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Acknowledgement

This reference guide was developed on the unceded territories of the xʷməθkʷəṅəm (Musqueam), Skwxwú7mesh Úxwumixw (Squamish Nation), and selílwitulh (Tsleil-Waututh Nation), on whose lands the BCCDC office is located. This guidance recognizes the inherent rights and title of the First Nations whose unceded ancestral territories span what is colonially referred to as British Columbia. We recognize the longstanding health, legal, and governance systems rooted in these lands. We also honour the distinct rights of First Nations, Inuit, and Métis Peoples residing in BC, and commit to upholding these rights - especially the right to health and wellness - within our role in the settler health system.

This reference guide is based on consensus among professional practice and immunization leaders across BC Health Authorities and the First Nations Health Authority (FNHA) and was updated by the Provincial LPN Immunization Task Group, which is a subgroup of the Provincial Immunization Coordination Committee.

Introduction

This reference guide outlines best practice guidance for optimizing the Licensed Practical Nurse (LPN) scope of practice within immunization services in British Columbia (BC). Employer or organizational policies and individual LPN competence may place further limits or conditions on LPN scope of practice in immunization services per the BC College of Nurses and Midwives (BCCNM) [controls on nursing practice](#). This guide is intended to support a clear and coordinated team approach between LPNs, [Immunization Competent – Health Care Providers \(IC-HCPs\)](#), and employers/organizations. Where applicable, the primary audience for specific sections is identified to ensure clarity of roles, responsibilities, and accountability.

LPN Scope of Practice for Immunization

LPNs who autonomously compound or administer [immunoprophylactic agents](#), in a team approach, follow the standards, limits, and conditions per the [BCCNM Practice Standard](#) (2025, June):

- Can only administer [immunoprophylactic agents](#) to clients aged 4 years or older who have [stable or predictable states of health](#). For application to LPN immunization practice, see: [Navigating an Immunization Encounter](#).
- Must have successfully completed [additional education](#) established by the BC Centre for Disease Control (BCCDC).
- Must follow the Decision Support Tools (DSTs) established by the BCCDC, outlined in the [BC Immunization Manual](#), Parts 1-5.

LPNs do not autonomously compound, dispense or administer immunoprophylactic agents for the purpose of preventing disease in travelers.

When immunization activities for a client fall outside autonomous scope of practice, LPNs facilitate [care escalation actions](#) and can either:

1. [Transfer care](#) of the client to another qualified health care provider, **or**
2. Obtain a [client-specific order](#) from a listed health professional¹ to proceed with immunization, subject to any additional employer/organizational restrictions or limitations.

Considerations for Safe Practice

Individual LPN Competence

Before performing immunization activities within autonomous scope of practice, LPNs must review and adhere to applicable employer/organizational policies, processes, and resources. LPNs are accountable for assessing their own competence - including knowledge, skills, judgment, and attitudes - related to immunization practice (i.e., [Immunization Competencies for BC Health Professionals](#)). Increasing complexity of immunization schedules and services requires higher levels of nursing knowledge, skill and judgement to safely and effectively meet client care needs. LPNs are accountable for ensuring they are adequately prepared to provide safe, effective care. LPNs are also responsible for providing culturally safe and anti-racist care.

For more information, refer to the following BCCNM resources:

- BCCNM Practice Standard: [Licensed Practical Nurses: Acting Within Autonomous Scope of Practice](#)
- [Professional Standards for LPNs – Standard 2: Competency-based practice](#)
- BCCNM Learning Resources: [Cultural safety and humility](#) | [Immunization](#)
- BCCNM LPN Learning Module: [Nursing competence](#)

¹ For information regarding listed health professionals, see: [Acting with Client-Specific Orders](#)

Contextual Factors

LPNs must evaluate other human and systemic factors that could affect their ability to perform immunization activities safely and competently. The appropriateness of an LPN providing immunizations depends on several contextual factors within the practice environment, including access to:

1. Team collaboration

Working within a [team approach](#) is a foundational requirement for enabling the autonomous provision of immunization services by LPNs. In community health settings, LPNs should understand:

- Who to contact to support a team-based approach.
- How to escalate care, including transferring care or obtaining client-specific orders when necessary.
- Where to document consultations and care escalation actions.

2. Employer/organizational support

Employers/organizations can facilitate a supportive practice environment for LPNs by establishing:

- Processes to assess and maintain LPN immunization competence.
- Pathways to identify and access [immunization-competent health care providers \(IC-HCPs\)](#) to enable a collaborative, team-based approach.
- Pathways for consultation and escalation, including when and how LPNs should transfer care to an IC-HCP.
- Verification processes to ensure the designated IC-HCPs have the requisite knowledge and understand their roles and responsibilities within the team.
- Accessible mentorship opportunities to support ongoing development and consolidation of immunization competencies.

Employers/organizations considering optimizing LPN scope of practice for immunization activities within their site(s) may refer to [Appendix A](#) for more information.

3. Mentorship

In addition to completing the [BCCDC Immunization Competency Course](#), LPNs may benefit from tailored practice guidance based on the LPN's level of experience, practice setting, and anticipated degree of involvement with immunization. Especially in practice settings where LPNs will be working to full scope within their role, LPNs should have appropriate support from their employer/organization to immunize safely and competently. This support includes access to learning opportunities from mentors who have consistent experience immunizing various client populations and across the lifespan.

LPN Immunization Practice: Navigating an Immunization Encounter

A client's health status is reflected at a single point in time and may not reflect the dynamic nature of their status on a continuum from stable to clinically complex or vice versa. At each immunization encounter, all immunizers complete a client health assessment, including assessment for contraindications and precautions. As part of this assessment, LPNs consider factors influencing a client's health stability or predictability, as well as the complexity of their immunization care plan, recognizing that these factors may shift between encounters and influence the LPN's clinical actions.

Considerations for LPN Clinical Actions:

- 1) In general, LPNs proceed with immunization autonomously when individual competencies allow and:**
 - The immunization care plan is routine and standardized (e.g., expected/routine immunization timing based on guidelines, annual respiratory vaccines).
 - The client's health status is [stable or predictable](#), with no indicators suggesting increased risk or need for additional clinical assessment and interpretation. This generally includes healthy clients, as well as those identified under **Part 2 – Immunization of Special Populations, Other High Risk Conditions or Select Populations** headings of the [BC Immunization Manual](#).
 - There is no history of adverse events following immunization (AEFI), or anaphylaxis from an unknown cause. Where a history of AEFI exists, BC Immunization Manual guidelines and/or MHO/designate recommendations are clear and provide direction for subsequent immunizations.
 - Overall, the risk of negative outcomes or complications is low, and no additional considerations regarding timing of the immunization, product selection, or immune status are necessary.

