

**ESPCN Policy and Procedure: Injections**

**Approved by:** Program Lead, Nursing and Clinical Director

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The nurse is responsible and accountable for the restricted activities they perform within their nursing practice. In addition to the procedure outlined below, the nurse must also review and practice according to the ESPCN Policy: Restricted Activities.

**Required Steps to Achieve Competency**

It is the professional responsibility of the nurse to assess and ensure competency to perform this restricted activity. The following steps outline the minimum requirements for nurses at ESPCN to achieve this competency:

1. The nurse will read through the required reading:  
[Lippincott Procedure: Intramuscular Injections, Ambulatory Care](#)  
[Lippincott Procedures: Subcutaneous Injection, Ambulatory Care](#)  
[Lippincott Procedures: Anaphylaxis Emergency Patient Care, Ambulatory Care](#)  
[CRNA medication-management-standards-2022](#)  
Anaphylaxis Management: Administration of Intramuscular Epinephrine Accessed through [Public Dashboard | Primary Health Care Learning Portal](#)  
[Alberta Hazardous Medications List](#)  
[Guide-AHS Hazardous Medications PPE-2024.pdf \(pages 6-17\)](#)

Additional reading if administering hazardous medications:  
[Lippincott® Solutions Hazardous Drug Spill Management](#)

Additional readings if administering immunizations:  
Vaccine Storage and Handling Module accessed through [Public Dashboard | Primary Health Care Learning Portal](#)  
[Immunization Program Standards Manual | Alberta Health Services](#) Review location of Biologic Pages for each vaccine  
[Lippincott Procedures: Immunization Guidelines, Ambulatory Care Standard for the Administration of Immunizations](#)

If administering influenza vaccine, seasonal vaccine orientation will be required annually.

Additional readings if administering allergy injections:  
[SCIT: Standard schedules, administration techniques, adverse reactions, and monitoring - UpToDate](#)

	<ol style="list-style-type: none"> <li>2. Once the required reading has been completed and the policy and procedure has been reviewed, the nurse will complete the following activity: <a href="#">Learning Activity-Injections-Final-December 2025.pdf</a></li> <li>3. The nurse will review the procedure with a Clinical Educator, Nursing, prior to application in practice, if requested.</li> <li>4. Observation and supervision of injections are not required unless requested by the nurse.</li> <li>5. Once the nurse determines they are competent to perform this restricted activity, they will complete the following form: <a href="#">Competency Pathway Form-Injections</a></li> <li>6. The nurse engages in continual self-reflection and assesses their own ongoing competency to complete this restricted activity.</li> </ol>
<p><b>Clinic Requirements</b></p>	<p><b>Clinic Supplies:</b></p> <ul style="list-style-type: none"> <li>• Safety-engineered needles in varying sizes for subcutaneous or intramuscular injections (27g 5/8", 25g 1", 25g 1.5", 23g 1.5"). Alberta Occupational Health and Safety Code requires the use of safety-engineered medical sharps.<sup>1</sup></li> <li>• If applicable, filter needles for medications stored in glass ampoules.</li> <li>• Anaphylaxis supplies<sup>9</sup>: <ul style="list-style-type: none"> <li>○ Epinephrine 1:1000 concentration (optimal in 1mg/ml vials or ampules). Dosing is based on age/weight and can be repeated as needed. If using prefilled options (i.e. EpiPen) need a minimum of two adult and two pediatric pens (if pediatric injections are administered).</li> <li>○ 1ml syringes, safety-engineered needles (25g 5/8", 25g 1", 25g 1.5")</li> <li>○ Appropriate antiseptic for skin preparation.<sup>7</sup></li> <li>○ Medical sharps disposal container at point of use<sup>1</sup>.</li> </ul> </li> </ul> <p><b>Clinic Processes:</b></p> <ul style="list-style-type: none"> <li>• Medications are properly stored according to manufacturer's instructions.<sup>7</sup></li> <li>• Clinic process to regularly check supply and expiry dates of epinephrine and other anaphylaxis or emergency supplies.</li> <li>• Clinic process for anaphylaxis management.</li> <li>• Multi-dose medications (e.g., vials, bottles) are labeled with date of opening and discarded within 28 days unless otherwise specified by the manufacturer.</li> </ul> <p><b>Hazardous medication administration requires the following additional items<sup>8</sup>:</b></p> <ul style="list-style-type: none"> <li>• Cytotoxic sharps container</li> </ul>

