



Section B: Information Specific to HSCP Vaccinators (Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists) for the administration of the Influenza vaccine suspension for injection for the 2024/2025 influenza season

Statutory Instruments No. 245 of 2021 and 511 of 2021 enables health care professionals (including Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists) who are COVID-19 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, HSCP Vaccinators (Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists) **must** be familiar with the medicine protocol for the administration of the QIV and Master Medicine Protocol for administration of Inluvac Tetra vaccine as these two-influenza vaccine suspensions for injection available for this season, which is available at <https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/>

HSCP Vaccinators (Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists) are also encouraged to **complete the Self-Assessment of Competency Form** included in this section and also available at <https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/>

HSCP Vaccinators (Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists) **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 protocol for this vaccine.

Professional Qualifications, Training, Experience and Competence Required

<p>Professional qualifications, training, experience and competence required prior to using this medicine protocol / Professional Qualifications :</p> <p>Training, Experience, Competence:</p>	<p>The HSCP Vaccinators (Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists) must have completed all of the following:</p> <ol style="list-style-type: none"> 1. Be a Registered Physiotherapist, Radiographer, Radiation Therapist, or Optometrist, on an active register maintained by CORU 2. An approved <i>Basic Life Support for Health Care Providers Course</i> within the last two years (i.e. Irish Heart Foundation (IHF)) 3. 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.ie 4. <i>Quadrivalent Influenza Vaccine (QIV)</i> available at www.HSELand.ie 5. COVAX online programme available at: https://www.hse.ie/eng/health/immunisation/hcpinfo/hsecovid19vms.html <p>Recommended:</p> <ol style="list-style-type: none"> 6. Self-Assessment of Competency Form for Influenza vaccine suspension for injection (included in this Section B document) available at https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/ 7. <i>Flu vaccine – protect yourself, protect others</i>, available at www.hseland.ie 8. <i>Storing and Managing Vaccines</i>, available at www.HSELand.ie
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Supporting Documents for HSCP Vaccinators (Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists)

HSE Vaccination Programme (2024) Operational Guidance Version 4 (Note: This guidance document covers 2024/2025 Seasonal Influenza Vaccination Programme), available at [on Sharefile](#)

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

National Immunisation Advisory Committee (2023) Anaphylaxis: Immediate Management in the Community. Available at https://rcpi.access.preservica.com/uncategorized/IO_a36f9e4b-4c80-432d-8264-546089359925/

National Immunisation Advisory Committee *Immunisation Guidelines for Ireland* Dublin: Royal College of Physicians Ireland. Online update available at <https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland>

Optical Registration Board Code of Professional Conduct and Ethics for Optometrists
<https://www.coru.ie/files-codes-of-conduct/orb-code-of-professional-conduct-and-ethics-for-optometrists.pdf>

Physiotherapists Registration Board Code of Professional Conduct and Ethics <https://www.coru.ie/files-codes-of-conduct/prb-code-of-professional-conduct-and-ethics-for-physiotherapists.pdf>

Radiographers and Radiation Therapists Registration Board Code of Professional Conduct and Ethics
<https://www.coru.ie/files-codes-of-conduct/rrb-code-of-professional-conduct-and-ethics-for-radiographers-and-radiation-therapists.pdf>



Self-Assessment of Competency Form



NAME: _____

(PRINT CLEARLY in CAPITALS)



Self-Assessment of Competency to Administer Influenza vaccine suspension for injection to Adult Vaccine Recipients 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, under medicine protocol.			
2.	I am familiar with and adhere to the practices as set out in: <ul style="list-style-type: none"> • <i>Immunisation Guidelines for Ireland (NIAC).</i> • <i>HSE Vaccination Programme: Operational Guidance (Note: This guidance document covers 2024/2025 Seasonal Influenza Vaccination Programme)</i> 			
3.	I have successfully completed the National Immunisation Office (NIO) HSELand education programme for QIV.			
4.	I have attended Basic Life Support for Health Care Providers within the last two years.			
5.	I am competent in safe intramuscular vaccine administration technique			
6.	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>			
7.	I have successfully completed the Immunisation Foundation programme accessible on HSELand			
8.	I undertake to review the most current vaccination information from the NIO - https://www.hse.ie/eng/health/immunisation/hcpinfo/			
9.	I can outline the inclusion/exclusion criteria for administering influenza vaccine under the named medicine protocol.			
10.	In assessing suitability for vaccination I can undertake a clinical assessment of adult vaccine recipients presenting for vaccination within the scope of the medicine protocol.			
11.	I can refer those who meet the exclusion criteria to the relevant medical practitioner for an individual medical assessment as per medicine protocol.			
12.	I am familiar with the documentation required to support implementation of the medicine protocol to ensure safe administration of QIV/Influvac Tetra.			
13.	I can provide information regarding seasonal influenza vaccine, benefits and side effects to adult vaccine recipients.			
14.	I am aware of the procedure for treatment and reporting of adverse reactions.			
15.	I understand the procedure for reporting and documentation of medication errors/near misses.			
16.	I dispose of all equipment and sharps in accordance with the National clinical guideline for Infection prevention & control HSE (2023).			
17.	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.			
18.	I have undertaken the following HSELand/online programmes: <ul style="list-style-type: none"> • AMRIC Aseptic Technique 			



	www.hseland.ie <ul style="list-style-type: none"> • AMRIC Hand Hygiene www.hseland.ie • GDPR Guidelines www.hseland.ie • National Consent Policy: https://www.hse.ie/eng/about/who/gid/other-quality-improvement-programmes/consent/national-consent-policy.html 			
19.	<p>I have the knowledge and skills to safely administer the vaccine regarding the following:</p> <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 (name, signature, and CORU Reg. number) 			

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.

Registered Physiotherapist, Radiographer, Radiation Therapist, or Optometrist

Signature: _____ **Date:** _____ **CORU Reg. Number** _____

If any deficits in theory and/or clinical practice are identified, the Registered Physiotherapist, Radiographer, Radiation Therapist, or Optometrist 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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Registered Physiotherapist, Radiographer, Radiation Therapist, or Optometrist Signature:

Date:

Line Manager Signature

Date:
