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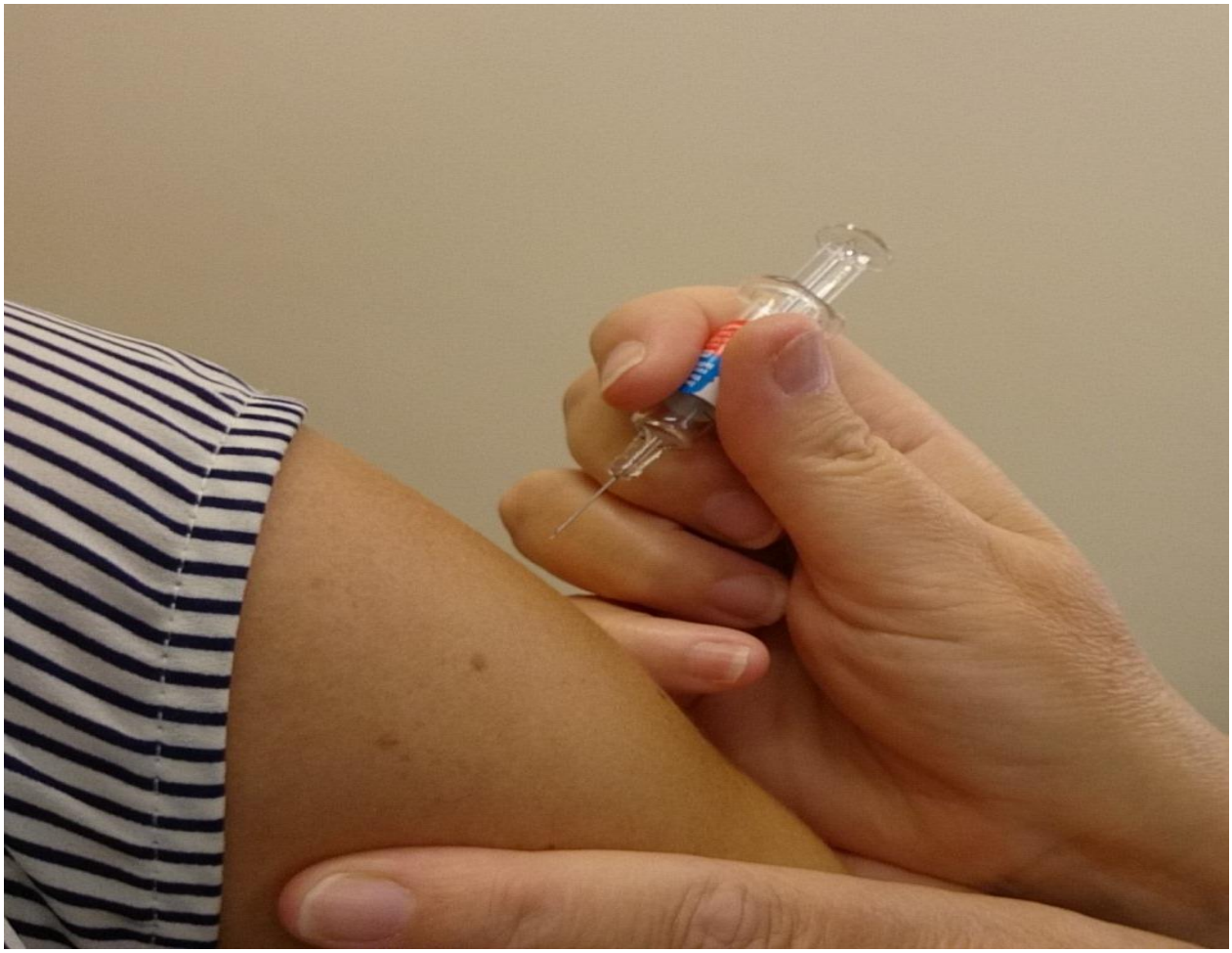
National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers



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Royal College of Nursing

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These National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers (HCSWs) are a revised and updated version of the original standards for HCSWs[1] published in April 2012.

Substantial revisions have been carried out to this revised version in 2015 by Public Health England and Public Health Wales with invaluable support, comments and contributions from professional organisations, training providers and immunisation experts from across the UK. The authors particularly acknowledge the substantial support and contributions from the Royal College of Nursing.

These standards have been approved for use in England and Wales. This document sets out a recommended minimum framework for developing training to meet the needs of HCSWs administering influenza, shingles and pneumococcal vaccinations to adults and the live attenuated intranasal influenza vaccine to children.

Terminology

There is currently variation in the titles used for a Healthcare Support Worker (HCSW). Numerous titles exist to reflect the many and varied roles they carry out. For the purposes of this document, the term HCSW is used to include titles such as healthcare assistant, assistant practitioner, primary care support worker, clinical assistant and other similar titles where the employee has been delegated a role in immunisation by an appropriate registered healthcare professional. This might also include nursery nurses working with school nurse and health visitor teams delivering the childhood intranasal flu programme.

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Introduction

This guidance is a revised version of the original National Minimum Standards and Core Curriculum for immunisation training of Healthcare Support Workers (HCSWs)[1] published in April 2012 which was written for HCSWs involved in delivering the adult flu and pneumococcal vaccines. It has been revised to include additional training requirements and considerations for HCSWs involved in the delivery of the children's intranasal influenza and adult shingles vaccine programmes and to include new and updated guidance on delegation, competency assessment, Patient Group Directions and Patient Specific Directions.

There is now greater recognition that HCSWs can be a valuable addition to teams delivering vaccination programmes and with the expansion of the flu vaccination programme to ultimately include all children from two to 16 years of age, the existing workforce in many areas may need to be expanded. Given the necessity to deliver very large numbers of both child and adult flu vaccines in a short time period each year, and the fact that shingles and pneumococcal vaccines are often opportunistically given to older adults at the same time as the flu vaccine, in many General Practices the HCSW role is being developed and expanded to include administration of these vaccines. Some areas are also considering the inclusion of, or have already included, HCSWs within the school nursing team to deliver the intranasal influenza vaccine within schools.

