Licensed Practical Nurses Association of British Columbia

NEWS UPDATE re: Immunization Certification and/or Re-Certification

The Licensed Practical Nurses Association of BC has received numerous emails and requests for the Association to provide LPNs with guidance and support regarding their scope of practice when providing immunizations.

LPNABC needs your support as we continue to work with the government bodies towards an amicable and fair solution. Please join the association and bring your voice by becoming a member and writing to us with your opinions, comments or concerns regarding practice.

LPNABC Executive Board Members, January 2012

Background:

The College of Licensed Practical Nurses BC introduced the addition of Immunization Certificate Course in 2005 as specialized practice based on basic and post basic education of Pharmacology/Medication Administration. The CLPNBC recognized that with the Immunization Certificate Course, LPNs can administer immunization in any healthcare setting. (CLPNBC; “The College Connection”; Summer/Fall 2005 Volume 10 Issue 3; front & back page).

This was in response to the Ministry of Health & Ministry of Healthy Living and Sport strategic plan to have all health care providers with the education and training to be able to provide the best immunization programs in BC that was established through the “Immunize BC: A Strategic Framework for Immunization in BC.” (2007)

Immunizations by numerous LPNs across BC have been well received since the implementation in 2005 to date. The commitment by the government to provide primary health to the public is a priority which is part of their strategic framework (see appendix A)

Issue:

In 2009 Canada braced themselves for the Pandemic (An epidemic; a sudden outbreak that becomes widespread and affects a whole region, a continent, or the world.) LPNs were integrated for the first time in BC to be part of the Public Health system to help provide mass immunizations in clinics across many health regions.

When the potential pandemic crisis was over, the BC Centre of Disease Control (BCCDC) reviewed the effectiveness of the immunization program. In a final report it was noted “As well, Licensed Practical Nurses were a tremendous asset to our health care system, helping with immunizations and public health issues – areas normally associated with Registered Nurses”[1]. It was announced that the increased levels of mass immunization clinics and health care workers to provide the immunizations across BC was successful. LPNABC believes that all the LPNs that had the further education/training and ability contributed to this success.

1 B.C.’s Response to the H1N1 Pandemic
The government recognized the LPNs' role by providing this important health care service but also acknowledged that the Nurses (Licensed Practical) Regulation, BC Reg 283/2008 did not have the supporting legislation to allow the LPNs to provide immunizations in the time of normalcy (non-pandemic or emergency conditions). This meant LPNs required a client specific Medical Practitioners order for every vaccine/immunization we were to provide.

The Minister of Health, Hon. Kevin Falcon, signed an amendment to the LPN Regulations on November 16, 2010 which allowed LPNs for the first time to be fully autonomous in their practice. This amendment provided legal protection for LPNs to provide any immunoprophylactic agent without a medical practitioners order.

According to the HPA (Section 19) The College of LPNs of BC is accountable and responsible to provide Standards, Limits and Conditions. These were completed Nov. 3, 2010 and further limit LPNs to only be able to provide Influenza & Pneumococcal Vaccines independently. (CLPNBC; Standards, Limits, and Conditions for LPNs’ Independent Administration of Influenza and Pneumococcal Immunization; Nov 3, 2010)

The introduction of the CLPNBC SLC also stated for the first time that LPNs MUST re-certify every 3 years. The paper based course was decommissioned and exclusive recognition of the BCCDC course and the addition of a further (1) day workshop at the cost of $250 was sanctioned. This created an outcry from LPNs that had already incurred the original cost when they did the initial certification.

The issue then developed that this is not a “requirement” of employment but a benefit to the public that we are serving. The other key issue is that other nursing professions (RN, RPN’s) are not required to recertify and/or take a workshop every three years. The growing concern from the LPNs that want to provide this service and participate to help the public was the cost of this course that was imposed by our own college.

CLPNBC issued a survey in spring/summer of 2011 to all of the LPNs that had taken the newly developed Immunization workshop to evaluate the effectiveness for both initial certification and re-certification. The college posted on their website many announcements (see www.clpnbc.org under Immunization updates) providing updates on the progress of reviewing.

On November 22, 2011 CLPNBC posted the following:
“While these new requirements are being developed, the CLPNBC will be providing an extension period for recertification up to March 30, 2012. This extension period will apply to LPN’s who have received certification from either the print-based immunization course or the online immunization course and competency workshop.”

The college has removed the above wording and this is causing the increased confusion to the LPN practitioners across BC. LPNABC advocates for the professional practice of LPNs by engaging with key stakeholders to support this mandate. LPNABC executive members have been in contact with the Director and Manager of BCCDC to discuss LPNs concerns and meet with the appropriate people to bring back the clarity of LPN practice specifically to all of the public that is within our training and ability.

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2 HPA  Nurses (Licensed Practical) BC Reg 283/2008
http://www.clpnbc.org/content_images/documents/Regulations%20Amendment%20approved%20Nov%202016%2010.pdf
3 For the complete Nurses (Licensed Practical) BC Reg 283/2008 (see LPNABC under “Links”)
4 CLPNBC: Standards, Limits, and Conditions for LPNs’ Independent Administration of Influenza and Pneumococcal Immunization (Nov 3, 2010)
Appendix A: **Immunize BC**  

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<th>Vision</th>
<th>BC is a leader in immunization where:</th>
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<td>• Immunization is highly valued by the public, health care professionals, and the health system.</td>
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<td>• Every child, adolescent, and adult has timely access to immunization as provided for in the provincial schedule.</td>
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<td>• A greater proportion of British Columbians are protected against more vaccine-preventable diseases.</td>
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<td>• Immunization is sustained in conditions of diverse social values, changing demographics and economies, and evolving diseases.</td>
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<td>• Vaccines are put to best use in improving health.</td>
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| Mission | To improve the health of British Columbians by continuing to reduce the incidence of vaccine-preventable diseases and the associated impact of disease, disability, and death. |

| Priority Actions | • Promote the immunization program to the public and health care professionals. |
|------------------|• Improve access to immunization services. |
|                  |• Ensure an adequate supply of knowledgeable, trained, service providers. |
|                  |• Create an integrated immunization registry. |
|                  |• Improve the vaccine inventory management system. |
|                  |• Establish an immunization research agenda that includes the socio-cultural aspects of vaccine delivery and uptake. |

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<th>Goals</th>
<th># 1 Increase the uptake of current and future recommended vaccines to reach select Provincial and National Immunization Strategy targets by 2010.</th>
<th># 2 Ensure the immunization program is supported by the most current, evidence-based information on the status of vaccine preventable infectious diseases in BC and on emerging sources of infectious disease risk from other parts of the world.</th>
<th># 3 Build the capacity of the immunization program to ensure Long-term sustainability.</th>
<th># 4 Promote quality across the immunization system to achieve improved system performance.</th>
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