misconceptions
- » Local and national sources of further information and advice for parents
- » Importance of risk perception for immunization decision making
- » Basic principles of risk communication
- » The effect of media reporting on parental views and acceptance of vaccination



7. Storage and Handling of Immunization Agents

Competency: Implements Canadian guidelines when storing, handling, or transporting vaccines.

Learning Objectives

The health professional will be able to perform the following:

- 1. State where to access the most recent national guidelines dealing with vaccine storage, handling, and transportation.
- 2. Describe the national guideline requirements for vaccine storage, handling, and transportation and their importance in maximizing the potency and efficacy of each vaccine.
- 3. Outline the key steps for maintaining the cold chain in the practice setting.
- 4. Explain actions taken to report and manage breaks in the cold chain or other insults that compromise vaccine integrity.

Key Terms: Min-Max thermometers, *National Vaccine Storage and Handling Guidelines for Immunization Providers*, potency, efficacy, cold chain, stock rotation.

- » Effects of temperature on potency, efficacy, and adverse events of vaccines
- » Daily monitoring and written temperature records
- » Correct use of designated purpose-built vaccine fridge
- » Importance of regular checks for expired vaccine
- » Ordering appropriate vaccine stock
- » Management of breakdowns in the cold chain
- » Disposal of heat- or cold-damaged vaccine
- » Monitoring and maintaining the cold chain during vaccine transportation
- » Maintenance of the cold chain during a clinic session
- » Taking responsibility for ensuring that all vaccines administered have been stored correctly
- » Importance of protocols/standard operating procedures in each practice setting
- » Fulfillment of National Vaccine Storage and Handling Guidelines for Immunization Providers

8. Administration of Immunizing Agents

Competency: Prepares and administers immunization agents correctly.

Learning Objectives

The health professional will be able to perform the following:

- 1. Prepare a checklist for pre-immunization patient assessment, including precautions, contraindications, and indications for rescheduling.
- 2. Ensure the seven "Rights" of immunization: right drug, right client, right dose, right time, right route, right reason, and right documentation.
- 3. Demonstrate the steps involved in vaccine preparation, including reconstitution, if appropriate, administration, and disposal.
- 4. Name the resources that are used to guide the immunization administration process and decision making.
- 5. Develop a table listing the vaccine, age, dose, route, site, contraindications/precautions, and side effects for each vaccine used in the practice setting.
- 6. Demonstrate the age-appropriate injection sites and proper client positioning used for immunization.
- 7. Choose the correct needle length and gauge for the age and size of the client.
- 8. Describe actions taken to increase safety in immunization clinics related to the provider, the recipient, and the environment.
- 9. Demonstrate the appropriate technique for immunization.
- 10. Describe techniques to reduce the pain associated with immunization.

Key Terms: Aseptic technique, *Canadian Immunization Guide* (CIG), contraindications, expired stock, expiry date, immunization schedules (delayed, interrupted, etc.), injection error, injection site, medication error, minimum vaccine intervals, needle length and gauge, needle stick injury, precautions, reconstitution, rotation of stock, route of administration (intramuscular, subcutaneous, intradermal, intranasal, oral), routine practices, safety-engineered injection devices.

- » Assessment of fitness for vaccination and identification of true contraindications to vaccination
- » Route, needle size, and injection site for administration of vaccine based on research, current recommendations, and effects on efficacy and local reactions
- » Dosage and reconstitution of each vaccine
- » Preparation and disposal of vaccination equipment



9. Adverse Events Following Immunization

Competency: Anticipates, identifies, and manages adverse events following immunization, as appropriate to the practice setting.

Learning Objectives

The health professional will be able to perform the following:

- 1. Use reliable, evidence-based resources to list the frequencies of the common, uncommon, and rare adverse events associated with vaccines.
- 2. Inform recipients and/or their caregivers on what to expect and what to do regarding adverse events that could follow immunizations.
- 3. Draft in detail an effective step-by-step response to anaphylaxis.
- 4. Document all adverse events following immunization on the appropriate form and submit it to the appropriate agencies.
- 5. Distinguish between reporting an adverse event following immunization and proving that immunization caused an adverse event.

Key Terms: Abscess, active surveillance, adverse event following immunization, adverse vaccine reaction, anaphylaxis, anxiety attack, causality, cellulitis, encephalitis, encephalopathy, Guillain-Barré syndrome, hypotonic hyporesponsive episode, induration, injection site reaction, local reaction, nodule at injection site, oculorespiratory syndrome, passive surveillance, serious adverse events, syndromic surveillance.

- » Physiology of anaphylaxis and allergic reactions
- » Potential causes of anaphylaxis and ways of decreasing the risks
- » Signs and symptoms of and differences between anaphylaxis and fainting
- » Treatment of anaphylaxis, equipment required, adrenaline dosages, and sites for its administration
- » Definition and types of adverse events
- » Where and how to report adverse events to vaccines Canadian Adverse Events Following Immunization Surveillance System
- » Recording of adverse events to vaccinations Use of the Adverse Event Following Immunization Reporting Form

10. Documentation

Competency: Documents information relevant to each immunization encounter in accordance with national guidelines for immunization practices and

jurisdictional health information processes.

