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

RCN guidance





# Contents

<b>The RCN position</b>	<b>5</b>
<b>Principles to support safe administration</b>	<b>7</b>
<b>Relationship between a registered health care professional and the HCSW</b>	<b>8</b>
<b>References</b>	<b>10</b>
<b>Appendices</b>	<b>11</b>
1. HCSW and administration of specific vaccines in accordance with a patient specific direction (PSD)	11
2. HCSW and administration of non-injectable vaccines (for example, the LAIV)	12

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.

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

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

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# 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).

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HC

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.

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.

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).

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(PHE, 2018).

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(PHE, 2015).

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(RCN, 2018) – a framework for health care professionals as well as HCSWs to develop the necessary skills and competence.

## A

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).

## Q

- 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



- 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?

General Medical Council (2014)  
. London: GMC. Available at:

# Appendices

## 1 HC

(P D)

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.

**P**

**I**

Patient specific direction (PSD) written and signed by a medical practitioner or an independent prescriber. See Specialist Pharmacy Services (2018) **Q** **P** **D** (PSD)

**N**

**I NO**

**HC**

**C**

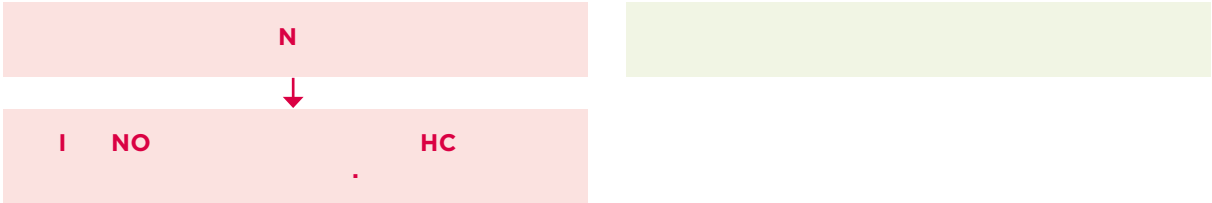
Is delegation in the best interest of the individual?  
Is the prescriber satisfied that the person they delegate to administer the vaccine has the qualifications,

## 2. HC (LAIV)

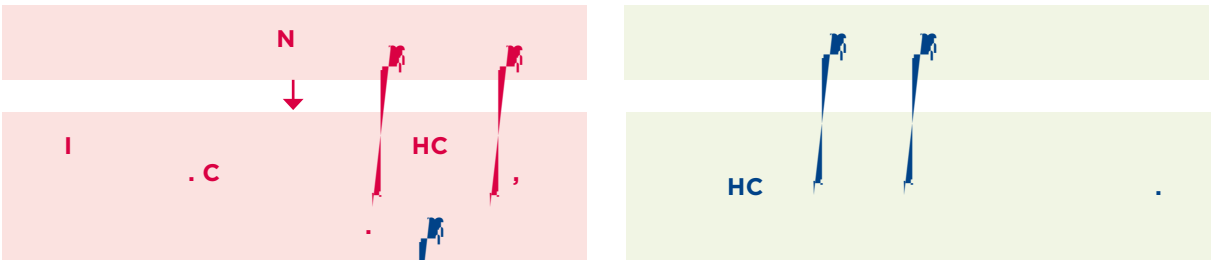
An algorithm to clarify the process for the administration of non-injectable vaccines by a HCSW, such as the LAIV supplied to children for subsequent administration by another person.

**P**

**I**  
 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) **C**  
**PGD**



**C**  
 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?



**A**  
 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.