	<ul style="list-style-type: none"> <li>• Cytotoxic spill kit</li> <li>• PPE (including chemo rated gowns (DMR), protective gowns, gloves, eye protection, procedure mask, N95 masks in size for which RN has been fit-tested).</li> </ul> <p><b>Immunization administration requires the following additional items:</b></p> <ul style="list-style-type: none"> <li>• Vaccines are stored in a vaccine fridge and are handled and used according to provincial immunization policy and national guidelines, which includes cold chain management plan with vaccine fridge and temperature monitoring.<sup>7,8</sup></li> <li>• The clinic must have a process for entering immunizations into the Immunization Direct Submission Mechanism (IDSM), or authorize the RN to access IDSM to enter them as part of the RNs documentation. If the RN has IDSM access, they will only enter the immunizations that they themselves have administered.</li> </ul> <p><b>Cleaning/Disinfection Process:</b> Routine.</p> <ul style="list-style-type: none"> <li>• In the case of a spill, follow the procedure: <a href="#">Lippincott® Solutions Hazardous Drug Spill Management</a></li> </ul>
<p><b>Most Responsible Provider (i.e Physician/Nurse Practitioner) Involvement:</b></p>	<p><b>ESPCN Registered Nurse:</b></p> <ul style="list-style-type: none"> <li>• A client-specific order is required for the administration of any injections other than schedule 2 vaccines (i.e. influenza, pneumococcal).</li> <li>• If the clinic stocks vaccines, a clinic-specific protocol may be developed for physicians to authorize the administration of schedule 1 vaccines.</li> <li>• MRP presence in the clinic is required during and for up to 30 minutes afterwards for immunizations, first dose of a new medication, medications that outline monitoring as per product monograph<sup>10</sup>, and allergy immunotherapy injections as per immunotherapy protocol monitoring instructions.</li> <li>• MRP must be available to prescribe medications in response to anaphylaxis and assist with managing the emergency.</li> <li>• Recourse for clinician communication of unexpected findings and subsequent care coordination has been established between the nurse and the MRP.</li> </ul> <p><b>ESPCN Nurse Practitioner:</b> Is the MRP.</p>
<p><b>Assessment and Treatment Plan</b></p>	<ol style="list-style-type: none"> <li>1. Verify the client-specific order to administer any injections other than schedule 2 vaccines (i.e. influenza, pneumococcal).</li> </ol>

	<ol style="list-style-type: none"> <li>2. Review patient indications and contraindications to ensure it is appropriate to administer this injection according to product monograph and available resources.</li> <li>3. If the medication is prescribed for 'off-label' use beyond Health Canada's authorized indications, the nurse must ensure and document informed consent based on a patient-prescriber discussion.</li> <li>4. <b>Hazardous Medications:</b> Determine whether the medication is a hazardous medication (including known hazardous medications such as cytotoxic, or potential hazard, or reproductive hazard) <a href="#">AHS Hazardous Medications List</a><sup>3</sup>. When possible, preparation that reduces the risk of exposure is preferred, for example a prefilled syringe or autoinjector pen preparation. Facilitating patient self-administration further reduces the risk to the clinician.</li> <li>5. <b>Immunizations:</b> For immunizations, assess: <ul style="list-style-type: none"> <li>• whether the cold chain has been appropriately maintained.</li> <li>• whether the patient is fit to immunize using the <a href="#">Fit to Immunize Assessment</a>.<sup>5</sup></li> <li>• whether the patient is eligible and due for this immunization. <ul style="list-style-type: none"> <li>○ For publicly funded vaccines this information is found on the <a href="#">Immunization Program Standards Manual</a> individual Biologic pages for each vaccine.<sup>5</sup></li> <li>○ For non publicly funded vaccines this information is found on the individual product monograph<sup>10</sup>.</li> </ul> </li> </ul> </li> <li>6. <b>Allergy injections:</b> For allergy injections, review and follow the individual patient protocol from the allergy specialist who prescribed the immunotherapy in detail.</li> </ol> <p><b>Determine Appropriate Treatment Plan:</b> If no contraindications are present, determine if subjective symptoms and examination indicate the need for injection.</p>
<b>Procedure</b>	<ol style="list-style-type: none"> <li>1. Provide patient education regarding the indication, intended effects and how it works, probability of effectiveness, possible side effects, risks of not taking it, interactions, when and how to seek medical attention, and if applicable, how to self administer.<sup>2</sup></li> <li>2. If no concerns identified, obtain verbal consent from the patient or legally appointed decision maker for the nurse to administer the injection and document accordingly.</li> <li>3. Perform hand hygiene. If the medication to be administered is a hazardous medication, gather and don PPE as per the <a href="#">Guide-AHS Hazardous Medications PPE-2024.pdf</a></li> </ol>

For *known hazardous medications* (e.g. methotrexate):

- All staff must at minimum wear 2 pairs of gloves and a DMR/chemo gown<sup>3,4</sup>
- If there is risk of splash or spray, they should also wear facial protection (face shield or mask and goggles).<sup>3,4</sup>

For *potentially hazardous medications* (e.g. semaglutide, progesterone):

- All staff must at minimum wear 2 pairs of gloves and a protective gown<sup>3,4</sup>
- If there is risk of splash or spray, they should also wear facial protection (face shield or mask and goggles).<sup>3,4</sup>

For *reproductive hazardous medications* (e.g. testosterone, medroxyprogesterone, leuprolide):

- Nurses of childbearing years regardless of gender with the potential to conceive or fertilize and nurses who are pregnant or breastfeeding must at minimum wear 2 pairs of gloves and a protective gown.<sup>3,4</sup>
- If there is risk of splash or spray, they should also wear facial protection (face shield or mask and goggles).<sup>3,4</sup>