Learning Objectives

The health professional will be able to perform the following:

- 1. Describe the role and importance of immunization records.
- 2. Identify the information to be documented on an immunization record.
- 3. Record an immunization encounter on the appropriate documentation instruments accurately and completely.
- 4. Facilitate the transfer of information in the vaccination record to other providers and to appropriate agencies in accordance with requirements.
- 5. Record the reason and planned follow-up action when a scheduled immunization is not given.

Key Terms: Bar coding, immunization coverage, immunization record professional chart, immunization record take-home, immunization registry, lot number.

- » Requirements and importance of accurate documentation
- » Where and why vaccinations should be recorded and reported
- » Policy for reporting and recording vaccine errors
- » Importance of and reasons for recording batch numbers



11. Populations Requiring Special Considerations

Competency: Recognizes and responds to the unique immunization needs of certain population groups.

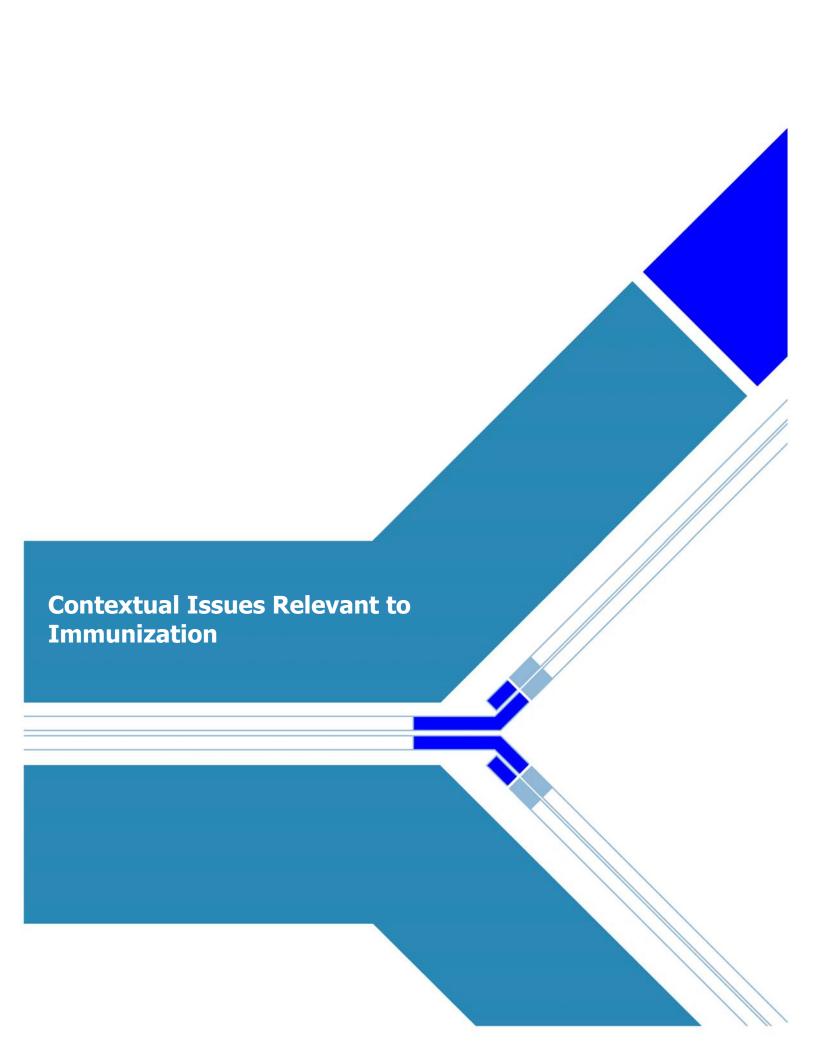
Learning Objectives

The health professional will be able to perform the following:

- 1. Describe the unique immunization needs of certain populations, as relevant to the practice setting, including
 - individuals who are off course of a recommended immunization schedule;
 - individuals who have had a serious adverse event following a prior immunization;
 - individuals with certain medical conditions, including transplant recipients;
 - pregnant women;
 - women who are breastfeeding;
 - occupational risk groups;
 - travellers;
 - new Canadians;
 - international students;
 - individuals with behaviours that put them at risk for vaccine-preventable diseases;
 - "hard-to-reach" individuals; and
 - outbreak populations.
- 2. Appropriately refer to expert professionals/resources when required to address the immunization needs of certain populations.

Key Terms: International students, medical conditions and pregnancy, new Canadians, occupational risk groups, risk behaviours, special populations, "hard-to-reach" individuals/populations/groups, travellers.

- » Designing schedules for people with uncertain or incomplete vaccination status with the minimum number of visits
- » National and provincial guidelines that guide travel immunization
- » Expert advice available to consult regarding travel immunization and recommendations
- » Citizenship and Immigration Canada's policy distinguish when newcomers are immunized before arrival and when they are not



12. The Canadian Immunization System

Competency: Demonstrates an understanding of the immunization system in Canada and its impact on his/her own practice.