This document addresses the minimum standards of training for HCSWs who administer influenza, shingles and pneumococcal vaccinations to adults and intranasal influenza vaccine to children only. As this document will show, the decision to involve HCSWs in vaccine administration needs careful consideration and appropriate mechanisms in place for prescribing, delegation, accountability and supervision in order that vaccine administration is safe and effective. All immunisers must be confident, competent and well supported to ensure public confidence in vaccination is maintained. Delegation of immunisation must be both appropriate and in the best interests of the patient and the provider organisation.

Background

The National Minimum Standards for Immunisation Training[2] and Core Curriculum for Immunisation Training[3] for healthcare professionals involved in immunisation describe the standards and list the essential topics which should be incorporated into all immunisation training for registered healthcare professionals. Both these Minimum Standards and the Core Curriculum have been used as the basis for this guidance for HCSW immunisation training.

This guidance has been developed to define the standards that are considered a minimum for HCSW immunisation training and to provide assistance to those responsible for developing and delivering this training. It is expected that the level of training and assessment for HCSWs who are going to administer influenza, pneumococcal or shingles vaccines to adults or intranasal influenza vaccine to children be at the same level as would be provided to any other new immuniser although the scope of the training would be focussed only on the areas of practice that the HCSW will perform. The curriculum described in this document is designed to be comprehensive to prepare HCSWs with a role in vaccine administration. However, much of the curriculum will also be relevant to those who do not actually administer vaccines but have been designated a supportive role. Trainers should adapt the curriculum to the needs of the workforce.

It is recommended that only HCSWs who have achieved education and training to Level Three of the Qualifications and Credit Framework (QCF)[4] or equivalent in England and Wales with at least 2 years' experience as a HCSW should be considered for training in vaccine administration. HCSWs working at this level are likely to be at Level Three or above of the NHS Career Framework[5] or the NHS Wales Skills and Career Development Framework for Clinical Healthcare Support Workers[6].

These Standards are intended to support and facilitate high quality, safe delivery of the influenza, shingles and/or pneumococcal vaccination programmes rather than be seen as a barrier to HCSWs. The publication of Minimum Training Standards does not mean that HCSWs currently involved in immunisation should be prevented from practising but it is strongly recommended that they are given the opportunity to receive comprehensive immunisation training as soon as is practically possible.

Why do we need Immunisation Training Standards and a Core Curriculum for HCSWs?

Application of these Training Standards will help to:

- ensure patient safety
- ensure high quality practice in immunisation
- ensure those who immunise are competent to do so
- enable those in charge of designing and running immunisation training for HCSWs to ensure all core areas of knowledge and competency are covered by providing a curriculum around which to structure the training they offer
- define the minimum level of training that should be provided
- ensure that HCSWs comply with PSD requirements

- ensure HCSWs who immunise have adequate training, support, supervision and mentorship
- ensure delegating practitioners understand their role and responsibilities when mentoring and delegating immunisation to a HCSW

Aims and Objectives

The aim of HCSW Standards for Immunisation Training is to ensure that all HCSWs engaging in any aspect of immunisation are trained in order to:

- ensure that their practice is safe and effective
- give a high standard of care
- be able to provide accurate and up to date information about the relevant diseases and vaccines to their patients
- demonstrate competence in administration and recording of influenza, shingles and/or pneumococcal vaccinations
- demonstrate competence in recognition and management of anaphylaxis and basic life support
- demonstrate an understanding of appropriate management of adverse reactions
- demonstrate an understanding of their role and its limitations
- be able to refer to a registered healthcare professional where further information is required for the patient's needs

Table One: Standards for Immunisation Training of HCSWs

	Standard
The HCSW	A HCSW who administers immunisations must have completed relevant training and have been assessed as competent by a registered practitioner who is experienced in immunisation Mentorship, close supervision and support strategies are essential.
The registered healthcare professional (HCP)	The practitioner who delegates the role of immunisation must be on a relevant professional register for example the Nursing and Midwifery Council (NMC) or the General Medical Council (GMC). This delegating professional has the professional responsibility for ensuring the HCSW has met the necessary standards of competency

	and undertaken the recommended training.
The requirement to be trained	Any HCSW who immunises or has a role in immunisation should receive specific training and annual updates. Those new to immunisation should receive comprehensive immunisation training, preferably through a formal foundation course. It should follow a framework that encourages supervised practice and support and also enables robust assessment of competence.
The training content	The content of the foundation training for HCSWs should include, as a minimum, all the core areas of knowledge listed in Table Two. HCSWs must demonstrate competence, knowledge and practical skills through assessment and practice as well as an understanding of the limitations of their role. If a HCSW is supporting the childhood influenza programme or administering intranasal influenza vaccine to a child, special consideration needs to be given in relation to consent, safeguarding and the safety and wellbeing of the child. Please see Appendix A for further information.
Duration and frequency of training and updates	The recommended minimum duration of foundation immunisation training for HCSWs who administer adult flu, pneumococcal and shingles vaccines is two days in order to achieve all the learning outcomes listed in Appendix B. Length of training for HCSWs who will only administer live attenuated influenza vaccine to children will depend on previous experience of working with children and whether additional sessions on safeguarding are necessary in addition to immunisation specific training. Training of HCSWs who have a role in immunisation but do not administer vaccines may be very specific to their role and therefore shorter in duration. Annual updates must be provided. To include all necessary information, these updates should be a minimum of half a day, although a full day may be required.

Access to national policies and updates	HCSWs with a role in immunisation should have access to the online *Immunisation against Infectious Disease*[7] (the 'Green Book') and all updates of national influenza, shingles and pneumococcal vaccination policy including DH/PHE/NHS England, Welsh Government or CMO/CNO/CPO letters.
Access to supervision	HCSWs actively involved in immunisation services must have an identified supervisor and supervision from this person must be ongoing. The supervisor must be a registered, appropriately trained, experienced and knowledgeable practitioner in immunisation. The supervisor should ensure the HCSW's immunisation practice meets national standards and reflects current national policy.
Evaluation	Those responsible for clinical governance should ensure that staff training (at all levels and all aspects) is included in regular audit of the immunisation service.

Table Two: Core areas of knowledge for HCSWs

	Core areas of immunisation knowledge
1	The aims of the current influenza, shingles and/or pneumococcal vaccine policy
2	The immune response to influenza, shingles and/or pneumococcal vaccines and how they work
3	Vaccine preventable diseases – influenza, shingles and/or pneumococcal disease
4	The different types of vaccines, their composition and the indications and contraindications for influenza, shingles and/or pneumococcal vaccines
5	Current issues relating to influenza, shingles and/or pneumococcal vaccines
6	Communication with patients and parents about influenza, shingles and/or pneumococcal vaccines

7	Legal issues including consent and use of Patient Specific Directions (PSDs) and Patient Group Directions (PGDs)
8	Storage and handling of vaccines
9	Correct administration of vaccines
10	Anaphylaxis, basic life support and adverse reactions
11	Documentation, record keeping and reporting
12	Strategies for the effective organisation of vaccination sessions
13	The role of the HCSW as an immuniser (to include: role limitations, the role of others in immunisation)
14	Support for the HCSW eg supervision, mentorship and reflection

All HCSWs involved in immunisation should be able to demonstrate current evidence-based and best practice based knowledge and understanding of the areas listed in Table Two. They must be able to identify the registered healthcare professional to whom the patient can be referred if they require more information to enable an informed decision about vaccination to be made. Trainers should ensure that the content of each session enables the participant to meet the learning objectives specified for each core topic. See Appendix B for suggested learning outcomes.

On completion of immunisation training, the HCSW should only undertake immunisation if they feel competent to do so. This competence should be assessed and recorded, and each HCSW must be supported and supervised by a registered and experienced healthcare professional. Competency assessment, ongoing supervision, support and mentorship are seen as crucial in achieving clinical governance standards.

The registered healthcare professional who has delegated a role in immunisation to the HCSW is accountable for complying with the principles of delegation (for registered nurses, this should be as set down in the NMC Code[8]) and is responsible for the standard of care provided by their team. The HCSW is accountable for their own practice.

The registered healthcare professional who has delegated a role in immunisation to the HCSW also has a professional responsibility to remain up to date in all aspects of immunisation. It is important that they have access to Immunisation against Infectious Disease[7] (the 'Green Book') and all updates of national influenza, shingles and/or pneumococcal vaccination policy including DH/PHE/NHS England, Welsh Government and CMO/CNO/CPO letters.

Provision of Training

Ideally, where possible, training should be provided at a local level and led by local trainers.

Involving local experts in delivering training enables immunisers to raise local issues for further discussion. It also gives immunisers the opportunity to meet those leading on immunisation in their locality so that they know who to contact for support and advice. Certain areas such as clinical governance and record-keeping may have some degree of local variation and it is therefore beneficial if this can be taught at a local level. However, where it is not possible to access training locally, it may be obtained from an experienced training provider elsewhere provided the training comprehensively covers the standards and curriculum detailed in this document.

In many areas, it may be possible to enrol local Health Board/NHS organisation educators and training departments to establish and take an organisational lead in immunisation training. Providers of further and higher education may also offer suitable courses. E-learning is now an established part of many educational programmes as it allows the efficient delivery of high quality content to large numbers of people. Where it is not possible or appropriate to deliver or access a two day programme, a blended learning approach can be used with an e-learning course(s) used alongside face-to-face sessions to help ensure participants achieve all of the required learning outcomes. Specific training resources and online learning should be available in the near future. Influenza elearning courses are already available (see Resources section).

Collaboration between educational establishments and the local healthcare organisations should be encouraged to share experience and skills and build upon any currently available courses. Close collaboration with PHE/PHW is also recommended.

Since there is a lot to cover in a two day course, much of which may be new to HCSWs, it is recommended that pre-course reading material is provided. This will also serve as a useful reference tool after the course. Trainers may find some of the training resources listed in the Resources section of this document can be adapted for teaching HCSWs.

Updates for HCSWs

Provision of a regular and ongoing programme of updates for those HCSWs who have completed the initial immunisation training should be seen as a priority. A minimum of once yearly updates is recommended. These updates should include

the areas listed below and cover any recommended changes to practice and the most up to date policies and guidelines.

- current issues in influenza, shingles and/or pneumococcal vaccination
- recent epidemiology of influenza, shingles and/or pneumococcal disease
- any changes to the recommendations or national policy for influenza, shingles and/or pneumococcal immunisation
- update on vaccine administration
- any changes to legislation relevant to vaccination
- anaphylaxis recognition and management
- review of current practice and identification of areas for improvement
- review of support strategies
- Q&A session for commonly encountered problems in practice

Assessment

Those responsible for training and/or supervising HCSWs should develop effective strategies for assessing both knowledge and clinical competence.

Assessment of knowledge

HCSW's knowledge following training should be assessed and recorded. This may be done in a number or combination of different ways - for example:

- a short answer or multiple-choice answer test
- scenario-based questions
- oral question and answer test
- a reflective log or diary of events
- a personal portfolio of learning events

It would be helpful to link accreditation or certification of the learner to completion of such an assessment.

Supervised practice

Supervised clinical practice helps ensure the integration of theoretical knowledge with clinical practice. A period of supervised practice to allow acquisition and mentor observation of clinical skills and application of knowledge to practice when the practitioner is new to immunisation is therefore strongly recommended.

It is recommended that all new HCSW immunisers should spend time with a registered practitioner who has attended a formal immunisation course that meets the National Minimum Standards[3] or has comparable training and experience and

is experienced in advising about immunisation and giving vaccines before starting to give immunisations themselves. The HCSW should have the opportunity in these sessions to observe an agreed minimum number of procedures and discuss relevant issues with the registered practitioner.

Reflection, discussion and support are recommended to ensure optimum learning. Supervision should be ongoing and HCSW competence should be regularly assessed against a given standard via performance review or appraisal[9].

Assessment of clinical competency

Each HCSW must demonstrate an appropriate standard of practice under the supervision of an experienced registered healthcare professional. This supervised practice should be structured and robust and follow a clear, comprehensive checklist so each step of the consultation is considered. A competency checklist[10] such as that published by the RCN and PHE may be used for formal sign-off of the HCSW's clinical competency in immunisation. A copy of the completed checklist should be retained in the HCSWs personnel file.

Whilst there is no finite evidence as to how many times supervised practice should occur, both the mentor and the HCSW need to feel confident that the HCSW has the necessary skills and knowledge to advise on and/or administer each of the vaccines they are to deliver.

Certification/Accreditation

HCSWs should keep a portfolio of formal competency checklists, knowledge test score sheets, reflective logs and certificates of attendance at immunisation training courses and updates which will be useful for immunisers, training providers and employers. Collation of these items could enable formal certification and/or accreditation for HCSWs in immunisation. Issue of such a certificate by the lead trainer would provide HCSWs with a means to be able to show evidence of completion of training and achievement of competence to both current and future employers. An example of the standards expected when assessing HCSWs for certification of competency can be viewed in Appendix C.

Supervision

HCSWs delivering immunisations should be allocated a supervisor who should be a registered practitioner. As they may not necessarily be the prescriber, the supervisor should work with the prescriber to put in place systems which will ensure that HCSWs, to whom the task is delegated, have an appropriate role, level of experience and competence. They should also facilitate access to training and support.

For nurse supervisors, the NMC Code[8] offers guidance on the nurse's teaching and delegating responsibilities. The NMC do not currently offer any guidance on the qualifications required by registered nurses supervising HCSWs as they do not professionally regulate this group.

However, useful guidance on supervision of HCSWs has been written by an intercollegiate group from the professional bodies for the allied health professions and nursing. The guidance provided in this document[11], combined with the following elements listed below, should be considered when defining the role and responsibilities of the supervisor of a HCSW immuniser.

- each HCSW should have a named supervisor who is a registered competent healthcare professional with regular clinical work in immunisation

- the supervisor should be able to demonstrate relevant knowledge and skill in all aspects of immunisation. They must be able to show a record of recent attendance at immunisation training or update course (ideally within the last year) and/or be able to show evidence of continuing professional development in immunisation

- the supervisor must have the necessary skills and commitment to support and assess the HCSW and be able to show that they understand the competency assessment required

Ongoing support for HCSW supervisors is recommended. This may take the form of:

    - programme of preparation
    - defining supervision and mentorship roles
    - clinical supervision
    - development of 'good practice guidelines' pack
    - support group

A workshop for supervisors, held prior to the HCSW immunisation training course, may be advantageous to allow discussion of the legal and professional issues associated with the training and supervisory requirements.

Trainers

Those responsible for providing training require an up-to-date knowledge of the subject areas they are to teach. It is therefore recommended that trainers attend study days tailored to meet their needs. Examples of these include the annual immunisation study days/conferences organised by PHE and PHW and other local or national study days held by different organisations and professional bodies across the country. It may be appropriate to facilitate a training day for the 'named' supervisors locally.

Training for immunisation trainers should include any recommended changes to previous practice and the most up to date immunisation information and guidelines. Areas covered may include those listed in Table Three in the National Minimum Standards for Immunisation Training document[2].

Delegation

If immunisation is delegated, patient safety must be considered and not compromised in any way. The delegation must be appropriate, safe and in the best interests of the patient.

The NMC Code[8] states that nurses and midwives must be accountable for their decisions to delegate tasks and duties to other people. A nurse or midwife should only delegate tasks and duties that are within the other person's scope of competence and they should ensure that the person to whom they delegate fully understands their instructions, is adequately supervised and supported, and that delegating nurses or midwives confirm that the outcome of any task they have delegated to someone else meets the required standard. They should not delegate tasks that are beyond the skills and experience of the worker and should only delegate an aspect of care to a HCSW who has had appropriate training and whom they deem competent to perform the task. The delegatee should know their limitations and when to seek advice from the appropriate professional.

When delegating immunisation to a HCSW therefore, the delegating healthcare professional (whether nursing, medical or other independent prescriber) must ensure that the HCSW has undergone training, has the appropriate knowledge, skills and competency and that there is adequate supervision and support in place. If these conditions have been met and the role of administering an immunisation is delegated, the HCSW is accountable to the patient for their actions and decisions, and for any errors they make through civil law and to their employer[12]. The registered healthcare professional should therefore ensure adequate supervision is in place. If this is not possible, or they believe that delegating a role in vaccine administration would be unsafe, the delegation should not be made. The delegator remains accountable for the overall management of the person in their care.

If the employer has the authority to delegate an aspect of care such as immunisation, the employer becomes accountable for that delegation.

The algorithm provided in Appendix D shows the lines of accountability when vaccine administration is delegated to a HCSW. In addition, the RCN[9] and NHS Wales[13] provide detailed and useful advice on delegation for registered nurses and midwives. Advice for doctors on delegation is provided by the GMC[14].

Good Practice

In order to protect HCSWs and employers, the role of administering influenza, shingles and/or pneumococcal vaccinations to adults or influenza vaccination to children must be included in the HCSW job description.

- HCSWs need to be clear on the parameters of their role
- HCSWs need to be clear on the lines of accountability
- employers must be clear on the parameters of the HCSW role
- employers must be clear on the lines of accountability
- employers are responsible for ensuring that HCSWs are appropriately trained and have been assessed as competent to safely administer vaccines
- the registered supervising practitioner should be available at all times whilst the immunisation clinic is in session

Employers should ensure that their insurers will provide indemnity for the HCSW to administer immunisations and should contact their medical defence organisation for up-to-date advice about this where required.

Supervisors and mentors may also wish to revisit their job description to ensure it reflects their responsibilities as to the ongoing training, mentorship and supervision of colleagues. HCSWs should also ensure that their own job descriptions reflect the role and responsibilities they are undertaking.

As well as competency assessments and recording of foundation and update training dates, other measures to ensure good practice and patient safety may be:

1. The development of a ‘protocol for practice’ by the employer for the administration of adult influenza, shingles and/or pneumococcal vaccinations and the live intranasal influenza vaccine to children.
2. Adherence to the ‘Code of Conduct for HCSWs’[15, 16]. Although the regulation of HCSWs is not required by law, it is important that organisations work towards performance monitoring and education for all HCSWs it is both directly and indirectly responsible for.

Administration considerations

HCSWs administering injectable influenza, shingles and/or pneumococcal vaccinations can only do so under a Patient Specific Direction (PSD). They legally cannot administer vaccines under a Patient Group Direction (PGD) and administration cannot be delegated to them under a PGD. Legislation requires that only registered health professionals can use PGDs.

In delegating the immunisation of the patient to the HCSW, the prescriber should ensure that the appropriate prescribing mechanisms, governance arrangements and a medicines policy to support the use of PSDs by healthcare support staff are in place.

Further information on PSDs and PGDs is provided in Appendix E.

Discussion

HCSWs can add value to the skill mix of teams delivering vaccination programmes. To maintain patient safety and quality of care however, it is important that the limitations of the role of the HCSW in vaccination are made clear to registered staff, those responsible for prescribing and HCSWs themselves.

For the implementation of HCSW training locally, the challenges may be many. Coordination, collaboration, facilitation and commitment are important. In some areas, significant development of training, supervision and mentorship will be required as well as the infrastructure to maintain these. The resources required may be justified in terms of clinical governance and risk management and the increased ability to deliver the vaccine programme.

Conclusion

A high level of knowledge and a positive attitude to immunisation in vaccine providers are important determinants in achieving and maintaining high vaccine uptake. Good foundation training, annual updates and support in practice should be provided to HCSWs involved in immunisation. This should ensure their level of knowledge and skill is appropriate, their care delivery competent and their attitude to immunisation positive so they may best support and assist registered healthcare professionals to safely and effectively deliver vaccination programmes.

Resources

eLearning for Healthcare (e-LfH) Interactive flu immunisation elearning programme written by PHE. Available at http://www.e-lfh.org.uk/programmes/flu-immunisation/

National Leadership and Innovations Agency for Healthcare (NLIAH). *All Wales Guidelines for Delegation.* September 2010 available at: http://www.wales.nhs.uk/sitesplus/documents/829/All%20Wales%20Guidelines%20for%20Delegation.pdf

NHS Education for Scotland. Administration of Fluenz Tetra Intranasal Influenza Vaccine - Educational film. Available at: http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/seasonal-flu.aspx

Public Health England. Teaching slide sets, Green Book and Vaccine Update access, DH/PHE/NHS England letters and patient and healthcare practitioner information about the shingles, childhood influenza and national influenza programmes. Available at: https://www.gov.uk/government/collections/immunisation

Public Health Wales. Flu e-learning modules available at www.wales.nhs.uk/immslearning

Public Health Wales. Information and resources about vaccine programmes in Wales. Available at: http://www.wales.nhs.uk/sitesplus/888/page/43510

Royal College of Nursing. Information on accountability and delegation: http://www.rcn.org.uk/development/health_care_support_workers/professional_issues/accountability_and_delegation_film

Royal College of Nursing. Advice for Healthcare Assistants and Assistant Practitioners: http://www.rcn.org.uk/development/health_care_support_workers

Royal College of Nursing. Position statement on the education and training of health care assistants (HCAs) http://www.rcn.org.uk/__data/assets/pdf_file/0005/441059/Position_statement_-_HCAs_Final_2.pdf

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Appendix A

Considerations for working with children

Consent

Administering the live attenuated influenza vaccine (Fluenz® Tetra) to children in the primary care setting

Children from 2 years of age should be offered Fluenz® Tetra within the primary care setting. For young children not competent to give or withhold consent, such consent can be given by a person with parental responsibility. Where this person brings the child in response to an invitation for immunisation and, following an appropriate consultation, presents the child for that immunisation, these actions may be considered evidence of consent.

Who has parental responsibility?

Mothers automatically have parental responsibility for their child from birth. A father also has parental responsibility if he was married to the mother when the child was born, if he subsequently married her or if he is registered on the birth certificate (from December 2003). An unmarried father may also acquire parental responsibility by:

- jointly registering or re-registering the birth of the child with the mother (from 1 December 2003)
- getting a parental responsibility agreement with the mother
- getting a parental responsibility order from a court

Further information about parental responsibility is available on the gov.uk website at:
https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility

Administering Fluenz® Tetra to children in the school setting

Young people aged 16 and 17 are presumed, in law, to be able to consent to their own medical treatment. Younger children who understand fully what is involved in the proposed procedure (referred to as ‘Gillick competent’) can also give consent, although ideally their parents will be involved.

If a person aged 16 or 17 or a Gillick competent child consents to treatment, a parent cannot override that consent.

If the registered health professional giving the immunisation feels a child is not Gillick competent then the consent of someone with parental responsibility should be sought.

If a person aged 16 or 17 or a Gillick competent child refuses treatment that refusal should be accepted. It is unlikely that a person with parental responsibility could overrule such a refusal. It is possible that the court might overrule a young person's refusal if an application to court is made under section 8 of the Children Act 1989 or the inherent jurisdiction of the High Court.

Useful resources:
-Department of Health. Seeking consent: working with children. November 2001
http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4067204.pdf

-Welsh Government. Consent in healthcare - information for children and young people age under 18 in Wales. April 2013.
http://gov.wales/topics/health/publications/socialcare/guidance1/consent/?lang=en
-Welsh Government. Patient consent to Examination and Treatment, Wales – revised guidance
http://www.wales.nhs.uk/sites3/page.cfm?orgid=465&pid=11930

Safeguarding

In England and Wales, the law states that people who work with children have a duty to safeguard and promote the welfare of children. There are a number of pieces of safeguarding legislation, including The Children Act (1989) and (2004). The Welsh Government also provide guidance in their document 'Working Together to Safeguard Children, March 2013' and the English Government in their document 'Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. March 2010'.

Jobs that involve caring for, supervising or being in sole charge of children or adults require an enhanced Disclosure and Barring Service (DBS) check and appropriate safe-guarding training. These are the employer's responsibility

Safety and wellbeing

It is important to ensure a safe environment when administering vaccine products to young children as they are naturally inquisitive. All vaccine products and potential hazards should be well out of reach of the child. Distraction techniques are useful: simple toys can help to hold the child's attention and can help to relax the situation. Local Standard Operating Procedures or protocols for working with children should be followed.

Appendix B

Suggested Aims and Learning Outcomes for training HCSWs who will be taking on a role in the administration of adult influenza, shingles and pneumococcal vaccine and childhood live attenuated influenza vaccine (LAIV)

Core Knowledge Area	Aim	Learning Outcome
1) The aims of the current influenza, shingles and pneumococcal vaccine policy	To be able to explain the aims of immunisation against influenza, shingles and pneumococcal disease	The HCSW will be able to: • Demonstrate knowledge of relevant national policy and its broad aims • Describe any local variations to immunisation policy if appropriate • Explain how vaccine policy for influenza, shingles and pneumococcal vaccines is made and what information informs these policy decisions • Explain how pneumococcal, shingles and influenza vaccine uptake is monitored • Demonstrate an ability to access the online Green Book and relevant vaccine policy and guidance documents
2) The immune response to influenza, shingles and pneumococcal vaccines and how they work	To be able to explain the immune response to influenza, shingles and pneumococcal vaccines	The HCSW will be able to: • Explain the difference between innate, passive and active immunity • Explain the basic immune response to a vaccine • Explain the differences between a live and an inactivated vaccine • List conditions which affect the immune response to vaccines • Describe why some patients cannot receive live vaccines • Explain any precautions that should be taken after administering a live vaccine eg to immunosuppressed family members or close contacts of vaccine recipients • Describe herd immunity and explain why it is important
3) Vaccine preventable diseases – influenza, shingles and pneumococcal disease	To describe the main features of influenza, shingles and pneumococcal disease, and their complications	The HCSW will be able to: • Explain the current incidence of influenza, shingles and pneumococcal disease • List the main signs and symptoms and the most common complications of influenza, shingles and pneumococcal disease • Describe the groups most at risk of these diseases • Give an overview of the reasons for immunisation and the impact immunisation has on these diseases • Know where to find further information about each disease

Core Knowledge Area	Aim	Learning Outcome
4) The different types of vaccine, their composition and the indications and contraindications for LAIV, adult influenza, adult pneumococcal and shingles vaccines	To have knowledge about the pneumococcal and shingles vaccine and the different types of influenza vaccine in current use	The HCSW will be able to: • Describe the relevant vaccine types and their contents • Explain the indications and current recommendations for shingles, adult pneumococcal, LAIV and adult influenza vaccines • List the contraindications of and precautions to these vaccines, • Describe the risks of giving live vaccines to immunocompromised people • Describe the most common side effects of these vaccines and how these should be managed • Compare the frequency and severity of vaccine side effects with the symptoms and complications of the diseases • Describe situations when assessing suitability for vaccination when referral to a registered healthcare professional would be appropriate
5) Current issues relating to influenza, shingles and pneumococcal vaccines	To know about relevant and current issues/controversies	The HCSW will be able to: • Describe any issues/controversies currently relevant to flu, shingles and pneumococcal vaccines • Demonstrate the ability to respond to patients concerns about any issues relating to these vaccines and correct any misconceptions • Explain the systems in place for referral to registered healthcare professionals to support patients in discussing these issues • Identify suitable information sources that patients may wish to view for more information • Be aware of any changes to the vaccines available
6) Communication with patients about influenza, shingles and/or pneumococcal vaccines	To communicate effectively with patients about influenza, shingles and pneumococcal immunisations	The HCSW will be able to: • Identify the patient according to local policy • Prepare the patient/parents/carers for the procedure • Communicate key facts about the vaccines to patients and be able to respond to any questions/concerns • Ensure appropriate leaflets and/or written information for patients are available. • Describe reliable sources of information for patients • Demonstrate effective communications skills • Demonstrate a commitment to ensuring the patient gets best advice on immunisation • Describe situations when referral to a registered healthcare professional is appropriate

Core Knowledge Area	Aim	Learning Outcome
7) Legal issues including consent and use of PSDs	To understand the legal aspects of immunisation	The HCSW will be able to: • Demonstrate understanding of data protection issues • Explain the differences between Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) • Explain the principles of valid consent and demonstrate how to check consent is valid • Appropriately record consent (according to national and local policy)
8) Storage and handling of vaccines	To follow correct procedures for storage and handling of vaccines	The HCSW will be able to: • Explain the importance of the cold chain • Specify minimum/maximum temperature for vaccine storage • Demonstrate knowledge of appropriate standards and systems in place for vaccine storage and handling • Explain the importance of checking vaccine expiry dates prior to administration • Explain what action to take if the cold chain is not maintained • Dispose of wasted vaccine and used vaccine equipment according to local policy • Explain the procedure to be taken in the event of a needle stick injury • Demonstrate appropriate sharps management
9) Correct administration of vaccines	To administer vaccines correctly	The HCSW will be able to: • Demonstrate appropriate selection and preparation of vaccine equipment • Explain how to prepare and dispose of vaccinations and vaccination equipment • Demonstrate safe practice in checking the vaccine to be administered • Demonstrate correct reconstitution of shingles vaccine • Demonstrate ability to check patient's suitability for vaccination prior to administration • Demonstrate how to correctly position patients for safe and effective vaccine administration • Demonstrate how to ask parents to hold their children (where necessary) for safe and effective administration of LAIV • Explain the choice of immunisation site and needle size (where applicable) • Demonstrate correct intramuscular injection technique for adult influenza and adult pneumococcal vaccines • Demonstrate correct subcutaneous injection technique for shingles vaccine • Demonstrate correct technique for administering intranasal influenza vaccine to children • Demonstrate good knowledge and practice of infection control • Demonstrate appropriate care following administration of the vaccine