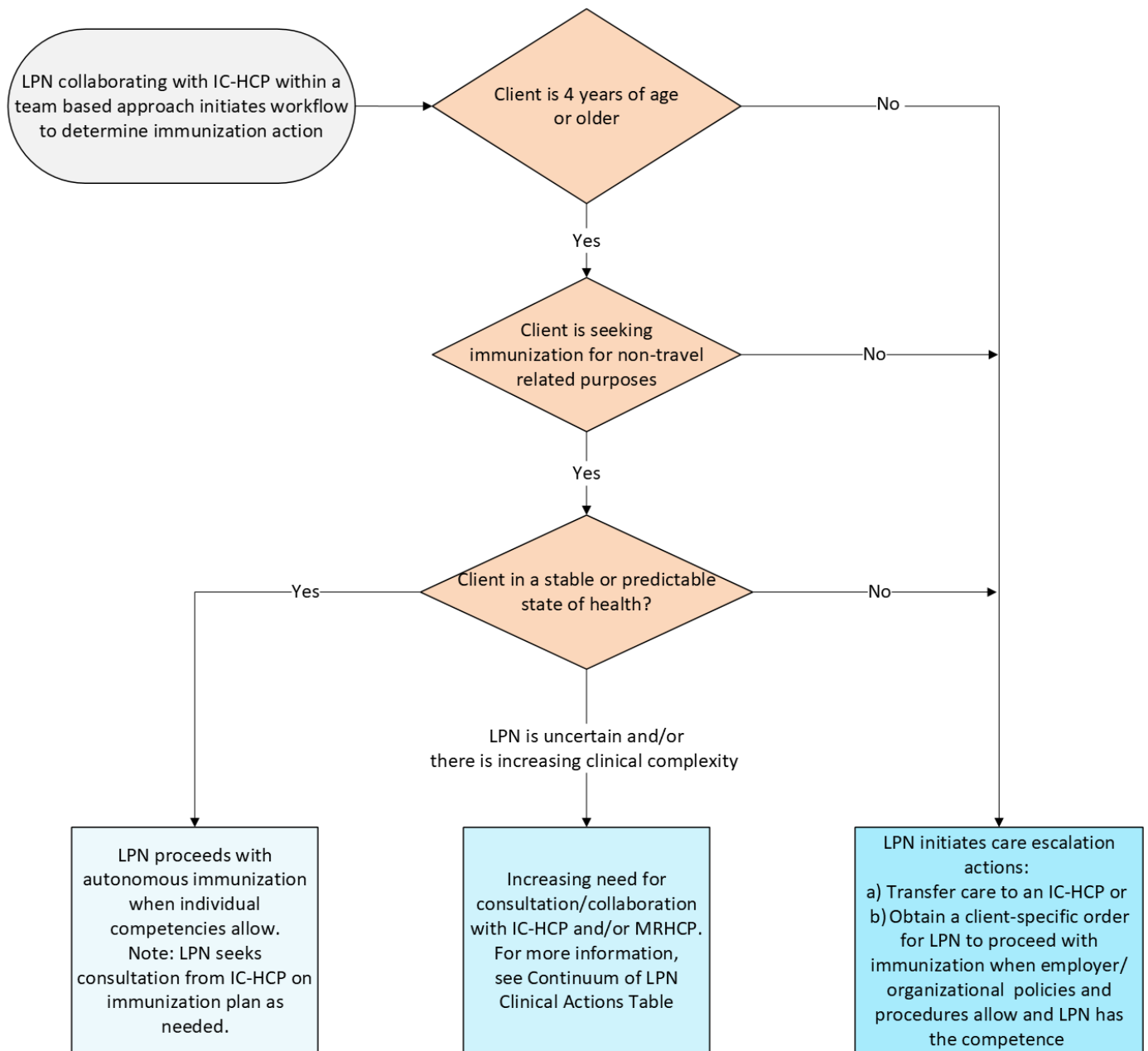
- 2) LPNs have an increasing need to consult/collaborate with an IC-HCP and/or Most Responsible Health Care Provider (MRHCP) when:**
 - There is uncertainty about the client's health stability or predictability at the time of assessment.
 - The immunization care plan requires additional assessment or interpretation (e.g., vaccine scheduling/timing considerations relative to health status or therapy).
 - The client is identified under **Part 2 – Immunization of Special Populations, Specific Immunocompromising Conditions** heading of the [BC Immunization Manual](#), and/or
 - One or more factors are present, which may increase the risk of harm, complications, or reduced vaccine effectiveness, including:
 - Recent health changes, hospitalizations, or acute exacerbations of chronic conditions.
 - Comorbidities or evolving chronic condition(s) (e.g., chronic kidney disease requiring dialysis or solid organ transplant, advanced liver disease including cirrhosis, etc.).
 - A history of AEFI requiring further review or where vaccine deferral may be considered.
 - A history of anaphylaxis from an unknown cause.

- 3) LPNs initiate care escalation actions when:**
 - The client's health status has moved beyond a stable or predictable state, falling at the clinically complex end of the continuum where immunization safety and vaccine response cannot be reliably determined during the encounter.
 - The expected vaccine response is unpredictable, such that the client may not mount an adequate immune response to an inactivated vaccine, or administration of a live vaccine may pose a risk of uncontrolled replication due to degree of immunocompromise.
 - Immunization care planning for clients exceeds LPN competence and relies on external clinical competencies to establish the immunization care plan.
 - The immunization care required exceeds the limits of efficient, client-centered delivery within an LPN-led model, necessitating care escalation in accordance with scope limits and organizational policy.

