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Immunisation knowledge and skills competence assessment tool





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Immunisation knowledge and skills competence assessment tool

Background

These competence assessments have been developed by the Royal College of Nursing (RCN) and Public Health England (PHE) to support the training and assessment of registered and non-registered health care workers who have a role in immunisation. (See PHE *National Minimum Standards and Core Curriculum for Immunisation* training and the RCN *Supporting the delivery of immunisation education* (publication code 005 335) for further information.)

In addition to acquiring knowledge through a theoretical taught course, practitioners need to develop clinical skills in immunisation and apply their knowledge in practice. A period of supervised practice to allow acquisition and mentor observation of clinical skills and application of knowledge to practice when the practitioner is new to immunisation is therefore strongly recommended.

Whilst there is no agreement or finite evidence as to how many times this supervised practice should occur, both the mentor and new practitioner need to feel confident that the practitioner has the necessary skills and knowledge to advise on and/or administer vaccines.

Information for users

The competence assessment tools have been divided into three areas.

1. Knowledge.
2. Core clinical skills – many of the competences are core skills used in a range of clinical areas, but for the purposes of this assessment tool, they should be used in the context of immunisation.
3. The clinical process/procedure for vaccine administration.

One competence assessment form is for registered health care staff. The other is for non-registered health care staff. This will include health care support workers (HCSWs) who may have a role in the administration of influenza, pneumococcal and/or shingles vaccines. Some of the competences will also apply to administrative staff for example, those who have a role in checking the storage of vaccines (cold chain) and those in children's centres and education settings who may have a role in directing patients and parents/carers to the right resources or services.

The competences link to the *National Minimum Standards and Core Curriculum for Immunisation Training* (HPA, 2005) and the *National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers* (PHE, 2015). These curricula describe the learning outcomes that should be covered by immunisation training courses. These competence assessments are not intended as a check list for all the outcomes but as a tool to assure knowledge, competence and safe practice. Mentors and practitioners should refer back to the learning outcomes when assessing knowledge and skills.

It is recognised that not all competences will be relevant to all staff. For example, in some areas such as schools, pharmacy or prison health, immunisers will require very specific knowledge and skills. The competences required will depend on the individual service area and the specific range of vaccines given by the immuniser. The word 'patient' has been used throughout but can be interchanged with the appropriate word for the health setting in which the competence assessment framework is used.

Where there are very specific needs for particular service areas, service leads may wish to extract the relevant competences for their service for ease of assessment. This is acceptable but for consistency and ease of transfer between areas, the wording should be the same and any documentation should clearly state which area(s) and for which vaccine (s) the assessment has been carried out.

What is a competence framework?

For the purpose of this document competence can be defined as:

“The state of having the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one’s professional responsibilities” (Roach, 1992)

Competences are the essential building blocks that shape nursing work in all clinical and practice settings. As practitioners acquire skills, knowledge, understanding and confidence in their field they are able to demonstrate how they meet increasingly challenging levels of competence.

This document provides a resource for all grades of staff to enable learning and development in the field of immunisation.

The framework aims to identify the competences required to meet the specific needs of patients requiring immunisation as well as to provide support to both registered and non-registered staff, wishing to grow their expertise and progress their career in this field.

How to use these competence assessments:

This document can be used as a self-assessment tool, an assessment tool for use by a mentor or both, as described below. Where a particular competence is not applicable to the individual’s role, indicate ‘not applicable’ (NA).

- 1. Select the relevant competence assessment.** Either: registered health care staff or non-registered health care staff (e.g. HCSW).
- 2. Vaccinators:** those administering immunisations should be assessed against all competences, except where the vaccinator is only required to use specific administration techniques, for example if they are only giving the intranasal influenza vaccine or intradermal Bacillus Calmette-Guérin vaccine (BCG).

Other role in immunisation: If a practitioner’s role is to advise about or support immunisation programmes, but not to actually administer vaccines, they and their assessor need to identify which competences are applicable.

- 3. Practitioner to complete self-assessment column:** practitioners are stating that they feel competent in their role and have the necessary knowledge and skills.

4. Share with mentor.

Mentors: the mentor needs to be a registered health care practitioner who is competent and experienced in delivering immunisation programmes.

The mentor should:

- review the practitioner’s self-assessment, discussing any areas that are identified as ‘need to improve’ and the relevant action plans
- observe their performance as they provide immunisations/advice to several patients and indicate whether each competence is ‘met’ or ‘needs to improve’ in the mentor review column
- if improvement is needed, help the immuniser to develop an action plan that will help them achieve the required level of competence with a review date for further assessment
- when mentor and practitioner agree that the practitioner is competent in all the relevant areas, sign off the section at the bottom of the assessment.