Core Knowledge Area	Aim	Learning Outcome
10) Anaphylaxis, basic life support and adverse reactions	To be able to manage anaphylaxis and other adverse events appropriately	The HCSW will be able to: • Give evidence of anaphylaxis and basic life support training within the last 12 months • Explain the symptoms of anaphylaxis and the HCSW role in management • Distinguish between anaphylaxis and fainting • List the most common side effects of the relevant vaccinations • List incidents when referral to a registered healthcare professional would be appropriate • Describe the HCSW responsibilities with regard to reporting adverse events
11) Documentation, record keeping and reporting	To correctly document all vaccines given in all relevant records.	The HCSW will be able to: • Document vaccinations given correctly • Complete appropriate documentation (refer to national and local policies as appropriate) • Ensure all details required are recorded • Describe the systems in place for reporting adverse reactions
12) Strategies for effective organisation of LAIV, influenza, shingles and pneumococcal vaccine sessions	To be able to identify and implement strategies for improving uptake of LAIV, adult influenza, shingles and pneumococcal vaccines	The HCSW will be able to: • Explain basic strategies to support immunisation uptake • Describe the systems in place to support immunisation uptake • Explain the importance of good organisation of vaccine clinics • Describe how to organise the immunisation clinic to maximise uptake and take into consideration any factors which may affect uptake
13) The role of the HCSW as an immuniser	To be have an understanding of the role of the HCSW in immunisation	The HCSW will be able to: • Explain the scope and limitations of the HCSW role in immunisation • Demonstrate understanding of when to refer to a healthcare professional • Explain the responsibilities of the HCSW in relation to immunisation • Explain the roles of other members of the team in immunisation
14) Support for the HCSW eg supervision, mentorship, reflection	To be aware of local processes for support and supervision	The HCSW will be able to: • List and describe systems in place to support the HCSW role within the clinical area • List and describe the systems in place to support the HCSW within the locality • Identify a named mentor • Describe the process of appraisal and personal development planning

Appendix C

An example of the standards expected when assessing HCSWS for Certification of Competency

- HCSWs who immunise will attend specific training in immunisation; the content and duration of which will depend on which vaccines they are to administer and/or the role they will have in immunisation. HCSWs should not attend the course unless they have already studied to Level 3 of the Qualifications and Credit Framework (QCF) or equivalent in England and Wales with at least two years' experience as a HCSW.

- Each HCSW is required to complete an assessment of knowledge at the end of the course (eg a multiple-choice paper). The questions will be based on the course content. A pre-determined pass mark (eg 80%) is required.

- The HCSW must have a 'named' supervisor in the workplace. The 'named' supervisor must be someone who is registered and clinically competent in immunisation with an appropriate knowledge and skill level.

- Each HCSW is required to complete a number of observed clinical encounters, which includes administration of a vaccine (if part of role), until both the supervisor and the HCSW feel confident that the HCSW has the necessary skills and knowledge to advise on and/or administer each of the vaccines they are to deliver. The observed administrations will be carried out under the supervision of the 'named' supervisor. These will be documented.

- A HCSW will be assessed as competent once they have achieved the required pass mark in the knowledge assessment and a successful competency assessment.

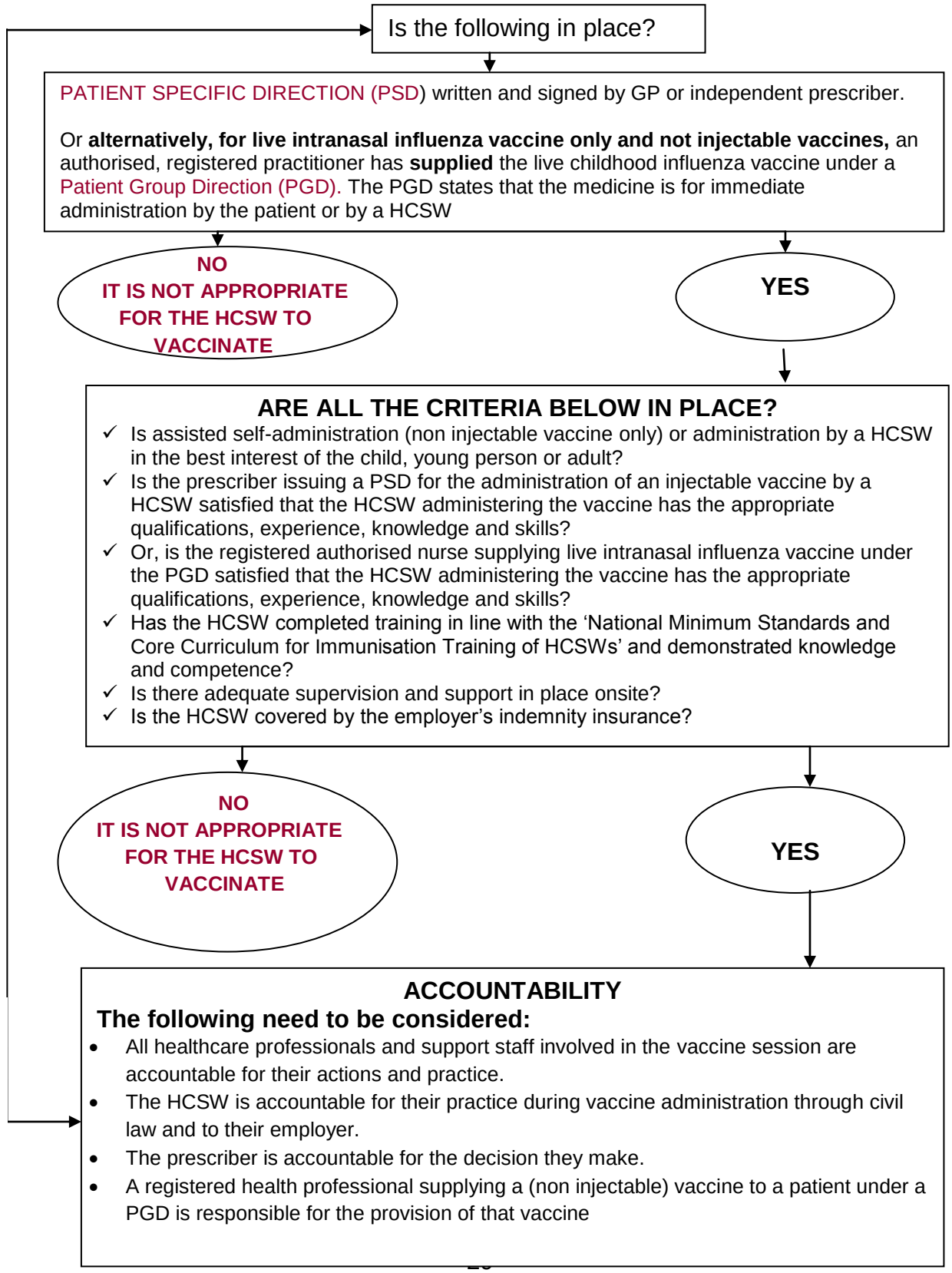
- Both the HCSW and the supervisor need to be absolutely clear about accountability with regard to the delegation and performance of this procedure.

