

# Health Care Support Workers Administering Inactivated Influenza, Shingles and Pneumococcal Vaccines for Adults and Live Attenuated Influenza Vaccine (LAIV) for Children

RCN guidance

CLINICAL PROFESSIONAL RESOURCE





# Acknowledgements

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## Terminology and scope

The term HCSW (health care support worker) is used throughout this publication, in line with the *National Minimum Standards and core curriculum for immunisation training of health care support workers* (PHE, 2015) to include all unregistered staff (assistant practitioners (APs), nursery nurses and health care assistants) involved in immunisation.

### England and Wales

This RCN publication applies in England and Wales. The guidance conforms with the National Minimum Standards and core curriculum for the immunisation training of health care support workers (PHE, 2015), which have also been endorsed by Public Health Wales.

### Scotland

Guidance for HCSW is still to be confirmed and the *National Minimum Standards and core curriculum for immunisation training of health care support workers* (PHE, 2015) have not been endorsed in Scotland. It is acknowledged however, that the principles outlined here may provide immunisers with some useful guidance.

### Northern Ireland

The Public Health Agency Northern Ireland currently does not endorse HCSWs giving vaccinations and the *National Minimum Standards and core curriculum for immunisation training of health care support workers* (PHE, 2015) have not been endorsed. It is acknowledged however, that general practitioners, as independent practitioners, can decide how to use their staff, so this may provide them with some useful guidance.

**This publication replaces all previous RCN guidance on HCSWs and vaccination.**

This publication is due for review in May 2022. To provide feedback on its contents or on your experience of using the publication, please email [publications.feedback@rcn.org.uk](mailto:publications.feedback@rcn.org.uk)

#### Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

#### Description

This guidance has been developed as a resource and framework for health care support workers who undertake vaccinations as part of their role.

**Publication date: May 2019 Review date: May 2022**

#### The Nine Quality Standards

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#### Evaluation

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# Introduction

This publication outlines the Royal College of Nursing's (RCN) position on health care support workers (HCSW) administering vaccines and the role of health care professionals who support them.

This publication applies to specific vaccinations given as part of the routine national schedule. These vaccines are:

- the delivery of the influenza, pneumococcal and shingles vaccines given to adults (these vaccines are administered by injection)
- the delivery of the live attenuated influenza vaccine (LAIV) programme for children (the LAIV is administered via the intranasal route).

This guidance also outlines the role of registered nurses and other registered health care professionals in supporting HCSWs involved in delivering these vaccine programmes.

The immunisation programme in the UK is constantly evolving and developing as research identifies better use of available vaccines or as new vaccines become available. The process of introducing vaccination in the UK is informed by the Joint Committee of Vaccination and Immunisation (JCVI).

The RCN recognises that nursing teams are key to the safe and effective administration of large numbers of vaccinations to those who need them. The overriding principle is: anyone involved in the prescribing or administration of vaccines must be suitably competent and have the knowledge as well as the skills to ensure patient safety, and public trust in immunisation is maintained.

**The RCN only supports HCSWs to administer those vaccines listed above. The RCN does NOT support HCSWs to administer other vaccines, such as the remainder of the childhood vaccination programme or travel vaccinations.**

# Scope of guidance

The RCN considers that, in the absence of any mandatory regulation of HCSWs, it is important to clearly define the role and boundaries of the support workforce.

## Training and experience

In England and Wales, the National Minimum Standards (PHE, 2015) advise that only those HCSWs with at least two years' experience and a minimum level of overall education and training in health care should be considered for training in vaccine administration (for example, a level three NVQ or equivalent).

Guidance on qualification levels are available at:

[www.gov.uk/what-different-qualification-levels-mean](http://www.gov.uk/what-different-qualification-levels-mean)

[www.nhswalesdevelopinghealthcare.com](http://www.nhswalesdevelopinghealthcare.com)

Only those professions listed in the Human Medicines Regulations 2012 (schedule 16, part 4) can operate under a patient group direction (PGD); this does not include HCSWs.

## Terminology

In this publication, the term 'registered professionals' includes all those professionals, along with registered medical practitioners and registered dentists, who may be involved in the support and supervision of HCSWs.

The term 'prescriber' refers to a registered professional who is an independent prescriber, registered medical practitioner or registered dentist who is responsible for issuing the prescription or patient specific direction (PSD).

## Aim of this RCN guidance

This guidance provides health care staff and organisations with information to help make an informed decision about the appropriateness (or otherwise) of delegating the task of administering vaccines to HCSWs. It does not intend to present a definitive model for all situations but rather a set of principles to be followed if HCSWs are involved in supporting specific vaccination programmes.

# The RCN position

HCSWs are a vital part of the workforce and support the delivery of vaccine programmes, the organisation and logistics of supplies, and the collating of data. They also have a role in administering vaccines but it is essential that HCSWs are suitably trained, prepared and supported for this role.

Providing they are appropriately trained and competent, work in compliance with the legislation and have the appropriate level of support from a registered health care professional and their employer, the RCN supports HCSWs in administering:

- the influenza, pneumococcal and shingles vaccines to adults
- the LAIV programme for children.

The standards for HCSWs are set out in the *National minimum standards and core*

*curriculum for immunisation training of healthcare support workers* (PHE, 2015).

All health care practitioners involved in immunisation should be able to demonstrate competence, current evidence-based knowledge and understanding of vaccination and immunisation procedures. Where staff are administering LAIV to children, their knowledge and skills must include specific awareness of issues including:

- the assessment of children and young people
- communication with children and young people
- safeguarding
- working in partnership with parents
- informed consent.

There are various models for the delivery of vaccines in general practice, schools and other settings. The principles set out in this guidance should be followed if HCSWs are involved.

When HCSWs are involved in administering vaccines, the criteria defined within the RCN's (2017) Accountability and delegation guidance and the NMC's (2018) supplementary information on delegation guidance, must be met.

- Is delegation in the best interest of the individual?
- Has a risk assessment been undertaken?
- Has the practitioner been appropriately trained and assessed as competent to perform the role?
- Does the practitioner consider themselves to be competent and confident to perform the role?
- Is adequate support and supervision available for the practitioner on site?
- Are robust protocols in place so that the practitioner is not required to make a standalone clinical judgement?

HCSWs may NOT work under a patient group direction (PGD) and a registered health care professional may NOT delegate any element of care they are providing under a PGD.

In cases involving the administration of a prescription only medicine (POM), HCSWs may only administer under a patient specific direction (PSD). The Specialist Pharmacy Service (SPS) has issued guidance, *Questions about PSDs*, available at: [www.sps.nhs.uk/articles/patient-specific-directions-qa](http://www.sps.nhs.uk/articles/patient-specific-directions-qa) See section on Principles to support safe administration.

The RCN considers it good practice for registered nurses to be involved in the HCSW immunisation training and for the whole team to have a clear understanding of the roles of the independent prescriber, the supervising nurse and other practitioners involved.

*Questions about Patient Specific Directions* (SPS, 2018) states the following.

- The prescriber is responsible for assessment of the patient and the decision to authorise the supply/administration of the medicine(s) in question.
- The prescriber has a duty of care and is professionally and legally accountable for the care they provide.
- The prescriber must be satisfied that the person to whom the administration is delegated has the qualifications, experience, knowledge and skills to provide the care or treatment involved.

This is also clear within the GMC's (2014) *Good medical practice guidance* and the NMC's (2018) *The Code* for nurses and midwives.

HCSWs must not be placed in a position where they need to make standalone clinical judgment calls in relation to vaccine administration. The HCSW needs to be able to promptly liaise and discuss issues with a registered health care professional who is available on site (whether they are in a primary care, school or hospital setting). For practical and general administration issues, this can be any registered health care professional but for medicines and prescribing clarification the registered prescriber needs to be available.

All registered professionals must adhere to their codes of conduct, standards of practice and delegation principles (NMC, 2018; GMC, 2014; HCPC, 2016; GPhC, 2017).

# Principles to support safe administration

The following principles set out safe parameters to facilitate the delivery of these specific vaccination programmes.

- Patient safety is paramount. There should be both a robust framework for the education of the HCSW and clear governance procedures (see algorithm, Appendix 1 and 2).
- In providing a PSD, the prescriber has a duty of care and is professionally and legally accountable for the care they provide. This includes tasks delegated to others (see the SPS Questions about PSD):
  - The prescriber must be satisfied that the person to whom practice is delegated has the experience, knowledge and skills to provide the care or treatment involved.
  - The individual administering the vaccine is accountable for their own practice.
- NICE's (2017) Patient group directions medicine practice guideline states:
  - When practising under a PGD, health professionals should not delegate their responsibility.

Therefore, registered nurses working under a PGD cannot delegate to a HCSW the supply or administration of medicines in accordance with a PGD.

- Under legislation (The Human Medicines Regulations 2012, regulation 214):
  - Prescription only medicine (POM) cannot be administered by injection, to someone else, unless the person administering is; a prescriber, acting in accordance with the directions of a prescriber or there is a relevant exemption in the legislation (for example, the medicine is being lawfully administered in accordance with a PGD or is administered for the purpose of saving life; as listed in the Human Medicines Regulations 2012, Schedule 19, Regulation 238).
  - All injectable vaccines administered by a HCSW must be under a PSD. (see Appendix 1).

- Where non-injectable medicines have been legally supplied to an individual for subsequent administration, the legislation does not regulate who may administer non-injectable medicines. Therefore, there may be models where a HCSW may administer non-injectable vaccines to individuals who have been legally supplied with a vaccine with instruction as to its subsequent administration by another health care practitioner, such as a HCSW (see Appendix 2).

## Example scenario when a HCSW may administer a non-injectable vaccine

When a PGD only covers supply of a non-injectable medicine (for example, the LAIV), it can be given to the patient by the registered health professional named in the PGD for later self-administration or for administration by another person, such as a HCSW. The law requires that the administration of the supplied medicine is in accordance with the PGD (which needs to specify that the medicine is supplied for subsequent administration). If the subsequent administration takes place immediately after the supply (and the vaccine does not leave the clinic setting), there is no requirement to label the vaccine.

- The important proviso is that the registered health care professional takes responsibility for the clinical assessment and supply of the medicine under the PGD to an individual child or young person. The LAIV childhood influenza vaccine must be administered immediately after supply, so there is no requirement to label the vaccine (see Appendix 2).
- The organisation providing the care must decide who is authorised to administer medicines within their local medicines policies and governance arrangements. Those authorised by their employing organisation to subsequently administer medicines which have been supplied under a PGD (for example, a health care support worker in a school setting) must be appropriately trained and competent to do so.

# Relationship between a registered health care professional and the HCSW

The registered health care professional must be satisfied that the person who will administer the vaccine has the experience, knowledge and skills to provide the care and treatment involved. The individual administering the vaccine remains accountable for their practice in accordance with their individual contract of employment.

## Training and knowledge

All those who administer vaccines must be appropriately trained in line with the minimum training standards. They should be assessed as able to demonstrate competence, as well as knowledge and an understanding of current evidence-based information on immunisation (as described in the National Minimum Standards).

### Resources

- *National minimum standards and core curriculum for immunisation training for registered healthcare practitioners* (PHE, 2018).
- *National minimum standards and core curriculum for immunisation training of healthcare support workers* (PHE, 2015).
- *Immunisation knowledge and skills competence assessment tool* (RCN, 2018) – a framework for health care professionals as well as HCSWs to develop the necessary skills and competence.

## Accountability

HCSWs must not be put in a position where they have to make standalone clinical decisions. This must remain the responsibility of the registered nurse/health care professional.

Consider the following questions and work through the algorithms in the Appendices to decide if it is appropriate for a HCSW to administer the vaccine (see Appendix 1: administration of specific vaccines in accordance with a PSD and Appendix 2: administration of the LAIV to children supplied with the vaccine

for subsequent administration by another person).

### Questions to consider

- Have all the criteria been fulfilled and is there evidence of the HCSW's competence in the administration of the particular vaccine to be administered?
- Is a PSD from an independent prescriber in place? Or has the patient/child been legally supplied with the vaccine for subsequent administration in the clinic setting.
- Has the HCSW undergone appropriate training and can demonstrate they:
  - can provide accurate and up-to-date information about the relevant diseases and vaccines
  - can consult a registered health care professional when further information is required
  - can ensure that their practice is safe and effective
  - can give a high standard of care
  - have competence in administration of these vaccinations
  - to children, young people and adults, as appropriate
  - understand the wider implications for working with children and young people
  - understand the specific issues relating to the administering of vaccines to adults and older adults as appropriate
  - understand the assessment process, communication and informed consent required
  - have competence in recognition and management of anaphylaxis and basic life support



- understand the appropriate management of adverse reactions
  - understand their role and its limitations
  - understand the legal issues, including informed consent and the use of PSDs
  - understand the appropriate handling of any health care waste produced.
- Is there a registered practitioner on site available at all times so that the HCSW can refer any queries outside of their area of knowledge to them?
  - Has the employer arranged indemnity insurance for the HCSW to perform this intervention?

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## Further reading and resources

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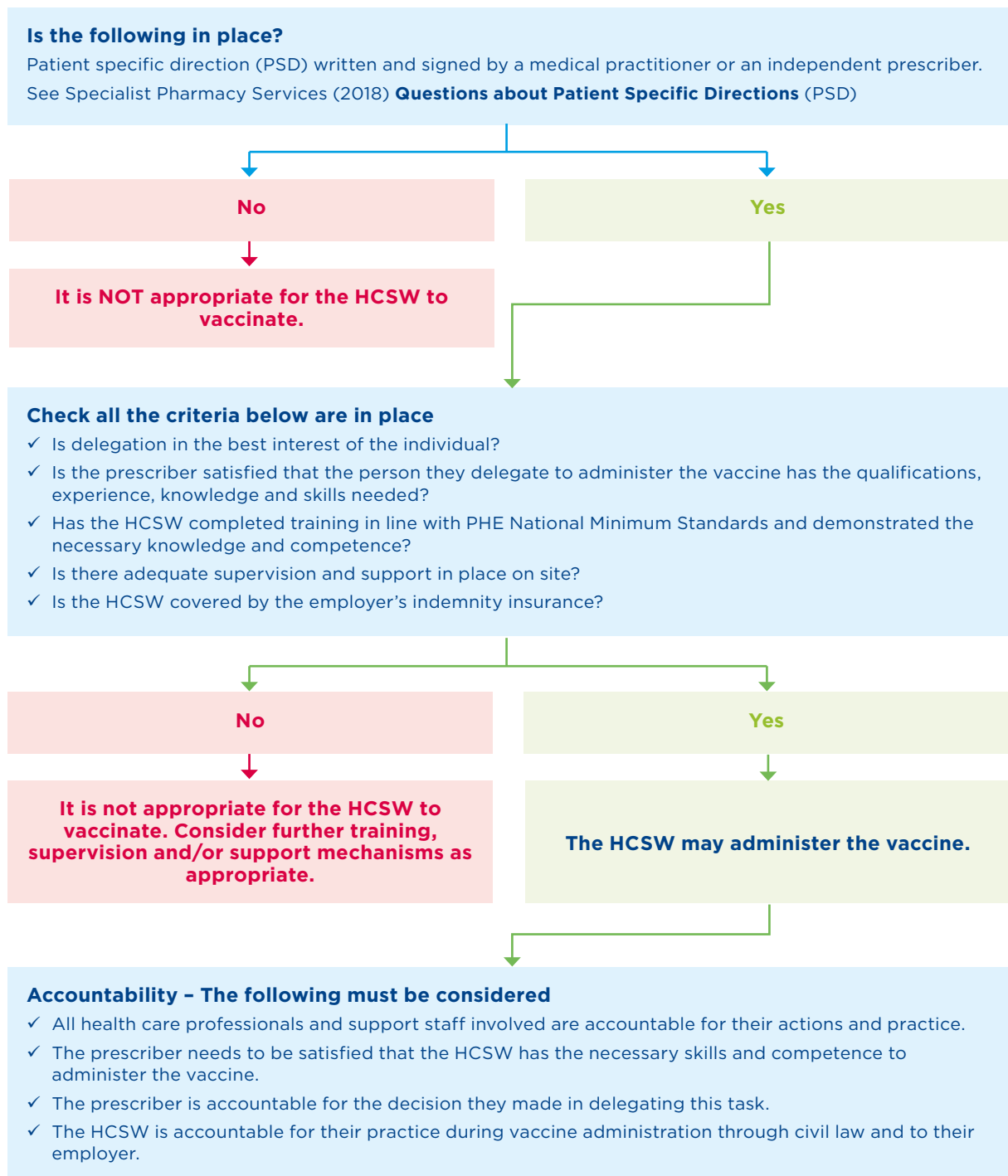
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# Appendices

## 1: HCSW and administration of specific vaccines in accordance with a patient specific direction (PSD)

Algorithm to clarify the administration of influenza, pneumococcal or shingles vaccines to adults or the LAIV to children by a HCSW in accordance with a PSD.

