

# Standard for Immunization Skills Assessment



<b>Section 3</b>	Immunization Program Resources	<b>Standard # 18.210</b>	
<b>Created and approved by</b>	Provincial Immunization Program		
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## Preamble

Primary Care Alberta (PCA) Provincial Immunization Program provides Public Health and other partners who administer provincially funded vaccines with ongoing and timely information relating to provincial immunization program standards and quality. These standards are based on current evidence-based information, Primary and Preventative Health Services (PPHS) [Immunization Policy](#), [Canadian Immunization Guide](#), relevant PCA standards and policies, as well as provincial and national guidelines, including the [Alberta Public Health Act: Immunizations](#). Immunizers must be knowledgeable about the specific vaccines they administer, demonstrate safe and appropriate immunization skills, and model safe and respectful care to all clients and families. Appropriate vaccine administration is essential to the optimal safety and efficacy of vaccines.

## Background

Providing immunizations is a **restricted activity** under the [Government of Alberta Health Professions Act: Health Professions Restricted Activity Regulation](#). The Act outlines restricted activities that only licensed and properly trained healthcare providers are legally allowed to perform as they could have risks to the public. Immunizers must be aware of the Health Professions Act and their professional regulatory body requirements for performing restricted activities.

In Alberta, registered nurses (RNs) are authorized to administer vaccines to all clients and are guided by the [College of Registered Nurses of Alberta: Restricted activities standards](#). Licensed practical nurses (LPNs) are authorized to administer vaccines for clients five years of age and older and are guided by the [College of Licensed Practical Nurses of Alberta: Standards of practice for licensed practical nurses on restricted activities, advanced practice, and supervision](#).

Each regulatory body identifies minimum expectations when performing restricted activities including professional responsibility and **accountability**, knowledge-based practice, and authority to perform the restricted practice. It is the individual immunizer's professional responsibility to ensure they are following these standards and have the **competence** to perform immunization.

Nursing students are permitted to perform restricted activities including immunizations as set out in the Health Professions Act, under the supervision of a registrant who is authorized to perform those restricted activities.

Provincial CDC and Zone Public Health programs are responsible for providing staff orientation, supervision and professional development including **competency assessments** of immunization skills to determine if immunizers are progressing as expected, and safe to perform immunizations independently.

## Definitions

**Accountability:** The obligation to answer the professional, ethical, and legal responsibilities of one's activities and duties.

**Competence:** The integrated knowledge, skills, judgment, and attitudes required of a nurse to practice safely and ethically in a designated role and setting.

**Skills assessment:** Process of evaluating the ability to perform specific clinical skills, knowledge, and behaviours for safe and effective care.

**Observation of nursing practice:** Is the direct, real-time observation by a proficient immunizer of a nurse's clinical skills, decision-making, application of relevant standards and professional behaviour.

**Proficient immunizer:** An immunizer who is working in their scope of practice and possesses the knowledge, skills, and experience to support the immunizer in developing immunization skills in a supportive way.

**Restricted activity:** High risk activities that require specific competencies and skills to be carried out safely and are in the Health Professions Act and the Health Professions Restricted Activity Regulation (Alta Reg 22/2023, s 60) that are part of providing a health service. Restricted activities are not linked to any health profession, and a number of regulated health practitioners may perform a particular restricted activity.

**Self-assessment:** The continual process through which nurses evaluate the effectiveness of their own performance and determine if they meet competencies to practice safe care and what improvements are required.

**Skills maintenance:** Is the ongoing process of ensuring that immunizers maintain competencies to administer vaccines safely and according to established [IPSM Standards](#).

## Purpose

The purpose of this Standard is to outline the competencies required by public health immunizers (RNs/LPNs) and nursing students, to be proficient in immunization skills.

## Applicability

This Standard applies to all public health immunizers (RNs/LPNs) and nursing students providing provincially supplied vaccines and biologicals.

## Competency

The National Advisory Committee of Immunization (NACI) developed the [National Guidelines for Immunization Practices](#) that are recommended for use by all health professionals to guide and evaluate immunization services. Several guidelines apply to immunization skills including:

- Vaccine providers should communicate current knowledge about immunization using an evidence-based approach (Guideline 4).
- Vaccine providers should inform vaccine recipients and parents in specific terms about risks and benefits of vaccines that they or their children are to receive (Guideline 5).
- Vaccine providers should recommend deferral or withholding of vaccines for true contraindications only (Guideline 6).
- Vaccine providers should ensure that all vaccinations are accurately and completely recorded (Guideline 7).
- Vaccine providers should report clinically significant adverse events following immunization (AEFI) promptly, accurately and completely (Guideline 9).
- Vaccine providers should adhere to appropriate procedures for the storage and handling of immunization agents (Guideline 11).
- Vaccine providers should be properly trained and maintain ongoing education regarding current immunization recommendations (Guideline 13).
- Immunization errors and immunization related incidents should be reported by vaccine providers to their local jurisdiction (Guideline 14).

Immunization competencies are outlined by The Public Health Agency of Canada (PHAC) in [Immunization Competencies for Health Professionals \(2008, Nov\)](#) to guide safe and competent practices for vaccine providers. PHAC identifies three domains of knowledge with 14 competencies including:

- A. Application of Basic Biomedical Sciences to Immunization
  1. The immune system and vaccines

2. Vaccine-preventable disease
  3. Vaccine development and evaluation
  4. The types of immunization agents and their composition
  5. Population Health
- B. Essential Immunization Practices
1. Communication
  2. Storage and handling of immunization agents
  3. Administration of immunizing agents
  4. Adverse events following immunization (AEFI)
  5. Documentation
  6. Populations requiring special consideration
- C. Contextual issues relevant to immunization
1. The Canadian immunization system
  2. Immunization issues
  3. Legal and ethical aspects of immunization

Immunization skills training and competency assessments are to be based on both the NACI guidelines and PHAC competencies. An example can be found in the support document- Learning guide for public health nurses

In addition, immunizers must also apply the relevant [IPSM Standards](#) and organizational policies such as [Patient Identification](#), [Consent to Treatment/Procedure\(s\)](#) and [Anaphylaxis Management](#).

## Orientation

### Orientation

Orientation is required for all public health immunizers who deliver provincially supplied vaccines at the time of initial hire or return from leave of 12 months or longer.

The timing of skill assessments during initial orientation may vary based on zone capacity and the immunizers knowledge and skills. The timing is recommended to be:

- Within 6 weeks of hire
- Prior to completion of the probationary period, or at approximately 3 months (12 weeks) from the date of hire
- Approximately 12 months (1 year) from the last assessment, or approximately 18 months from the start of orientation.

The timing of skills assessment for staff returning from leave of 12 months or longer is individualized and based on the knowledge, skills and comfort of the returning immunizer.

The practical part of immunization orientation consists of observation in clinic, which can begin before orientation is complete, with gradual supervised participation taking place. For immunizers in the school setting, orientation and observation of nursing practice (ONP) guidelines are found in the [Standard for Immunizing in the School Setting](#).

The Provincial Immunization Program have Immunization Orientation modules and a Vaccine Hesitancy module on MyLearningLink to support zone-based orientation and training. All immunizers are recommended to review these resources.

## Skills assessments

### Skills assessments

Skills assessments are the process of evaluating a nurse's competency to perform specific clinical skills, knowledge, and behaviours for safe and effective care. Assessments are a collaborative process between the immunizer and the observing

nurse. A skills assessment has two components, an observation of nursing practice (ONP) and self-assessment. An example of a skills assessment tool is found in the supporting document -Skills assessment tool for public health.

### Observation of nursing practice

**Observation of nursing practice** (ONP) refers to the process where an immunizer's clinical activities, interactions, and skills are directly observed in real-time by a **proficient immunizer**. A proficient immunizer shall possess the knowledge, skills and experience to support the immunizer to develop immunization skills in a supportive way. The observer shall coach the immunizer to correct actions before a skill is performed incorrectly or missed. In general, the RN may complete the ONP with both RNs and LPNs. LPNs generally complete the ONP with other LPNs. However, the proficient immunizer does not need to be of the same professional designation but must be working within their scope of practice (Kathy Sassa, senior practice lead, AHS Nursing Professional Practice, personal email communication, April 1, 2025).