The following [Workflow Algorithm](#) and [Continuum of LPN Clinical Actions Table](#) illustrate how differences in client stability, predictability, and immunization care plan complexity inform LPN clinical actions within a team-based approach. LPNs use the BC Immunization Manual, appropriate consultation pathways, and applicable employer/organizational policies to guide their actions. Both LPNs and IC-HCPs document in accordance with practice standards and employer/organizational policies.

LPN Immunization Practice: Workflow Algorithm

This algorithm provides a snapshot of LPN decision-making for immunization by outlining when autonomous practice, consultation, or care escalation may be appropriate. Use in conjunction with [Navigating an Immunization Encounter](#) and [Continuum of LPN Clinical Actions Table](#).



LPN Immunization Practice: Continuum of LPN Clinical Actions Table

This table should be used in conjunction with the BC Immunization Manual and applicable BCCNM resources (e.g., [Risk Assessment Tool](#)). Employer or organizational policies may place further limits or conditions on LPN scope of practice. Note: The examples noted in this table are not an exhaustive list. LPN clinical actions require assessment of individual competence as well as clinical judgement.

Continuum of LPN Clinical Actions within a Team Based Approach Table			
Domain	Stable or Predictable	Increasing Complexity/Uncertainty	Clinically Complex or Unstable
Client Health Status Characteristics	Client health status is stable or predictable, with an overall low risk for negative outcomes or complications.	Client health status is less stable or less predictable, or uncertain. Emerging or uncertain risk related to client’s health status, treatment, or immunization considerations.	Client health status falls at the clinically complex or unstable end of the continuum, with unpredictable vaccine response or vaccine safety.
Client Health Status Assessment Considerations	<ul style="list-style-type: none"> - Client is not acutely ill. - Client does not have an immunocompromising condition. - No significant recent changes in health status/baseline health is unchanged. - No history of AEFI. If present, clear guidelines and/or MHO/designate guidance exists. - Chronic conditions are controlled/past complex conditions now stable (e.g., completed cancer treatment years ago). 	<ul style="list-style-type: none"> - Immune competence requires confirmation prior to receipt of vaccines (e.g., live vaccine referral form required). - Opportune timing for vaccination needs to be determined (e.g., client on continuous immunosuppressive therapy). - AEFI history requires further review or possible vaccine deferral. 	<ul style="list-style-type: none"> - Initiating immunization following severely immunocompromising therapy where immune recovery or vaccine response is uncertain (e.g., post HSCT/CART therapy or pediatric oncology treatment). - Health status may change suddenly, or care needs may escalate. - Significant risk of severe reaction (e.g., history of anaphylaxis of unknown cause).
Immunization Care Plan Characteristics	Immunization care plan follows established program guidance and standardized schedules.	Immunization care plan involves non-standard timing, interpretation, or validation.	Immunization care plan requires individualized, expert-led planning or deviation from established guidance.
Immunization Care Plan Assessment Considerations	<ul style="list-style-type: none"> - Vaccine product selection, timing, and spacing are clearly outlined in existing guidance (e.g., expected/routine immunization timing based on guidelines, annual respiratory season vaccines). - Complete, reliable immunization record available. 	<ul style="list-style-type: none"> - Incomplete, uncertain, or international immunization records. - Early, accelerated, or catch-up schedules (e.g., minimum intervals, mixed or unknown products). - Serology interpretation required (e.g., anti-HBs) to inform ongoing immunization care plan. - Communicable Disease (CD) exposure with recommended provision of post-exposure vaccines for the purpose of preventing disease (in a team-based approach with the regional health authority immunization/CD programs and/or MHO). 	<ul style="list-style-type: none"> - Multiple high-risk or evolving factors requiring a personalized immunization schedule. - Requires deviation from established immunization care plan in Part 2 - Specific Immunocompromising Conditions of the BC Immunization Manual. - CD exposure with recommended provision of post-exposure immunoglobulin (e.g., IMIg, RabIg).
LPN Clinical Action	LPN Proceeds with Immunization Autonomously	Increasing Need for Consultation/Collaboration Prior to Autonomous LPN Immunization¹	Initiates Care Escalation Actions ²

¹When Consultation/Collaboration Is Needed

- When there is uncertainty about the client’s health stability or predictability, [IC-HCP](#) uses clinical judgement to confirm if the client’s health is stable/predictable enough for LPN-led immunization based on the LPN’s assessment and client’s immunization history.
- When there is complexity with the immunization care plan, [IC-HCP](#) provides consultation on the immunization plan.
- LPNs may seek confirmation of immune competence from [MRHCP](#) or as needed, [IC-HCP](#) supports LPN in obtaining [MRHCP](#) approval or confirming immune competence (e.g., live vaccines, immunosuppressed clients).

