

## <u>Section B: Information Specific to Registered Nurses and Registered Midwives for the administration of the Quadrivalent Influenza Vaccine (QIV) /Influvac Tetra for the 2024/2025 influenza season</u>

Statutory Instruments No. 245 of 2021 and 511 of 2021 enables health care professionals (including registered nurses and registered midwives) who are COVID-19 vaccinators as professions that can administer Quadrivalent Influenza Vaccine (QIV) /Influvac Tetra to adult vaccine recipients for the 2024/2025 Health Service Executive (HSE) seasonal influenza vaccination programme (SIVP). In order to administer the vaccine, registered nurses and registered midwives must be familiar with the medicine protocol for the administration of QIV/Influvac Tetra. Registered nurses and registered midwives must also have completed the Self-Assessment of Competency Form included in this section. The medicine protocol and the Self-Assessment of Competency Form are available at www.immunisation.ie

Registered nurses and registered midwives must have attained the professional qualification, training and competence requirements as listed in Table 1 below in order to be eligible to administer QIV/Influvac Tetra using the HSE master medicine protocols for these vaccines.

## TABLE 1 Professional Qualifications, Training, Experience and Competence Required

Professional
qualifications, training,
experience and
competence required
prior to using this
medicine protocol
/ Professional
Qualifications:

Training, Experience, Competence:

The registered nurse or registered midwife must have completed all of the following:

- 1. Be a Registered Nurse or Registered Midwife, on the active register maintained by the NMBI
- Education programme for registered nurses and registered midwives on the Seasonal Influenza Vaccination Programme: Education Programme for Nurses and Midwives and any updates for nurses and midwives accessible on www.HSELanD.ie
- 3. An approved *Basic Life Support for Health Care Providers Course* within the last two years (i.e. Irish Heart Foundation (IHF))
- 4. Initial National Anaphylaxis Education Programme for Health Care Professionals accessible on <a href="www.HSELanD.ie">www.HSELanD.ie</a> followed by a two hour classroom based skills workshop. Recertification is required every two years by completing the on-line National Anaphylaxis Education Programme for Health Care Professionals accessible on <a href="www.HSELanD.ie">www.HSELanD.ie</a>
- Self-Assessment of Competency Form for QIV (included in this Section B document ) available at https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/
- 6. COVAX online programme available at: https://www.hse.ie/eng/health/immunisation/hcpinfo/hsecovid19vms.html
- 7. Quadrivalent Influenza Vaccine (QIV) available at www.HSELanD.ie

## Recommended:

- 8. Flu vaccine protect yourself, protect others, available at www.HSELanD.ie
- 9. Storing and Managing Vaccines, available at www.HSELanD.ie



## **Supporting Documents for Registered Nurses and Registered Midwives**

National Clinical Guideline No. 30 (2023) – Infection Prevention and Control (IPC) <a href="https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/">https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/</a>.

National Immunisation Advisory Committee (2023) Anaphylaxis: Immediate Management in the Community. Available at <a href="https://rcpi.access.preservica.com/uncategorized/IO\_a36f9e4b-4c80-432d-8264-546089359925/">https://rcpi.access.preservica.com/uncategorized/IO\_a36f9e4b-4c80-432d-8264-546089359925/</a>

Nursing and Midwifery Board of Ireland (2021) *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives*. Dublin: Nursing and Midwifery Board of Ireland available at: <a href="http://www.nmbi.ie/Standards-Guidance/Code">http://www.nmbi.ie/Standards-Guidance/Code</a>

Nursing and Midwifery Board of Ireland (2020) *Guidance for Registered Nurses and Midwives on Medication Administration*. Dublin: Nursing and Midwifery Board of Ireland

Nursing and Midwifery Board of Ireland (2022) *Practice Standards for Midwives*. Dublin: Nursing and Midwifery Board of Ireland available at: <a href="http://www.nmbi.ie/Standards-Guidance/Midwives-Standards">http://www.nmbi.ie/Standards-Guidance/Midwives-Standards</a>

Nursing and Midwifery Board of Ireland (2015) *Recording Clinical Practice. Guidance to Nurses and Midwives.* Dublin: Nursing and Midwifery Board of Ireland available at: <a href="http://www.nmbi.ie/Standards-Guidance/More-Standards-Guidance/Recording-Clinical-Practice">http://www.nmbi.ie/Standards-Guidance/More-Standards-Guidance/Recording-Clinical-Practice</a>

Nursing and Midwifery Board of Ireland (2015) *Scope of Nursing and Midwifery Practice Framework.*Dublin: Nursing and Midwifery Board of Ireland available at: <a href="http://www.nmbi.ie/Standards-Guidance/Scope-of-Practice/Nursing-Practise-Scope-Definition">http://www.nmbi.ie/Standards-Guidance/Scope-of-Practice/Nursing-Practise-Scope-Definition</a>



NAME:
(PRINT CLEARLY in CAPITALS)
NMBI PIN Number:
NMBI PIN Number:

Self-Assessment of Competency to Administer Quadrivalent Influenza Vaccine (QIV) /Influvac Tetra to Adult Vaccine Recipients under Medicine Protocol (to be completed by registered nurse/registered midwife prior to administering

	Performance Criteria	(Tick/date/initial as applicable)		
No	Critical Element	Competent Date/Initials	Needs Practice Date/Initials	Needs Theory Date/Initials
1	I practice within my scope of practice (Scope of Nursing and Midwifery Practice Framework, Nursing and Midwifery Board of Ireland (NMBI, 2015) to undertake administration of seasonal influenza vaccine under medicine protocol			
2	I understand that vaccines are prescription only medicines (POM) and prior to administration require either:  1. a valid prescription for individual vaccines  or			
3	<ul> <li>a medicine protocol for individual vaccines</li> <li>I understand the role and function of medicine protocols in the context of NMBI and NIAC guidelines in relation to:         <ul> <li>The Code of Professional and Ethical Conduct for Registered Nurses and Registered Midwives (NMBI, 2021)</li> <li>Scope of Nursing and Midwifery Practice Framework (NMBI, 2015)</li> <li>Guidance for Registered Nurses and Midwives on Medication Administration (NMBI, 2020)</li> <li>Guidance to Nurses and Midwives on Medication Management (NMBI, 2020)</li> <li>NIAC Immunisation Guidelines for Ireland available at: <a href="https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland">https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland</a></li> </ul> </li> </ul>			
5	I have successfully completed the HSELanD education programme for registered nurses and registered midwives: Seasonal Influenza Vaccination Programme 2024/2025. Education Programme for Nurses and Midwives  Quadrivalent Influenza Vaccine (QIV) available at <a href="www.HSELanD.ie">www.HSELanD.ie</a> I understand that I will need to regularly review the most current vaccination information from the NIO available at: <a href="www.immunisation.ie">www.immunisation.ie</a> I understand the documentation required to support implementation of the medicine protocol to ensure safe administration of seasonal influenza vaccine			
6	I understand the current medicine protocol for this vaccination programme			
7	I can outline the inclusion/exclusion criteria for administering influenza vaccine under the named medicine protocol			
8	I am competent in safe intramuscular vaccine administration technique			
9	I understand if further education and training is required to deem myself competent in intramuscular vaccine technique, preparation of vaccines under medicine protocol utilising Antimicrobial Resistance and Infection Control (AMRIC) aseptic technique, I am required to access an education/training programme in a Centre for Nurse and Midwifery Education and /or HSELanD.			
10	I have successfully completed all the education programmes as listed in <b>Table 1</b> : <b>Professional Qualifications, Training, Experience and Competence Required</b>			
11	I have attended an approved Basic Life Support for Health Care Providers Course within the last two years (i.e. Irish Heart Foundation (IHF))			



12	I have successfully completed an approved anaphylaxis programme as listed in <b>Table 1</b> and am familiar with NIAC (2023) <i>Anaphylaxis: Immediate Management in the Community</i>		
13	I have the appropriate skills and knowledge to assess suitability for vaccination, which includes a clinical assessment of the adult vaccine recipient presenting for vaccination within the scope of the medicine protocol		
14	I can provide information regarding seasonal influenza vaccine, benefits and side effects to adult vaccine recipients		
15	I understand when and how to refer those who meet the exclusion criteria to the relevant medical practitioner for an individual medical assessment as per medicine protocol		
16	I can provide written and verbal information in relevant language and advice to the adult vaccine recipient to support the individual to make an informed consent available at:  https://www.hse.ie/eng/health/immunisation/hcpinfo/botpipa/consentukr.pdf		
17	I understand the agreed process, including ICT systems if applicable for the accurate and appropriate documentation in the vaccine administration		
18	I understand the purpose and importance of completing the required HSE data returns following vaccine administration		
19	<ul> <li>I have the knowledge and skills to safely administer the vaccine regarding the following:         <ul> <li>Preparation of the vaccine for administration</li> <li>Documentation of the details of the vaccine to include the vaccine label which has the batch number and expiry date details</li> <li>Date and time and site of administration of vaccine</li> <li>Vaccinator ID (name, signature and NMBI PIN/MRN)</li> </ul> </li> </ul>		
20	I have knowledge of the appropriate documentation procedure for treatment and reporting of adverse drug reactions to the Health Products Regulatory Authority (HPRA) if required available at: <a href="https://www.hpra.ie">www.hpra.ie</a>		
21	I can demonstrate the procedure for reporting and documentation of medication errors/near misses as per HSE Enterprise Risk Management Policy & Procedures (2023)		
22	I understand how to dispose of single use equipment and sharps in accordance with National Clinical Guideline No. 30 (2023)-Infection Prevention and Control (IPC) <a href="https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/">https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/</a> .		
24	In the event of needle stick injury, I understand the guidelines as outlined in the 'EMI Tool Kit' available at: https://www.hpsc.ie/a-z/EMIToolkit/		
25	I understand how to manage vaccines (including: vaccine handling, delivery and storage including the maintenance of the cold chain in accordance with national and local policies, procedures, protocols and guidelines (PPPGs))		
26	I have undertaken the following HSELanD/online programmes:  • AMRIC Aseptic Technique  www.hseland.ie  • AMRIC Hand Hygiene  www.hseland.ie		
	GDPR Guidelines     www.hseland.ie		



National Consent Policy: <a href="https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/national-consent-policy.html">https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/national-consent-policy.html</a>

I have sufficient theoretical knowledge and skills to administer this vaccine independently, and I acknowledge my responsibility to maintain my own competence in line with the Scope of Nursing and Midwifery Practice Framework (NMBI, 2015) and current best evidence. Registered Nurse/Midwife Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_ If any deficits in theory and/or clinical practice are identified, the registered nurse/midwife must discuss with relevant Line Manager/Employer and implement appropriate support plan to achieve competency within an agreed time frame. Support Plan (for use if needed to reach competence outlined) Action necessary to achieve competence: Date to be achieved: ..... Supporting evidence of measures taken to achieve competence: Registered Nurse/Midwife Signature: Name and title of Line Manager/Clinical Lead: Line Manager/Clinical Lead Signature:

Date: