RCN position on HCSWs administering specific vaccinations, given as part of the routine national schedule.

This paper relates specifically to the live attenuated influenza vaccine (LAIV) programme for children.

1. Introduction

1.1 The RCN considers that in the absence of mandatory regulation for Health Care Support Workers (HCSWs) it is important to clearly define the role and boundaries of the HCSW. This includes all unregistered staff that may be involved in immunisation such as Health Care Assistants, Assistant Practitioners and Nursery Nurses.

1.2 This paper sets out the RCN’s position and guiding principles with regard to HCSWs administering the live attenuated influenza vaccine (LAIV) to children.

1.3 It provides health care staff and organisations with information to support an informed decision about the appropriateness or otherwise of delegating a particular immunisation role to an unregistered practitioner such as an HCSW. It does not intend to present a ‘definitive’ model for all situations but rather the principles to be followed where HCSWs are involved in supporting specific vaccination programmes.

2. Changes to the national immunisation programme

2.1 The immunisation programme in the UK is constantly evolving and developing as research identifies better use of the vaccines currently available 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).

2.2 In 2013 the live attenuated influenza vaccine (LAIV) was introduced. The vaccine is administered via the intranasal route rather than by injection. As with other influenza vaccines, the viruses it protects against change every year and therefore the vaccine needs to be given annually.

2.3 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 that anyone involved needs to be suitably competent and have the knowledge as well as skills to ensure patient safety and public trust in immunisation are maintained.

3 The RCN position
3.1 It is recognised that HCSWs can be a valuable addition to teams delivering the vaccination programme to support organisation and logistics of supplies and collating data. They also have a role in administering the vaccines identified providing the elements outlined in this document are adhered to.

3.2 The RCN does not support the role of the HCSW in administering different vaccines, such as the remainder of the childhood vaccination programme or travel vaccinations. Immunisation schedules are complex, change frequently and require clinical decision making that should be undertaken by a registered practitioner.

3.3 The criteria defined below for delegation must be met where HCSWs are involved in administering the LAIV to children

The RCN standards for delegation (RCN 2011) can be accessed on: www.rcn.org.uk/hcaaccountability. These include the questions that need to be asked before any activity is delegated to a HCSW.

- Is delegation in the best interest of the child or young person/client?
- Has a risk assessment been undertaken?
- Has the support worker been appropriately trained and assessed as competent to perform the role?
- Does the support worker consider themselves to be competent and confident to perform the role?
- Is adequate support and supervision available for the support worker?
- Are robust protocols in place so that the support worker is not required to make a stand alone clinical judgement?

3.4 Training must include specific awareness of issues relating to assessment of and communicating with children and young people, working in partnership with parents and informed consent.

3.5 All health care professionals involved in immunisation should be able to demonstrate competence, current evidence-based knowledge and understanding of the areas listed in the Health Protection Agency National minimum standards for immunisation training and the core curriculum for immunisation training (HPA 2005). The standards state that all health professionals engaged in vaccination should be trained to provide accurate and up to date information about the diseases and the vaccines.

3.7 In any case involving administration of a prescription only medicine (POM) an unregistered support worker may only administer under a patient specific direction (PSD) and may NOT work under a patient group direction (PGD). For further guidance on patient specific directions the Medicines & Healthcare Products Regulatory Agency (MHRA) has issued FAQs on; [http://www.mhra.gov.uk/Safetyinformation/Healthcareproviders/PSDs-frequentlyaskedquestions/index.htm](http://www.mhra.gov.uk/Safetyinformation/Healthcareproviders/PSDs-frequentlyaskedquestions/index.htm) (MHRA 2013).

3.8 The RCN considers it 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 supervising nurse and the HCSW. *‘The prescriber has a duty of care and is professionally and legally accountable for the care he/she provides, including tasks delegated to others. The prescriber must be satisfied that the person to whom practice is delegated has the qualifications, experience, knowledge and skills to provide the care or treatment involved’* (MHRA 2013).

3.9 HCSWs must not be put in a position where they have to make stand alone clinical judgment calls. The HCSW would need to be able to promptly liaise and discuss issues with a registered practitioner, who is available on site, whether they are in a clinic, school or hospital setting.

3.10 All registered professionals must adhere to their codes of conduct and delegation principles (NMC 2008) (GMC 2013) (HCPC 2008).

4. **Rationale for involvement of HCSWs in administering the LAIV for children**

4.1 HCSWs are a vital part of the workforce to support the delivery of the LAIV programme. It is essential that they are suitably prepared and supported for this role.
4.2 Various models for delivery of the vaccine will develop, particularly in schools and children's settings. The principles set out in this paper should be followed where HCSWs are involved.

4.3 The RCN supports the administration of the LAIV childhood influenza programme only when the additional training and advice in the revised HPA/PHE National minimum standards and the principles in this document have been followed.

5. Principles to support the administration of vaccines by HCSWs

5.1 These principles set out safe parameters to facilitate the delivery of specific aspects of the LAIV childhood influenza immunisation programme while enabling nurses and HCSWs to practice safely and within acceptable and legal boundaries.

5.2 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).

- In any case involving administration of medication, an unregistered support worker may only administer under a patient specific direction (PSD) and may NOT work under a patient group direction (PGD). Guidance on patient specific directions is available from the Medicines & Healthcare Products Regulatory Agency (MHRA) FAQs http://www.mhra.gov.uk/Safetyinformation/Healthcareproviders/PSDs-frequentlyaskedquestions/index.htm


5.3 The prescriber has a duty of care and is professionally and legally accountable for the care he/she provides, including tasks delegated to others.

- 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 remains accountable for their practice.

- All those who administer vaccines must be appropriately trained in line with the minimum training standards and should be assessed as able to
demonstrate competence, knowledge of the current evidence-based and understanding of the areas listed in the Health Protection Agency, National minimum standards for immunisation training and the core curriculum for immunisation training. (HPA 2005)

5.4 HCSWs must not be put in a position where they have to make stand alone clinical judgment calls. Consider the following questions and work through the algorithm to decide if this delegation is appropriate.

- Have all the questions to be asked prior to delegation been answered and is there evidence of the HCSW’s competence in the administration of the particular vaccine to be administered?
- Is a PSD in place that has been completed by an independent prescriber?
- Is the prescriber satisfied that the person to whom the practice is delegated has the experience, knowledge and skills to provide the care?
- Has the HCSW undergone training that covers all aspects of the immunisation to be administered as per the National minimum standards for immunisation training? (HPA 2005, HPA 2012).

- Provide accurate and up-to-date information about the relevant diseases and vaccines.
- Consult a registered healthcare professional when further information is required for the child or young person’s needs
- Ensure that their practice is safe and effective
- Give a high standard of care
- Demonstrate competence in administration of vaccinations
- Demonstrate understanding of the specific issues relating to administering vaccines to children and young people
- Demonstrate an understanding of the wider implications for working with children and young people and have understanding of assessment, communication and consent.
- 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
- Understand the legal issues including; informed consent and use of Patient Specific Directions (PSDs)

- Is there a registered practitioner on site so that the HCSW can refer any queries outside their sphere of knowledge to them?
• Has the employer arranged indemnity insurance for the HCSW to perform this intervention?

For the RCN position on HCSW administering influenza, pneumococcal and shingles vaccines to adults see document, ‘Final HCSW Adult immunisation paper revised October 2014’.

http://www.rcn.org.uk/development/practice/public_health/topics/immunisation#imm
References


Royal College of Nursing (2011). Accountability and Delegation: what you need to know. Available at www.rcn.org.uk/hcaaccountability

Royal College of Nursing (2014) RCN position on HCSW influenza and pneumococcal immunisation Available at www.rcn.org.uk/__data/assets/word_doc/0008/524933/RCN_position_on_HCSW_immunisation.docx
Algorithm to clarify the process for delegation of vaccination to a HCSW

**PRESCRIBING**

Is there in place?

PATIENT SPECIFIC DIRECTION (PSD) written and signed by GP or independent prescriber

NB: the MHRA have developed guidance on prescribing via PSD

**DELEGATION**

ARE ALL THE CRITERIA BELOW IN PLACE

- Is delegation in the best interest of the child, or young person?
- Is the prescriber satisfied that the person they delegate to administer the vaccine has the qualifications, experience, knowledge and skills?
- Has the HCSW completed training in line with the 2014 revision of PHE national minimum standards for HCSWs and demonstrated knowledge and competence?
- Is there adequate supervision and support in place onsite?
- Is the HCSW covered by the employer’s indemnity insurance?

NO IT IS NOT APPROPRIATE FOR THE HCSW TO VACCINATE

YES

The HCSW may administer the vaccine.

Consider further training and/or supervision as appropriate

**ACCOUNTABILITY**

The following need to be considered:

- All health care professionals and support staff involved in the session are accountable for their actions and practice.
- The prescriber may delegate the task of immunising the child or young person to the HCSW. In doing so the prescriber would be 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.