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Conférence canadienne sur l'immunisation

Establishing Best Practices Through Partnership

First Nation & New Brunswick Public
Health Partnership

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Disclosure Statement



- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Presentation Objectives



- ❖ Define medical directives as it applies to immunization programming
- ❖ Identify who provides a medical directive
- ❖ Share New Brunswick Immunization Medical Directive policy for FN communities
- ❖ Share the engagement process and responsibilities
- ❖ Identify next steps

First Nation Inuit Health Branch (FNIHB) –Atlantic Region

33 First Nation (FN) Communities

- ❖ 13 communities in Nova Scotia
- ❖ 15 communities in New Brunswick
- ❖ 2 communities in Prince Edward Island
- ❖ 3 communities in Newfoundland & Labrador

Atlantic Region Aboriginal Communities

Communautés Autochtones des Provinces de l'Atlantique

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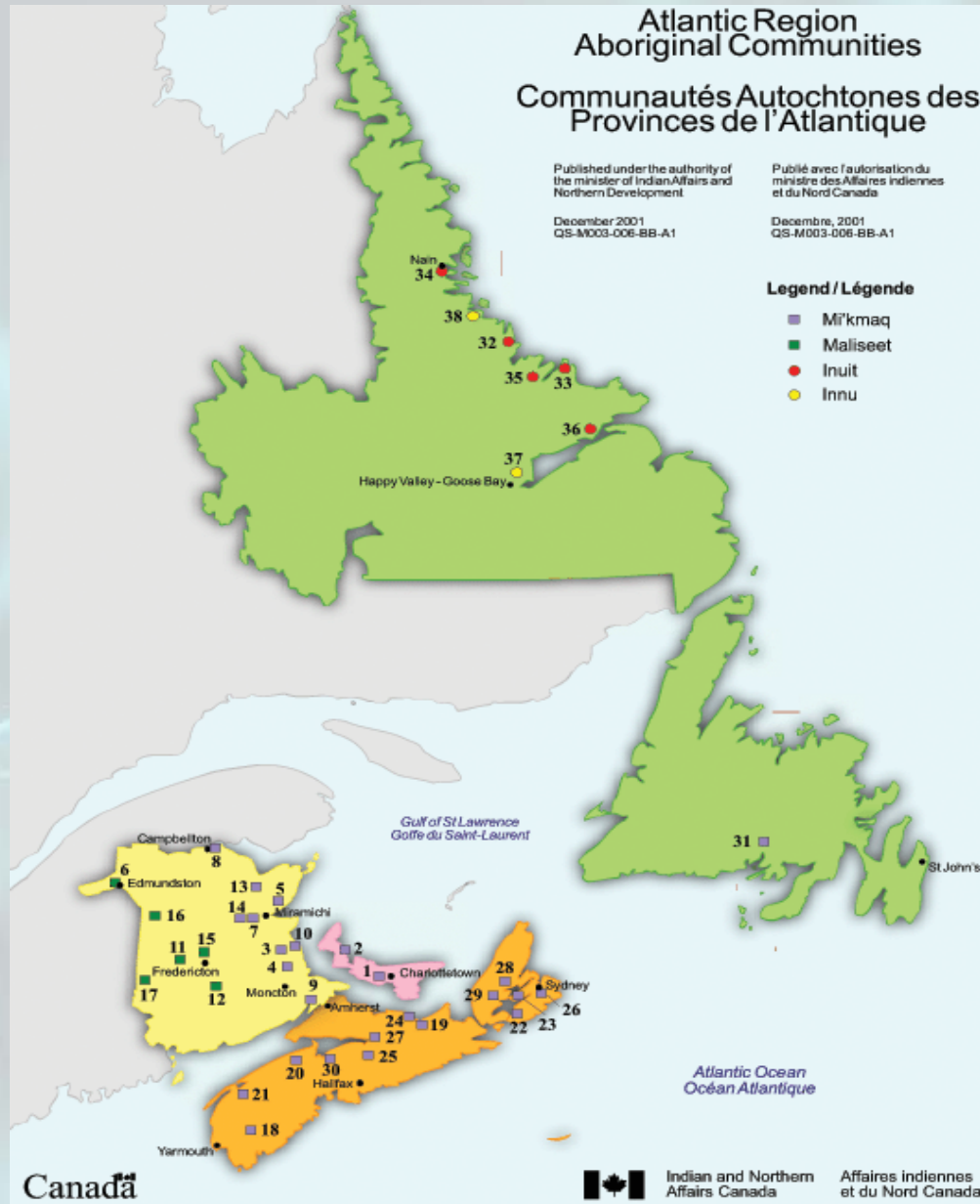
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Legend / Légende

