PROGRAM Standard Operating Procedure	
Title: Vaccine Administration	Policy Number: 24-09-V1
Program Name: Immunization Program	
Applicable Domain: Public Health Services	
Additional Domain(s): Community Health Centre Clinical Services, Continuing Care, Hospital Based Clinical Services, Primary Care Services, Epidemic/Pandemic Response, Lab, DI and Pharmacy Services	
Effective Date: 09/02/2026	Next Review Date: 09/02/2029
Issuing Authority: Director Public Health and Primary Care	Date Approved: 09/02/2026
Accreditation Canada Applicable Standard: 6.2.1, 6.2.2, 6.2.3, 6.2.5	
NWT Immunization Standards: 1.1.3, 1.4.1, 2.2.2, 2.2.3, 3.1.4, 3.2.1, 3.2.2, 3.2.3, 3.3.1, 3.4.1, 3.6.4 NWT Core Program Standards: 1.1.2.1, 4.1.1	

GUIDING PRINCIPLE:

The Northwest Territories Health and Social Services Authority's (NTHSSA's) mission is to provide quality care that is culturally safe and collaboratively upholds our vision of "Best Health. Best Care. Better Future" (NTHSSA, nd). NTHSSA is committed to providing public health services rooted in an understanding of the broad determinants of health and the historical principles, values and strategies of public health and health promotion. NTHSSA Public Health services are aligned with core principles and values of the Public Health Agency of Canada's Core Competencies for Public Health, Canadian Public Health Association (CPHA), and Accreditation Canada (AC), as follows:

- Commitment to equity, social justice, and sustainable development, including working to remove barriers to access related to social determinants of health
- Approaching continuous learning and quality improvement with humility, valuing diversity, collaboration, and shared decision making
- Communicating and sharing clear, unbiased, and timely information to ensure effective participation in care and decision making
- Recognition of the importance of the health of the community as well as the individual, and
- Respect for self-determination, empowerment, community participation, and the expertise of people in their lived experiences of care

Vaccines are a cornerstone of public health, and their use has significantly contributed to the prevention and control of infectious diseases globally, in Canada and the NWT (PHAC, 13, April 2023). In Canada, immunization programming is a shared

responsibility between federal, provincial, and territorial governments. The territorial government with local public health authorities undertake the oversight, planning and delivery of immunization programming for the NWT population.

PURPOSE/RATIONALE:

This SOP supports the *NTHSSA Immunization Program Policy* and provides general guidance regarding vaccine administration practices, for use in conjunction with vaccine manufacturers' instructions as outlined in product leaflets and product monographs; professional standards of practice; NTHSSA policies, and NWT Office of the Chief Public Health Officer's CPHO Alerts, CPIs, policies, standards and guidelines. The general principles regarding vaccine administration also apply to administration of passive immunizing agents.

Appropriate administration is essential to ensure optimal safety and efficacy of all immunizations. Vaccination administration practices are based on rigorous clinical trials and guided by professional standards and organization policies and procedures (PHAC, 2025). This SOP is informed by standard 3.0 of the NWT Immunization Program Standards. The purpose of this SOP is to ensure vaccines administered in the NWT are safe, available, accessible, and administered in a culturally safe and competent way (See 3.2.2, 3.2.3, 3.3.1, 3.4.1, 3.6.4).

DEFINITIONS:

Adverse Event Following Immunization (AEFI): an unwanted or unexpected health effect that happens after someone receives a vaccine, which may or may not be caused by the vaccine.

Anxiety-related Adverse Event Following Immunization: a category of adverse events that occur after immunization and are related to anxiety about the immunization process. These events can include a range of symptoms and signs that may arise after immunization, such as dizziness, headache, fainting, hyperventilation, and weakness.

Health care provider (HCP): for the purposes of this SOP, an HCP refers to all health care professionals (including medical practitioners, registered midwives, and anyone registered under the *Nursing Profession Act* with the designation of NP, RN, LPN, or RPN) who administer vaccines in the NWT. The HCP must be licensed to practice in the NWT and must be competent to administer vaccines as per the Public Health Agency of Canada's Immunization Competencies for Healthcare Providers and through education and training outlined in the NTHSSA Immunization Administration for Regulated Health Care Providers policy. May also be referred to as Immunization Provider.

