

BC Immunization Forum 2023

Updates to the BC Immunization Competency Course/Skills Checklist

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Accredited by UBC CPD

UBC THE UNIVERSITY OF BRITISH COLUMBIA

Continuing Professional Development Faculty of Medicine



BC Centre for Disease Control





BC Imms Forum March 1, 2023

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BC Centre for Disease Control Provincial Health Services Authority

Immunization Competency Course: Culturally Safe Care Considerations

Katharine Chilton RN BScN Immunization Programs and Vaccine Preventable Diseases Service BC Centre for Disease Control



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BC Immunization Forum 2023 Presenter Disclosure

Presenter: Katharine Chilton

Relationships with financial sponsors:

• This speaker has received honoraria from UBC for past webinar presentations

I have no conflicts of interest or further disclosures.



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History of the BC Immunization Competency Course

PHAC Immunization **Regular updates** Competencies Immunization align with changes Competency to the BC Advancement of **Course developed** Immunization online learning in Program **BC** Immunization 2012 2012 - 2022 **Competencies** 2010



BCCDC Immunization Competency Course

Intended audience:

Health care professionals including:

- Nurses (RNs, RPNs, LPNs)
- Pharmacists
- Naturopathic Physicians
- Community Paramedics



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IMMUNIZATION SKILLS CHECKLIST

The Immunization Skills Checklist is based on the Immunization Competencies for BC Health Professionals and has incorporated aspects of the Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard outlined by certain BC health profession regulatory colleges. Immunizers can utilize the Immunization Skills Checklist to self-assess and create a plan for improvement as needed. The checklist includes columns that indicate C for Competent and N for Needs Improvement/Review. Complete the checklist with an immunization-competent assessor.

<u>Note for Assessors</u>: Selecting 'N' in the Assessor column indicates sign-off is incomplete and the immunizer should formulate a learning plan and arrange a follow-up assessment.

For immunizer to complete

| Immunizer Name & Designation (e.g. | RN, RPN, LPN, Pharmacist, ND): |
|------------------------------------|--------------------------------|
| Date exam completed: | Basic or Renewal |

For assessor to complete:

| ssessment type: | OIn-person – Site: |
|-----------------|--|
| | Virtual (refer to organizational policies) |

| | | | olf- sment | Asse | ssor |
|---|--|---|---------------|------|------|
| | Clinic Setup and Vaccine Management | С | N | С | Ν |
| • | Ensures anaphylaxis kit is complete and accessible. Ensures the epinephrine vials are not expired and are protected from light. Demonstrates awareness of process to replenish kit contents as needed. | 0 | 0 | 0 | 0 |
| • | Demonstrates appropriate knowledge of the management of anaphylaxis and describes emergency plan to manage anaphylactic event or fainting episode | 0 | 0 | 0 | 0 |
| • | Sets up clinic space, supplies and equipment to promote proper body mechanics for client and immunizer safety | 0 | 0 | 0 | 0 |
| • | Aware of protocol for managing and reporting a needle stick injury | 0 | 0 | 0 | 0 |
| • | Communicates considerations for delivering immunizations outside of traditional clinic settings (e.g. mass clinic or outreach clinic) | 0 | 0 | 0 | 0 |
| • | Demonstrates appropriate knowledge of provincial guidelines for cold chain management for receiving, storing, handling, or transporting vaccines and demonstrates appropriate packing of vaccine in a cooler | 0 | 0 | 0 | 0 |
| • | Demonstrates appropriate knowledge for Cold Chain Incident reporting process | 0 | 0 | 0 | 0 |
| - | sessor Comments: | 0 | 0 | 0 | L |



Key updates to the course





Working together

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In Plain Sight



Source: In Plain Sight Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care

"B.C. remains in the midst of a transition from this colonial legacy of segregation, disempowerment and dehumanization of Indigenous peoples, to an equitable system that is culturally safe, based on the recognition of the basic human rights of Indigenous peoples, including the right to access services without discrimination or profiling." (p.11)



Columbia

Nurses &

College of

Indigenous Cultural Safety, Cultural Humility and Anti-**Racism Practice Standard**

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BRITISH COLUMBIA

BCCNEM British Columbia College of Nurses

PRACTICE STANDARD FOR ALL BCCNM

Indigenous¹ cultural safety. cultural humility, and anti-racism

Practice standards set out requirements related to specific aspects of nurses' and midwives' practice. They link with other standards, policies, and bylaws of the BC College of Nurses and Midwives, and all legislation relevant to nursing and midwifery practice.

Introduction

In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care provides evidence of Indigenous-specific racism in the B.C. health care system. Indigenous-specific racism and discrimination negatively affects Indigenous clients' access to health care and health outcomes. These impacts include lower life expectancy, higher infant mortality, and the increased presence of chronic health conditions.

The purpose of this standard is to set clear expectations for how BCCNM registrants are to provide culturally safe and anti-racist care for Indigenous clients

This standard is organized into six core concepts. Within these concepts are the principles to which nurses and midwives are held.