Learning Objectives

The health professional will be able to perform the following:

- 1. Describe how the National Immunization Strategy (NIS) is relevant to practice.
- 2. Distinguish between federal and provincial/territorial responsibilities as related to immunization programs in Canada.
- 3. List who can administer immunizations in Canada.
- 4. Describe the current status of immunization registries in the province or territory where practice is based.
- 5. Describe the process required to introduce a new publicly funded vaccine in a province or territory.
- 6. Explain the reasons for the variable immunization schedules among the provinces and territories.
- 7. Locate the current immunization schedule for the province or territory of practice.
- 8. Identify laws and regulations that may affect immunization delivery programs in provinces and territories.

Key Terms: Canadian Immunization Guide (CIG), immunization schedule.

- » Goals of the NIS
- » How the number, timing, and spacing of doses is decided upon
- » The role of the National Advisory Committee on Immunization and how vaccine recommendation is decided upon
- » Current published recommendations in the CIG
- » The role and responsibilities of the federal, provincial, and territorial governments in publicly funded immunization programs and vaccine purchase
- » Provincial and territorial resources available to consult about immunization issues

13. Immunization Issues

Competency: Addresses immunization issues using an evidence-based approach.

Learning Objectives

The health professional will be able to perform the following:

- 1. Describe factors which lead to scepticism regarding immunization for both health professionals and the general public.
- 2. Describe the impact that misperceptions regarding immunizing agents have on immunization programs and on the population.
- 3. Address misperceptions regarding immunizing agents using an evidence-based approach.
- 4. Locate evidence-based sources of information on current issues relating to immunization.
- 5. Use evidence-based scientific knowledge to develop clear, concise key messages regarding true immunization benefits and risks.

- » Importance of keeping up to date
- » Anti-immunization messages on social media
- » Multiple injections
- » Thimerosal
- » How and where to find information (local and national sources of advice) and assessing the reliability of sources
- » Media portrayal of vaccine news stories
- » The critical importance of professional confidence in immunization

14. Legal and Ethical Aspects of Immunization

Competency: Acts in accordance with legal and high ethical standards in all aspects of immunization practice.

Learning Objectives

The health professional will be able to perform the following:

- 1. Discuss the implications of basic ethical principles, including individual's right, confidentiality, privacy, informed consent, and informed refusal.
- 2. Describe the legal requirements relevant to immunization administration, documentation, recording, and reporting.
- 3. Describe the legal requirements in the province/territory of immunization practice that relate to immunization status and exclusion from daycare, school, workplace, or other settings.
- 4. Identify his/her own professional scope of practice as it relates to immunization (jurisdiction, organization, practice setting institutions, etc.).
- 5. Discuss the ethical issues arising from:
 - mandatory versus voluntary immunization; and
 - targeted versus universal immunization.
- 6. Discuss the responsibility of health professionals to inform patients regarding the availability of all recommended vaccines regardless of whether they are publicly funded.
- 7. Describe the ethical implications when a provider's beliefs conflict with evidence-based recommendations for immunization.

Key Terms: Assent, benefit, conflict of interest (real and perceived), disclosure, harm, informed consent for immunization, informed consent for registry, mandatory immunization, risks, medicolegal, targeted immunization, universal immunization, voluntary immunization.

- » Current legal requirements for informed consent
- » Data protection
- » Documentation
- » Professional accountability

List of Acronyms

AFMC Association of Faculties of Medicine of Canada
AFPC Association of Faculties of Pharmacy of Canada
BGTD Biologics and Genetic Therapies Directorate

CAEFISS Canadian Adverse Events Following Immunization Surveillance System

CAIRE Canadian Association for Immunization Research and Evaluation

CASN Canadian Association of Schools of Nursing

CIC Canadian Immunization Committee
CIG Canadian Immunization Guide
CMA Canadian Medical Association
CNA Canadian Nurses Association

CNCI Canadian Nursing Coalition for Immunization

CPS Canadian Paediatric Society

CPhA Canadian Pharmacists AssociationCPHA Canadian Public Health Association

CIRID Centre for Immunization and Respiratory Infectious Diseases

CFPC College of Family Physicians of CanadaCIQ Comité sur l'immunisation du QuébecCHNA Community Health Nurses of Alberta

DIN Drug Identification Number

FNSSC Federation of National Specialty Societies of Canada

FNIHB First Nations and Inuit Health Branch

IMPACT Immunization Monitoring Program – Active

MPhA Manitoba Pharmaceutical Association

NACI National Advisory Committee on Immunization

NIS National Immunization Strategy
OPA Ontario Pharmacists' Association

PEWG Professional Education Working Group

PHAC Public Health Agency of Canada
 VIC Vaccine Industry Committee
 VON Victorian Order of Nurses
 VPD Vaccine-Preventable Diseases

Resources

Canadian Online Resources

Canadian Adverse Events Following Immunization Surveillance System www.phac-aspc.gc.ca/im/vs-sv/caefiss-eng.php

Canadian Immunization Guide www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php

Canadian Paediatric Society – Your Child's Best Shot: A Parents Guide to Vaccination www.cps.ca/english/publications/bookstore/yourchildsbestshot.htm