Immunization: a process by which a person becomes protected against a disease through vaccination. This term is often used interchangeable with vaccination and inoculation.

Immunization error-related reaction: an AEFI that is caused by inappropriate

usage and, therefore, by its nature is preventable. Inappropriate usage is defined as vaccine handling, prescribing and/or administration other than what is authorized and recommended in a given jurisdiction based on scientific evidence or expert recommendation.(Adverse events following immunization (AEFI): Canadian Immunization Guide - Canada.ca)

Immunization error: a type of medication error that includes any error in the preparation, handling, transportation, or administration of a vaccine. It can involve the incorrect scheduling, eligibility, route, site, dose, or reconstitution volume, and includes immunization without consent.

Medication error: any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional or patient. May also be referred to as a preventable adverse drug event (from Immunization Competencies for Health Professionals).

Vaccine: a pathogen-specific preparation of a weakened or killed pathogen, such as a bacterium or virus, or of a portion of the pathogen's structure, or a genetically engineered antigen that upon administration stimulates antibody production or cellular immunity against the specific pathogen. For the purposes of this document, the term "vaccine" is used to include passive immunizing agents such as anti-toxins and immune globulin preparations. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose.

SCOPE/APPLICABILITY:

Compliance with this SOP applies to all NTHSSA employees and those acting on behalf of the NTHSSA (including contracted services providers, and students) that participate in or implement immunization programming. It applies to all service delivery areas where vaccines are administered. This SOP may be used by Hay River Health and Social Services Authority and/or Tłı̨chǫ Community Services Agency.

PROCEDURE:

1. Mandatory Education & Required Practices

A) To ensure immunization competencies have been obtained prior to the administration of vaccines in the NWT the Chief Public Health Officer requires that health professionals complete and pass a recognized education program on immunization competency. All vaccine providers must receive education and competency-based training on vaccine administration before providing vaccines to the public, in accordance with the NTHSSA Policy: Immunization Administration for Regulated Health Care Providers, which aligns with the Public Health Agency of Canada's Immunization Competencies for Health Professionals.

B) Throughout the process, vaccine providers must incorporate routine infection control practices in accordance with NTHSSA Policy: Routine Practices and Additional Precautions:

- Hand hygiene must be performed in accordance with the NTHSSA Policy: Hand Hygiene Compliance, including before vaccine preparation, between vaccine recipients, and whenever the hands are soiled.
- Glove use during immunization is not routinely recommended, except for the following circumstances:
    - If the skin on the vaccine provider's hands is not intact
    - When administering Bacille Calmette-Guérin (BCG) or
    - When administering first- and second-generation smallpox vaccines.
    - If gloves are worn, they should be changed between vaccine recipients.

C) Review the Canadian Immunization Guide and relevant product monograph(s) for additional handling, storage, administration and eligibility information.

2. Pre-vaccination counselling

A) Determine which Vaccine(s) are Indicated

Review the NWT Immunization schedule and the vaccine recipient's immunization history. Vaccines may also be recommended based on risks related to occupation, travel, chronic disease, immunocompromising condition or for post-exposure prophylaxis. Refer to the relevant sections of the Canadian Immunization Guide:

- Immunization of workers
- Immunization of travellers
- Immunization of persons with chronic diseases
- Immunization of immunocompromised persons

HCPs may also consult with the Office of the Chief Public Health Officer (OCPHO) in circumstances where a vaccine may need to be administered outside the recommendations of the product monograph.

B) Obtain Consent and Provide Key Immunization Information

- HCP's must obtain informed consent and provide *Key Immunization Information* in accordance with the NTHSSA Program SOP: Informed Consent for Immunization.
- HCP's should refer to approved vaccine information pamphlets on GNWT Health and Social Services webpage, the Canadian Immunization Guide, and/or the Immunize Canada website.