4. Proceed with administration of injection, following the rights of medication administration as per [CRNA medication-management-standards-2022.](#)<sup>2</sup>
5. Administer the medication/vaccine following the procedure applicable to the type of injection being administered:  
[Lippincott Procedure: Intramuscular Injections, Ambulatory Care](#)  
or  
[Lippincott Procedures: Subcutaneous Injection, Ambulatory Care](#)
6. Evaluate and document the patients' tolerance of the medication/vaccine administered.
7. Monitor for the time period specified in the product monograph<sup>10</sup> for any adverse reactions.
8. For **immunizations**, advise the patient to wait for at least 15 minutes for monitoring after immunization.
9. For **allergy injections**, advise the patient to wait for the required monitoring time listed in their immunotherapy protocol from the prescriber.
10. Be prepared to respond to any adverse reactions, including anaphylaxis. In the event of anaphylaxis, the Registered Nurse will collaborate with the physician/Nurse Practitioner to administer epinephrine following the [Lippincott Procedures: Anaphylaxis](#)

	<p><a href="#">Emergency Patient Care, Ambulatory Care</a>. Emergency response should be activated by calling 911.</p> <ol style="list-style-type: none"> <li>11. Be prepared to respond to any unexpected incidents, such as a cytotoxic spill or needlestick injury (according to <a href="#">ESPCN reporting requirements</a>)</li> <li>12. Collaborate with the MRP regarding any ongoing monitoring based on individual medication, including response to treatment, adverse effects, lab values, etc.</li> <li>13. Complete documentation in the patient’s medical record according to CRNA Documentation Standards (2022c) and ESPCN Clinical Documentation Policy. The documentation should include a reference ESPCN Protocol and Procedure: Injections. For <b>immunizations</b>, ensure the immunization has been entered into the IDSM within seven days. For <b>allergy injections</b>, ensure administration and response is documented on the allergy immunotherapy record in addition to routine documentation on the health record</li> </ol>
<p><b>References</b></p>	<ol style="list-style-type: none"> <li>1. Government of Alberta, 2024. Occupational Health and Safety Code. Retrieved from: <a href="#">OHSCode December 2024.pdf</a></li> <li>2. CRNA, 2022. Medication Management Standards. Retrieved from: <a href="#">CRNA medication-management-standards-2022</a></li> <li>3. AHS, 2025. Hazardous Medications List. Retrieved from: <a href="#">if-hp-pharm-hazardous-medications-list.pdf</a></li> <li>4. AHS, 2024. Hazardous Medications PPE Guide. Retrieved from AHS Library: <a href="#">Guide-AHS Hazardous Medications PPE-2024.pdf</a></li> <li>5. AHS, 2025. Immunization Program Standards Manual. Retrieved from: <a href="#">Immunization Program Standards Manual   Alberta Health Services</a></li> <li>6. National Institute for Occupational Safety and Health, 2024. NIOSH List of Hazardous Drugs in Healthcare Settings. Retrieved from <a href="#">2025-103.pdf</a>.</li> <li>7. CRNA, 2018. Guidelines for Medication and Vaccine Injection Safety. Retrieved from: <a href="#">guidelines-for-medication-and-vaccine-injection-safety-acp-crna-cpsa-2018.pdf</a></li> <li>8. AHS, 2025. Standard on Vaccine Storage and Handling. Retrieved from: <a href="#">if-hp-cdc-vac-manag-std.pdf</a></li> <li>9. Health Canada, 2023. Retrieved from: <a href="#">Anaphylaxis and other acute reactions following vaccination: Canadian Immunization Guide - Canada.ca</a></li> <li>10. Health Canada, 2024. Drug Product Database. Retrieved from: <a href="#">Search criteria - Drug Product Database online query</a></li> </ol>

	<p>11. National Association of Pharmacy Regulatory Authorities, 2025. National Drug Schedules. Retrieved from: <a href="#">National Drug Schedules (NDS) Database – NAPRA</a></p> <p>12. Alberta Pharmacy, 2018. Alberta Exceptions to the National Drug Schedules. Retrieved from: <a href="#">DrugSchedules Exceptions.pdf</a></p>
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**Appendix A**

**PPE Definitions**

*Chemo Rated gowns* (disposable moisture resistant DMR) gowns are used for **known hazard** medications. They are made of strong, breathable, non-linting polyethylene material or with vinyl coatings.<sup>4</sup>

*Protective gowns* are used for **potential** and **reproductive hazard** medications. They are blue or yellow disposable moisture resistant gowns made of strong, breathable polypropylene material.<sup>4</sup>

*Gloves* are high quality, powder free gloves made of either latex, nitrile, polyurethane, neoprene, polychloroprene that meet the American Society for Testing and Materials (ASTM) standard (ASTM D6978 – 05) for chemotherapy permeability.<sup>4</sup>

*Facial protection* for splash or spray can be either a face shield that covers the nose and mouth, or a combination of surgical mask and goggles.<sup>4</sup>

*N95 mask* is a filtering face piece respirator if there is a risk of aerosolization. Drawing up medication from a vial or ampoule with a needle or syringe is not considered an aerosolization risk.<sup>4</sup>