The Role of Nursing Associates in Vaccination and Immunisation
Position statement (April 2019)
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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.
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) state:

‘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.
References


Nursing and Midwifery Council (2018a) The Code. Updated version that reflects the NMC’s new responsibilities for the regulation of nursing associates. London: NMC. Available at: www.nmc.org.uk/standards/code/


Royal College of Nursing immunisation web resource. Available at: www.rcn.org.uk/clinical-topics/public-health/immunisation


Specialist Pharmacy Services (2018b) Questions about Patient Specific Directions (PSD). Available at: www.sps.nhs.uk/articles/patient-specific-directions-qa

Specialist Pharmacy Services (2018c) Can supply or administration be delegated to another practitioner under PGD? Available at: www.sps.nhs.uk/articles/can-supply-or-administration-be-delegated-to-another-practitioner-under-a-pgd

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**

**Is the following in place?**
Patient specific direction (PSD) written and signed by a medical practitioner or an independent prescriber.
See Specialist Pharmacy Services (2018) *Questions about Patient Specific Directions* (PSD)

- **No**
  - It is NOT appropriate for the NA to vaccinate.

- **Yes**
  - **Check all the criteria below are in place**
    - 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, experience, knowledge and skills needed?
    - Has the NA completed training in line with PHE National Minimum Standards and demonstrated knowledge and competence?
    - Is there adequate supervision and support in place on site?
    - Is the NA covered by the employer’s indemnity insurance?

- **No**
  - It is not appropriate for the NA to vaccinate. Consider further training, supervision and/or support mechanisms as appropriate.

- **Yes**
  - The NA may administer the vaccine.

**Accountability – The following must be considered**
- All health care professionals and support staff involved are accountable for their actions and practice.
- The prescriber needs to be satisfied that the NA has the necessary skills and competence to administer the vaccine.
- The prescriber is accountable for the decision they made in delegating this task.
- The NA is accountable for their practice during vaccine administration through civil law and to their employer.
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

Is the following in place?
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 NA. 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) Can supply or administration be delegated to another practitioner under a PGD?

No

Yes

It is NOT appropriate for the NA to vaccinate.

Check all the criteria below are in place

- Is administration by the NA 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 NA completed training in line with PHE National Minimum Standards for immunisation training and demonstrated knowledge and competence?
- Is there adequate supervision and support in place on site?
- Is the NA covered by the employer’s indemnity insurance?

No

Yes

It is not appropriate for the NA to vaccinate. Consider further training, supervision and/or support mechanisms as appropriate.

The NA may administer the vaccine.

Accountability – The following must be considered

- 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 NA has the necessary skills and competence to perform the delegated task.
- The prescriber may delegate the task of immunisation of a specific individual to the NA using a PSD. In doing so, the prescriber is accountable for the decision they made in delegating this task.
- The NA is accountable for their practice during vaccine administration to The Code (NMC, 2018).