C) Assess the Vaccine recipients Current State of Health

HCP's must determine whether the client is fit to immunize. Where applicable, assessment should include:

Screening Question For All Vaccines	Yes	No

Is the client eligible for the vaccine? Assess according to: • NWT Immunization Schedule, • Their personal immunization history • OCPHO, NACI and CIG recommendations		
Has information about vaccine administration, risks and benefits of receiving/not receiving the vaccine been provided to the client, with the opportunity to ask questions? • Canadian Immunization Guide: Immunizing Agents		
Is the client pregnant, or is there a chance that they may be pregnant, or breastfeeding? Refer to: • Immunization in Pregnancy and Breastfeeding		
Has the client ever had a serious reaction (e.g., anaphylactic reaction) after receiving a vaccine or do they have any allergies to components of the vaccine or it's container/packaging? Refer to: • Contents of immunizing agents authorized for use in Canada • Anaphylaxis and other acute reactions following vaccination.		
Screening Questions for Live Vaccines	**Yes**	**No**
Does the vaccine recipient have any acute or chronic immunocompromising condition, or have they taken any medications in the past 3 months that cause immunosuppression, including corticosteroids? Refer to: • Immunization of Immunocompromised Persons		
Has the vaccine recipient received any other live vaccines in the past 4 weeks? Refer to: • Timing of Vaccine Administration		
Has the vaccine recipient received any transfusions of blood or blood products in the last year? Refer to: • Blood products, human immunoglobulin and timing of immunization		

If giving a live vaccine to an infant, consider:
• Is there a known or suspected family history of congenital immunodeficiency disorder or HIV infection, or a history of failure to thrive AND recurrent serious infections? Refer to:
  ○ Family or medical history
• Were there any immunosuppressive medications during pregnancy? Refer to:
  ○ Infants exposed to immunosuppressive therapy in the womb		

This table is also attached as Appendix A, for ease of reference.

D) Discuss plan to decrease immunization pain and fear

- HCP's will:
  - Assess for potential needle fears or phobias
  - Consider available evidence for effective pharmacologic, physical, and psychological interventions to manage pain during immunization, and offer options to clients as indicated. Combining strategies has been shown to improve pain relief.
    - Refer to CIG: Pain Management Strategies.
  - Consider offering privacy, and/or the option to lie down during injection, where space permits.

3. Vaccine Preparation

Proper preparation is critical to maintain the integrity of the vaccine. HCP's must:

A) Prepare vaccines in a clean, designated area

- If possible, prepare vaccines away from where the patient is being vaccinated and from any potentially contaminated items.
- Wherever possible, reduce potential distractions in the preparation area. Distractions during the preparation process have been identified as a contributing factor to vaccination errors.

B) Select the correct vaccine product

- Check the vaccine identification label to ensure correct vaccine is selected as per the 10 R's in *Appendix B*.
- If the vaccine is in a multi-dose vial, ensure the vial is labelled with:
  - Date and time vial is opened.
  - New expiry date and time based on opening.
  - If not labelled, dispose of vial as per Handling of Healthcare Waste SOP.
- Ensure the product and diluent (if applicable) is not expired.
- Inspect vaccine and diluent vials for any irregularities, such as particulate matter, damage or contamination.
- Verify the vaccine has been stored at proper temperatures as per the NTHSSA Vaccine Refrigeration Protocol and the vaccine product monograph's storage requirements.

C) Select the correct supplies

- Select the appropriate syringe size according to the volume of vaccine
- Select appropriate needle length for client injection, so that the immunizing agent reaches the appropriate tissue site (dermis, subcutaneous tissue or

muscle) to optimize the immune response and to reduce the risk of injection site reactions.
    - The use of safety-engineered needles and syringes is required in accordance with *Occupational Health and Safety Regulations*, unless an exemption under the regulations applies.
    - Filter needles are not recommended for vaccine administration as they may filter out active ingredients such as adjuvants.
    - Utilize CIG: Needle Selection Guidelines as well as clinical judgment when selecting needle length for vaccine injection.
- Check the expiration dates on syringes and needles.
- A separate sterile needle and syringe must be used for each injection
    - The needle does not need to be changed between withdrawing vaccine from the vial and administering the vaccine, unless the needle is contaminated or damaged.
    - Different vaccines must never be mixed in the same syringe, unless specified by the manufacturer.
- Ensure a puncture-proof sharps container is available in the immediate area where vaccine is to be administered to discard all used syringes/needles.