²When Escalation Is Required

- LPN and/or [IC-HCP](#) determine the client is *not* in a stable or predictable state (i.e., clinically complex or unstable).
- LPN initiates [care escalation actions](#) by [transferring immunization care](#) to an [IC-HCP](#). Alternatively, when permitted by employer/organizational policy and when LPN has the competence to administer the vaccine, an authorized health professional may provide a [client-specific order](#) to support vaccine administration.

Appendix A: Considerations for Operational Leadership

Employers are responsible for providing the necessary resources and supports for LPNs to meet the BCCNM Practice Standards. The following questions are designed to guide operational leaders in evaluating and supporting the integration of LPNs within immunization service delivery. Note: This is not an exhaustive list as there may be unique considerations for individual settings.

1. Strategic Planning and Readiness

- Have you evaluated the potential benefits and limitations of including LPNs in your immunization program?
 - Have you reviewed the [practice standards](#) and [controls on practice](#) that could affect LPNs' ability to deliver a fulsome immunization program? Is there a need to increase education throughout teams to support LPN integration?
 - Have you consulted key partners, and is there support for both the implementation and ongoing integration of LPNs into the immunization team?
 - Is there a plan for continued evaluation of LPN integration into immunization services?

2. Initial Education and Training Capacity

- Are LPNs supported in understanding their professional accountability and meeting their Ethics and Practice Standards per BCCNM?
- Is there a plan in place to support LPNs in completing the required [additional education](#)?
 - Is there a process in place for LPNs to complete the supervised [Immunization Skills Checklist](#)?
- Are there clear pathways for LPNs to access tailored mentorship based on their individual competence and experience levels to support consolidation of immunization competencies?

3. Wrap-around Support

- Have you identified suitable [IC-HCPs](#) to support and collaborate with LPNs within a team-based approach? Have you considered:
 - The IC-HCP's regulatory scope of practice?
 - Whether the IC-HCP possesses [Immunization Competencies for BC Health Professionals](#)?
 - The IC-HCP's familiarity with the BC Immunization Manual guidelines and experience delivering a wide range of immunization services and involvement in current immunization practice?
 - The IC-HCP's familiarity with the LPN immunization scope of practice?
 - The IC-HCP's availability to work with the LPN or accept transfers of care?
- Are there established pathways for LPNs to consult with IC-HCPs to support a team-based approach? Note: While all roles do not need to be fulfilled by the same IC-HCP, LPNs must have the means to transfer care of clients to another provider when the situation falls outside their autonomous scope of practice or individual competence.
- Are there clear protocols for LPNs to [escalate client care](#) when needed?
 - Do LPNs have defined processes for [transferring care](#) to another IC-HCP when applicable?
 - Are there defined processes for obtaining [client specific orders](#) when applicable?
- Are processes in place to support documentation of immunizations, consultations, and care escalation actions (i.e. client-specific orders or transfer of care)?

Appendix B: Immunization-Competent Health Care Provider Roles and Responsibilities

Definition

An IC-HCP is a regulated health professional in British Columbia (e.g., RN, NP, MD, or other HCP) who:

- Is immunization-competent and authorized under their regulatory college's standards, limits, and conditions to administer immunoprophylactic agents.
- Practices according to BC Immunization Manual guidance, regulatory college standards, and employer/organizational policies.
- Cannot be an LPN when serving in this supporting capacity for an LPN immunizer.

IC-HCPs provide consultation or transfer-of-care support to ensure safe, effective, and team-based delivery of immunization services within an LPN's scope of practice.