- Mi'kmaq
- Maliseet
- Inuit
- Innu



Immunization Programs



- ❖ 32/33 communities deliver an immunization program.
- ❖ Majority of communities provide a pediatric and adult immunization program.
- ❖ A few smaller communities provide seasonal influenza immunization program only.
- ❖ FNIHB Atlantic Region has one regional immunization coordinator that provides immunization program support to communities in the form of advocacy, education, training, consultation and funding.

Immunization Delivery Methods



- ❖ Physician (Primary care)
- ❖ Nurse Practitioner
- ❖ Public Health Nurse
- ❖ Community Health Nurse (CHN)

What is a Medical Directive?



Valid Medical Directives must identify:

- ❖ The specific medication/vaccine
- ❖ The intervention(s)
- ❖ Range of client(s) to whom it can be applied
- ❖ The conditions under which it is applicable
- ❖ Relevant assessment processes and/or necessary resources to safely perform the Intervention(s)
- ❖ The person or body that approved the content and authorized use

(Position Statement, Association of Registered Nurses of Newfoundland & Labrador, 2008)

Who Provides an Immunization Medical Directive ?



Nova Scotia

- ❖ CMOH
- ❖ Community Physician
- ❖ Nurse Practitioner

Newfoundland & Labrador

- ❖ Regional MOH

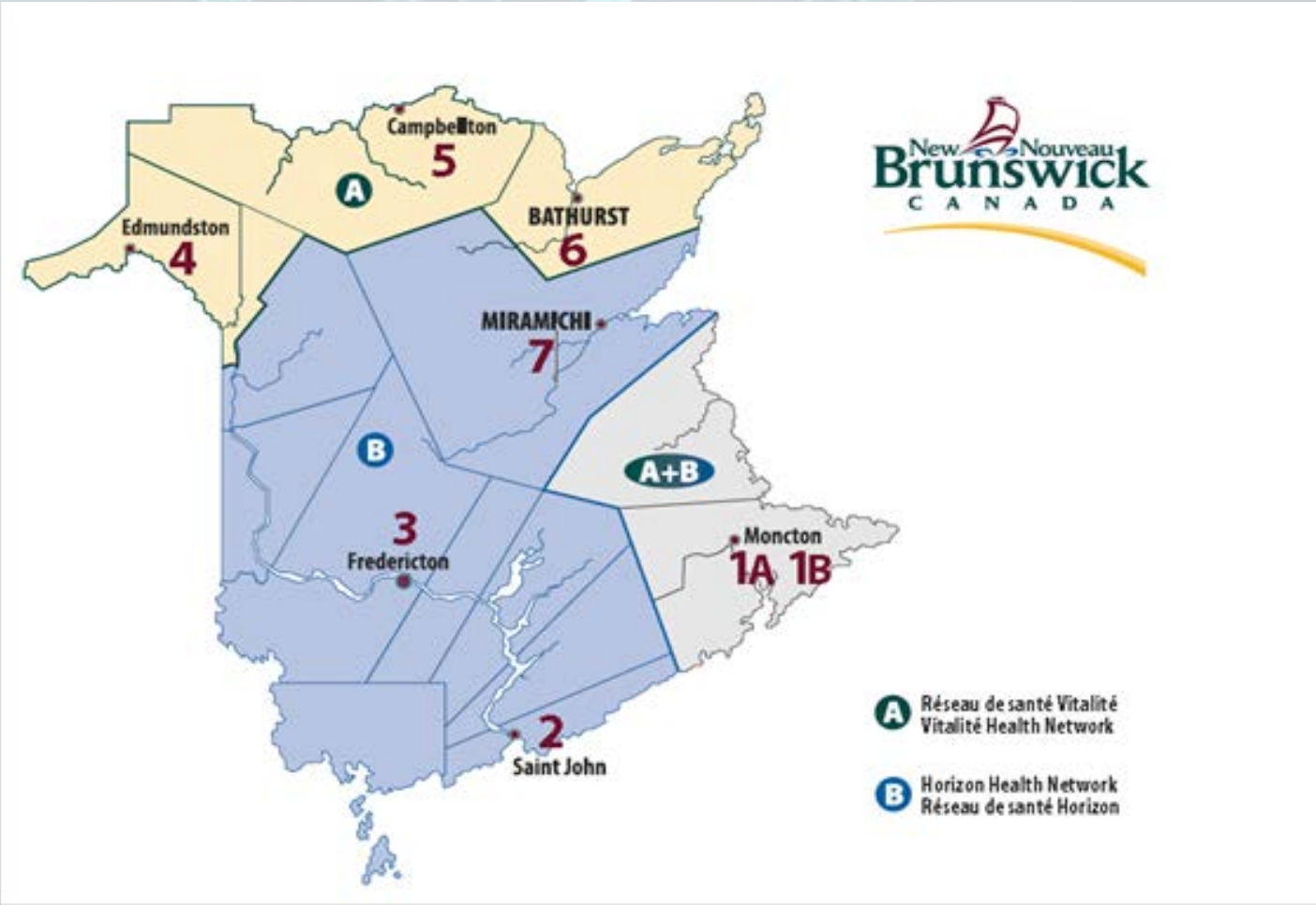
Prince Edward Island

- ❖ CMOH

New Brunswick

- ❖ Physician
- ❖ Nurse Practitioner
- ❖ Regional MOH

NB Regional Health Authority Map



NB Medical Directive



How was this initiated?

- ❖ H1N1 was the catalyst for FN communities in NB to work with Public Health
- ❖ CMOH viewed the importance of including First Nation communities in Public Health services which are provided to all New Brunswickers.
- ❖ Implemented a policy in September 2012
- ❖ Included in NB Immunization Program Guide.

Why a medical directive from a MOH?

- ❖ NB Public Health Protection Act
- ❖ Notifiable Disease and Reportable Events are reported to MOH office (MOH)
- ❖ Strengthens Public Health Partnership between FN and NB Public Health
- ❖ Increase awareness and understanding about immunization in FN communities.

NB Medical Directive Policy

Policy 2.5 - Medical Directive Required for the Provision of Immunization Services (including the administration of immunizing agents and the management of adverse events following immunization).

Purpose: The purpose of this policy is to provide standards to Public Health nurses and community health nurses⁵ and their employers concerning the requirements for medical directives to administer vaccine through the publicly funded New Brunswick Immunization Program.

Regional Medical Officers of Health have a mandate to provide the medical direction necessary for the administration of vaccine/biologics and the management of immediate events following the administration of vaccine within the regional health authority Public Health setting.

Additionally, upon request from the administrative authority responsible for the provision of Public Health immunization programs in First Nations communities, the Regional Medical Officer of Health may provide a medical directive for the provision of services in that community.

Policy: Nurses working in Public Health settings under the regional health authorities and, where applicable, nurses working in First Nations' community health programs, will provide immunization services under the medical direction of the Regional Medical Officer of Health.

(NB Immunization Guide 2012)

NB Medical Directive Procedure

- ❖ A medical directive for immunization services will be provided for Public Health nurses and community health nurses following consultation among the parties involved; namely, the Regional Medical Officer of Health; the administrative authority for immunization service delivery in each organization; and the nurses affected by the directive.
- ❖ In the case of community health nurses employed by a First Nations health service, the administrative authority responsible for the provision of immunization services will ensure that all conditions of the medical directive are met.
- ❖ The medical directive will be reviewed by all parties and updated each fiscal year.
- ❖ A copy of the medical directive will be available to staff in all sites where the medical directive is applied.

Engagement Process



- ❖ Initiated by Community Health Nurse in First Nation community
- ❖ Contact Public Health Immunization Coordinator
- ❖ Contact FNIHB Immunization Coordinator
- ❖ Set up meeting with MOH, PH immunization coordinator, Community Health Nurse and Health Director

Medical Directive Checklist

MEDICAL DIRECTIVE CHECKLIST – FIRST NATIONS / OTHER GROUPS

The following are requirements that should be met prior to consideration for a medical directive by the Regional Medical Officer of Health:

- Each immunizing staff and the program coordinator / supervisor must have reviewed and be familiar with the 2012 New Brunswick Immunization Program Guide (NB guide).
- A copy of the NB guide should be accessible to immunization staff.
- The administrative authority must identify areas where the immunization program is not implementing or following the requirements of the 2012 NB Immunization Guide.
- Immunization staff should be familiar with and have access to other key resources, such as:
 - Product monographs
 - Canadian Immunization Guide
 - Public Health Agency of Canada – 2008 Immunization Competencies for Health Professionals
 - Public Health Agency of Canada – 2007 National Vaccine Storage and Handling Guidelines for Immunization Providers
 - NB Adverse Events Following Immunization documents:
 - NB AEFI Form
 - User Guide: Report of Adverse Events Following Immunization,
 - Interpretation and Clinical Definitions Guide
 - Protocol for the Management of Immunization-Related Anaphylaxis in Non-Hospital Settings
- The administrative authority must provide, in writing, details regarding the following aspects of your immunization program:
 - Immunizer competencies – acquisition (ie training program for new nurses)
 - Immunizer competencies – maintenance (ie process for ongoing maintenance of competencies)
 - Immunizer competencies – evaluation (ie quality control processes – how you ensure that immunization nurses remain competent)
 - Errors and near miss processes and evaluation

Once these conditions have been met, a meeting with the Public Health Immunization Coordinator will be scheduled to discuss specific details of your Immunization Program and any identified deficiencies as well as plans to address these.

Specific requirements may be required prior to issuing a medical directive.

Administrative Authority Responsibilities



- ❖ Education (i.e. training program for new nurses)
- ❖ Maintenance (i.e. process for ongoing maintenance of competencies)
- ❖ Evaluation (i.e. quality control processes – how you ensure that immunization nurses remain competent)
- ❖ Errors and Near Miss process and evaluation

NB Public Health Responsibilities

- ❖ Provides information/updates regarding provincially funded immunization program to CHN
- ❖ Shall invite the CHN to Public Health Team meetings, relevant education/training sessions, including but not limited to anaphylaxis training.
- ❖ Upon request assists the CHN with any questions related to immunization practice.
- ❖ If requested and able to do so store vaccines in the case of an emergency malfunctioning of vaccine equipment.
- ❖ Upon request assist CHN in developing a vaccine errors process by sharing Public Health materials and processes developed by Public Health for such purpose.
- ❖ If requested shall assist the CHN in developing a quality assurance process by sharing materials and processes developed by Public Health.

MOH Responsibilities



Available during regular business hours for questions related to the implementation of the medical directive or immunizations, including but not limited to:

- ❖ Eligibility of clients to receive immunizations
- ❖ A review of required immunizations or immunization schedule
- ❖ Guidance on the management of immediate or delayed AEFI
- ❖ Guidance on the management of immunization errors
- ❖ When immunizations are offered outside of the regular business hours, the on-call MOH will provide support as above.

Annual Review



- ❖ The MOH & regional area PH immunization coordinator will meet annually with the Community Health Nurse and Health Director of the community health centre to review the conditions of the medical directive.
- ❖ FNIHB Immunization Coordinator will meet with CHN and continue to provide support to CHN in regards to providing annual education, training and if necessary funding to support attainment of medical directive.

Progress to Date



- ❖ 3 First Nation communities with a medical directive
- ❖ 2 First Nation communities working on meeting the requirements for a medical directive
- ❖ Two regional MOHs & two health authorities are engaged
- ❖ Working group consisting of 4 CHNs collaborating across 4 different First Nation communities, spread over two health authorities.
- ❖ Group working on procedures and policies for maintaining the conditions of the medical directive.

Next Steps



- ❖ Share the process and success with other NB MOHs
- ❖ Continue to engage other FN communities in working towards obtaining a medical directive from their regional MOH



References

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Questions