Useful links

- [PHE Immunisation pages](#) for the Green Book, Vaccine Update and other useful resources.
- [RCN Immunisation resources](#) for specific guidance for Health Care Support Workers (HCSW) and other resources and links.
- [World Health Organization \(WHO\)](#) for vaccine schedules for each country across the world.
- [European Centre for Disease Control \(ECDC\)](#) for European vaccine schedules.

Competence assessment tool: registered staff

	Competence assessment tool: registered staff – for staff who are on a professional register such as NMC, GMC, HCPC, GPhC	Not applicable (NA) to current area of practice	Self-assessment record: need to improve (NI) or met (M) (initial and date)	Mentor review record: needs to improve (NI) or met (M) (initial and date)	Record action plan for any assessed as needs to improve (as agreed with mentor)
	Part 1: knowledge		Self-assessment	Mentor review	
1a	Can provide evidence of attendance at a specific, comprehensive immunisation training course. The course should cover all of the topics detailed in the <i>Core Curriculum for Immunisation Training</i> and/or provide evidence of completing an immunisation e-learning programme (state the name of course/type of training attended).				
1b	Has successfully completed a knowledge assessment e.g. an e-learning course assessment, end of course test or the PHE online quiz.				
1c	Able to access the online Green Book and is aware of the electronic update nature of this publication.				
1d	Able to access other relevant immunisation guidance e.g. DH/PHE/NHS England letters, vaccine update, Q&As on new or revised vaccine programmes, the PHE algorithm for persons with unknown or uncertain immunisation status.				
1e	Knows who to contact for advice if unsure about vaccination schedules, vaccine spacing and compatibility, eligibility for vaccines or if a vaccine error occurs. (e.g. local screening and immunisation team, PHE health protection team or other locally available immunisation lead)				
1f	Able to access current information on other countries' schedules if required (e.g. WHO or ECDC websites) and can advise patients and/or parents/carers if any additional vaccines are needed.				
1g	Able to discuss the relevant national and local immunisation programmes and the diseases for which vaccines are currently available. Aware of programmes for specific clinical risk groups and use of vaccination in outbreak situations. Knows where to refer to if vaccines are not available locally (e.g. BCG or travel vaccines).				
1h	Is able to advise on appropriate safe, timely administration of the vaccine(s) required by the patient.				
1i	Understands the different types of vaccine, is able to state which vaccines are live and which are inactivated and is aware of the different routes of administration e.g. injected, intranasal or oral.				
1j	Able to explain the general principles of immunisation e.g. why multiple and/or booster doses are required, why intervals need to be observed between doses and why the influenza vaccine needs to be given annually.				
1k	Aware of local and national targets for immunisation uptake and why vaccine uptake data is important.				

Competence assessment tool: registered staff

Competence assessment tool: registered staff – for staff who are on a professional register such as NMC, GMC, HCPC, GPhC	Not applicable (NA) to current area of practice	Self-assessment record: need to improve (NI) or met (M) (initial and date)	Mentor review record: needs to improve (NI) or met (M) (initial and date)	Record action plan for any assessed as needs to improve (as agreed with mentor)
Part 2: core skills for immunisation	Self-assessment	Mentor review	Mentor review	
2a	Is up-to-date with local requirements for anaphylaxis and CPR training (normally recommended annually).			
2b	Aware of the whereabouts of anaphylaxis and emergency care equipment, how and when to use it and the follow-up care required.			
2c	Can explain incident response and reporting process in case of a procedural error; needlestick injury as per local protocol.			
2d	Demonstrates good practice in hand hygiene and relevant infection prevention techniques.			
2e	Disposes of sharps, vaccine vials and other vaccine equipment safely in line with local guidance.			
2f	Demonstrates knowledge and understanding of the rationale for maintaining the vaccine cold chain. Familiar with local protocols for cold chain management and the action to be taken in case of cold chain failure and who to contact.			
	Part 3: clinical process and procedure	Self-assessment	Mentor review	
3a	Checks patient's identity and patient's records prior to vaccination to ascertain previous immunisation history and which vaccines are required e.g. to bring patient up-to-date with national schedule, for planned travel, for specific identified risk, post-exposure prophylaxis etc.			
3b	Can explain which vaccines are to be given and able to answer patient's and/or parents' questions, referring to leaflets to aid explanations/discussion as appropriate and using interpreter if necessary to ensure patient/parent informed. Knows who to refer to or who to contact if further detail or advice is required.			
3c	Able to clearly and confidently discuss the risks and benefits of vaccination and able to address any concerns patients and/or parents may have.			
3d	Aware of, and able to discuss, any current issues, controversies or misconceptions surrounding immunisation.			
3e	Demonstrates knowledge of consent requirements and the particular issues relevant to the area of practice, such as the capacity to consent, Mental Capacity Act and the age of the individual. Ensures consent is obtained prior to vaccination and is appropriately documented.			
3f	Demonstrates knowledge and understanding of contraindications and is able to assess appropriately for contraindication or, if necessary, the need to postpone vaccination.			
3g	Checks that the vaccine has been appropriately prescribed via a Patient Specific Direction (PSD) or is authorised to be supplied and/or administered via a Patient Group Direction (PGD).			

Competence assessment tool: registered staff

Competence assessment tool: registered staff – for staff who are on a professional register such as NMC, GMC, HCPC, GPhC	Not applicable (NA) to current area of practice	Self-assessment record: need to improve (NI) or met (M) (initial and date)	Mentor review record: needs to improve (NI) or met (M) (initial and date)	Record action plan for any assessed as needs to improve (as agreed with mentor)
Part 3: clinical process and procedure continued	Self-assessment	Mentor review		
3h Checks the presentation of vaccine products, the expiry date, how they have been stored prior to use and prepares them according to the summary of product characteristics (SPC).				
3i Positions patient appropriately and chooses appropriate vaccination site(s) e.g. use of anterior lateral aspect of the thigh in babies under one year and/or upper arm in older children and adults for injectable vaccines.				
3j Chooses the correct administration route for the vaccine(s) to be delivered.				
3k Demonstrates correct subcutaneous injection technique e.g. for administration of shingles vaccine.				
3l Demonstrates correct intradermal technique e.g. for administration of BCG vaccine.				
3m Demonstrates correct intramuscular technique e.g. for administration of DTaP vaccine.				
3n Demonstrates correct intranasal technique e.g. for administration of live influenza vaccine to children.				
3o Demonstrates correct oral technique e.g. for administration of live rotavirus vaccine to babies				
3p Demonstrates an understanding of practice/clinic procedures for the reporting of vaccine reactions and knows how and when to report using the Medicines and Healthcare products Regulatory Authority's (MHRA) Yellow Card Scheme.				
3q Completes all necessary documentation, recording type and product name of vaccine, batch number, expiry date, dose administered, site(s) used, date given and name and signature.				
3r Demonstrates good record keeping and understands the importance of making sure vaccine information is recorded on GP data system, reported to local Child Health Information System (CHIS), in the Personal Child Health Record (PCHR) and the use of appropriate methods for reporting unscheduled vaccinations or where vaccines are given outside of GP premises.				
3s Advises patient/parent on potential post-vaccination reactions as appropriate (e.g., rash, pyrexia) and management of these. Provides patient/parent with a copy of post-immunisation advice sheet such as the NHS leaflet <i>What to expect after vaccination</i> or the product's Patient Information Leaflet (PIL), if appropriate.				

Statement of competence

Name of individual:

Signature:

Has shown appropriate knowledge, skill and competence to safely administer/advise about vaccinations.

Name of mentor/line manager:

Date:

Signature of mentor/line manager:

Competence assessment tool: non-registered staff

	Competence assessment tool: non-registered staff. For staff trained to administer or support the delivery of a vaccination programme but who are not registered on a professional register such as NMC, GMC HCPC or GPhC	Part 1: knowledge	Not applicable (NA) to current area of practice	Self-assessment record: need to improve (NI) or met (M) (initial and date)	Mentor review record: needs to improve (NI) or met (M) (initial and date)	Record action plan for any assessed as needs to improve (as agreed with mentor)
		Part 1: knowledge		Self-assessment	Mentor review	
1a	Can provide evidence of attendance at a specific, comprehensive immunisation training course (the course should cover all of the topics detailed in the <i>Core Curriculum for Immunisation Training</i> and/or provide evidence of completing an immunisation e-learning programme. (State the name of course/type of training attended.)	Has successfully completed a knowledge assessment e.g. MCQ or other assessment at end of a taught course.				
1b	Able to access the online Green Book and is aware of the electronic update nature of this publication.	Knows who to refer to for advice if unsure about vaccination schedules, vaccine spacing and compatibility, eligibility for vaccines or if a vaccine error occurs (e.g. registered health care professional.)				
1c	Familiar with the relevant national and local immunisation programmes and the diseases for which vaccines are currently available.	Understands the different types of vaccine, is able to state which vaccines are live and which are inactivated and is aware of the different routes of administration e.g. injected, intranasal or oral.				
1e	Able to explain the general principles of immunisation e.g. why multiple and/or booster doses are required, why intervals need to be observed between doses and why the influenza vaccine needs to be given annually.	Aware of local and national targets for immunisation uptake and why vaccine uptake data is important.				

Competence assessment tool: non-registered staff

	Competence assessment tool: non-registered staff. For staff trained to administer or support the delivery of a vaccination programme but who are not registered on a professional register such as NMC, GMC HCPC or GPhC	Part 3: clinical process and procedure	Not applicable (NA) to current area of practice	Self-assessment record: need to improve (NI) or met (M) (initial and date)	Mentor review record: needs to improve (NI) or met (M) (initial and date)	Record action plan for any assessed as needs to improve (as agreed with mentor)
		Self-assessment		Mentor review		
3a	Checks patient's identity and patient's records prior to vaccination to ascertain previous immunisation history.					
3b	Can explain which vaccines are to be given and is able to answer patient's and/or parents' questions, referring to leaflets to aid explanations/discussion as appropriate and using interpreter if necessary to ensure patient/parents informed. Is able to refer to the relevant registered practitioner for further detail or advice.					
3c	Able to clearly and confidently discuss the risks and benefits of vaccination and able to address any concerns patients and/or parents may have. Refers to the relevant registered practitioner for further detail or advice.					
3d	Aware of, and able to discuss, any current issues, controversies or misconceptions surrounding the immunisations they are giving.					
3e	Demonstrates knowledge of consent requirements and the particular issues relevant to the area of practice, such as the capacity to consent, Mental Capacity Act and the age of the individual. Ensures consent is obtained prior to vaccination and is appropriately documented.					
3f	Demonstrates knowledge and understanding of contraindications and uses assessment form/check list to check for contraindications and precautions prior to immunisation. Refers to relevant registered professional if in doubt.					
3g	Demonstrates that they check the vaccine has been appropriately prescribed through a Patient Specific Direction (PSD). The intranasal influenza vaccine can be supplied by a registered practitioner via a Patient Group Direction PGD for subsequent administration where appropriate to the setting.					
3h	Demonstrates that they know how to use PSDs, checking that the patient is named to receive the specific vaccine, that it is appropriately dated and signed and that they know who to refer to if this is not the case.					
3i	Checks the presentation of vaccine products, the expiry date, how they have been stored prior to use and prepares them according to the summary of product characteristics (SPC).					
3j	Positions patient appropriately and chooses appropriate vaccination site(s).					
3k	Chooses the correct administration route for the vaccine(s) to be delivered.					
3l	Demonstrates correct subcutaneous injection technique e.g. for administration of shingles vaccine.					
3m	Demonstrates correct intramuscular technique e.g. for administration of adult flu and pneumococcal vaccines.					
3n	Demonstrates correct intranasal technique e.g. for administration of live influenza vaccine to children.					

Competence assessment tool: non-registered staff

	Competence assessment tool: non-registered staff. For staff trained to administer or support the delivery of a vaccination programme but who are not registered on a professional register such as NMC, GMC HCPC or GPhC	Not applicable (NA) to current area of practice	Self-assessment record: need to improve (NI) or met (M) (initial and date)	Mentor review record: needs to improve (NI) or met (M) (initial and date)	Record action plan for any assessed as needs to improve (as agreed with mentor)
	Part 3: clinical process and procedure continued		Self-assessment	Mentor review	
3o	Demonstrates an understanding of practice/clinic procedures for the reporting of adverse incidents, vaccine reactions and knows how and when to report using the MHRA's Yellow Card Scheme.				
3p	Completes all necessary documentation, recording type and product name of vaccine, batch number, expiry date, dose administered, site(s) used, date given and name and signature.				
3q	Advises patient/parent on potential post-vaccination reactions as appropriate (e.g. rash, pyrexia) and management of these. Provides patient/parent with a copy of post-immunisation advice sheet if available, e.g. the NHS leaflet <i>What to expect after vaccination</i> or the product's Patient Information Leaflet (PIL), if appropriate.				
Statement of competence					
Name of individual:		Signature:			
Has shown appropriate knowledge, skill and competence to safely administer/advise about vaccinations.					
Name of mentor/line manager:		Date:			
Signature of mentor/line manager:					

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