

# The Role of Nursing Associates in Vaccination and Immunisation

Position statement (April 2019)

POLICY AND POSITION STATEMENTS

UNDER REVIEW



# Acknowledgements

The authors would like to thank those individuals, groups and organisations that have contributed to this Royal College of Nursing publication, particularly the support of the Specialist Pharmacy Service Patient Group Direction Service Advisory Board members and Public Health England.

This publication is due for review in April 2020. 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)

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**Publication date: April 2019 Review date: April 2022**

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Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

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## The RCN position

This Royal College of Nursing (RCN) position statement is currently only applicable in England; the nursing associate (NA) role does not apply in Northern Ireland, Scotland or Wales at this time.

Qualified NAs are registered by the NMC and accountable to, and required to work within, **The Code** (NMC, 2018a) just like registered nurses (RNs). Similarly, they are also required to revalidate their practice every three years.

The role of the NA is evolving, with variation between organisations and different settings. The role is seen as being part of a team; the RN is responsible for assessing, planning, providing and evaluating care and the NA is responsible for providing and monitoring care. The RCN has online advice and guidance on **accountability and delegation** which is currently being updated to include information on the NA role within teams (also see **Standards of proficiency for nursing associates** (NMC, 2018b).

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: health care professionals 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. In some clinical areas, it is likely that NAs will be involved in the delivery of the national immunisation programme. The exact nature of their role may differ depending on the requirements of the service and the vaccines being offered.

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# Principles to support safe administration

The **National minimum standards and core curriculum for immunisation training for registered healthcare professionals** (PHE, 2018) sets out the requirements for the knowledge and skills required for those involved in the immunisation programmes. These standards also apply to NAs.

NAs should have acquired a basic understanding of the need for vaccination as part of their initial training. The NMC's (2018b) **Standards of proficiency for nursing associates states:**

'Promote health and prevent ill health by understanding the evidence base for immunisation, vaccination and herd immunity.'

NAs who are given a role in immunisation must complete further specific education and training that is in line with National Minimum Standards for immunisation. They should be assessed as competent based on the competences outlined in the Standards and by the RCN (see **Immunisation knowledge and skills competence assessment tool** (RCN and PHE, 2018)).

Those responsible for delegating a role in immunisation to a NA should be aware that only those professions listed in the legislation (**Human Medicines Regulations 2012**, Schedule 16, Part 4) can operate under a patient group direction (PGD). For further clarification see the Specialist Pharmacy Service's statement (SPS, 2018a) **Can nursing associates and physician associates operate under a patient group direction?**

NAs and physician associates (PAs) are currently not included within the legislation so cannot operate under a PGD. NAs must therefore work to a patient specific direction (PSD) if they are supplying vaccines and/or administering injectable vaccines. NAs cannot currently work under a PGD (see Appendix 1).

## Accountability

In providing a PSD, the prescriber has a duty of care and is professionally and legally accountable for the care they provide, including tasks delegated to others. For further clarification see the Specialist Pharmacy Service's **Questions**

**about patient specific directions** (PSD) (SPS, 2018b) which states:

- 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 Medicine Practice Guidelines 2: patient group directions (2017) states:

'When practising under a PGD, health professionals should not delegate their responsibility.'

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

Where non-injectable medicines have been supplied legally to an individual for subsequent administration, legislation (the Human Medicines Regulations 2012) does not regulate who may administer non-injectable medicines. Therefore, there may be models where NAs may administer non-injectable vaccines to individuals who have been legally supplied with a vaccine with instruction as to its subsequent administration by another professional, such as a NA (see Appendix 2 and SPS, 2018c).

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

Where a PGD only covers supply of a non-injectable medicine (for example, the live attenuated influenza vaccine – 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 the NA. 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.

For an NA working to a PSD, the registered nurse and/or registered prescriber should always be immediately available so they can respond to any queries or problems which fall outside of the area of knowledge of the NA.

Ultimately, it is for the individual employer to decide how the NA should work with immunisation programmes and what vaccines they can give. The employer needs to ensure:

- the NA has the necessary training
- the NA has appropriate indemnity insurance
- relevant governance procedures and policies are in place to support the NA.

