




Protocol for the administration of the Influenza vaccine suspension for injection for the 2024/2025 influenza season, by PHECC registered Vaccinators (Emergency Medical Technicians (EMT), Paramedics and Advanced Paramedics).

(This document is to be read in conjunction with the Master Medicine Protocol published by National Immunisation Office for administration of Quadrivalent Influenza Vaccine (QIV) and Master Medicine Protocol for administration of Influvac Tetra vaccine as these two-influenza vaccine suspensions for injection available for this season)

<p>Name of Organisation where this protocol applies</p>	<p>Health Service Providers across the voluntary and statutory services of the Health Service Executive (HSE), in vaccination clinic centres. This protocol applies to registered Emergency Medical Technicians (EMT), Paramedics and Advanced Paramedics) involved in the administration of the Influenza vaccine suspension for vaccine recipients under this protocol. This protocol does not apply where practitioners are deployed on behalf of a PHECC Licensed CPG Service Provider.</p>
<p>Date this protocol comes into effect</p>	<p>12th Sept 2024</p>
<p>Date for review of this protocol</p>	<p>30th Sept 2026</p> <p>The first version of this document is dated 12th Sept 2024. This document is subject to ongoing revision. Please refer to the current version available on the NIO website</p>
<p>Document prepared by:</p>	<p>Pre-Hospital Emergency Care Council in consultation with the National Immunisation Office (NIO)</p>
<p>Names and Signatures of the officers authorising the implementation of this protocol</p> <p><i>“On behalf of the HSE as the approving authority of the Influenza vaccine suspension for injection training programme for registered PHECC Practitioners, I have read this protocol and authorise its implementation”</i></p>	<p>Name: Mr Richard Lodge, Director, Pre-Hospital Emergency Care Council</p> <p>Signature:</p>  <hr style="width: 20%; margin-left: auto; margin-right: 0;"/>



Section B: Information Specific to Pre-Hospital Emergency Care Council (PHECC)

registered Vaccinators (Emergency Medical Technicians (EMT), Paramedics and Advanced Paramedics), for the administration of the Influenza vaccine suspension for injection for the 2024/2025 influenza season for Health Service Executive (HSE) vaccination programme.

Statutory Instruments No. 245 of 2021 and 511 of 2021 enables health care professionals (including Registered EMT, Paramedics and Advanced Paramedics) who are vaccinators as professions that can administer Influenza vaccine suspension for injection to adult vaccine recipients for the 2024/2025 Health Service Executive (HSE) seasonal influenza vaccination programme (SIVP)..

In order to administer the vaccine, PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) **must read and understand** the vaccine specific master medicine protocol for the administration of QIV and Influvac Tetra.

PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) shall **complete 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

PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) **must** have attained the professional qualification, training and competence requirements as listed below in order to be eligible to administer Influenza vaccine suspension for injection using the HSE master medicine protocols for these vaccines.

Professional qualifications, training, experience and competence required prior to using this medicine protocol	<p>The PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) must have completed all of the following:</p> <ol style="list-style-type: none">1. Be a Registered EMT, Paramedic or advanced paramedic on the active register maintained by PHECC2. Be currently certified at Cardiac First Response – Advanced within the last two years3. Initial <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on www.HSELand.ie followed by a two hour classroom based skills workshop. Recertification is required every two years by completing the on-line <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on www.HSELand.ie4. Self-Assessment of Competency Form for Influenza vaccine suspension for injection (included in this Section B document)5. COVAX online programme available at: https://www.hse.ie/eng/health/immunisation/hcpinfo/hsecovid19vms.html6. <i>Quadrivalent Influenza Vaccine (QIV)</i> available at www.HSELand.ie7. <i>Flu vaccine – protect yourself, protect others</i>, available at www.HSELand.ie8. <i>Storing and Managing Vaccines</i>, available at www.HSELand.ie
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The PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) must be familiar with the following list of clinical documents:

1. National Immunisation Advisory Committee (2023) *Anaphylaxis: Immediate Management in the Community* available at: <https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland>
2. National Immunisation Advisory Committee *Immunisation Guidelines for Ireland*: Royal College of Physicians of Ireland National Immunisation Advisory Committee available at: <https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland>
3. Master Medicine Protocols for QIV and Influvac Tetra (found on NIO website)
4. National Clinical Guideline No. 30 (2023) – Infection Prevention and Control (IPC) <https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/>.
5. PHECC (2017) *Code of Professional Conduct and Ethics for Registrants*. Available at: https://www.phecit.ie/PHECC/Public_and_patients/Code_of_professional_conduct_and_ethics/PHECC/Public_and_Patients/Code_of_Professional_Conduct_and_Ethics/Code_of_Professional_Conduct_and_Ethics.aspx?key=2fc616eb-7865-4bbb-8526-7a6f25ddb54c



NAME: _____

(PRINT CLEARLY in CAPITALS)

Self-Assessment of Competency to Administer Influenza vaccine suspension for injection under Medicine Protocol

	Critical Element	Competent Date/Initials	Needs Practice Date/Initials	Needs Theory Date/Initials
1.	I practice within my scope of practice to undertake administration of Seasonal influenza vaccine under medicine protocol.			
2.	I am familiar with and adhere to the practices as set out in <i>Immunisation Guidelines for Ireland (NIAC)</i> .			
3.	I understand the role and function of medicine protocols in the context of NIAC guidelines and understand the current medicine protocol for this vaccination programme.			
4.	I have successfully completed the National Immunisation Office (NIO) education programme for QIV, available at www.immunisation.ie			
5.	I have attended Cardiac First Response - Advanced within the last two years and am currently certified.			
6.	I am competent in safe vaccine administration technique.			
7.	I have successfully completed an approved Anaphylaxis education programme as outlined in the medicine protocol. I am familiar with NIAC (2023) <i>Anaphylaxis: Immediate Management in the Community</i> .			
8.	I have the knowledge and skills to safely administer the vaccine regarding the following: <ul style="list-style-type: none"> • Preparation of the vaccine for administration • Documentation of the details of the vaccine to include the vaccine label which has the batch number and expiry date details • Date and time and site of administration of vaccine • Vaccinator ID 			
9.	I undertake to review the most current vaccination information from the NIO - www.immunisation.ie .			
10.	I can outline the inclusion/exclusion criteria for administering QIV/Influvac Tetra under the named medicine protocol.			
11.	In assessing suitability for vaccination I can undertake a clinical assessment of individuals within the scope of the medicine protocol.			
12.	I can refer those who meet the exclusion criteria to the relevant medical practitioner for an individual medical assessment as per medicine protocol.			
13.	I am familiar with the documentation required to support implementation of the medicine protocol to ensure safe administration of QIV/Influvac Tetra.			
14.	I can provide information regarding QIV/Influvac Tetra , benefits and side effects to vaccine recipients.			
15.	I am aware of the procedure for treatment and reporting of adverse reactions.			
16.	I understand the procedure for reporting and documentation of medication errors/near misses.			
17.	I dispose of all equipment and sharps in accordance with the National clinical guideline for Infection prevention & control HSE (2023).			
18.	I am aware of and comply with the guidance on vaccine storage and handling including the maintenance of the cold chain in accordance with national and local policies.			

	I have undertaken the following HSE LanD/online programmes: <ul style="list-style-type: none"> • AMRIC Aseptic Technique www.hseland.ie • AMRIC Hand Hygiene www.hseland.ie • GDPR Guidelines www.hseland.ie • National Consent Policy: https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/national-consent-policy.html 			
	<ul style="list-style-type: none"> • National Consent Policy: https://www.hse.ie/eng/about/who/national-office-human-rights-equality-policy/consent/ • 			

I have sufficient theoretical knowledge and practice to undertake vaccination under this medicine protocol independently, and I acknowledge my responsibility to maintain my own competence in line with current best evidence.

PHECC Registered Emergency Medical Technician, Paramedic or Advanced Paramedic

Signature: _____ **Date:** _____

If any deficits in theory and/or clinical practice are identified, the PHECC Registered Emergency Medical Technician, Paramedic or Advanced Paramedic must discuss with relevant line manager and implement appropriate action plan to achieve competency within an agreed time frame.

Action Plan (for use if needed to reach competencies outlined)

Action necessary to achieve competency:

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Date to be achieved:

Supporting evidence of measures taken to achieve competency:

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PHECC Registered EMT, Paramedic or Advanced Paramedic signature

Date:

Line Manager Signature

Date:
