

## **Royal College of Nursing (RCN) position on Health Care Support Workers (HCSWs) administering specific vaccinations, given as part of the routine national schedule.**

**This paper relates specifically to the delivery of the live attenuated influenza vaccine (LAIV) programme for children and the role of registered nurses and HCSW involved in delivering this vaccine programme. The live attenuated influenza vaccine (LAIV) is administered via the intranasal route rather than by injection.**

For information regarding HCSW administering vaccines to adults, see the separate [RCN position statement HCSW and adults](#)

### **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, which is administered via the intranasal route.
- 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 who is involved in the prescribing or

administration of vaccines 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 provided that the elements outlined in this document are adhered to.
- 3.2 The RCN only supports the HCSW in administering the LAIV to children it does NOT support the HCSW to administer other 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. The RCN has developed separate guidance referring to [HCSW and administration of adult vaccines](#).
- 3.3** The criteria defined below for delegation must be met where HCSWs are involved in administering the LAIV to children. The [RCN](#) and [NMC](#) have advice on standards for delegation. The RCN guidance includes key 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, safeguarding, 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.

- 3.6 In 2012, the Health Protection Agency (HPA 2012) produced [Minimum training standards and a core curriculum for health care support workers for administering influenza and pneumococcal vaccinations to adults](#)
- 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).
- 3.8 For the definition of and further guidance on PSDs the Medicines & Healthcare Products Regulatory Agency (MHRA) has issued some useful [FAQs](#). See paragraph 5.2 and 5.3 for further information
- 3.9 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 PSD [FAQ](#) states that;  
*'the prescriber is responsible for assessment of the patient and the decision to supply/administer the medicine(s) in question. The prescriber has a duty of care and is professionally and legally accountable for the care he/she provides. 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.'*  
This is also clear within the [GMC](#) Good Medical Practice Guide and the [NMC code](#) for nurses and midwives.
- 3.10 HCSWs must not be put in a position where they have to make stand-alone clinical decisions. See section 6 for further information
- 3.11 All registered professionals must adhere to their codes of conduct and delegation principles (NMC 2015) (GMC 2013) (HCPC 2008) (GPhC 2010).

#### **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 other 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).
- 5.3 In any case involving supply and administration of medication, an unregistered healthcare support worker may only supply and administer under a patient specific direction (PSD) and may NOT work under a patient group direction (PGD).
- 5.4 For the purposes of this paper, the following definitions taken from the NICE Medicines Practice Guidelines 2 Patient Group Directions 2013 apply;
- **Supply** - To provide a medicine to a patient or carer for administration.
  - **Administer** - To give a medicine by either introduction into the body (for example, orally or by injection) or external application.
- 5.5 The Medicines and Healthcare products Regulatory Agency (MHRA) has confirmed that where a single dose medicine, which is NOT an injectable, has been supplied by a registered healthcare professional to an individual under a PGD, it can then be subsequently self-administered or administered by another person, such as a carer or healthcare worker.
- 5.6 The legislation requires that registered health professionals can only use PGDs as named, authorised individuals and they are not able to delegate their responsibility to another person.
- 5.7 Where a PGD is used to supply a non-injectable medicine for self administration or administration by another person, arrangements for that administration are separate. The PGD must clearly state that the medicine supplied is to be subsequently self-administered or administered by another person.
- 5.8 The important proviso is that the registered health care professional takes responsibility for the clinical assessment and for supply of the medicine under the PGD to an individual child or young person. In the case of LAIV childhood

influenza vaccine, we consider it to be best practice for this to be administered immediately after supply.

- 5.9 The organisation providing the care must decide who may be 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 healthcare support worker in a school setting must be appropriately trained and competent to do so.

For further information, see

The NHS PGD website FAQs:

- [Can supply or administration be delegated to another practitioner under a PGD?](#)
- [What are the legal requirements for labelling a Prescription Only Medicine \(POM\) issued via a PGD before supply to the patient?](#)

The NHS employers website for: [Childhood seasonal influenza vaccination programme FAQs](#):

## **6. Relationship between the registered health care professional and the HCSW**

- 6.1 The registered health care professional must be satisfied that the person who will administer the LAIV childhood influenza vaccine has the experience, knowledge and skills to provide the care or treatment involved.
- 6.2 The individual administering the vaccine remains accountable for their practice in accordance with their individual contract of employment.
- 6.3 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)
- 6.4 HCSWs must not be put in a position where they have to make stand-alone clinical decisions. This must remain the responsibility of the registered nurse.
- 6.5 Consider the following questions and work through the algorithm to decide if it is appropriate for the individual HCSW to administer the vaccine.
- 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 from an independent prescriber in place? Or
- Where the medicine has been supplied via a PGD to an individual child or young person, is an appropriately trained and competent carer or health care support worker available to assist in the administration if required?
- 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 available immediately 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?

## References

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- Nursing and Midwifery Council NMC (2015): *The code: Standards of conduct, performance and ethics for nurses and midwives* (Available at: <http://www.nmc-uk.org/The-revised-Code/>)
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- Royal College of Nursing RCN (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](http://www.rcn.org.uk/data/assets/word_doc/0008/524933/RCN_position_on_HCSW_immunisation.docx)

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## Algorithm to clarify the process for the administration of the LAIV childhood influenza vaccination by Health Care Support Workers (HCSWs)

### PRESCRIBING AND ARRANGEMENTS FOR SUPPLY AND ADMINISTRATION