D) Carefully reconstitute vaccine product (if applicable)

- Ensure appropriate aseptic technique.
- Reconstitute according to the manufacturer's guidelines, using only the diluent provided by the manufacturer.
- Introduce the diluent down the side of the vaccine vial to avoid foaming or potential denaturing of the vaccine protein.
- Mix with a careful swirling motion until a uniform suspension is achieved prior to administration (do not shake unless instructed by the manufacturer).
- Once reconstituted, the vaccine must be administered within the time frame specified in the manufacturer's product information.
- Refer to CIG Storage and Handling of Immunizing Agents for additional information.

E) Correctly fill syringes with vaccine product

- Prepare vaccines only when ready to administer them.
    - Each vaccine should be withdrawn from the vial immediately before use, by the HCP who is administering the vaccine.
    - Prior to withdrawal of vaccine into the syringe, the vaccine vial should be uncapped, the stopper wiped with a suitable disinfectant, and the stopper allowed to dry.
- Pre-loading syringes with vaccine is strongly discouraged because of the uncertainty of vaccine stability in syringes, the risk of contamination, the increased potential for vaccine administration errors, and possible increase in vaccine wastage.
    - Pre-loading of syringes may be considered in the hospital setting (if vaccines are drawn up and labelled in the pharmacy), or in a mass

immunization clinic to facilitate efficient administration; in these circumstances, the following principles should be followed:

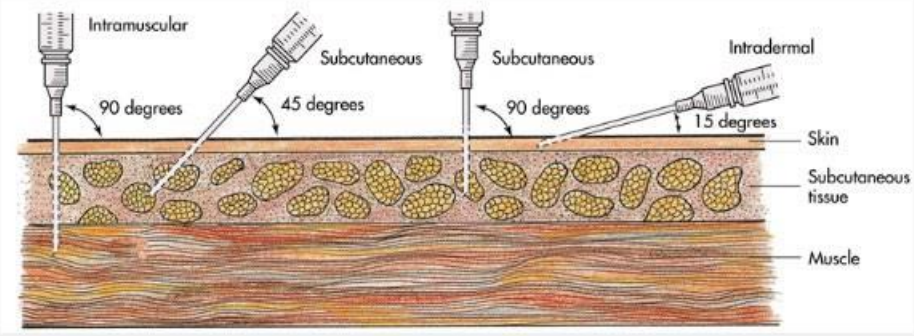
- Review data on the specified time period for stability of pre-loaded product; as per the NTHSSA Policy: Medication Administration, injectable medications prepared in non-sterile environments must be administered in one hour.
- Keep pre-filled syringes in their original packaging until immediately before administration.
- If using multi-dose-vials, pre-load only a small number of syringes at a time.
- Draw up only the number of doses required to keep the clinic running efficiently.
- Label pre-loaded vaccines to indicate the time by which it must be used.
- The cold chain must be maintained at all times; refer to NTHSSA Vaccine Refrigeration Protocol and NTHSSA Storage and Handling of Vaccines for Offsite Use.

- For more information on safe and reasonable use of pre-loaded syringes, please see the CIG's section on Vaccine Preparation and the document: NTHSSA Mass Immunization Clinics.

4. Vaccine Administration

HCP's will administer vaccines using the route(s) recommended by the product manufacturer, in accordance with the NTHSSA Policy: Medication Administration and information below:

A) Parenteral Vaccines



Comparison of the angles of insertion of intramuscular (90 degrees), subcutaneous (45 to 90 degrees), and intradermal (15 degrees) injections. (From Perry, A.G. and others [Eds.]. [2025]. *Clinical nursing skills & techniques* [11th ed.]. St. Louis: Elsevier.)

- Before any injection, the skin must be cleansed with a suitable antiseptic such as an alcohol swab and allowed to dry.
- Intradermal (ID) injection:

    - Select an appropriate site for ID injection; inner (volar) forearm, area over the deltoid muscle, suprascapular region on the back, or area over the anterolateral thigh.
    - Pull the skin taut at the time of administration and insert the needle just below the skin with the bevel up at a 5 to 15 degree angle.
    - Insert the needle slowly into the dermis until the entire bevel is under the skin without aspirating.
    - If injected correctly, it should produce an elevation of the skin known as a wheal, an area raised like a bubble.
        - If a wheal does not form repeat the procedure with a new needle and syringe at a separate anatomic injection site, or in the same site but at least 2.5 cm (1 inch) away.
- Intramuscular (IM) Injection:
    - Select an appropriate site for IM injection;
        - the vastus lateralis in newborns, preterm infants and infants less than 12 months of age.
        - The vastus lateralis or the deltoid muscle for toddlers and older children. The deltoid is often selected as temporary muscle pain post-vaccination in the vastus lateralis may affect ambulation.
        - The deltoid is the preferred injection site in adolescents and adults (unless muscle mass is inadequate, in which case the vastus lateralis can be used).
    - Pull the skin taut and administer the injection at a 90-degree angle.
- Subcutaneous (SC) Injection:
    - Select an appropriate site for IM injection;
        - For infants younger than 12 months of age, the usual site is the subcutaneous tissue of the anterolateral thigh. If necessary, the upper triceps area may be used.
        - For children 12 months of age and older, the subcutaneous tissue of the upper triceps area is usually used.
    - Pinching of the skin may be necessary to ensure injection into the subcutaneous tissue.
    - Administer the injection at a 45-degree angle.

Providing multiple parenteral injections:

- When drawing up multiple vaccines, do so for one individual client only.
- Syringes should be labelled to identify which vaccine each syringe contains.
- The site of administration of each vaccine must be recorded.
- If multiple parenteral injections are required, whenever possible, separate anatomic injection sites (different limbs) should be used.
    - If multiple injections in the same limb are required, the injection sites should be separated by at least 2.5 cm (1 inch).
- Vaccines that are known to cause the most injection site pain should be administered after other vaccines.

- If a vaccine and an immunoglobulin (Ig) preparation are administered concurrently (e.g., tetanus toxoid-containing vaccine and tetanus Ig), different limbs should be used for each injection.

B) Oral Vaccines

- In general, oral vaccines should be given prior to injectable vaccines.
- If an incomplete dose of an oral vaccine is administered for any reason (e.g., infant spits or regurgitates the vaccine), a replacement dose should not be administered.

C) Intranasal Vaccines

- Follow the instructions for administration in the product monograph.
- If the vaccine recipient sneezes immediately after administration, do not repeat the dose.
- If significant nasal congestion is present that might impede delivery of the vaccine to the nasopharyngeal mucosa, an alternate product could be considered, or the vaccine can be deferred until resolution of the illness.

5. Immunization Errors

An immunization error can include a deviation in the preparation, handling, transportation, or administration of a vaccine. It can involve the incorrect scheduling, eligibility, route, site, dose, or reconstitution volume, and includes immunization without consent.

Immunization errors are medication errors; they are preventable incidences that can potentially lead to inadequate immunity, immunization error-related reactions, and the need to re-immunize.

If an immunization error occurs:

- Ensure immediate client safety and determine level of harm.
  - If needed, consult your supervisor to determine level of harm. If further support required contact NTHSSA_PublicHealth@gov.nt.ca.
- Inform the client of the error and the implications of the error (i.e.: inadequate immunity), and follow Disclosure of Patient Safety Incidents procedure.
  - Determine plan to address error, if needed (i.e.: re-immunization).
- Document in EMR; ensure to document in both the client note and in the EMR Vaccine Module to reflect if the dose given does not count towards accurate immunization.
- If error has led to an AEFI, complete AEFI reporting as appropriate. Follow the guidance in the Mandatory Reporting Requirements under Northwest Territories Legislation document, chapter titled *Notifiable Immunization and Adverse Events Following Immunization Reporting Procedure*.

    - Review the direction in the CPHO Alert: Adverse Events Following Immunization Process and CIG: Adverse Events Following Immunization (AEFI).
- Inform supervisor/manager.
- Complete RL6.
- Prepare and implement any required plan for re-immunization or follow up with client. Note: any additional vaccine required due to an immunization error is to be given at no cost to the client.
- Consider implications for practice: additional training, review of SOPs and practice guidelines, and potential debrief for mitigation of future risk.

6. Post-vaccination Counselling & Care

A) Observation post-vaccination

- Vaccine recipients should be kept under observation for at least 15 minutes after immunization;
    - 30 minutes is preferred when there is a specific concern about a possible vaccine reaction.
- In low-risk situations, observation can include having vaccine recipients remain within a short distance of the vaccine provider and in the company of another person, able to return immediately for assessment if they feel unwell.
- Vaccine recipients and/or their caregivers should be advised to notify their vaccine provider or other healthcare provider about any concerns that arise following immunization.

B) Management of adverse reactions and events

- For treatment of minor adverse reactions such as fever or injection site discomfort that might occur following vaccination, oral analgesics and antipyretics (such as acetaminophen or ibuprofen) can be used.
- Anxiety-related adverse events following immunization, also known as immunization stress-related reactions, include fainting (vasovagal syncope), hyperventilation, and breath-holding.
- Anaphylaxis is a serious, potentially life-threatening allergic reaction to foreign antigens including immunizations. Every HCP should be familiar with the signs and symptoms of anaphylaxis and be prepared to act quickly.
    - *Note: fainting is rare in infants and children; any sudden loss of consciousness in young children immediately following immunization should be presumed to be anaphylaxis.*
- For detailed information about anaphylaxis and other anxiety related adverse events following immunization, including key points on differentiating these events, refer to CIG: Anaphylaxis and other acute reactions following vaccination.
- The provider must assess any concerns and, if appropriate, complete an adverse event following immunization (AEFI) report.

- Follow the guidance in the Mandatory Reporting Requirements under Northwest Territories Legislation document, chapter titled *Notifiable Immunization and Adverse Events Following Immunization Reporting Procedure*.
- Review the direction in the CPHO Alert: Adverse Events Following Immunization Process and CIG: Adverse Events Following Immunization (AEFI).

7. Handling & Disposal of Medical Waste

- Avoid recapping needles after use.
- Used syringes and needles must be immediately and carefully disposed of in a container designed for this purpose
- Used syringes and needles should never be placed on the work surface.
- Empty or expired vaccine vials should be disposed of according to NTHSSA SOP: Handling of Healthcare Waste.

8. Documentation and scheduling

- The Medication Administration Policy and the NTHSSA Wolf-EMR-How-toUse-Vaccination-Module, as well as Informed Consent for Immunization provide HCPs the direction to document, at minimum, the following in the client's medical record:
  - administration of a vaccine,
  - consent for a vaccine,
  - refusal of a vaccine,
  - revocation of previously obtained consent,
  - external vaccines,
  - a suspected adverse reaction, and
  - following up on Adverse Events Following Immunization (AEFI)
- Schedule any required appointment(s) for the client, provide appointment card reminder.

Additional Resources:

- Immunize Canada Training Video: Vaccine Administration Practices for Health Care Professionals
- Immunize Canada Training Video: Intramuscular and Subcutaneous Injections: A Guide for Pharmacists
- Public Health Ontario: Immunization Technique for Intramuscular (IM) Injections – Deltoid Muscle

Elsevier:

- Medication Administration: Intradermal (Pediatric)

- Medication Administration: TB Intradermal Injection Mantoux (Pediatric)
- Medication Administration: TB Intradermal Injection Mantoux
- Medication Administration: Intramuscular Injection (Pediatric)
- Medication Administration: Intramuscular Injection
- Medication Administration: Subcutaneous Injection (Pediatric)
- Medication Administration: Subcutaneous Injection

PERFORMANCE MEASURES:

- 100% of staff who administer vaccines will be orientated to this SOP.
- Compare number of vaccine administration errors before and after the implementation of this SOP:
    - Compare vaccine administration error data for the 24 months before the publication of this SOP to the same data for the 24 months following publication of this SOP.