National Immunization Strategy: Final Report 2003 www.phac-aspc.gc.ca/publicat/nis-sni-03/index-eng.php

National Vaccine Storage and Handling Guidelines for Immunization Providers www.phac-aspc.gc.ca/publicat/2007/nvshglp-ldemv/index-eng.php

Canadian Organizations

Biologics and Genetics Therapies Directorate – Drugs and Health Products www.hc-sc.gc.ca/dhp-mps/brgtherap/index-eng.php

Canadian Immunization Committee – (not available on line)

Centre for Immunization and Respiratory Infectious Disease www.phac-aspc.gc.ca/irid-diir/index-eng.php

National Advisory Committee on Immunization www.phac-aspc.gc.ca/naci-ccni/index-eng.php

Public Health Agency of Canada www.phac-aspc.gc.ca/index-eng.php



Provincial and Territorial Immunization Manuals and Guidelines

Alberta

Alberta Immunization Strategy 2007–2017 www.health.alberta.ca/resources/publications/ImmStrat07.pdf

Routine Immunization Schedule www.health.alberta.ca/public/imm_routine-schedule.html

British Columbia

Immunization Manual www.bccdc.org/content.php?item=193

Manitoba

Manitoba Immunization Schedule www.gov.mb.ca/health/publichealth/cdc/protocol/mims.pdf

New Brunswick

Immunization Brochure www.gnb.ca/0053/disprev/pdf/3680e.pdf

Newfoundland and Labrador

Immunization Manual www.health.gov.nl.ca/health/publications/immunization/pdf/immunization_manual.pdf

Northwest Territories

NWT Immunization Schedule

 $www.hlthss.gov.nt.ca/english/services/communicable_disease_control_program/pdf/immunization/nwt_immunization_schedule.pdf$

NWT Certification of Immunization Competence Self-Directed, Web-Based Learning Module www.hlthss.gov.nt.ca/sites/immunization%5Fquiz/

Nova Scotia

Immunization Protects Children (Immunization Schedule) www.gov.ns.ca/hpp/publichealth/content/pubs/13002 ImmunizationProtectsBrochure Jun08 En.pdf

Nunavut

Routine Immunization Schedule www.phac-aspc.gc.ca/im/pdf/nunavut immun-sched07.pdf

Ontario

Immunization: Your Best Protection www.health.gov.on.ca/english/public/pub/immun/immunization.html

Prince Edward Island

Immunization Schedule www.gov.pe.ca/health/index.php3?number=1021131&lang=E

Québec

Guide des normes et pratiques de gestion des vaccins à l'intention des vaccinateurs www.msss.gouv.qc.ca/sujets/santepub/vaccination/download.php?f=7a2d4cf9e5ef19575bb5937accb0fc67

Protocole d'immunisation du Québec http://206.167.52.1/fr/document/publication.nsf/4b1768b3f849519c852568fd0061480d/a61341010d1b912885256 e82006cc1bc?OpenDocument

Saskatchewan

Immunization Manual www.health.gov.sk.ca/immunization-manual

Yukon

Routine Immunization Schedule for Infants and Children www.hss.gov.yk.ca/downloads/imm_sched.pdf



International Online Resources

American Academy of Paediatrics – The Red Book http://aapredbook.aappublications.org

The Children's Hospital of Philadelphia – Vaccination Education Center www.chop.edu/consumer/jsp/division/generic.jsp?id=75697

U.K. Department of Health – Immunisation Against Infectious Disease: The Green Book www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/index.htm

U.K. National Health Service – Immunisation Information www.immunisation.nhs.uk

U.S. Advisory Committee on Immunization Practices – Recommendations and Guidelines www.cdc.gov/vaccines/recs/acip

U.S. Centers for Disease Control and Prevention www.cdc.gov

World Health Organization – Information on Immunization and Vaccines www.who.int/topics/immunization/en www.who.int/topics/vaccines/en

World Health Organization – WHO Vaccine Preventable Diseases Monitoring System (Country Profiles) www.who.int/vaccines/globalsummary/Immunization/CountryProfileSelect.cfm

Articles and Books

Humiston S, Good C. 2000. Vaccinating your child: Questions and answers for the concerned parent. 2nd ed. Atlanta (GA): Peachtree Publishers Ltd. Available from: www.peachtree-online.com.

Marshall G (Ed.). 2003. The vaccine handbook: A practical guide for clinicians. Philadelphia (PA): Lippincott Williams & Wilkins.

Myers MG, Pineda D. 2008. Do vaccines cause that?! A guide for evaluating vaccine safety concerns. Gavelston (TX): Immunizations for Public Health. Available from: www.dovaccinescausethat.com

Offit PA. 2007. Vaccinated: One man's quest to defeat the world's deadliest diseases. New York (NY): Smithsonian Books.

Offit PA, Bell L. 2003. Vaccines: What you should know. 3rd ed. Hoboken (NJ): John Wiley & Sons, Inc.