- Annual update training and appraisals are required to ensure personal development and support the delivery of safe high quality care.

Appendix D

Algorithm to clarify the process for administration of vaccines by HCSWs

PRESCRIBING AND ARRANGEMENTS FOR SUPPLY AND ADMINISTRATION



Source: Adapted from RCN Position on Healthcare Support Workers (HCSWs) administering specific vaccinations, given as part of the routine national schedule. (March 2015)

Appendix E

Patient Specific Directions, Patient Group Directions and HCSWs - Key points

Patient Specific Direction

A Patient Specific Direction (PSD) is a written instruction, signed by a doctor, dentist, or non-medical prescriber (hereafter referred to as “the prescriber” unless stated otherwise) for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. PSDs are tailored to the needs of individual patients and it is the prescriber issuing the PSD who takes responsibility for the instruction.

HCSWs administering vaccines can only do so under a Patient Specific Direction (PSD); they cannot legally administer them under a Patient Group Direction (PGD).

Who can supply or administer under a PSD?

Legally, anyone can supply and/or administer under a PSD. They need to be trained and competent. The prescriber must be satisfied that the person to whom vaccine administration is delegated has the necessary knowledge, skills and experience to administer the vaccines

PSDs are a direct instruction and therefore do not require an assessment of the patient by the HCSW instructed to supply or administer the medicine. However, good practice requires the HCSW to assess the patient’s suitability prior to administration of the vaccine. This may be done by the HCSW asking questions from a checklist prior to giving an immunisation.

Does a PSD need to be written?

Yes, a PSD must be written and signed by the prescriber. A verbal instruction is not a valid PSD.

Training Issues

It is considered good practice for registered nurses to be involved in the HCSW’s immunisation training and for the whole team to have a clear understanding of the roles of the independent prescriber, the supervisor and the HCSW.

Accountability

In delegating the task of immunising the patient to the HCSW, the prescriber is accountable for the decision they made in delegating this task.

- the HCSW is accountable for any errors they make during vaccine administration through civil law and to their employer.

- the healthcare professional running the immunisation session, where they are not also the prescriber, remains accountable for their own practice.

Organisations should have appropriate governance arrangements and a medicines policy to support the use of PSDs by healthcare support staff.

Patient Group Direction (PGD)

A PGD is a written instruction for the sale, supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PGDs allow specified registered healthcare professionals to supply and/or administer a medicine directly to a patient with an identified clinical condition without the need for a prescription or an instruction from a prescriber. Legislation requires that only registered health professionals can use PGDs as named, authorised individuals and are not able to delegate their responsibility to another person.

Can HCSWs work to PGDs?

No. The Medicines Act does not allow HCSWs to administer Prescription Only Medicines (POMs) under a PGD as they are not included in the list of authorised persons. An authorised person is one who is professionally regulated - HCSWs therefore have to use a PSD or signed prescription as authority.

Can a HCSW administer a vaccine that has been supplied to a patient under a PGD?

A registered healthcare professional can supply non-injectable medicines under a PGD and give these to the patient for self-administration or for administration by another person eg HCSW. The HCSW is not administering under a PGD, nor are they being delegated the task of administration under the PGD – the PGD is purely for the supply of the vaccine. This means that a HCSW could administer the live intranasal flu vaccine to a child to whom the vaccine has been supplied by a registered healthcare professional under a PGD. Injectable vaccines cannot be supplied in this way so a patient cannot be provided with inactivated flu, shingles and/or pneumococcal vaccine under a PGD and give these to a HCSW for administration.

Where a PGD for supply only is used, the registered healthcare professional is responsible for assessing that the patient fits the criteria set out in the PGD before supplying the medicine to the individual patient. The PGD must clearly state that the medicine supplied is to be subsequently self-administered or administered by another person. In the case of the childhood intranasal influenza vaccine, it is considered best practice for this to be administered immediately after supply. The PGD should also contain details of the relevant advice that must be provided to the patient and/or their relative/carer.

The organisation providing the vaccine must decide who may be authorised to administer vaccines within their local medicines policies and governance arrangements.

Those authorised by their employing organisation to subsequently administer vaccines which have been supplied under a PGD (for example, a HCSW in a school setting), must be appropriately trained and competent to do so.

Administration records must be completed by those who administer the medicine. It would be good practice to have a local "administration procedure" backed up by a robust local medicines policy to cover administration which would include record keeping.

Further information about PSDs and PGDs:

To PGD or not to PGD is a useful tool available on the NHS PGD website tool page

PGDs and delegation is an FAQ available on the NHS PGD website frequently asked questions page

Patient Group Directions – Medicine practice guidelines MPG2 (NICE, 2014) provides good practice recommendations for individuals and organisations involved with PGDs in line with legislation.

Workforce planning and models of delivery toolkit: extension of the national flu immunisation programme to children p17-20 contains a lot of useful information on both HCSWs administering the intranasal flu vaccine using a PSD and where a registered healthcare professional supplies the vaccine under a PGD and then a suitably qualified HCSW administers the vaccine immediately.