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THIS CHAPTER MEETS THE FOLLOWING IMMUNIZATION COMPETENCIES FOR HEALTH PROFESSIONAL (PHAC, 2008): <http://www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf>

#10: Written documentation

- ◆ Competency: Documents information relevant to each immunization encounter in accordance with national guidelines for immunization practices and jurisdictional health information processes.

#14: Legal and Ethical Aspects of Immunization

- ◆ Competency: Acts in accordance with legal and high ethical standards in all aspects of immunization practice.

1.0 DOCUMENTATION OF IMMUNIZATIONS

1.1 Importance of Documented Immunization Records

- Immunization records have important roles:
 - Health care professionals can access them to provide appropriate public health services, assist with disease diagnosis and treatment, and control the spread of vaccine-preventable diseases.
 - Provide data to measure and assess the effectiveness and coverage rates of immunization programs.
 - They are permanent health records for immunized individuals and indicate if additional vaccines are needed or if vaccine administration errors occur.

1.2 Documentation of Immunization Records

- Health care providers must maintain records of all vaccines, immunoglobulins, antitoxins and Tuberculin skin tests that they administer.
- Appropriate and timely documentation (i.e., at point of services or within 24 hours) by health care providers is important to ensure immunization information is accurately and completely recorded. Refer to [Appendix 4.1 Documentation Requirements](#) for more information.
- All publicly funded vaccines must be documented into Panorama, Saskatchewan's centralized, confidential, electronic information system that records administered publicly funded vaccines and maintains vaccination histories.
- **Public Health** directly documents:
 - Administered vaccines into a client's Panorama immunization record.
 - Administered influenza and COVID-19 vaccines into the COVID-19 Quick Entry (CQE) database.
 - Historical client immunization records from other agencies into Panorama.
- **Pharmacists staff** document publicly funded vaccines into the ADAPT claims system and data are uploaded into Panorama client records.
- **Long-term care facility staff** document publicly funded vaccines into Convergence and data are uploaded into Panorama client records.
- **SHA-employed immunizers** (i.e., working in SHA primary health care and SHA acute care sites):
 - May be granted access for direct entry of publicly funded influenza and COVID-19 vaccines into the COVID-19 Quick Entry (CQE) database **OR**
 - Submit administered publicly funded influenza and COVID-19 vaccine administration forms to Public Health for back entry into Panorama.
 - Submit other administered publicly funded immunization records to Public Health for back entry into Panorama.
- **All other** physicians, nurse practitioners, and other immunizers providing publicly funded vaccines must:
 - Submit publicly funded influenza and COVID-19 vaccine administration forms to eHealth for back entry into Panorama.
 - Submit other publicly funded vaccine administration forms to Public Health for back entry into Panorama.

1.3 Client-held Immunization Records

- Each vaccine recipient (14 years and older) or their parent or guardian (of children younger than 14 years old) should be advised how to access their electronic immunization record via [MySaskHealthRecord](#) or provided with a copy of their Panorama immunization history page at the end of each public health appointment.

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- Publicly funded immunizations administered at external providers will show on [MySaskHealthRecord](#) once Panorama back entry has been completed. Clients can enter non-publicly funded vaccines into [MySaskHealthRecord](#).
 - For accuracy and completeness, when client's seek immunization services, advise clients to bring their documented immunization records to Public Health for back entry into their Panorama immunization record.
 - Client immunization records that are **entered by the client on digital applications** like the [CANImmunize app](#) or [MySaskHealthRecord](#) should not be accepted as accurate or formal immunization records.

1.4 Immunization Record Confidentiality and Security

1. Immunization records are confidential personal health information and part of the client's permanent health record. Electronic and paper records must be kept secure.
2. Clients or their caregivers must be informed that their personal immunization records may be shared with public health officials for the purposes of providing continuous public health services to them, assisting with disease diagnosis and treatment, and to control the spread of vaccine-preventable diseases.
3. Immunization information shall only be accessed by authorized persons who require it to deliver health services.

2.0 REFERENCES

A. Public Health Agency of Canada

- a. [Canadian Immunization Guide Part 1](#). (Evergreen Ed.)
- b. [Immunization Competencies for Health Professionals](#) (2008)

B. General Vaccine Administration Notification Resources (for non-public health users)

1. Forms

- a. [Immunization & TB Skin Test Notification Form](#) - single patient
- b. [Immunization Notification Form](#) – multiple patients

C. Public Health Nursing Resources

- a. College of Registered Nurses of Saskatchewan [Documentation Guideline \(Feb. 2026\)](#)
- b. [Appendix 4.2 Where do I document?](#)
- c. [Panorama Quick Entry](#) (video)
- d. [Panorama Problems – Who do I contact?](#)
- e. [Panorama User Guide – Immunization – Add Historical Immunization](#)
- f. [Panorama User Guide – Administer Immunization](#)
- g. [Panorama User Guide – Special Considerations](#)
- h. [Panorama User Guide – View and Record Consent](#)
- i. [Panorama User Guide – Risk Factors](#)
- j. [Panorama User Guide – Immunization History Interpretation](#)
- k. [Panorama User Guide – Client Warnings](#)

3.0 APPENDICES

Appendix 4.1: Documentation Requirements

Mandatory for all clients:

- Product's standard abbreviation (refer to [SIM Ch. 11](#) Appendix 11.3).
- Date of administration.
 - Dates showing month/year only are documented as follows:
 - The first of a month is documented by default as a standard practice, unless that day is prior to an individual's actual date of birth (e.g., for vaccines given a birth).

Additional information if available:

- Product's brand name.
- Time of administration.
- Dosage administered.
- Anatomical site of administration.
- Route of administration.
- Product lot number.
- Product expiry date.
- The name and professional designation of the person administering the product.

Appendix 4.2: Where do I document? [in Panorama]

Topic	Scenarios	Communications Log (only for Nursing Notes)		
		Topic	Title (Description)	Comments
Communication	1. PHN-Client communication	Client contact	E.g., attempt to contact; follow-up for home visit; immunization referral made (specialty, travel, etc.); attempts to notify of vaccine administration error; clinically relevant vaccine/Ig/imms-related conversations	- Only document pertinent narrative nursing notes. - Identify contact Direction field (Both, Inbound; Outbound), communication type, & the name of person the PHN communicated with. Critical information that requires clinical review prior to immunization must be documented as a Client Warning.

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	FYI	Special Considerations		
							Type	Reason	Sources
Translation Services	2. Translation services used to obtain consent directives, client risk factors, etc.					Document that interpretive services used & include interpreter's identification number in comment section of each consent directive, risk factor, communication log as appropriate.			
Refusal	3. Parent/guardian refusing specific vaccine agent(s) & accepting recall reminders	Refusal for agents as applicable				Identify when child qualifies for their next routine vaccines (1yr, 18 months, 4 years).			
Refusal	4. Parent/guardian refusing specific vaccine agent(s) & refusing recall reminders	Refusal for agents as applicable					EXEMPTIONS through 6 years old. End date for 7 th birthday as PSIP requires student immunization history reviews be done & ALL age-appropriate refused vaccines to be re-offered in Grades 1, 6 & 8.	Refusal	Written documentation Verbal report
Refusal	5. Refusal migrated from SIMS as a Special Consideration> Exemption> Refusal. Client/parent/guardian confirms refusal	Refusal for agents as applicable					- Delete migrated exemptions on vaccine agents/antigens - End date any applicable client warnings. - Document EXEMPTIONS with reason and source as applicable.		

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	FYI	Special Considerations		
							Type	Reason	Sources
Refusal	6. Refusal migrated from SIMS as a Special Consideration> Exemption> Refusal. Client/ parent/ guardian accepts vaccines	Grants for agents as applicable					- Delete migrated exemptions on vaccine agents/antigens that now have consent directive grants. - End date any applicable client warnings.		
Eligibility by Risk Factor Category - HB	7. Non-immune (Anti-HBs <10 IU/L) after first HB series when tested ≥1 month after last dose.		N/A	[If client is eligible for publicly funded second series, PHN to create a scenario-specific client warning regarding directives for serology, etc.]		- Enter HB serology into IHI. The client MUST pay for a second HB series unless THEY MEET criteria for publicly funded HB second series as specified in: - SIM Chapter 10 Risk-based HB Revaccination Assessment Algorithm OR - SIM Chapter 7 Appendix 7.4 OR - SIM Chapter 10 HB Recommendations for HCW & Students. - Refer to CLG for additional guidance if required.			
Eligibility by Risk Factor Category - HB	8. Non-immune (Anti-HBs <10 IU/L) after second HB series when tested ≥1 month after last dose.		Special Population - Non-responder - Hepatitis B	"Provide 2 HBIG doses 1 month apart upon exposure. No further HB doses required."					
Eligibility by Risk Factor Category - HB	9. Infant HB post-exposure prophylaxis series commenced		☒ Post-exposure - Infant Born to HBsAg+ Mom or High Risk for HB - Greater than or equal to 2000 grams ☒ Post-exposure - Infant Born to HBsAg+ Mom or High Risk for HB - Less than 2000 grams	"Infant to be tested for HBsAg and anti-HBs when they are at 9-12 months old, and at least 1-2 months after their HB series is complete."		Source: Red Book 33 rd Ed. Pp. 450-452.			

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	FYI	Special Considerations		
							Type	Reason	Sources
Eligibility by Risk Factor Category - HB	10. Household/sexual/close contact of an individual with acute or chronic HB		Contact – Hepatitis B	“Post-vaccination testing for anti-HBs titre 1 to 6 months after completion of the vaccine series”.		Source: CIG .			
Eligibility by Risk Factor Category – HB-D shortage	11. Double dose adult Engerix® HB vaccine given when HB-D unavailable, refer to SIM Ch. 7 App. 7.4		Document RF as applicable			- If two separate 1 mL dosages are administered, provider to validate each dose. - Imms comment: “Two 1 mL doses of Hepatitis B vaccine given due to HB-D vaccine shortage”. - When entering vaccine historically – enter dosage as 2 mL and enter the lot number, from the drop-down list. Enter imms comment as above. - If different lot numbers, document each dose separately and in the imms comment, e.g., “Two 1 mL Engerix B doses given due to HB-D vaccine shortage”. Doses must be overridden to valid with reason <i>Invalidation rule dose not apply</i> - If different limbs and same lot number, revise dosage to 2 mL. Choose multiple sites. In the imms comments enter: “1 mL given in each arm”.			
Eligibility by Risk Factor Category – HB exposure	12. Percutaneous or mucosal exposure		Post-exposure – Blood & body fluids	“Post-vaccination testing for anti-HBs titre 1 to 6 months after completion of the vaccine series”.		Source: CIG . Refer to Blood and Body Fluid Exposure (BBFE) Follow Up Testing Recommendations . ☒ The Forecaster is not currently engaged for HB for this risk factor but will validate & forecast once a series has been initiated.			
Eligibility by Risk Factor Category - Pregnancy	13. Tdap given in pregnancy		Special Population – Pregnancy In additional comments field: “pregnant”.			Start & end date the RF for the same date that Tdap was administered and leave as an invalid dose .			
Eligibility by Risk Factor Category - Var	14. Female of childbearing age with unknown or documented non-immune serology OR if previous verbal history of disease reported	Offer vaccine & document: Grant OR Refusal	Special Population – Varicella – non-immune woman childbearing age	[End date any existing client warning pertaining to varicella]		Refer to SIM Ch. 5 Appendix 5.4 <i>Publicly funded varicella immunization eligibility and Panorama directive</i> .	- Delete existing Exemption related to verbal history of disease for those born before 2004. - Delete Special Consideration for varicella that was migrated from SIMS.		
Vaccine not administered – parent/client/guardian deferral	15. Deferred administration of all/some vaccines consented for during an appt.	(grants already exist)			Parent/Guardian/ Client Deferral	In Deferral comments, document narrative nursing notes as applicable.			

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	FYI	Special Considerations		
							Type	Reason	Sources
Vaccine not administered – by PHN	16. Nurse cannot/did not administer specific vaccines during an appt.	(grants may already exist)			1. Inadequate muscle mass for imms 2. Nursing Clinical Decision	In Deferral comments, document narrative nursing notes as applicable.			
Vaccine not administered – client resistant	17. Client verbally or physically resistant to immunization	(grants already exist)			Parent/ Guardian/ Client Deferral	In Deferral comments, document narrative nursing notes as applicable.			
Vaccine not administered – illness	18. Too ill to receive vaccine today	(grants may exist)			Serious illness - temporary	In Deferral comments, document narrative nursing notes as applicable.			
Vaccine not administered – new vaccine for client, MHO consult requested	19. Nurse consulting MHO before administration of a new vaccine to client			1. Document 'MHO referral /consult sent on (date)'. [End date first warning when MHO's recommendations received]. 2. Add new warning & document, 'MHO recommendation is XXX' upon receipt.	Referred to MHO. [End date deferral when MHO's recommendations received]	End date first and second client warnings as appropriate.	- If an appropriate Special Consideration exists, apply this to the client record. End date as appropriate. - If an appropriate Special Consideration does not exist, document a Client Warning BUT do not specify specific diagnosis to maintain client confidentiality.		
Vaccine not administered – previously administered vaccine that client has received	20. Nurse to consult MHO prior to administering further doses of a vaccine series			Document: "See immunization detail for xxxxx vaccine provided on (date). [Suggest end dating warning when MHO's recommendations received].	Referred to MHO. [End date deferral when MHO's recommendations received].	1. In the imms comment document, "MHO consult sent for the following reasons: ...". 2. When MHO consult returned, document MHO recommendation	- If an appropriate Special Consideration exists, apply this to the client record. - End date as appropriate.		
Vaccine not administered – product availability	21. Vaccine or diluent unavailable				Vaccine Supply Issues	In Deferral comments, document narrative nursing notes as applicable.			

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	FYI	Special Considerations		
							Type	Reason	Sources
Vaccine not administered – time factor	22. Client late to appointment 23. Client had to leave before all recommended vaccines could be given 24. Client unable to wait 15 mins post-imms				Insufficient appointment time	In Deferral comments, document narrative nursing notes as applicable.			
Vaccine not administered - IT	25. Panorama or local IT down				IT disruption	In Deferral comments, document narrative nursing notes as applicable.			
Vaccine not administered - serology	26. Eligible for vaccine but waiting for serological results		Document RF as applicable		Awaiting serology	In Deferral comments, document narrative nursing notes as applicable.			
Vaccine not administered – injectable live vaccine received < 4 weeks ago	27. Live vaccine(s) forecasting but client recently received an injectable live vaccine <4 weeks ago that is not in client's Panorama record					If documentation of live vaccine is provided by client, add to client imms Hx. Interaction rules do not exist regarding most live vaccines and MMR, MMRV, VAR.	Precaution	Recent Administration of live vaccine (specify). Add "Effective From" (date of previous vaccine) & "Effective To" (date of min. interval)	Written documentation Verbal report
Vaccine not administered – translation of records needed	28. Client presents with immunization records requiring translation				Awaiting imms record translation [for each eligible vaccine]	In Deferral comments, document narrative nursing notes as applicable.			
Vaccine not administered – no records at time of appt	29. Client presents without immunization records, but records are obtainable			"Waiting for client's immunization records".					

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	FYI	Special Considerations		
							Type	Reason	Sources
Non-responder post series – excludes HB	30. Non-responder after recommended valid doses of antigen provided (excludes HB)		Special Population - Non-responder – additional information (specify disease)	[if applicable] “Asses for (e.g., Ig, Varlg) eligibility upon exposure”.		Enter serology into IHI for applicable antigen.			
History of Disease – Varicella from SIMS - male	31. Verbal report of varicella disease for male born before Jan. 1, 2003, with a “Special Consideration – Precaution” migrated from SIMS					Refer to SIM Ch. 5 Appendix 5.4 <i>Publicly funded varicella immunization eligibility and Panorama directive.</i>	Delete the “Special Consideration – Precaution” & enter Exemption as indicated below:		
							Exemption	Documented Immunity	Verbal report
							Note when creating a SC- EXEMPTION: “Effective From” date defaults to today’s date. Update with the most appropriate date (e.g., from warning, lab result, IHI) only if services planned or presents for service.		
History of Disease – Varicella from SIMS – confirmed immunity	32. Confirmed varicella disease migrated from SIMS					Only use Var agent for special consideration	Delete Client Warning indicating there is a SIMS titre in Imms History Interpretation		
							Exemption – effective from specimen collected date on the lab report or date of SIMS titre in IHI.	Documented Immunity	Written documentation Lab report
Serological confirmation of [non-HB] immunity following disease or completed imms series	33. Serological confirmation of M, Mu, R, HA OR Var immunity from disease or immunization					Only select the individual vaccine agents for SC.	Document EXEMPTIONs for individual vaccine agent(s) (e.g., M or Mu) & NOT for combined vaccine agent (e.g., MMR) . Exemption is effective from specimen collected date on the lab report.	Documented Immunity	Written documentation Lab report
Serological confirmation of HB immunity following completed imms series	34. Serological confirmation of HB immunity with documented completed imms series						Document EXEMPTIONs for HB-D & HB regular vaccine agents & is effective from specimen collected date on the lab report.	Documented Immunity	Written documentation Lab report

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	FYI	Special Considerations		
							Type	Reason	Sources
History of Disease – Chronic HB	35. Client has confirmed chronic HB infection		Chronic Medical Condition - Liver Disease – Hepatitis B				Document EXEMPTIONs for HB-D & HB regular vaccine agents & is effective from lab report date.	Documented Immunity & add, “ <i>immune from natural infection</i> ” in comments	Written documentation Lab report
History of Disease – Hx HB infection	36. Serological confirmation of immunity from natural HB infection						Document EXEMPTIONs for HB-D & HB regular vaccine agents & is effective from specimen collection date on the lab report.	Documented Immunity & add “ <i>immune from natural infection</i> ” in comments	Written documentation Lab report
Medical Conditions – HIV	37. Client with HIV		Immuno-compromised – HIV In additional comments field: ‘None’	"DO NOT GIVE live vaccines as applicable (except Rotavirus and SMV) until approved by the medical specialist, primary care physician or nurse practitioner most familiar with the client's current medical status."		Refer to scenario #42 regarding Var & MMR referral forms if required.	Precautions: MMR, Var, MMRV as applicable. Excludes rotavirus and non-replicating SMV.	Immuno-suppressed – Risk Assessment Required	Written documentation Verbal report
Medical Conditions – HIV	38. Child born to mother with HIV infection			"DO NOT GIVE live vaccines (except Rotavirus) until cleared. Call (PHONE NUMBER)".		Refer to scenario #42 regarding Var & MMR referral forms if required.	Contraindications: MMR, Var, MMRV as applicable. Excludes rotavirus. End-date when final NAAT test results are received at 6 months and/or authorization to administer live vaccines is received.	Suspicious family or medical history for immune-deficiency disorders	Written documentation Verbal report
Medical Conditions – Primary immune-deficiency	39. Person with a Primary Immuno-deficiency disorder		☒ Immuno-compromised - Acquired Complement Deficiency ☒ Immuno-compromised - Congenital Immuno-deficiency			Refer to scenario #42 regarding Var & MMR referral forms if required.	Contraindications: Rotavirus, MMR, Var, MMRV as applicable.	Severely Immuno-compromised	Written documentation Verbal report

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	FYI	Special Considerations		
							Type	Reason	Sources
Medical Conditions - Treatment	40. Immuno-compromised - Related to Treatment		Immuno-compromised Treatment – Additional Information In additional comments field: [document medication if known]	- Immunize clients on long-term immune suppressive therapies (post-specialist consultation if applicable) when opportunities present. - For those on short-term immunosuppression therapies: - Invalidate inactivated vaccine doses received < 14 days before therapy or those given during treatment (SIM Ch. 7) and re-immunize ≥ 3 months post-treatment. Choose <i>Min. age/Min. Interval not met</i> as the invalidation reason. - Add this comment per vaccine dose if applicable: “Doses received < 14 days before therapy or doses given during treatment. Re-immunize ≥ 3 months post-treatment, based on health status eligibility.” - Refer to scenario #43 regarding for Var & MMR referral forms if required.			Contraindications may include Rotavirus, MMR, Var, MMRV as applicable. End date contraindications if specialist approves vaccine	Severely Immuno-compromised	Written documentation Verbal report
Medical Conditions - Disease	41. Immuno-compromised - Related to Disease		Immuno-compromised - Related to Disease+			Refer to scenario #42 regarding Var & MMR referral forms if required.	Contraindications: Rotavirus, MMR, Var, MMRV as applicable. End date contraindications if specialist approves vaccine	Severely Immuno-compromised	Written documentation Verbal report
Medical Conditions - Transplant Patient (Islet Cell, SOT, HSCT)	42. Transplant patient		Document appropriate transplant RF			Refer to SIM Ch. 7 Appendices 7.6, 7.9 or 7.10 for adult directives. Refer to scenario #42 regarding Var & MMR referral forms if required.	Contraindications: Rotavirus, MMR, Var, MMRV as applicable. End date contraindications if specialist approves vaccine	Severely Immuno-compromised	Written documentation Verbal report
Medical Conditions – MMR, Var referrals for immune compromised person	43. Approval required to proceed with MMR &/or Var immunization for those 1 year and older		Document as applicable	- Add warning that “referral form approval submitted”. - If approved, end date above warning and create a new warning: “Authorization to proceed with XXX vaccine between (date to date range).		Upload Var and MMR referral forms into client’s Panorama record. Doses must be administered within and an 8-month period following receipt of referral forms received by Public Health.	End date Special Considerations upon specialist approval of immunization	N/A	Written documentation

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	FYI	Special Considerations		
							Type	Reason	Sources
Medical Conditions – Ig/blood product received; live MMR, Var, or MMRV deferral required	44. Client received an Ig/blood product; interval required before getting MMR, Var or MMRV as per SIM Ch. 5 .		Enter applicable post-exposure RF prior to documenting Ig product in imms profile		[deferral reason not required; apply contraindication]		Contraindications to: MMR, Var, MMRV as per SIM Ch. 5 . N/A for RSV monoclonal antibodies and Rhlg (RhoGAM, WINRho).	“Effective From” (date of blood product) & “Effective To” (date vaccine can be given) dates	Written documentation Verbal report
Medical Conditions – Treatment – additional information Monoclonal antibodies in pregnancy	45. Infant’s mother took monoclonal antibodies during pregnancy		Immuno-compromised-Treatment-Additional Information [document medication if known, refer to App. 8.2]	“Consult Pediatric infectious disease physician or MHO, if live vaccines needed before 1 year of age”		Infant does not require third pneumococcal conjugate dose at 6 months unless a qualifying medical risk factor is documented. Refer to scenario #42 regarding MMR referral form if required.	Contraindications: Rotavirus, MMR, Var, MMRV as applicable. End date rotavirus for 8 months old. End date other specified live vaccines for 1 year old. End date contraindications if specialist approves live vaccine prior to 1 year of age.	Severely Immuno-compromised	Written documentation; Verbal report
Other scenario – OPV or Polio-u	46. Documented OPV or polio-unspecified doses since April 1, 2016					• Invalidate OPV, OPV/IPV or Polio-u doses received since April 1, 2016. Override these doses to invalid & select “inadequate documentation”. • When dose is invalidated, add to Immunization comment field: “OPV doses given since April 1, 2016, are invalid”. • If documented as OPV and IPV on the same day on a foreign record, enter both into Panorama and accept IPV but OPV should be invalidated.			
Other scenario – Fractional IPV doses	47. Documented fractional IPV doses (fIPV)					• Override fractional IPV doses to invalid & select “incorrect dosage given”.			
Other scenario – 2017 China imms Hx	48. Documented DTP or DTaP in China March to October 2017					• Doses given in areas of China between Mar-Oct. 2017 are invalid. • Override these doses to invalid & select “incorrect dosage given”.			
Other scenario – MMR vaccine	49. Infant 6-11 months received MMR		Travel – Publicly Funded (pre-exposure)			Start & end date the RF for the same date that MMR was administered and leave as an invalid dose .			