Roles and Responsibilities

IC-HCPs play a key role in enabling safe and collaborative immunization delivery. Their responsibilities include:

Clinical Accountability

- Demonstrate immunization competence and follows the BC Immunization Manual guidelines in clinical decision-making.
- Maintain up-to-date immunization knowledge.
- Adhere to professional standards, organizational policies and individual competence related to immunization practice.

Collaboration and Team-Based Practice

- Understand the LPN scope of practice for immunization and how it influences consultation and shared decision-making.
- Discuss agreements or shared employer arrangements with LPNs to support clear professional accountability and communication pathways.
- Be accessible (in-person or remotely) for consultation and review of client assessments, health histories, and immunization plans.

Consultation and Decision-Making

- Review and confirm client health assessments as provided by the LPN and support care planning when client health status is less stable or predictable.
- When client care needs exceed LPN autonomous scope, provide guidance or client-specific orders when organizational policies allow and when client needs exceed LPN autonomous scope.
- Accept or support facilitation of transfer of care when the client's condition requires assessment or intervention beyond the LPN's scope or competence.

Shared Accountability

- IC-HCPs may act in this capacity without an ongoing clinical relationship with the client, provided:
 - Established processes and documentation pathways are in place.
 - Lines of communication are clear and agreed upon.
 - The IC-HCP is confident in the LPN's competence and the accuracy of the assessment information.

Note: Physicians and Nurse Practitioners may provide oversight for LPN-led immunization services beyond their own client panels/assignment, if these conditions are met.

Appendix C: LPN/IC-HCP/Employer–Organization Responsibility Matrix

Note: This is not an exhaustive list as there may be unique considerations for individual practice settings.

Domain	Licensed Practical Nurse (LPN)	Immunization-Competent Health Care Provider (IC-HCP)	Employer/Organization
Regulatory Accountability	<ul style="list-style-type: none"> Practices within BCCNM standards, limits, and conditions. Seeks consultation or escalates care when outside scope of practice or individual competence. 	<ul style="list-style-type: none"> Practices within regulatory college standards and employer policy. Demonstrates immunization competence and applies the BC Immunization Manual guidance. 	<ul style="list-style-type: none"> Establishes policies that align with regulatory requirements and clearly define roles, any additional employer/organizational limits or conditions on practice, and escalation processes.
Competence & Education	<ul style="list-style-type: none"> Completes BC Immunization Competency Course and maintains competence. Engages in mentorship and reflective practice. 	<ul style="list-style-type: none"> Maintains current immunization knowledge and clinical proficiency. Provides mentorship and/or consultation to support safe practice. 	<ul style="list-style-type: none"> Ensures access to education, mentorship, and competency validation for all immunizers.
Team-Based Practice & Communication	<ul style="list-style-type: none"> Initiates timely consultation and documents outcomes. Collaborates with IC-HCPs in planning and decision-making, as needed. 	<ul style="list-style-type: none"> Understands LPN scope and provides timely consultation or oversight. Maintains clear communication pathways with LPNs. 	<ul style="list-style-type: none"> Defines communication and documentation pathways. Ensures IC-HCPs are identified and consistently available.
Client Assessment & Decision-Making	<ul style="list-style-type: none"> Conducts health assessments and determines immunization eligibility. Escalates care as needed and records decisions. 	<ul style="list-style-type: none"> Reviews LPN assessments and confirms or guides the care plan, as needed. 	<ul style="list-style-type: none"> Provides infrastructure for documentation of immunization decisions.
Care Escalation & Transfer of Care	<ul style="list-style-type: none"> Initiates transfer of care or requests client-specific orders per policy. Documents all consultations and actions. 	<ul style="list-style-type: none"> Accepts transfers or provides client-specific orders within employer/organizational policy. Ensures continuity of care. 	<ul style="list-style-type: none"> Defines escalation pathways. Establishes policies and processes for giving and receiving client-specific orders
Quality & Continuous Improvement	<ul style="list-style-type: none"> Reports incidents and participates in quality improvement. Participates in evaluation and feedback loops. 	<ul style="list-style-type: none"> Reports incidents and participates in quality improvement. Provides feedback to strengthen processes and team practice. 	<ul style="list-style-type: none"> Evaluates LPN integration, client outcomes, and system effectiveness. Implements quality improvement and feedback mechanisms.