Offit PA, Hackett CJ. 2003. Addressing parents' concerns: Do vaccines cause allergic or autoimmune diseases? Pediatrics. Mar;111(3):653–659. Available from:

http://pediatrics.aappublications.org/content/vol111/issue3/index.shtml

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Offit PA, Quarles J, Gerber MA, Hackett CJ, Marcuse EK, Kollman TR, Gellin BG, Landry S. 2002. Addressing parents' concerns: Do multiple vaccines overwhelm or weaken the infant's immune system? Pediatrics. Jan;109(1):124–129. Available from: http://pediatrics.aappublications.org/content/vol109/issue1/index.shtml

Appendix A: Organizations Consulted

Special thanks to the following organizations for providing feedback and comments during the consultation process that supported the development of *Immunization Competencies for Health Professionals*.

Round 1 Consultation

- » Biologics and Genetic Therapies Directorate (BGTD)
- » Canadian Immunization Committee (CIC)
- » Canadian Nursing Coalition for Immunization (CNCI)
- Canadian Paediatric Society (CPS) Infectious Disease and Immunization Committee
- » Comité sur l'immunisation du Québec (CIQ)
- » First Nations and Inuit Health Branch (FNIHB), Health Canada
- » National Advisory Committee on Immunization (NACI)
- » P/T immunization programs

Round 2 Consultation

- » Association of Faculties of Medicine of Canada (AFMC)
- » Association of Faculties of Pharmacy of Canada (AFPC)
- » BIOTECanada Vaccine Industry Committee (VIC)
- » Canadian Association for Immunization Research and Evaluation (CAIRE)
- » Canadian Association of Schools of Nursing (CASN)
- » Canadian Medical Association (CMA)
- » Canadian Nurses Association (CNA)
- » Canadian Paediatric Society (CPS)
- » Canadian Pharmacists Association (CPhA)
- » Canadian Public Health Association (CPHA)
- » College of Family Physicians of Canada (CFPC)
- » College of Nursing, University of Saskatchewan
- » College of Registered Nurses of Nova Scotia
- » Community Health Nurses of Alberta (CHNA)
- » Dalhousie University
- » Faculty of Pharmaceutical Sciences, University of British Columbia
- » Faculty of Pharmacy, University of Manitoba
- » Federation of National Specialty Societies of Canada (FNSSC)
- » Manitoba Pharmaceutical Association (MPhA)
- » Ontario Pharmacists' Association (OPA)
- » Victorian Order of Nurses (VON)

Appendix B: Table of Vaccine-Preventable Diseases

	Missobial Agent	Disease	
	Microbial Agent	Medical term	Common Usage
Bacteria	Bordetella pertussis	pertussis	whooping cough
	Corynebacterium diphtheriae	diphtheria	
	Clostridium tetani	tetanus	lockjaw
	Streptococcus pneumoniae	invasive pneumococcal disease	pneumonia
	(multiple capsular serotypes)	pneumococcal meningitis	meningitis
	Neisseria meningitidis serotypes A, B, C, Y, W-135	invasive meningococcal disease, meningococcal meningitis, meningococcemia	sepsis blood poisoning epiglottitis
	Haemophilus influenzae serotype b	hemophilus meningitis	- cpigiotitits
	Mycobacterium tuberculosis (disease agent)	tuberculosis	ТВ
	Bacillus calmette Guerin (vaccine agent)		
	Salmonella typhi-murium	typhoid fever	
	Vibrio cholerae	cholera	
Viruses	poliovirus (types 1,2,3)	poliomyelitis	polio
	Measles virus	measles	red measles
	Mumps virus	mumps	
	Rubella virus	rubella, congenital rubella syndrome	German measles
	Influenza virus (groups A, B)	influenza	flu, grippe,
	Rotavirus	gastroenteritis	
	Human papillomavirus	cancer (cervical, vaginal or vulval), genital warts, condyloma, recurrent respiratory papillomatosis	
	Hepatitis A virus	hepatitis A	infectious hepatitis
	Hepatitis B virus	hepatitis B	serum hepatitis
	Varicella Zoster Virus	varicella	chickenpox
		herpes zoster	shingles, postherpetic neuralgia
	Rabies virus	rabies	
	Yellowfever virus	yellow fever	
	Japanese encephalitis virus	encephalitis	
	Variola virus (disease agent) Vaccinia virus (vaccine agent)	smallpox	

Appendix C: Immunization Competencies Levelling Tool

The Immunization Competencies Levelling Tool is intended to help assess various segments of the public health workforce in order to tailor training programs, practice standards, or performance assessment.

Because of the complexity of the health workforce and the settings in which immunization is provided, levels of proficiency should be adapted as appropriate to the specific performance requirements of a given set of professionals in a given work setting.

How to Use the Levelling Tool

Identify and define the specific segment of health professionals you will be assessing, and use the following scale to identify the level of proficiency for each learning objective:

- » Aware indicates a basic level of mastery of the competency, in which individuals are able to identify the concept or skill but have a relatively limited ability to perform the skill.
- » *Knowledgeable* indicates an intermediate level of mastery of the competency, in which individuals are able to apply and describe the skill.
- **Proficient** indicates an advanced level of mastery of the competency, in which individuals are able to synthesize, critique, or teach the skill.