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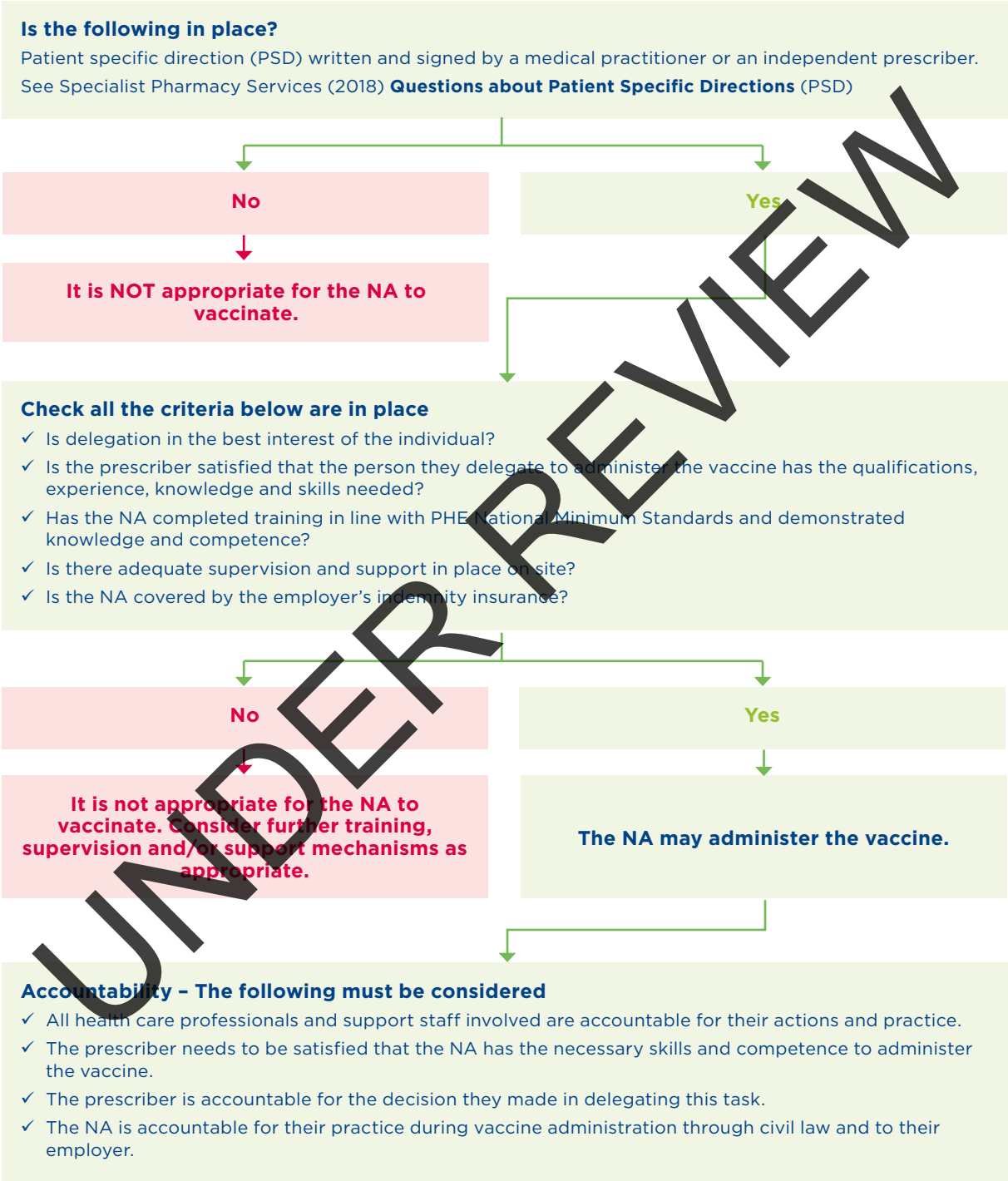
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# Appendices

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

An algorithm to clarify the administration of injectable vaccines by NAs in accordance with a PSD.