### Prescribing and arrangements for supply and administration



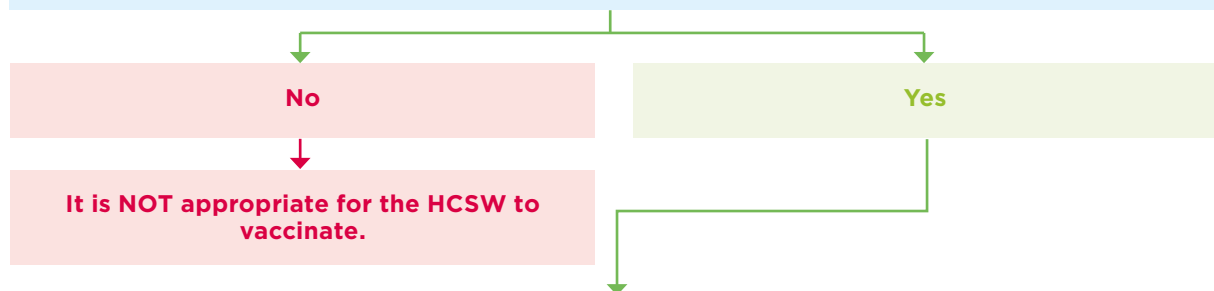
## 2. HCSW and administration of non-injectable vaccines (for example, the LAIV)

An algorithm to clarify the process for the administration of non-injectable vaccines by a HCSW, such as the LAIV supplied to children for subsequent administration by another person.

### Prescribing and arrangements for supply and administration

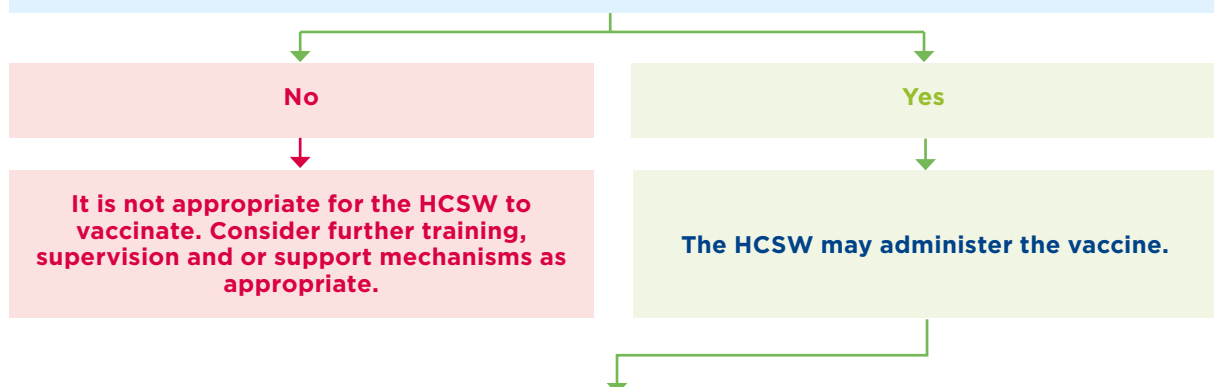
#### Is the following in place?

Patient specific direction (PSD) written and signed by a medical practitioner or an independent prescriber. Or, alternatively, the patient/child has been legally supplied the non-injectable vaccine (for example, the LAIV) and the supply was provided with the instruction to seek administration by another person which may be a HCSW. The vaccine may have been supplied by a prescriber, in accordance with a PSD or by a registered practitioner in accordance with a PGD. See Specialist Pharmacy Services (2018) **Can supply or administration be delegated to another practitioner under a PGD?**



#### Check all the criteria below are in place

- ✓ Is administration by the HCSW in the best interest of the child, or young person?
- ✓ Where the supply of LAIV has been made to the patient by a registered practitioner under a PGD, has the patient been advised to seek administration by another person?
- ✓ Is there a local protocol in place to support this delivery model for the patient/child to be supported to administer the vaccine?
- ✓ Has the HCSW completed training in line with (PHE) National Minimum Standards for HCSWs and demonstrated knowledge and competence?
- ✓ Is there adequate supervision and support in place on site?
- ✓ Is the HCSW covered by the employer's indemnity insurance?



#### Accountability - The following must be considered

- ✓ All health care professionals and support staff involved in the session are accountable for their actions and practice.
- ✓ The prescriber needs to be satisfied that the HCSW has the necessary skills and competence to administer the vaccine.
- ✓ The prescriber may delegate the task of immunising the child or young person to the HCSW. In doing so, the prescriber is accountable for the decision they made in delegating this task.
- ✓ The HCSW is accountable for their practice during vaccine administration through civil law and to their employer.

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