CROSS-REFERENCES:
NTHSSA Informed Consent for Immunization
NTHSSA Storage and Handling of Vaccines for Offsite Use
NTHSSA Medication Administration
NTHSSA Immunization Administration for Regulated Health Care Providers

ATTACHMENTS:
Appendix A: Assess the Vaccine Recipients Current State of Health
Appendix B: 10 Rights of Vaccine Administration

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APPROVAL:

09 February 2026

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Date

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Director Public Health and Primary Care

Appendix A: Assess the Vaccine Recipients Current State of Health

Screening Question For All Vaccines	**Yes**	**No**
Is the client eligible for the vaccine? Assess according to: • NWT Immunization Schedule, • Their personal immunization history • OCPHO, NACI and CIG recommendations		
Has information about vaccine administration, risks and benefits of receiving/not receiving the vaccine been provided to the client, with the opportunity to ask questions? • Canadian Immunization Guide: Immunizing Agents		
Is the client pregnant, or is there a chance that they may be pregnant, or breastfeeding? Refer to: • Immunization in Pregnancy and Breastfeeding		
Has the client ever had a serious reaction (e.g., anaphylactic reaction) after receiving a vaccine or do they have any allergies to components of the vaccine or it's container/packaging? Refer to: • Contents of immunizing agents authorized for use in Canada • Anaphylaxis and other acute reactions following vaccination.		
Screening Questions for Live Vaccines	**Yes**	**No**
Does the vaccine recipient have any acute or chronic immunocompromising condition, or have they taken any medications in the past 3 months that cause immunosuppression, including corticosteroids? Refer to: • Immunization of Immunocompromised Persons		
Has the vaccine recipient received any other live vaccines in the past 4 weeks? Refer to: • Timing of Vaccine Administration		
Has the vaccine recipient received any transfusions of blood or blood products in the last year? Refer to: • Blood products, human immunoglobulin and timing of immunization		
If giving a live vaccine to an infant, consider: • Is there a known or suspected family history of congenital immunodeficiency disorder or HIV infection, or a history of failure to thrive AND recurrent serious infections? Refer to: o Family or medical history • Were there any immunosuppressive medications during pregnancy? Refer to: o Infants exposed to immunosuppressive therapy in the womb		

For full guidance: NTHSSA Vaccine Administration SOP

Appendix B: 10 Rights of Vaccine Administration

10 Rights of Vaccine Administration	
Right PATIENT	Review NTHSSA Policy: Medication Administration Ensure accurate client identification using at least two person-specific identifiers • Verify date of birth • Other acceptable patient identifiers include the patient's full name, and health care number • Ensure you have the correct client selected in the WOLF Electronic Medical Record (EMR)
Right DOSE	Verify by reviewing NWT Immunization Schedule and approved resources such as the product monograph and the Canadian Immunization Guide (CIG)
Right MEDICATION	Verify by checking vaccine product 4 times: • When selecting vaccine product from fridge/freezer • When preparing vaccine • Before administering vaccine • When entering the vaccine into the EMR
Right ROUTE	Verify by reviewing the product monograph and packaging, and approved resources such as the CIG
Right TIME	See Step 1 A in the Vaccine Administration SOP • Review immunization history and record • Review the NWT Immunization schedule • Obtain, review and enter any historical vaccines the client has received in the EMR • Verify with client/parent/guardian that no vaccines have been administered in another jurisdiction that are not captured in the EMR • Consult another immunizer if any concerns for vaccine schedule
Right REASON	Verify eligibility by reviewing NWT Immunization Schedule, vaccine history, and approved resources such as the CIG
Right EDUCATION	Verify that the patient and/or family receives and confirms an understanding of: • Reason for the vaccine including benefits of vaccine and information about the disease it prevents • Signs and symptoms of potential side effects or what constitutes an adverse reaction • How to mitigate or address these responses to a vaccine
Right DOCUMENTATION	Documentation should occur immediately after the vaccine is administered: • Into correct EMR chart if available • All fields in "New Vaccination" in EMR must be completed • If unable to access the EMR, document through the Vaccine Administration Report Form and fax to OCPHO as per the form's instructions Refusals and adverse events (See below) must also be documented)
Right to REFUSE	A patient (or legal guardian) has the right to refuse any vaccine. Ensure: • Education has been provided/understood about the possible consequences of not receiving the vaccination • Documentation reflects that the vaccine was offered and refused
Right RESPONSE	After the immunization has been administered, assess the patient for any side effects or adverse events following immunizations (AEFIs) Follow reporting guidelines for vaccine refusals, denials (patient not fit to immunize), and AEFIs: • Notifiable Immunization and Adverse Events Following Immunization Reporting Procedure Complete an RL6 for all vaccination incidents

Adapted from NTHSSA-Wide Policy Medication Administration (2023)