### Prescribing and arrangements for supply and administration

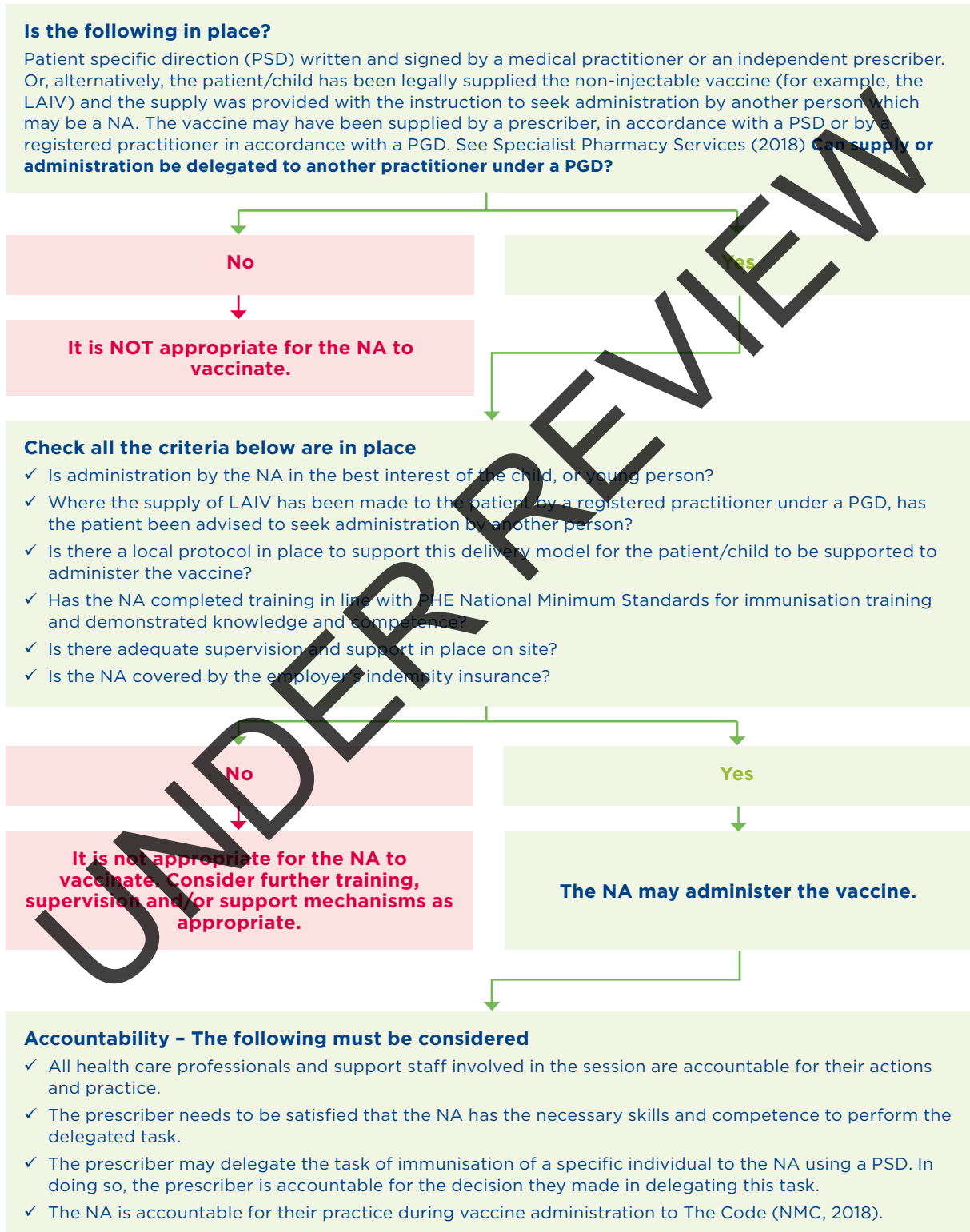




## 2. NAs and administration of non-injectable vaccines

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

### Prescribing and arrangements for supply and administration



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Published by the Royal College of Nursing  
20 Cavendish Square  
London  
W1G 0RN

020 7409 3333

April 2019  
Publication code: 007 565



Royal College  
of Nursing