Core concepts & principles

1 SELF-REFLECTIVE PRACTICE (IT STARTS WITH ME)

Cultural humility begins with a self-examination of the nurse or midwife's values, assumptions beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact the therapeutic relationship with Indigenous clients. Cultural humility promotes relationships based on respect, open and effective dialogue, and mutual decision-making

| In this standard, "Indigenous" refers to First Nations, Métis, and Inuit Peoples in Canada. | |
|---|---------|
| Turpel-Lafond, M.E. (2021). In plain sight: addressing Indigenous-specific racism and discrimination in B.C. health care. | Queen's |
| 10-1-1- DC 23 | |

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|-------|--|---|
| CPSBC | College of Physicians and Surgeons of British Columbia | 2 |

Practice Stand

Indigenous Cultural Safety, Cultural Humility and Anti-racism

| Effective: | February 25, 2022 |
|-------------------|--|
| Last revised: | May 6, 2022 |
| Version: | 1.1 |
| Next review: | February 2025 |
| Related topic(s): | Access to Medical Care Without Discr |
| | Cultural Safety, Cultural Humility and |
| | Resources: Indigenous Cultural Safety |

imination; Indigenou Anti-racism Learning ety, Cultural Humility and Anti-racism FAQs

A practice standard reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of its registrants (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the Health Professions Act, RSBC 1996, c.183 (HPA) and College Bylaws under the HPA.

Registrants may seek guidance on these issues by contacting the College or by seeking medical legal advice from the CMPA or other entity.



CNPBC adopts Indigenous Cultural Safety, Humility, and Anti-Racism standard of practice

Context

Eleven BC health profession regulatory colleges, including the College of Naturopathic Physicians of BC [CNPBC], have adopted an Indigenous cultural safety, humility, and anti-racism standard of practice. The standard sets clear expectations for how registrants of each college are to provide culturally safe and anti-racist care for Indigenous clients and patients.

In November 2020, the In Plain Sight report by Dr. Mary Ellen Turpel-Lafond was published. The report found widespread systemic racism against Indigenous peoples in the BC health care system that Indigenous communities in this province have long reported experiencing. It also found that requirements for cultural safety and humility and addressing Indigenous-specific racism were not adequately embedded throughout policy and standards. The report recommended that "all health policy-makers, health authorities, health regulatory bodies, health organizations, health facilities, patient care quality review boards and health education programs in B.C. adopt an accreditation standard for achieving Indigenous cultural safety through cultural humility and eliminating Indigenous-specific racism that has been developed in collaboration and cooperation with Indigenous neonles"

The BC College of Nurses and Midwives (BCCNM) and the College of Physicians and Surgeons of BC [CPSBC] collaboratively developed and launched their Indigenous Cultural Safety, Cultural Humility, and Anti-Racism standard of practice in February 2022. Development of the BCCNM and CPSBC standard ncluded engagement and consultation with Indigenous registrants, Indigenous members of the public, and Indigenous partners and organizations such as the First Nations Health Authority.

Between January 2022 and September 2022, 11 other BC health professions regulatory colleges met to follow up on their commitments to address Indigenous-specific racism in health care and move forward with developing a standard of practice on Indigenous cultural safety, humility, and anti-racism to guide registrants of their colleges. The colleges pledged to collaborate with each other to promote consistency, as recommended in the In Plain Sight report.





College of Pharmacists of British Columbia

Indigenous Cultural Safety, Cultural Humility and Anti-Racism

INDIGENOUS CULTURAL SAFETY, CULTURAL HUMILITY AND ANTI-RACISM

- OUICK LINKS Introduction to Indigenous Cultural Safety, Cultural Humility and Anti-Racism
- Practice Standard Indigenous Cultural Safety, Cultural Humility and Anti-Racism
- The College's Cultural Safety and Humility Journey
- Declaration of Cultural Safety and Humility in Health Services Delivery for First
- Nations and Aboriginal People in British Columbia
- In Plain Sight: Addressing Indigenous Specific Racism and Discrimination In BC Health Care
- Racism in Health Care: An Apology to Indigenous People and a Piedge to be Anti-
- Racist
- Self Education for Health Professionals
- Cultural Safety and Humility ReadLinks Series
- BCCNM & CPSBC Cultural Safety and Humility Learning Resource
- Challenging Racist "British Columbia" 150 Years and Counting
- San'Yas Indigenous Cultural Safety Course Additional Policies and Resource

INTRODUCTION TO INDIGENOUS CULTURAL SAFETY, CULTURAL HUMILITY AND ANTLRACISM Systemic racism and intolerance toward indigenous worldviews and traditional approaches to health, as well as the enduring legacy of colonialism all present as persistent barriers and poorer health outcomes for indigenous people when accessing ealth services in British Columbia and Canada.

Provincial Health Services Authority

Providing Culturally Safe Care as Immunizers

What is Culturally Safe Care?

The Provincial Health Services Authority defines **culturally safe care** as an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe. The terms 'Culturally Safe Care' and 'Cultural Safety' are used interchangeably throughout the course.