1. The Immune System and Vaccines

Competency:	Targeted Health Professional:
Explains how vaccines work using basic knowledge of immune	
system.	
1. Compare and contrast innate and adaptive immunity.	Aware
	☐ Knowledgeable
	Proficient
2. Differentiate between the primary and memory immune response	☐ Aware
to a vaccine.	☐ Knowledgeable
	Proficient
3. Differentiate between passive and active immunity.	☐ Aware
	☐ Knowledgeable
	Proficient
4. Explain why some vaccines induce a memory response while	☐ Aware
others do not.	☐ Knowledgeable
	☐ Proficient
5. Name some host- and vaccine-related factors that affect the	☐ Aware
immune response to vaccines.	☐ Knowledgeable
	☐ Proficient
6. Explain how the immunization schedule accommodates factors	☐ Aware
that affect the immune response to vaccines.	☐ Knowledgeable
	Proficient
7. Respond to the concern that giving too many vaccines will	☐ Aware
overload the immune system.	☐ Knowledgeable
	Proficient
8. Discuss the pros and cons of immunity gained through	☐ Aware
immunization as opposed to the wild-type infection.	☐ Knowledgeable
	Proficient

Aware = Basic level of mastery of the competency, in which individuals are able to identify the concept or skill but have a limited ability to perform the skill.

Knowledgeable = Intermediate level of mastery of the competency, in which individuals are able to apply and describe the skill.

2. Vaccine-Preventable Diseases

Competency:	Targeted Health Professional:
Demonstrates an understanding of the rationale and benefit of immunization, as relevant to the practice setting.	
Describe the key clinical features, including acute and long-term complications, of each vaccine-preventable disease.	☐ Aware☐ Knowledgeable☐ Proficient
Describe the key epidemiologic features of each vaccine- preventable disease.	☐ Aware☐ Knowledgeable☐ Proficient
Describe the historical impact of immunization on the epidemiology of vaccine-preventable disease.	Aware Knowledgeable Proficient
4. For each of the vaccines administered in the practice setting, formulate a response to the question "Why should I be immunized when vaccine-preventable diseases are so rare in Canada?"	☐ Aware☐ Knowledgeable☐ Proficient
5. Explain why accurate diagnosis of vaccine-preventable diseases is important.	☐ Aware☐ Knowledgeable☐ Proficient

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Knowledgeable = Intermediate level of mastery of the competency, in which individuals are able to apply and describe the skill.

3. Vaccine Development and Evaluation

Competency:		Targeted Health Professional:
Integrates into practice knowledge about the main steps in vaccine development and evaluation.		
1.	Describe, in general terms, the process to obtain marketing approval for vaccines in Canada.	☐ Aware☐ Knowledgeable☐ Proficient
2.	Describe what can be learned about vaccines after they are approved for marketing, via surveillance activities and more formal post-marketing studies.	☐ Aware☐ Knowledgeable☐ Proficient
3.	Characterize, in broad terms, the key roles and responsibilities for each of the following relative to the post- marketing assessment of vaccine safety and effectiveness: - Vaccine manufacturers - Canadian regulatory authority (Biologics and Genetic Therapies Directorate) - Public Health Agency of Canada - Provincial/territorial health departments - Vaccine providers	☐ Aware☐ Knowledgeable☐ Proficient
	 Healthcare providers who don't administer vaccines Vaccine recipients or their parents/caregivers 	

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Knowledgeable = Intermediate level of mastery of the competency, in which individuals are able to apply and describe the skill.

4. The Types of Immunizing Agents and Their Composition

Competency:	Targeted Health Professional:
Applies the knowledge of the components and properties of immunizing agents as needed for safe and effective practice.	
Classify each immunizing agent used in practice as live attenuated, inactivated, or subunit.	☐ Aware☐ Knowledgeable☐ Proficient
2. Demonstrate the ability to describe live attenuated, inactivated, and subunit immunizing agents to an audience with minimal or no science knowledge.	☐ Aware☐ Knowledgeable☐ Proficient
3. Compare the major advantages and disadvantages of live attenuated versus inactivated/subunit immunizing agents.	Aware Knowledgeable Proficient
4. Identify key differences in the immune response to purified polysaccharide versus polysaccharide protein conjugate vaccines.	☐ Aware☐ Knowledgeable☐ Proficient
5. Describe, in general terms, the purpose, action, and potential concerns of each of the following components that may be present in a given vaccine product: adjuvant, preservative, additives, glass vial, stopper, and pre-filled syringe.	☐ Aware☐ Knowledgeable☐ Proficient
6. Locate and utilize current information resources on the types and content of immunizing agents used in practice.	☐ Aware☐ Knowledgeable☐ Proficient

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5. Population Health

Competency:	Targeted Health Professional:
Applies relevant principles of population health for improving immunization coverage rates.	
1. Use specific examples to show how immunization is a	☐ Aware
population-based health strategy.	☐ Knowledgeable
	☐ Proficient
2. Explain the concept of herd immunity (also called community	☐ Aware
immunity) in non-scientific terms.	☐ Knowledgeable
	Proficient
3. Explain, using examples, why vaccine-preventable diseases return	☐ Aware
when immunization coverage rates decrease.	☐ Knowledgeable
	Proficient
4. Explain how immunization registries can benefit not only	☐ Aware
individuals but also populations.	☐ Knowledgeable
	Proficient
5. Present the case for the importance of having a highly immunized	☐ Aware
healthcare workforce.	☐ Knowledgeable
	☐ Proficient
6. Use health promotion planning model to identify barriers	☐ Aware
(economic, educational, system-based, and social factors) to immunization uptake.	☐ Knowledgeable
minumzation uptake.	☐ Proficient
7. Use health promotion strategies to improve immunization	☐ Aware
coverage rates.	☐ Knowledgeable
	☐ Proficient

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Knowledgeable = Intermediate level of mastery of the competency, in which individuals are able to apply and describe the skill.

