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

The following relates to the addition of the shingles vaccine for older people to be given alongside the current adult immunisations for influenza and pneumococcal disease. This document replaces the statement from June 2013 (RCN 2013).

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 HCSWs such as Health Care Assistants and Assistant Practitioners that may be involved in immunisation.

1.2 This paper sets out the RCN’s position and guiding principles with regard to HCSWs administering influenza, pneumococcal and shingles vaccines to adults.

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 a 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 As of September 2013 Shingles (Zoster) is included in the routine national immunisation schedule for 70-year-old adults, with a planned catch up programme for those up to the age of 79 years.

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 The RCN already supports the role of the HCSW in administering influenza and pneumococcal vaccinations to adults (RCN 2013) providing they are
appropriately trained and have the support of a registered health care professional and their employer.

3.1 From September 2013, the shingles vaccine will be offered to older adults alongside the influenza and pneumococcal vaccinations that are already given by HCSWs in many settings.

3.2 It would not be in the best interest of the patient for them to be passed to a different health professional for administration of the shingles vaccine, as this could raise unnecessary concerns about the vaccine or the HCSW’s competence.

3.3 The criteria defined below for delegation must be met where HCSWs are involved in administering the influenza, pneumococcal or shingles vaccine.

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 patient/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 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 vaccines to their patients.

3.5 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: www.hpa.org.uk/Publications/InfectiousDiseases/Immunisation/1205NationalstandardsimmunisationtrainingHCSW/
3.6 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; [www.mhra.gov.uk/Safetyinformation/Healthcareproviders/PSDs-frequentlyaskedquestions/index.htm](http://www.mhra.gov.uk/Safetyinformation/Healthcareproviders/PSDs-frequentlyaskedquestions/index.htm) (MHRA 2013);

3.7 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).

3.8 HCSWs must not be put in a position where they have to make stand-alone clinical judgement 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 or hospital setting.

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

4. Principles to support the administration of vaccines by HCSWs

4.1 These principles set out safe parameters to facilitate the delivery of the influenza, pneumococcal and shingles immunisation programmes for adults, while enabling nurses and HCSWs to practice safely and within acceptable and legal boundaries.

4.2 Patient safety is paramount. There should be both a robust framework for the education of the HCSW and clear governance procedures (see algorithm).

- 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 PSDs is available from the Medicines & Healthcare Products Regulatory Agency (MHRA) FAQs [www.mhra.gov.uk/Safetyinformation/Healthcareproviders/PSDs-frequentlyaskedquestions/index.htm](http://www.mhra.gov.uk/Safetyinformation/Healthcareproviders/PSDs-frequentlyaskedquestions/index.htm)
• See also the statement on the NHS employers website: 
  www.networks.nhs.uk/networks/news/shingles-and-childhood-
  seasonal-influenza-vaccination-programme-faqs

4.3 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, 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)

4.4 HCSWs must not be put in a position where they have to make stand-alone 
clinical judgement 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 
immunisations to be administered, as per the National minimum 

  ➢ Provide accurate and up-to-date information about the relevant 
diseases and vaccines to their patients.
  ➢ Consult a registered health care professional when further 
information is required for the patient’s needs.
  ➢ Ensure that their practice is safe and effective.
  ➢ Give a high standard of care.
  ➢ Demonstrate competence in administration of vaccinations.
➢ 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?

5. For the RCN position on HCSW administering the Live Attenuated Influenza Vaccine see document, ‘Live attenuated influenza vaccine (LAIV) for children and young people.’
   http://www.rcn.org.uk/development/practice/public_health/topics/immunisation

References

General Medical Council 2013: Delegation and referral (March 2013)


Royal College of Nursing (2011). Accountability and Delegation: what you need to know. Available at www.rcn.org.uk/hcaaccountability
Royal College of Nursing (2013) *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

Is there in place?

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

NB: the **MHRA have developed guidance on prescribing via PSD**.

IT IS NOT APPROPRIATE FOR THE HCSW TO VACCINATE

ARE ALL THE CRITERIA BELOW IN PLACE?

- Is delegation in the best interest of the patient?
- 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 2013 revision of PHE/HPA national minimum standards for HCSWs (2012) and demonstrated knowledge and competence?
- Is there adequate supervision and support in place onsite?
- Is the HCSW covered by the employer’s indemnity insurance?

IT IS NOT APPROPRIATE FOR THE HCSW TO VACCINATE

Consider further training and/or supervision as appropriate

The HCSW may administer the vaccine.

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 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.