Typically, the observer (proficient immunizer) might be a team lead, an assistant head nurse (AHN), clinical nurse educator (CNE), manager or designated public health nurse. The observer may benefit from additional training in the principles of adult learning. Information can be found in the support document-Principles of adult learning and their application to orientation and immunization skills assessment for public health nurses.

For RNs immunizing all populations, it is recommended that they are observed, at a minimum, during three client appointments, based on their RN role and program area. The observations should cover a variety of client age groups/developmental stages, injection techniques and immunization eligibility. The number of observations may vary based on operational capacity and the immunizer's knowledge and skills. Observations for the following age groups are strongly recommended:

- 2 month and/or 4 and/or 6-month routine immunization
- 12 month and/or 18-month routine immunization
- 4-year (preschool) routine immunization
- Grade 6 students
- Grade 9 students
- Adult client.

For LPNs immunizing clients 5 years of age and older, it is recommended that they are observed, at a minimum, during three client appointments based on their LPN role and program area. The observations should cover a variety of client age groups/developmental stages, injection techniques, and immunization eligibility. The number of observations may vary based on operational capacity and the immunizers' knowledge and skills. Observations for the following groups are strongly recommended:

- 5-7 years of age
- Grade 6 students
- Grade 9 students
- Adult client.

Immunization practices are performed in accordance with IPSM Standards, and competency assessment should utilize standardized tools that outline observable clinical skills, and will elicit knowledge about:

- Client and family interactions that demonstrate respect, build rapport and effective communication (family/client centred approach)
- Clinic set-up
- Storage and handling of immunizing agents
- Eligibility
- Fit to immunize/Informed consent
- Administration of immunizing agents
- Documentation

- Anaphylaxis & syncope
- Adverse events following immunization (AEFI) reporting
- Immunization of specific populations

During the skills assessment process, both the immunizer and observer have a shared responsibility to:

- Practice within their level of competence and be accountable for their own actions
- Utilize standardized skills assessment tools and IPSM standards
- Engage in ongoing conversations regarding skills progression including near-misses
- Identify learning opportunities and develop individualized learning plans including corrective actions to address near-misses
- Consult the AHN and/or manager with any ongoing concerns identified by either the nurse observer or the immunizer.

Any immunizer who does not meet competencies by either observed nursing practice or self-assessment, cannot administer immunizations independently. The nurse observer will follow zone process for:

- Discussing with the immunizer that competencies have not yet been met
- Consulting the AHN/CNE and/or manager when competencies have not been met
- Supporting the creation of a learning plan to address deficiencies, as requested by the AHN/CNE and/or manager

The immunizer is responsible for addressing any unmet competencies including contributing to the development and implementation of their learning plan.

Once the immunizer meets program expectations and is safe to practice independently, they will have routine performance reviews as per current zone processes.

## Self-assessment

**Self-assessment** is the continual process through which nurses evaluate the effectiveness of their own performance and determine if they meet competencies to practice safe care and what improvements are required. Nursing self-assessment is a critical component of competency evaluation. Regulated health professionals are accountable for their own competence, at all times. Self-assessment is the opportunity for the immunizer to reflect on their knowledge, skills and confidence, and identify areas for improvement, before they begin administering vaccines independently. When immunizers participate in self-assessment, they are better equipped to identify their own learning needs and seek support, which is essential for safe and effective immunization practices.

## Skills maintenance

### Skills maintenance

**Skill maintenance** refers to the ongoing process of ensuring that immunizers maintain competencies to administer vaccines safely and according to established IPSM Standards. It is the responsibility of the individual immunizer and program to ensure competencies are maintained. Frequency and instructional methods may vary by zone and based on operational capacity. The frequency of skill maintenance assessments is recommended to be every two to three years or when:

- Deemed necessary by Provincial CDC or zone-based Public Health programs such as when there is a significant change to immunization processes.
- Performance concerns are identified, or there is a need for individual employee performance appraisal conversations, or career development planning.
- Casual staff work infrequently and may benefit from more frequent assessments.

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