Glossary

Immunoprophylactic agents: Biological products identified in the BCCDC Immunization Manual, [Part 4 – Biological Products](#).

Care escalation actions: Include receiving a client specific order (if appropriate employer/organizational policies and procedures are in place) or transferring care of a client to another immunizer when client care falls outside the limits of LPN scope of practice or the LPN's individual competence.

Client-specific order: A client-specific order is an instruction or authorization given by an authorized health professional² for a nurse to provide care for a specific client. A consultation, referral or professional recommendation is not an order.

A client-specific order must:

- Be documented in the client's permanent record by the regulated health professional giving the client-specific order.
- Include all the information needed for the ordered activity to be carried out safely (e.g., time, frequency, dosage).
- Include a written/electronic signature.

Alternatively, a client-specific order may be a verbal or telephone client-specific order when there is no reasonable alternative, in accordance with employer/organizational policies and processes.

For more information, refer to the following BCCNM resources: [Acting with Client-specific Orders Standard](#) and [Acting with Client-specific Orders Thinking Tool](#) and work within your employer/organizational policies.

Immunization competent health care providers (IC-HCP): Employer-identified IC-HCP that are regularly and consistently available to support autonomous LPN immunization activities either in person or remotely (e.g., via phone, email, or messaging). HCPs who can autonomously perform immunization activities (e.g., RN, NP, MD or other HCP) are defined by regulation and legislation, and practice according to regulatory college standards, limits and conditions, employer/organizational policies, and individual competence. Like LPNs, IC-HCPs adhere to best practice guidelines per the BC Immunization Manual. To meet the regulatory requirement for LPNs to autonomously immunize within a team approach, **the supporting IC-HCP cannot be another LPN**. See [Appendix B](#) for Immunization-Competent Health Care Provider Roles and Responsibilities.

Most responsible health care provider (MRHCP): The MRHCP (i.e., primary care physician, medical specialist or nurse practitioner) most knowledgeable about the client's current health status. LPNs and/or IC-HCPs may determine with the client which health care provider would be the most familiar with their current health status. If verification of a client's immunocompetence for immunization is required, contact the MRHCP and/or utilize the live vaccine referral forms within [Part 2 – Immunization of Special Populations](#) to obtain a recommendation from the MRHCP. Note: The referral forms for live vaccines are a means to verify the client's immunocompetence for immunization and are not a client-specific order.

Stable or predictable states of health: Stable or predictable states of health in the context of immunization in community settings refers to a client's health being sufficiently stable from an immunological standpoint to permit immunization without risk of serious harm and the client's immunization response will follow an expected outcome. A client's health status is reflected at a single point in time and may not reflect the dynamic nature of their status on a continuum from stable to complex or vice versa. For more information, see [Navigating an Immunization Encounter](#), [Workflow Algorithm](#) and [Continuum of LPN Clinical Actions Table](#). Additionally, refer to the following BCCNM documents: [Risk Assessment Tool](#) and [Nursing in a Team Approach: Stable or Predictable](#).

Team Approach: LPNs work in collaboration with other team members, seeking consultation when needed. LPNs acting within autonomous scope of practice seek consultation when client care would benefit from the expertise of other health care professionals (e.g., for support with complex immunization schedules, reviewing non-routine immunization histories) and/or when required by the employer/organizational policies or processes.

When the care needs of a client include activities that are outside LPN scope of practice or the LPNs individual competence, the LPN seeks out an IC-HCP to jointly review the client's care needs and determine how the client's care needs will be met. IC-HCPs support a team approach with LPNs by providing consultation and/or accepting transfer of care. All consultations must be documented by the LPN in the client's chart.

Transfer of care: Transfer of care in this context is defined as an encounter in which two health care providers have a formal communication process for ensuring follow-up (e.g., a written, faxed or phoned transfer of care). Transfer of care must be documented in the client's chart including: provider name, time, manner of referral, and confirmation of receipt of referral.

² For a list of authorized health professionals who can provide client-specific orders to LPNs, see: [Acting with Client-Specific Orders](#).