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	FYI	Special Considerations		
							Type	Reason	Sources
Other scenario - Hx or episode of fainting	50. History of or episode of fainting post-immunization						Precaution (only needed for 1 vaccine given at incident)	History of Syncope	Written documentation Verbal report
Other scenario - Contra-indication to vaccine component or latex	51. History of life threatening/ anaphylactic reaction to a vaccine component or latex					Upload anaphylaxis worksheet into client’s Panorama record.	Contraindication	Allergy to a Vaccine Component – Document Previous Anaphylactic reaction to a vaccine component.	Written documentation Verbal report
Other Scenario – wP	52. Documented whole cell pertussis (wp or wP) containing vaccine			“wP antigen are valid doses; ignore forecaster & provide appropriate number of doses of aP antigens.”		- Whole cell pertussis component may or may not show as valid in the antigen count tab in Panorama. - DTwP, HB and Hib may be entered as separate vaccines for combined DTwP-HB-Hib as HB may be an invalid antigen. - Provide appropriate number of doses of aP antigens			
Other Scenario – different Rablg Lot #s	53. Different Rablg lot numbers given (may be different products IU/mL concentrations)		Post-exposure - Rabies			- Document: administered dosages separately by lot #; unit of measurement is IU; route is IM & Infiltrate (as applicable); site is Multiple Sites. - In comments: IU and mL given per site. - Override invalid Rablg entries to valid & select “invalidation rule does not apply to this client”.			
Error – Vaccine administration	54. Public health immunizer administration error			"See immunization details for xxxx vaccine given on (date)".		- Follow agency process for reporting occurrence. - Refer to SIM Ch. 8 for directives. - In Imms Details Comments: - Document date that report form submitted - Document narrative nursing notes as applicable - If clinical recommendation is to repeat dose, document the initial dose as invalid & specify most appropriate reason. - Notify client/parent/guardian and advise to schedule another immunization appt			
Error - Missed immunization	55. Vaccine inadvertently not given at appt	(grant may already exists)			Provider error	- Follow agency process for reporting occurrence. - In Comms Log: - Document date that report form submitted - Document narrative nursing notes as applicable - Notify client/parent/guardian and advise to schedule another immunization appt			

Topics	Scenarios	Consent Directive	Risk Factor	Document Client Warning	Deferral Reason	FYI	Special Considerations		
							Type	Reason	Sources
Unusual event – Partial dosage administered	56. Less than full dosage administered					- Follow agency process for reporting occurrence. - Refer to SIM CH. 5 section 4.4 - If dose repeated, override the initial dose as invalid & select “incorrect dosage given”. - In Imms Details Comments: - Add note why second dose provided. - Document date that report form submitted - Document narrative nursing notes as applicable - Refer to #15 if client/parent/guardian defers re-administration during current appointment. - Complete & submit vaccine supply problem report form to Ministry for malfunctioning products.			
AEFI - Reportable	57. Reportable severe, unusual, or unexpected vaccine side effect meeting reportable AEFI criteria			“Reportable AEFI submitted for vaccine(s) given on (date) - See Immunization details.” When MHO recommendations received, end date this warning and create a new warning: “AEFI returned and uploaded. See Immunization details for vaccine(s) provided on (date)”. [Add any additional comments for nursing staff to be aware of.]	Follow agency process for reporting occurrence.	- For applicable products, update with AEFI details and MHO recommendations upon receipt. - Update Special Considerations per MHO recommendations			
						Precaution	Choose applicable reason	Written documentation	
						Contraindication	Chose applicable reason	Written documentation	
						- In Imms Details Comments: - Document that reporting form submitted - Notify client/parent/guardian - Document narrative nursing notes - Upload completed AEFI form (or Canada Vigilance Program form if applicable) into client’s Panorama record.			
AEFI - Non-reportable MHO consult may or may not be submitted	58. Non-reportable but PHN wants to alert other PHNs to details			"See immunization details for xxxx vaccine given on (date)". [End date client warning when no longer applicable]		- Document in the comments section of each applicable vaccine. - If MHO consultation completed, create a new comment with MHO recommendations for each applicable vaccine.			
Other scenario – Routine Tdap	59. Tdap given for forecasted routine Td doses					Override routine Tdap doses to valid.			