6. Communication

Competency:	Targeted Health Professional:
Communicates effectively about immunization as relevant to the practice setting(s).	
1. List the components of the evidence-based decision-making	☐ Aware
process.	☐ Knowledgeable
	Proficient
2. Explain the importance of risk perception for immunization	Aware
decision making.	☐ Knowledgeable
	Proficient
3. Respond appropriately following an assessment of client	Aware
knowledge, attitudes, and beliefs regarding immunization.	☐ Knowledgeable
	Proficient
4. Deliver clear, concise messages about the risks of vaccine-	☐ Aware
preventable diseases and the benefits and risks of vaccines.	☐ Knowledgeable
	Proficient
5. Provide appropriate evidence-based information and resources to	Aware
clients regarding immunization and vaccines.	☐ Knowledgeable
	Proficient
6. Provide guidance to clients so they can correctly identify credible	☐ Aware
sources of information on immunization and vaccines.	☐ Knowledgeable
	Proficient
7. Apply, as appropriate to the practice setting, mass media	Aware
strategies for public communication.	☐ Knowledgeable
	Proficient

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Knowledgeable = Intermediate level of mastery of the competency, in which individuals are able to apply and describe the skill.

7. Storage and Handling of Immunization Agents

Competency:		Tai	geted Health Professional:
Implements Canadian guidelines when storing, handling, or transporting vaccines.			
	State where to access the most recent national guidelines dealing with vaccine storage, handling, and transportation.		Aware
			Knowledgeable Proficient
	Describe the national guideline requirements for vaccine storage, handling, and transportation and their importance in maximizing the potency and efficacy of each vaccine.		Aware
			Knowledgeable
			Proficient
3.	Outline the key steps for maintaining the cold chain in the		Aware
	practice setting.		Knowledgeable
			Proficient
	Explain actions taken to report and manage breaks in the cold chain or other insults that compromise vaccine integrity.		Aware
			Knowledgeable
			Proficient

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Knowledgeable = Intermediate level of mastery of the competency, in which individuals are able to apply and describe the skill.

8. Administration of Immunizing Agents

Competency:	Targeted Health Professional:
Prepares and administers immunization agents correctly.	
Prepare a checklist for pre-immunization patient assessment, including precautions, contraindications, and indications for rescheduling.	☐ Aware ☐ Knowledgeable ☐ Proficient
 Ensure the seven "Rights" of immunization: right drug, right client, right dose, right time, right route, right reason, and right documentation. Demonstrate the steps involved in vaccine preparation, including reconstitution, if appropriate, administration, and disposal. 	Aware Knowledgeable Proficient Aware Knowledgeable Proficient
4. Name the resources that are used to guide the immunization administration process and decision making.	☐ Aware☐ Knowledgeable☐ Proficient
5. Develop a table listing the vaccine, age, dose, route, site, contraindications/precautions, and side effects for each vaccine used in the practice setting.	☐ Aware☐ Knowledgeable☐ Proficient
6. Demonstrate the age-appropriate injection sites and proper client positioning used for immunization.	Aware Knowledgeable Proficient
7. Choose the correct needle length and gauge for the age and size of the client.	☐ Aware☐ Knowledgeable☐ Proficient
8. Describe actions taken to increase safety in immunization clinics related to the provider, the recipient, and the environment.	☐ Aware☐ Knowledgeable☐ Proficient
9. Demonstrate the appropriate technique for immunization.	☐ Aware☐ Knowledgeable☐ Proficient
10. Describe techniques to reduce the pain associated with immunization.	☐ Aware☐ Knowledgeable☐ Proficient

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9. Adverse Events Following Immunization

Competency:	Targeted Health Professional:
Anticipates, identifies, and manages adverse events following immunization.	
1. Use reliable, evidence-based resources to list the frequencies of the common, uncommon, and rare adverse events associated with vaccines.	☐ Aware☐ Knowledgeable☐ Proficient
2. Inform recipients and/or their caregivers on what to expect and what to do regarding adverse events that could follow immunizations.	☐ Aware☐ Knowledgeable☐ Proficient
3. Draft in detail an effective step-by-step response to anaphylaxis.	☐ Aware☐ Knowledgeable☐ Proficient
4. Document all adverse events following immunization on the appropriate form and submit it to the appropriate agencies.	☐ Aware☐ Knowledgeable☐ Proficient
5. Distinguish between reporting an adverse event following immunization and proving that immunization caused an adverse event.	☐ Aware☐ Knowledgeable☐ Proficient

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10. Documentation

Competency:	Targeted Health Professional:
Documents information relevant to each immunization encounter in accordance with national guidelines for immunization practices and jurisdictional health information processes.	
1. Describe the role and importance of immunization records.	Aware
	☐ Knowledgeable
	☐ Proficient
2. Identify the information to be documented on an immunization	Aware
record.	☐ Knowledgeable
	☐ Proficient
3. Record an immunization encounter on the appropriate	Aware
documentation instruments accurately and completely.	☐ Knowledgeable
	☐ Proficient
4. Facilitate the transfer of information in the vaccination record to	Aware
other providers and to appropriate agencies in accordance with	☐ Knowledgeable
requirements.	☐ Proficient
5. Record the reason and planned follow-up action when a	Aware
scheduled immunization is not given.	☐ Knowledgeable
	☐ Proficient

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11. Populations Requiring Special Considerations

Competency:	Targeted Health Professional:
Recognizes and responds to the unique immunization needs of certain population groups.	
 Describe the unique immunization needs of certain populations, as relevant to the practice setting, including individuals who are off course of a recommended immunization schedule; individuals who have had a serious adverse event following a prior immunization; individuals with certain medical conditions, including transplant recipients; pregnant women; women who are breastfeeding; occupational risk groups; travellers; new Canadians; international students; individuals with behaviours that put them at risk for vaccine- 	☐ Aware ☐ Knowledgeable ☐ Proficient
preventable infections; – "hard-to-reach" individuals; and	
 outbreak populations. 	
2. Appropriately refer to expert professionals/resources when required to address the immunization needs of certain populations.	☐ Aware☐ Knowledgeable☐ Proficient

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12. The Canadian Immunization System

Competency:		Tai	geted Health Professional:
Demonstrates an understanding of the immunization system in Canada and its impact on his/her own practice.			
1.	Describe how the National Immunization Strategy is relevant to		Aware
	practice.		Knowledgeable
			Proficient
2.	Distinguish between federal and provincial/territorial		Aware
	responsibilities as related to immunization programs in Canada.		Knowledgeable
			Proficient
3.	List who can administer immunizations in Canada.		Aware
			Knowledgeable
			Proficient
4.	Describe the current status of immunization registries in the province or territory where practice is based.		Aware
			Knowledgeable
			Proficient
5.	Describe the process required to introduce a new publicly funded		Aware
	vaccine in a province or territory.		Knowledgeable
			Proficient
6.	Explain the reasons for the variable immunization schedules among the provinces and territories.		Aware
			Knowledgeable
			Proficient
7.	Locate the current immunization schedule for the province or territory of practice.		Aware
			Knowledgeable
			Proficient
8.	Identify laws and regulations that may affect immunization		Aware
	delivery programs in provinces and territories.		Knowledgeable
			Proficient

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13. Immunization Issues

Competency:	Targeted Health Professional:	
Addresses immunization issues using an evidence-based approach.		
Describe factors which lead to scepticism regarding immunization for both healthcare providers and the general public.	☐ Aware☐ Knowledgeable☐ Proficient	
2. Describe the impact that misperceptions regarding immunizing agents have on immunization programs and on the population.	☐ Aware☐ Knowledgeable☐ Proficient	
3. Address misperceptions regarding immunizing agents using an evidence-based approach.	☐ Aware☐ Knowledgeable☐ Proficient	
4. Locate evidence-based sources of information on current issues relating to immunization.	☐ Aware☐ Knowledgeable☐ Proficient	
 Use evidence-based scientific knowledge to develop clear, concise key messages regarding true immunization benefits and risks. 	☐ Aware☐ Knowledgeable☐ Proficient	

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14. Legal and Ethical Aspects of Immunization

Competency:	Targeted Health Professional:
Acts in accordance with legal and high ethical standards in all aspects of immunization practice.	
Discuss the implications of basic ethical principles, including individual's right, confidentiality, privacy, informed consent, and informed refusal.	☐ Aware
	☐ Knowledgeable
	Proficient
2. Describe the legal requirements relevant to immunization	Aware
administration, documentation, recording, and reporting.	☐ Knowledgeable
	Proficient
Describe the legal requirements in the province/territory of immunization practice that relate to immunization status and exclusion from daycare, school, workplace, or other settings.	☐ Aware
	☐ Knowledgeable
	Proficient
Identify his/her own professional scope of practice as it relates to immunization (jurisdiction, organization, practice setting – institutions, etc.).	☐ Aware
	☐ Knowledgeable
	Proficient
5. Discuss the ethical issues arising from:	Aware
 mandatory versus voluntary immunization; and 	☐ Knowledgeable
 targeted versus universal immunization. 	Proficient
Discuss the responsibility of health professionals to inform patients regarding the availability of all recommended vaccines regardless of whether they are publicly funded.	☐ Aware
	☐ Knowledgeable
	Proficient
Describe the ethical implications when a provider's beliefs conflict with evidence-based recommendations for immunization.	Aware
	☐ Knowledgeable
	Proficient

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Appendix D: Glossary

A glossary of immunization terms is available in the online version of this document at: www.publichealth.gc.ca/immunizationcompetencies