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Delegation of Immunization Administration to UAP in Declared State or National Emergencies or Federal/State DHHS or CDC Initiated Mass Immunization Campaigns

Position Statement for RN and LPN Practice

Declared State or National Emergencies or Federal/State DHHS or CDC Initiated Mass Immunization Campaigns may require the immunization of large numbers of citizens in a short, designated period of time. It may, at such times, be necessary and appropriate for Licensed Nurses (RN and LPNs) to delegate the task of immunization administration, consistent with agency policies and procedures, by any appropriate route, to unlicensed assistive personnel (UAP) as part of timely, effective mass immunization programs. The UAP assisting in such programs may include any unlicensed personnel, regardless of title, who participate in mass immunization activities through the delegation process.

Consistent with G.S. 90-171.20 (7) & (8), nursing law permits the delegation of tasks to unlicensed assistive personnel by the RN and LPN.

In order for the RN or LPN to delegate activities to UAP the following criteria listed in Administrative Code Rule 21 NCAC 36.0221(b) must be met:

> ”Tasks may be delegated to an unlicensed person which:
> (1) frequently recur in the daily care of a client or group of clients;
> (2) are performed according to an established sequence of steps;
> (3) involve little or no modification from one client-care situation to another;
> (4) may be performed with a predictable outcome; and
> (5) do not inherently involve ongoing assessment, interpretation, or decision-making which cannot be logically separated from the procedure(s) itself.”

The RN or LPN may only delegate **technical** aspects of immunization administration to UAP in these State or National Emergencies or Campaigns.

The licensed nurse (RN or LPN) may not delegate the professional judgment or decision-making responsibility to UAP which includes:

> (1) recognizing side effects;
> (2) recognizing toxic effects;
> (3) recognizing allergic reactions;
> (4) recognizing immediate desired effects;
> (5) recognizing unusual and unexpected effects;
> (6) recognizing changes in client’s condition that contraindicates administration of the immunization;
> (7) anticipating those effects which may rapidly endanger a client’s life or well-being; and making judgments and decisions concerning actions to take in the event such untoward effects occur**.** [21 NCAC 36 .0221 (c)].

The RN or LPN delegating immunization administration must, therefore, remain available to the UAP **on site** to address any issues identified in pre-administration screening of the client and for the ongoing assessment and evaluation of the client as indicated by the situation and by RN or LPN Scope of Practice.

The **RN retains responsibility and accountability for comprehensive assessment and evaluation of the client** as defined in Administrative Code Rule 21 NCAC 36 .0224 (b) and (e) “Components of Practice for the Registered Nurse.” The **RN** has the overall responsibility and accountability for educating the UAP

in appropriate administration techniques and for then assessing the capabilities of the UAP to include validation of their competence (i.e., qualifications, knowledge, and skills) in carrying out the technical role of immunization administration. In addition, the RN is responsible for delegating appropriately and providing the UAP with ongoing supervision, teaching, and evaluation as defined in Administrative Code Rule 21 NCAC 36 .0224 (i) and (j)

The **LPN participates in the assessment and evaluation of the client** as defined in Administrative Code Rule 21 NCAC 36 .0225 (b) and (e) "Components of Practice for the Licensed Practical Nurse." The **LPN** is accountable for her/his decision to delegate immunization administration to a qualified UAP previously educated and validated as competent by an RN. The LPN oversees the performance of the UAP, verifying that tasks have been performed as delegated to the UAP and in accordance with the established standards of practice and as defined in 21 NCAC 36.0225 (d).

The continuum of the process of immunization begins with the initiation of the immunization order based on client need and ends with the re-evaluation of the client's needs related to the immunization regimen. The immunization order shall be a valid **Standing Order** from the identified medical authority for the mass immunization event, usually the local health department Medical Director or the State Health Director.

Collection of screening data using an approved form for the purpose of pre-administration screening and the task of direct immunization administration are the **only** aspects of the continuum that may be carried out by the appropriately qualified UAP according to the policies and procedures of the agency. Within this framework, the actual task of giving immunizations to a client is considered a technical activity that does not require the professional judgment of a licensed nurse. Thus, the performance of this **technical** task may be delegated to an appropriately qualified UAP. **However, any on-going assessment, interpretation, and decision-making required relative to clients receiving immunizations must be carried out by the RN or LPN within their respective Scope of Practice.** Accountability for any professional judgments or decision-making surrounding immunization administration (e.g., deciding when to refer specific client issues to a physician, nurse practitioner, or physician assistant or deciding when to withhold an immunization due to screening "flags") is the responsibility of the RN or LPN and may not be delegated to the UAP.

THIS POSITION STATEMENT IS LIMITED FOR USE ONLY IN "DECLARED STATE OR NATIONAL EMERGENCIES OR FEDERAL/STATE DHHS OR CDC INITIATED MASS IMMUNIZATION CAMPAIGNS," NOT FOR USE IN ROUTINE IMMUNIZATION ADMINISTRATION.

For any questions, please contact the Practice Consultants at the North Carolina Board of Nursing at 919-782-3211 ext 244.