As health care providers, we can approach culturally safe care with **cultural humility**. The First Nations Health Authority defines **cultural humility** as a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Activity: Click on the image below to learn more about Cultural Safety and Cultural Humility (5:03)



Cultural Safety: Respect and Dignity in Relationships

Trauma-Informed Care

Trauma or Compassion-Informed care in health care is having knowledge of different kinds of trauma and how previous experiences of trauma may impact a person's current experience in health care. Trauma-Informed care focuses on the strength and resilience clients have and involves actively working to build trusting relationships by creating safe environments and listening to peoples' stories. Supporting clients to know they are in control of their own care is key.

In immunization practice, a trauma-informed lens can support every interaction with clients, particularly when discussing informed consent, having conversations to understand reasons for vaccine hesitancy, and supporting strategies to reduce immunization injection pain.

Activity: Click on the image below to learn more about different types of trauma and how health care providers can actively prevent re-traumatization and provide the best possible care (6:07 mins)



Compassion Informed Care

Indigenous Health, Northern Health and the National Collaborating Centre for Indigenous Health (NCCIH) present this short animated video on the topic of Compassion-Informed Care for health care professionals. This resource is intended to aid health care practitioners in their ongoing journey to create respectful relationships with the people whom they serve, specifically Indigenous communities.

VIEW ON YOUTUBE >



Provincial Health Services Authority

Key Messages

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Culturally Safe Care Considerations

Historic and ongoing impacts of colonization continue to disproportionately impact Indigenous communities and have led to inequities related to the <u>social determinants of health</u>. Historically, communicable diseases, such as measles, smallpox, influenza, whooping cough and tuberculosis spread easily throughout Indigenous communities and left devastating impacts including dramatic population decline. Loss of traditional land, crowded and poor living conditions, food insecurity, and lack of access to safe drinking water due to colonial polices, such as the Indian Act, reservation system and residential schools have significantly impacted Indigenous communities and contributed to inequities in health.



"Infectious diseases have resulted in immense loss and devastation of not only people, but also culture, language and knowledge, which has contributed to the intergenerational traumas experienced in many Indigenous communities."

- (Ward & MacDonald from There is no vaccine for stigma, 2021, p. 9)



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Provincial Health Services Authority

Immunization Skills Checklist

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BC Centre for Disease Control

Print Reset Immunization Competency Immunization Skills Checklist January 2023

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|--|----------------------|
| Date exam completed: | O Basic or O Renewal |

For assessor to complete:

| Assessment type: | OIn-person – Site: | |
|------------------|--|--|
| | Virtual (refer to organizational policies) | |

| | | elf- sment | Asse | essor |
|--|---|---------------|------|-------|
| Clinic Setup and Vaccine Management | С | N | С | Ν |
| Ensures anaphylaxis kit is complete and accessible. Ensures the epinephrine vials are not expired and are protected from light. Demonstrates awareness of process to replenish kit contents as needed. | 0 | 0 | 0 | 0 |
| Demonstrates appropriate knowledge of the management of anaphylaxis and describes emergency plan to manage anaphylactic event or fainting episode | 0 | 0 | 0 | 0 |
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| Communicates considerations for delivering immunizations outside of traditional clinic settings (e.g. mass clinic or outreach clinic) | 0 | 0 | 0 | 0 |
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| Demonstrates appropriate knowledge for Cold Chain Incident reporting process | 0 | 0 | 0 | 0 |
| Assessor Comments: | | | | |



Accessing the BCCDC Immunization Competency Course

- BCCDC Immunization Competency Course
- LearningHub account

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| process Checkli comple | in place for the HCP t st. Please enquire with tion of the course and | o complete the supervi your employer about t immunization Skills Ch o have their Immunizat | sed Immunizati their support fo ecklist. There is | on Skills r currently | | Related cont | ent | |

supervised and signed off independent of their employers; however, even in the

absence of the ability to complete the Immunization Skills Checklist, HCPs are still encouraged to complete the BCCDC Immunization Competency Course

for their own continued learning.

This Learning Plan template is a tool that can be used as a supplementary resource to the Immunization Skills Checklist.

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Immunization Competencies for BC Health

Professionals

Immunization and Professional Practice

Immunization is a restricted activity under the Health Professions Act. Restricted activities are considered high risk activities that have been legally restricted through the Health Professions Act and assigned to specific health professions who have the education/competency to do them. Restricted activities are unique to each health professional designation, and listed in the health professional's regulatory scope of practice which include limits and conditions on this practice.

Health professional groups in BC which have autonomous immunization practice within their regulatory scope of practice are included here, along with the limits and conditions placed on their practice by their respective regulatory colleges.

Select the appropriate health professional designation below for more information.

| I am a Registered Nurse | + |
|---|---|
| I am a Registered Psychiatric Nurse | + |
| I am a Licensed Practical Nurse | + |
| I am a Pharmacist | + |
| I am a Naturopathic Physician | + |
| I am a Midwife | + |
| I am a Community Paramedic | + |
| I am a Nurse Practitioner or Physician | + |
| I am an Alternate Immunizer per PHO Order | 1 |



Provincial Health Services Authority

