

National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers



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The minimum standards have been approved for use in England, Northern Ireland and Wales.

This document sets out a recommended minimum framework for developing training to meet the needs of Healthcare Support Workers (HCSWs) who administer influenza and pneumococcal vaccinations to adults.

Terminology

Various titles exist for HCSWs, reflecting the many and varied roles they carry out. For the purposes of this document, the term HCSW is used to include titles such as healthcare assistant, assistant practitioner, clinical assistant and other similar titles where the employee has been delegated a role in immunisation by an appropriate registered healthcare professional.

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Introduction

Immunisation programmes are one of our most successful public health measures. Ensuring public and professional confidence is critical to the success of these programmes.

The majority of vaccinations in the UK are administered in the primary care setting where there is a move towards a more innovative skill mix in the nursing team.

The role of HCSWs is increasingly recognised within healthcare settings. HCSWs are taking on tasks that were previously carried out by registered nurses. The job descriptions of HCSWs are varied (as are their titles) and the scope of the role depends largely upon the setting in which they are working, service requirements and which activities registered healthcare professionals choose, or are able, to delegate.

In many General Practices, the HCSW role has developed and expanded to include administration of influenza and pneumococcal vaccines to adults. This has helped provide the extra capacity needed each year to deliver a large number of vaccinations in a short period of time.

This document addresses the minimum standards of training for HCSWs to administer influenza and pneumococcal vaccinations to adults only. It is not current practice for HCSWs to administer childhood, travel or other vaccines in the UK.

Background to HCSW Training Standards

The lack of nationally agreed or defined immunisation training programmes for HCSWs means that the delivery and content of immunisation training for this group currently varies across the UK.

The *National Minimum Standards for Immunisation Training*¹ were produced in 2005 by a multi-professional group led by the Health Protection Agency (HPA), endorsed by Public Health Wales, Health Protection Scotland, the Department of Health, Social Services and Public Safety in Northern Ireland, the Royal College of Nursing (RCN) and other UK health organisations that represent healthcare professionals who administer vaccinations. The *Core Curriculum for Immunisation Training*² supplements the Standards and lists the essential topics that should be incorporated in all immunisation training for registered healthcare professionals. Both the Minimum Standards and the Core Curriculum have been used as the basis for this guidance for HCSW immunisation training.

With many HCSWs taking on a role in immunisation, it was felt that the Standards and Curriculum should be reviewed to ensure that they reflect the changes in the workforce and cover the training needs of those involved in immunisation. It is essential that robust and consistent training is provided for HCSWs undertaking this role.

This guidance has been developed to define standards that may be considered a minimum for HCSW immunisation training and to provide assistance to those responsible for developing and delivering training. The level of training and assessment for HCSWs who are going to administer influenza and pneumococcal vaccines to adults is expected to be at the same level as would be provided to any other new immuniser, but the scope of the training is focussed only on the areas of practice that the HCSW will perform. However, it is recognised that this group will have different levels of prior knowledge and a different entry level.

These Standards are intended to support and facilitate high quality, safe delivery of the influenza and pneumococcal vaccination programme, rather than being seen as a barrier to HCSWs. The introduction of Minimum Training Standards does not mean that HCSWs currently involved in immunisation should be prevented from practising. But it is recommended that they are given the opportunity to receive comprehensive immunisation training as soon as practically possible.

Initial considerations

Incorporating immunisation into the role of the HCSW has limitations and implications to clinical care and should therefore be considered carefully by the whole healthcare team. Training in immunisation is essential for HCSWs whose employers wish them to immunise. It is recommended that only HCSWs who have achieved care training to Level 3 of the Qualifications and Credit Framework (QCF) or equivalent in England, Wales or Northern Ireland with at least two years' experience as a HCSW should be considered for immunisation training. HCSWs working at this level are likely to be at level three of the NHS Career Framework.³

Why do we need Immunisation Training Standards and a Core Curriculum for HCSWs?

Application of these Training Standards will help to:

- Ensure high quality practice in immunisation
- Ensure those who immunise are competent to do so
- Enable those in charge of designing and running immunisation training to ensure all core areas of knowledge and competency are covered, by providing a curriculum around which to structure the training they offer
- Define the minimum level of training that should be provided
- Ensure HCSWs who immunise have adequate training, support, supervision and mentorship
- Ensure delegating practitioners understand their role and responsibilities when mentoring and delegating immunisation to a HCSW
- Ensure patient safety

Aims and objectives

HCSW Standards for Immunisation Training aim to ensure that all HCSWs engaging in any aspect of immunisation are trained to:

- Provide accurate and up-to-date information about the relevant diseases and vaccines to their patients
- Consult a registered healthcare 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 competency in administration of influenza and pneumococcal vaccinations to adults
- Demonstrate competency 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

Table 1: Standards for Immunisation Training of HCSWs

	Standard
The HCSW	<p>A HCSW who immunises must have completed relevant training and have been assessed as competent.</p> <p>Mentorship and close supervision are essential and necessary support strategies.</p>
The registered healthcare professional	<p>The practitioner who delegates the role of immunisation should be on a relevant professional register such as the Nursing and Midwifery Council (NMC), the General Medical Council (GMC) or similar. This delegating professional has the professional responsibility for ensuring the HCSW has met the necessary standards of competency and undertaken the recommended training.</p>
The requirement to be trained	<p>All HCSWs who immunise should receive specific training in immunisation and should attend annual updates. Those new to immunisation should receive comprehensive immunisation training, preferably through a formal course and follow a framework that encourages supervised practice and support and also enables robust assessment of competence.</p>
The training content	<p>The content of the basic training for HCSWs should include, as a minimum, all the core areas of knowledge listed in Table 2. HCSWs must demonstrate competency, knowledge and practical skills through assessment and practice as well as insight into the limitations of their role.</p>
Duration and frequency of training and updates	<p>The recommended minimum duration of basic immunisation training for HCSWs is two days in order to achieve all the learning outcomes listed in Appendix 1. Annual updates should be provided and attended by HCSWs who continue to immunise. To include all necessary information these updates should be a minimum of half a day, although a full day may be required.</p>
Access to national policies and updates	<p>HCSWs with a role in immunisation should have access to the Department of Health's <i>Immunisation against Infectious Disease</i>⁴ (the 'Green Book') and all updates of national influenza and pneumococcal vaccination policy including CMO/CNO/CPO letters.</p>
Access to supervision	<p>HCSWs with input into the clinical practice of immunisation must have an identified supervisor. The supervisor must be a registered, appropriately trained, experienced and knowledgeable practitioner in immunisation.</p> <p>The supervisor should ensure the HCSW's immunisation practice meets national standards and reflects current national policy.</p>
Evaluation	<p>Those responsible for clinical governance should ensure that staff training (at all levels and all aspects) is included in regular audit of the immunisation service.</p>

Table 2: Core areas of knowledge for HCSWs

	Core areas of immunisation knowledge
1	The aims of the current influenza and pneumococcal vaccine policy
2	The immune response to influenza and pneumococcal vaccines and how they work
3	Vaccine preventable diseases - influenza and pneumococcal disease
4	The different types of vaccines, their composition and the indications and contraindications for adult influenza and pneumococcal vaccine
5	Current issues relating to influenza and pneumococcal vaccine
6	Communication with patients about influenza and pneumococcal vaccines
7	Legal issues including consent and use of Patient Specific Directions (PSDs)
8	Storage and handling of vaccines
9	Correct administration of vaccines
10	Anaphylaxis, basic life support and adverse reactions
11	Documentation, record keeping and reporting
12	Strategies for the effective organisation of influenza and pneumococcal vaccine sessions
13	The role of the HCSW as an immuniser (to include: role limitations, the role of others in immunisation)
14	Support for the HCSW e.g. supervision, mentorship and reflection

All HCSWs involved in immunisation should be able to demonstrate current evidence-based and best practice based knowledge and understanding of the areas listed in Table 2. S/he must be able to identify the registered healthcare professional to whom the patient can be referred if they require more information to enable an informed decision about vaccination to be made.

On completion of immunisation training, the HCSW should only undertake immunisation if they feel competent to do so. This competence should be assessed, and each HCSW must be supported and supervised by a registered experienced healthcare professional.

The registered healthcare professional who has delegated a role in immunisation to the HCSW is accountable for complying with the principles of delegation (for nurses, this should be as set down in the NMC Code of Conduct⁵) and is responsible for the standard of care provided by their team. The HCSW is accountable for his/her practice.

The registered healthcare professional who has delegated a role in immunisation to the HCSW also has a professional responsibility to remain up-to-date in all aspects of immunisation. It is important that they have access to the Department of Health's *Immunisation against Infectious Disease*⁴ (the 'Green Book') and all updates of national influenza and pneumococcal vaccination policy, including CMO/CNO/CPO letters.

Competency assessment and ongoing supervision, support and mentorship are seen as crucial to the application of clinical governance standards to HCSW immunisation.

Trainers should ensure that the content of each session enables the participant to meet the learning objectives specified for each core topic. See Appendix 1 for suggested learning outcomes. These

learning outcomes have been adapted from those provided in the Core Curriculum² to be specific to pneumococcal vaccination and influenza vaccination.

Provision of training

Ideally, training should be provided at local level and led by local trainers.

Involving local experts in delivering training enables immunisers to raise local issues for further discussion. It also gives immunisers the opportunity to meet those leading on immunisation in their locality so that they know who to contact for support and advice. Certain areas such as clinical governance and record keeping may have some degree of local variation and it is therefore beneficial if this can be taught at local level. However, where it is not possible to access training locally, it may be obtained from an experienced training provider elsewhere provided the training comprehensively covers the standards and curriculum detailed in this document.

In many areas, it may be possible to enrol the Primary Care Trust/Health Board/NHS organisation educators and training departments to establish and take an organisational lead in immunisation training. Providers of further and higher education may also offer suitable courses.

Collaboration between educational establishments and the local healthcare organisations should be encouraged to share experience and skills and build upon any currently available courses. Close collaboration with Public Health Wales/HPA/PHA is also recommended.

Since there is a lot to cover in a two-day course, much of which may be new to HCSWs, it is recommended that pre-course reading material is provided. This will also serve as a useful reference tool after the course. Trainers may find the training resources listed in the Resources section of this document can be adapted for teaching HCSWs. Specific training resources and online learning should also be available in the near future.

Updates for HCSWs

Provision of a regular and ongoing programme of updates for those HCSWs who have completed the initial immunisation training should be seen as a priority. A minimum of once-yearly updates is recommended. These updates should include the areas listed below and cover any recommended changes to practice and the most up-to-date policies and guidelines.

- Current issues in flu and pneumococcal vaccination for adults
- Recent epidemiology of flu and pneumococcal disease
- Any changes to the recommendations or national policy for adult flu or pneumococcal immunisation
- Any changes to legislation relevant to vaccination
- Anaphylaxis recognition and management
- Review of current practice and identification of areas for improvement
- Review of support strategies
- Q&A session for commonly encountered problems in practice

Assessment

Those responsible for training HCSWs should develop effective strategies for assessing both knowledge and clinical competence.

Assessment of knowledge

HCSW knowledge following training should be assessed. This may be done in a number of ways, for example:

- A short answer or multiple-choice answer test
- Short and focused essay
- Oral question and answer test
- A reflective log or diary of events
- A personal portfolio of learning events

It may be helpful to link accreditation or certification of the learner to completion of such an assessment.

Supervised practice

Supervised clinical practice helps to ensure that theoretical knowledge is integrated with clinical practice.

It is recommended that all new HCSW immunisers should spend time with an experienced, registered healthcare professional who has attended a formal immunisation course that meets the National Minimum Standards¹, or has comparable training and experience. The HCSW should have the opportunity in these sessions to observe an agreed minimum number of procedures and discuss relevant issues with the registered practitioner, before starting to give immunisations themselves.

Reflection, discussion and support are recommended to ensure optimum learning. Supervision should be ongoing and HCSW competence should be regularly assessed against a given standard via performance review or appraisal.⁶

Assessment of clinical competency

Each HCSW must demonstrate an appropriate standard of clinical practice under the supervision of an appropriate registered healthcare professional. This supervised practice should be structured and robust and follow a clear, comprehensive checklist so each step of the consultation is considered. A minimum of 10 observed consultations is recommended, although some HCSWs may require more. A competency checklist such as that in Appendix 2 may be used for formal sign off of HCSW clinical competency in immunisation. A copy of the completed checklist should be retained in the HCSWs personnel file.

Certification

Formal competency checklists, knowledge test score sheets, reflective logs and certificates of attendance at immunisation training courses and updates will be useful for immunisers, training providers and employers. Collation of these items could enable formal certification and/or accreditation for HCSWs in immunisation. Issue of such a certificate by the lead trainer would provide HCSWs with a means to be able to show evidence of completion of training and achievement of competence to both current and future employers.

An example of the standards expected when assessing HCSWs for certification of competency would be:

1. Each HCSW will attend an 'Introduction to Immunisation Training Course for HCSWs'

with a recommended minimum duration of two days. HCSWs should not attend the course unless they have already studied to Level 3 of the Qualifications and Credit Framework (QCF) or equivalent in England, Wales or Northern Ireland with at least two years' experience as a HCSW. Both days must be attended in full.

2. Each student is required to complete an assessment of knowledge at the end of the course (e.g. a pre-set multiple-choice paper). The questions will be based on the course content. A pre-determined pass mark (e.g. 80%) is required.

3. Each student is required to complete a set minimum number of observed clinical encounters (e.g. 10) that include administration of a vaccine. To achieve this, the student **must** have a 'named' supervisor in the workplace. The named supervisor must be someone who is registered and clinically competent in immunisation, with an appropriate knowledge and skill level. The observed administrations will be carried out under the supervision of the named supervisor. These will be documented.

4. A student will be assessed as competent once s/he has achieved the required pass mark in the knowledge assessment **and a** successful competency assessment.

5. Both the student and the supervisor need to be absolutely clear about accountability with regard to the delegation and performance of this procedure.

A HCSW may be assigned a Knowledge and Skills Framework (KSF)⁷ post outline that indicates the post holder should meet the six core dimensions at level 2 when fully developed, (with the possible exception of core dimension 4, which may be set at level 1). Outlines of posts in settings where immunisation is provided may additionally include dimensions HWB1 and HWB3 in the outline. Evidence of having completed education that complies with this guidance may be used as evidence of having met the stipulated levels, or be the appropriate means of further development towards meeting the full requirements of the post outline. Whilst it is recognised that not all General Practices will utilise KSF, all are likely to have in place equivalent systems of appraisal and personal development.

Trainers

The people responsible for providing local training require an in-depth, up-to-date knowledge of the subject areas they are to teach. It is therefore recommended that trainers take advantage of study days tailored to meet their needs. Examples of these include the Immunisation Coordinator update days run periodically by the Department of Health, the annual immunisation study days organised by the HPA, and Public Health Wales and other local or national study days held by different organisations and professional bodies across the country. It may be appropriate to facilitate a training day for 'named' supervisors locally.

Training days for immunisation trainers should include any recommended changes to previous practice and the most up-to-date immunisation information and guidelines. Areas covered may include those listed in Table 3 in the National Minimum Standards for Immunisation Training.¹

Supervision

HCSWs delivering immunisations should be allocated a supervisor who should be a registered practitioner. As they may not necessarily be the prescriber, the supervisor should work with the prescriber to put in place systems to ensure that HCSWs, to whom the task is delegated, have an appropriate role, level of experience and competence. They should also facilitate access to training and support.

For nurse supervisors, the Nursing and Midwifery Council (NMC) Code of Conduct⁵ offers guidance on the nurse's teaching and delegating responsibilities. The NMC do not currently offer any guidance on the qualifications required by registered nurses supervising HCSWs as they do not professionally regulate this group.

However, useful guidance on supervision of HCSWs has been written by an intercollegiate group from the professional bodies for the allied health professions and nursing. The guidance provided in

this document,⁸ combined with the elements listed below, should be considered when defining the role and responsibilities of the supervisor of a HCSW immuniser.

- Each HCSW should have a named supervisor who is a registered competent healthcare professional with regular clinical work in immunisation
- The supervisor should be able to demonstrate relevant knowledge and skill in all aspects of immunisation. They must be able to show a record of recent attendance at an immunisation training or update course (ideally, within the last year)
- The supervisor must have the necessary skills and commitment to support and assess the HCSW and be able to show that they understand the competency assessment required

Ongoing support for HCSW supervisors is recommended. This may take the form of:

- Programme of preparation
- Defining supervision and mentorship roles
- Clinical supervision
- Development of 'good practice guidelines' pack
- Support group, possibly facilitated by local NHS organisations.

A workshop for supervisors, held prior to the HCSW immunisation training course, may be advantageous to allow discussion of the legal and professional issues associated with the training and supervisory requirements.

Mentorship

All HCSWs should be allocated a mentor. A mentor offers broader support than the named supervisor and their support is more general to the HCSW role, performance, and personal/developmental needs, rather than exclusive to immunisation.

This supportive role could be undertaken by their supervisor or by someone else. A HCSW's mentor may be a more experienced HCSW or a practice nurse who can help to guide and encourage.⁹

If mentorship is offered by a separate healthcare professional or HCSW, the same support networks need to be applied as are listed above. As with supervision, the NMC do not currently offer any guidance on the qualifications required.

Delegation

The NMC states that "the delegation of nursing or midwifery care must be appropriate, safe and in the best interests of the person in the care of a nurse or midwife".¹⁰ If immunisation is delegated, patient safety must be considered and not compromised in any way.

When delegating immunisation to a HCSW therefore, the delegating healthcare professional (whether nursing, medical or other independent prescriber) must ensure that the HCSW has undergone training, has the appropriate knowledge, skills and competency and that there is adequate supervision and support in place. The HCSW is accountable to the patient for any errors they make through civil law and to their employer¹¹ so the registered healthcare professional should ensure adequate supervision is in place. If this is not possible or they believe that delegating a role in vaccine administration would be unsafe, the delegation should not be made. The algorithm provided in Appendix 3 shows the lines of accountability when vaccine administration is delegated to a HCSW. In addition, both the RCN⁸ and the NMC¹⁰ provide detailed and useful advice on delegation for registered nurses and midwives.

Good practice

In order to protect HCSWs and employers, if the HCSW is to immunise, the role of administering flu and pneumococcal vaccinations to adults must be included in the HCSW job description.

- HCSWs need to be clear on the parameters of their role
- HCSWs need to be clear on the lines of accountability
- Employers must be clear on the parameters of the HCSW role
- Employers must be clear on the lines of accountability
- Employers are responsible for ensuring that HCSWs are properly trained and competent to safely administer vaccines
- The registered supervising practitioner should be available at all times whilst the immunisation clinic is in session

Employers should ensure that their insurers will provide indemnity for the HCSW to administer immunisations and should contact their medical defence organisation for up-to-date advice about this where required.

Supervisors and mentors may also wish to revisit their job description to ensure it reflects their responsibilities to the ongoing training, mentorship and supervision of colleagues.

As well as competency assessments and recording of basic and update training dates, other measures to ensure good practice and patient safety may be:

1. The development of a 'protocol for practice' by the employer for the administration of adult vaccines.
2. The development and introduction of a recommended 'code of conduct' for HCSWs (links to examples are given in the Resources section). Although the regulation of HCSWs is not required by law, it is important that organisations work towards performance monitoring and education for all HCSWs that it is both directly and indirectly responsible for.

Administration issues

HCSWs administering the influenza and pneumococcal vaccinations can only do so under a Patient Specific Direction (PSD); they **cannot** legally administer them via a Patient Group Direction (PGD).

A PSD is a written instruction from an independent prescriber, to supply and/or administer a medicine directly to a named patient or several named patients for whom a specific treatment (in this circumstance, a named vaccination) is required. PSDs are tailored to the needs of individual patients and it is the doctor, dentist or independent prescriber issuing the PSD who takes responsibility for the instruction. PSDs are a direct instruction and therefore do not require an assessment of the patient by the HCSW instructed to supply or administer the medicine. However, good practice requires the HCSW to assess the patient's suitability prior to administration of the vaccine. This may be done by the HCSW asking questions from a checklist prior to giving an immunisation.

Discussion

Limitations of their role in immunisation must be made clear to the HCSW, the delegating prescriber, and the whole of the healthcare team, alongside advice and guidance regarding the professional responsibility to support them in practice. As well as supervision within the clinical area, HCSWs must also be aware of how to contact other key people in the locality, e.g. the local immunisation lead/coordinator and Public Health Wales/HPA/PHA.

For the implementation of HCSW training locally, the challenges may be many. Coordination, collaboration, facilitation and commitment are important. In some areas, significant development of training, supervision and mentorship will be required as well as the infrastructure to maintain these changes. The resources required may be justified in terms of clinical governance and risk management.

Summary

A high level of knowledge and a positive attitude to immunisation in vaccine providers are important determinants in achieving and maintaining high vaccine uptake. Good basic training and annual updates should be provided to HCSWs involved in immunisation. This should ensure their level of knowledge and skill is appropriate, their care delivery competent and their attitude to immunisation positive so they may best support and assist registered healthcare professionals to effectively deliver vaccinations.

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Resources

(Some may require adaptation)

NHS Education Scotland Health Care Support Workers Toolkit. 2010.

www.hcswtoolkit.nes.scot.nhs.uk/

Health Protection Agency. Slide sets for core curriculum teaching and other resources for training available at www.hpa.org.uk/immunisationtraining

Public Health Wales: Flu training resources:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=59728>

Public Health Wales: Mentorship and assessment resources:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=59728>

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NLIAH (National Leadership and Innovations Agency for Healthcare). *All Wales Guidelines for Delegation*. September 2010 available at:

<http://www.wales.nhs.uk/sitesplus/documents/829/All%20Wales%20Guidelines%20for%20Delegation.pdf> RCN information on accountability and delegation: www.rcn.org.uk/hcaaccountability

Royal College of Nursing (RCN) Position statement on education and training of Health Care Assistants (HCAs) March 2012 available at:

http://www.rcn.org.uk/_data/assets/pdf_file/0003/441912/Position_statement_-_HCAs_Final_V3.pdf

Appendix 1 Suggested Aims and Learning Outcomes for each Core Topic

1) The aims of the current influenza and pneumococcal vaccine policy

Aim

To be able to explain the aims of immunisation against influenza and pneumococcal disease

Learning outcomes

The HCSW will be able to:

- Demonstrate knowledge of relevant national policy and its broad aims
- Describe any local variations to immunisation policy if appropriate
- Explain how vaccine policy for pneumococcal and influenza vaccines is made and what information informs these policy decisions
- Explain how flu and pneumococcal vaccine uptake is monitored
- Demonstrate an ability to access the Green Book⁴ and relevant vaccine policy and guidance documents

2) The immune response to influenza and pneumococcal vaccines and how they work

Aim

To be able to describe the immune system and how Influenza and Pneumococcal vaccines work in individuals and populations

Learning outcomes

The HCSW will be able to:

- Explain the difference between innate, passive and active immunity
- Explain the basic immune response to a vaccine
- List conditions which affect the immune response to vaccines
- Describe herd immunity and explain why it is important

3) Vaccine preventable diseases – influenza and pneumococcal disease

Aim

To describe the main features of influenza and pneumococcal disease, and their complications

Learning outcomes

The HCSW will be able to:

- Explain the current incidence of influenza and pneumococcal disease
- List the main signs and symptoms and the most common complications of influenza and pneumococcal disease
- Describe the groups most at risk of these diseases
- Give an overview of the reasons for immunisation and the impact immunisation has on these diseases
- Know where to find further information about each disease

4) The different types of vaccine, their composition and the indications and contraindications for adult influenza and pneumococcal vaccines

Aim

To have knowledge about the different types of influenza and pneumococcal vaccines in current use

Learning outcomes

The HCSW will be able to:

- Describe the relevant vaccine types and their contents
- Explain the indications and current recommendations for pneumococcal and influenza vaccines
- List the contraindications of these vaccines
- Describe the most common side effects of these vaccines and how these should be managed
- Compare the vaccine side effects with the symptoms and complications of the diseases
- Describe situations when assessing suitability for vaccination when referral to a healthcare professional would be appropriate

5) Current issues relating to influenza and pneumococcal vaccines

Aim

To know about relevant and current issues/controversies

Learning outcomes

The HCSW will be able to:

- Describe any issues/controversies currently relevant to flu and pneumococcal vaccines
- Demonstrate ability to respond to patients concerns about any issues relating to these vaccines and correct any misconceptions
- Explain the systems in place for referral to healthcare professionals to support patients in discussing these issues
- Identify suitable information sources that patients may wish to view for more information

6) Communication with patients about influenza and pneumococcal vaccines

Aim

To communicate effectively with patients about influenza and pneumococcal immunisations

Learning outcomes

The HCSW will be able to:

- Identify the patient according to local policy
- Prepare the patient for the procedure
- Communicate key facts about the vaccines to patients and be able to respond to any questions/concerns
- Ensure appropriate leaflets and/or written information for patients are available
- Describe reliable sources of information for patients
- Demonstrate effective communications skills
- Demonstrate a commitment to ensuring the patient gets best advice on immunisation
- Describe situations when referral to a registered healthcare professional is appropriate

7) Legal issues including consent and use of PSDs

Aim

To understand the legal aspects of immunisation

Learning outcomes

The HCSW will be able to:

- Demonstrate understanding of data protection issues
- Explain the differences between Patient Group Directions (PGDs) and Patient Specific Directions (PSDs)
- Explain the principles of valid consent and demonstrate how to check consent is valid
- Appropriately record consent (according to national and local policy)

8) Storage and handling of vaccines

Aim

To follow correct procedures for storage and handling of vaccines

Learning outcomes

The HCSW will be able to:

- Explain the importance of the cold chain
- Specify minimum/maximum temperature for vaccine storage
- Demonstrate knowledge of appropriate standards and systems in place for vaccine storage and handling
- Explain what action to take if the cold chain is not maintained
- Dispose of wasted vaccine and used vaccine equipment according to local policy
- Explain the procedure to be taken in the event of a needle stick injury
- Demonstrate appropriate sharps management

9) Correct administration of vaccines

Aim

To administer vaccines correctly

Learning outcomes

The HCSW will be able to:

- Demonstrate appropriate selection and preparation of vaccine equipment
- Explain how to prepare and dispose of vaccinations and vaccination equipment
- Demonstrate safe practice in checking the vaccine to be administered
- Demonstrate ability to check patient's suitability for vaccination prior to administration
- Explain the choice of immunisation site and needle size
- Demonstrate correct intramuscular injection technique
- Demonstrate good knowledge and practice of infection control
- Demonstrate appropriate care following administration of the vaccine

10) Anaphylaxis, basic life support and adverse reactions

Aim

To be able to manage anaphylaxis and other adverse events appropriately

Learning outcomes

The HCSW will be able to:

- Give evidence of anaphylaxis and basic life support training within the last 12 months
- Explain the symptoms of anaphylaxis and the HCSW role in management
- Distinguish between anaphylaxis and fainting
- List the most common side effects of the relevant vaccinations
- List incidents when referral to a health care professional would be appropriate
- Describe the HCSW responsibilities with regard to reporting adverse events

11) Documentation, record keeping and reporting

Aim

To correctly document all vaccines given in all relevant records.

Learning outcomes

The HCSW will be able to:

- Document vaccinations given correctly
- Complete appropriate documentation (refer to national and local policies as appropriate)
- Ensure all details required are recorded
- Describe the systems in place for reporting adverse reactions

12) Strategies for effective organisation of influenza and pneumococcal vaccine sessions

Aim

To be able to identify and implement strategies for improving uptake of influenza and pneumococcal vaccine

Learning outcomes

The HCSW will be able to:

- Explain basic strategies to support immunisation uptake
- Describe the systems in place to support immunisation uptake
- Explain the importance of good organisation of vaccine clinics
- Describe how to organise the immunisation clinic to maximise uptake and take into consideration any factors which may affect uptake

13) The role of the HCSW as an immuniser

Aim

To be have an understanding of the role of the HCSW in immunisation

Learning outcomes

The HCSW will be able to:

- Explain the limitations of the HCSW role in immunisation
- Demonstrate understanding of when to refer to a healthcare professional
- Explain the responsibilities of the HCSW in relation to immunisation
- Explain the roles of other members of the team in immunisation

14) Support for the HCSW e.g. supervision, mentorship, reflection

Aim

To be aware of local processes for support and supervision

Learning outcomes

The HCSW will be able to:

- List and describe systems in place to support HCSW role within the clinical area
- List and describe the systems in place to support the HCSW within the locality
- Identify named mentor
- Describe the process of appraisal and personal development planning

Appendix 2 Suggested minimum clinical competency checklist

	Competency	Dates of assessment (minimum 10 assessments per competency)	Signature of assessor that competency achieved
1.	Demonstrates understanding of importance of maintaining cold chain: - can state correct temperature range for vaccine storage - records vaccine fridge temperature at start of each vaccine session		
2.	Checks patient's records prior to vaccination to ascertain previous immunisation history and which vaccines (flu and/or pneumococcal) are now required		
3.	Checks that the vaccine has been prescribed through a Patient Specific Direction prior to administering it		
4.	Knows whom to contact for advice if unsure about whether appropriate to give vaccine		
5.	Gives appropriate advice and information to patient		
6.	Ensures valid consent has been obtained prior to vaccinating		
7.	Correctly reconstitutes vaccines		
8.	Ensures anaphylaxis equipment is readily available, knows what should be provided and how and when to use it		
9.	Checks correct vaccine and vaccine dose has been prepared prior to administration		
11.	Provides reassurance to vaccinee and correctly prepares and positions patient prior to vaccinating		
12.	Demonstrates correct injection technique, uses recommended needle size and recommended vaccination site(s)		
13.	Disposes of sharps, vaccine vials and other vaccine equipment safely		
14.	Documents type of vaccine, batch number, expiry date, date given and injection site in patient's notes		
15.	Ensures patient knows about potential side effects and management of these		

I agree that I am competent to administer influenza and pneumococcal immunisations to adults

Signed _____ Date _____

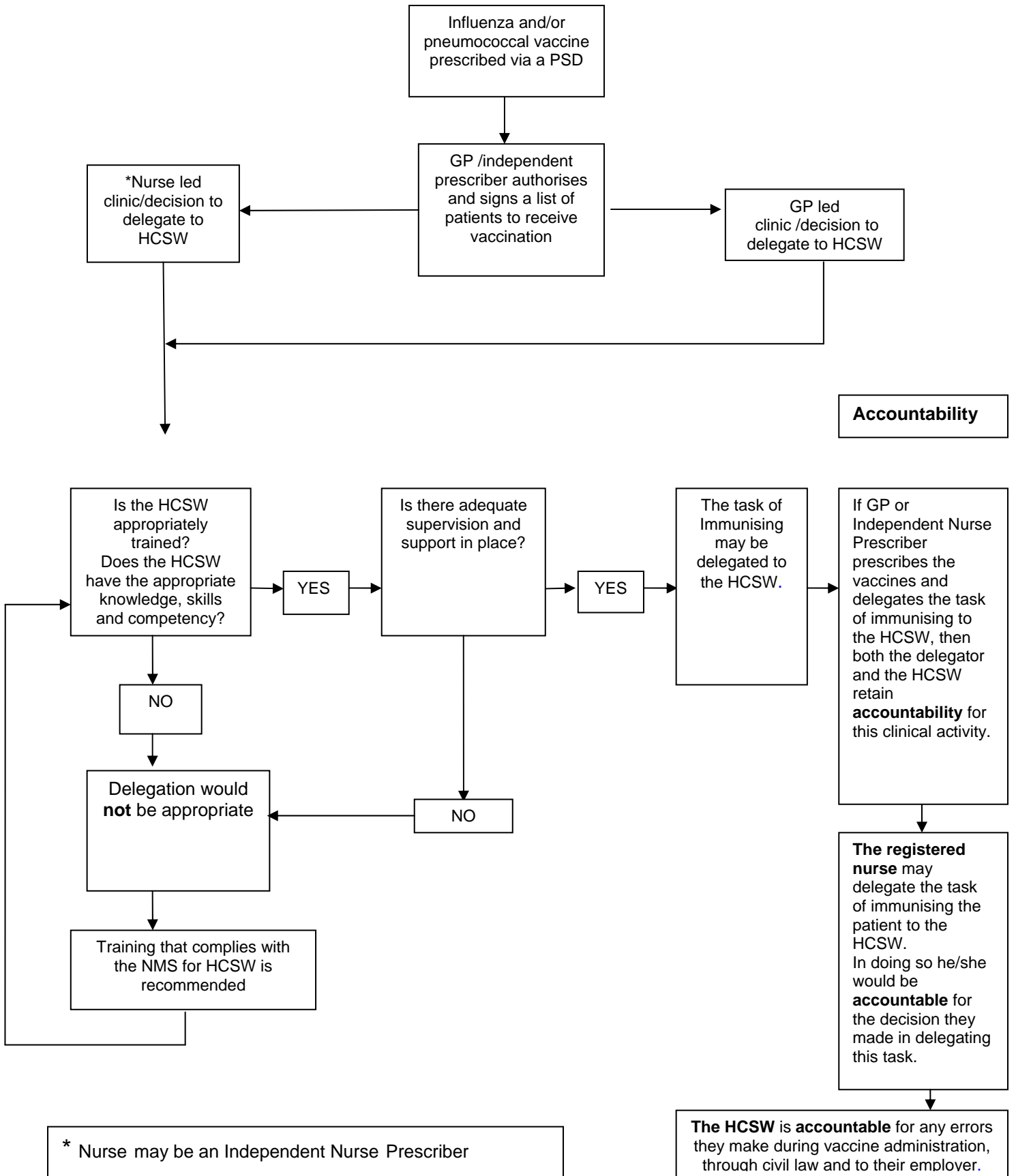
I agree that _____ is competent to administer influenza and pneumococcal immunisations to adults

Signed _____ Date _____

Title, qualifications and relationship to trainee _____

Appendix 3

Algorithm to clarify lines of accountability when delegating the task of vaccine administration to a HCSW



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