



Royal College
of Nursing

Supporting the delivery of immunisation education

*A quality framework to support the implementation of
national standards and guidelines on immunisation training*





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Foreword

All vaccines given as part of the recommended immunisation programme in the UK, as stipulated in the Department of Health's immunisation against infectious disease Green Book (DH, 2013), are provided free of charge through the NHS. The process for ensuring the vaccines reach all those who need them is complex; it requires close liaison between commissioners, health boards and providers, and health protection experts.

An effective immunisation service depends on staff being suitably skilled and qualified. This is necessary to ensure vaccinations are given safely and vaccine wastage minimised. Also, public and professional confidence is critical to the success of the national immunisation programmes. Public confidence in vaccines is frequently challenged, particularly when there are controversies about the safety and necessity of vaccines. It is therefore essential that all professionals involved with immunisation be confident, knowledgeable and up to date. They are then in a position to give clear, consistent, accurate advice, and explain the benefits and risks of vaccines appropriately and effectively.

Many staff, including some from non-clinical backgrounds, are involved in the process of immunisation. This process includes the administration of the vaccine, as well as supporting and advising parents or patients on which vaccines are recommended and the reasons why. It is imperative that those providing advice on immunisation, in whatever field, have access to training so that they can provide basic knowledge and facts on where to get up-to-date information. The level of this training will vary depending on the staff involved and the area in which they work.

This publication aims to build on national guidance for immunisation training: the National Minimum Standards for Immunisation Training (HPA, 2005a) and the Core Curriculum for Immunisation Training (HPA, 2005b). It should be used in conjunction with these and the RCN quality assurance standards which provide a broad framework for quality assurance for education programmes (RCN, 2012a).

This RCN guidance recommends the standardisation of immunisation training so that it can be delivered and commissioned to meet the National Minimum Standards. In order to ensure practitioners are safe and effective, these standards should be used as a framework for any immunisation training curriculum. Health care support workers (HCSWs) and assistant practitioners (APs) are becoming more involved in administering specific vaccines and additional standards have therefore been developed (HPA, 2012); this publication can also be used to support these standards.

A training package alone will not ensure practitioners care is safe or effective, therefore a detailed competency framework to be used in the workplace has been included in this document. It has been designed to support staff and help managers assess competence and knowledge.



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1

Introduction

The *National Minimum Standards for Immunisation Training* (HPA, 2005a) stipulates that all staff involved in administering, or advising on immunisation, should be appropriately trained and competent to fulfil the role. Service contracts must be clear and explicit in their requirements that staff need to have received a minimum level of training before they can deliver vaccinations.

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Governance framework for administration of vaccines

The majority of vaccinations in the UK are given by registered nurses and the Nursing and Midwifery Council (NMC) requires them to be up to date with skills and knowledge, and to use the best available evidence in all areas within their scope of practice (NMC, 2008).

Anyone employing staff to give vaccinations must be assured of their competence and understand the legal position for giving vaccines which are prescription-only medicines (POMs) (DH, 2006).

The Medicines Act 1968 does not permit registered health care professionals who are not qualified prescribers to administer or supply POMs unless one of three types of instruction are in place. These are outlined in *Medicines matters* (DH, 2006) as:

- a signed prescription
- a signed patient specific direction (PSD)
- a patient group direction (PGD).

Any suitably trained member of staff in health or social care can administer medicines that have been prescribed by an authorised prescriber for an individual patient. The prescribed medicines can then be given to that named patient only. Certain regulated health care professionals can also administer vaccines against a PGD. The RCN has advice for members on [PGDs](#) and [PSDs](#) (RCN, 2013a and RCN, 2013b).

However, non-regulated staff (eg, HCSWs) cannot administer medicines against a PGD and cannot be trained to prescribe medicines. Therefore, HCSWs and other support

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Purpose of guidance

staff cannot supply or administer prescription-only medicines under the authorisation of a PGD. If they are suitably trained and have been assessed as competent, a PSD should be used. A PSD is a written direction by a qualified prescriber for a medicine to be supplied or administered to a named patient (DH, 2006). Further guidance on accountability of, and delegation to, HCSWs is available at: www.rcn.org.uk/development/health_care_support_workers

The purpose of this guidance is to provide a framework for adopting the *National Minimum Standards for Immunisation Training* and the *Core Curriculum for Immunisation Training* to assure commissioners, health boards and providers that the training provided for staff meets appropriate standards. In addition to the Health Protection Agency (HPA) standards, the NICE Guidelines (2009) emphasise the need for high quality training so the workforce involved in immunisation is appropriately skilled.

The *National Minimum Standards for Immunisation Training* (HPA, 2005a) recommends an initial two day course and regular updates for all staff involved in immunisation. The rationale for the length and content of training required is based on the complexity of the immunisation schedule. As e-learning training materials are now being made available, where it is not possible or appropriate to deliver a two day programme, a blended learning approach can be used with the e-learning course(s) used alongside face-to-face sessions to help ensure participants achieve the required learning outcomes. The key is to make sure that all the elements of the *National Minimum Standards for Immunisation Training* are included.

This RCN guidance sets out different levels of training, which are described as separate units, for commissioners, health boards and managers to consider depending on the service provided. The various units should be used as described in [section 5](#). This should be in conjunction with other RCN and wider guidance, as referenced within this document, to make sure staff have the necessary knowledge and skills.

From April 2013, in England, directors of public health are employed by local authorities. This potentially provides new opportunities for close, collaborative working with education, early years, and social services departments. It may also facilitate the establishment of immunisation awareness sessions for education and social services staff.

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Immunisation courses

Key factors to consider for a training course include the following:

- commissioners of immunisation training courses must be reassured that the learning outcomes meet the *National Minimum Standards for Immunisation Training* and cover all 12 Core Topics in the *Core Curriculum for Immunisation Training* in sufficient depth. Courses should also cover any local issues and priorities, as well as any recent changes to the vaccination programme
- courses should be well structured and include a range of activities eg, Q&A sessions, scenarios, etc. to facilitate application of knowledge to practice
- course leaders should be able to demonstrate effectiveness, for example by course evaluation and feedback and by ongoing discussion on staff skills with service areas
- course facilitators and lecturers should have knowledge and expertise in immunisation and ideally make use of local expertise so that staff are aware of local policies and the expert sources of advice and support services available to them locally
- specific training should be available for specialist immunisation delivery, for example, BCG
- clinicians and line managers must ensure they assess the knowledge and competence of each staff member delivering vaccinations and keep a record of staff training requirements (see [Appendix: Competency framework](#))
- training courses should identify clear learning outcomes and the Knowledge and Skills Framework (KSF) dimensions they contribute towards (DH, 2004).

E-learning courses and training resources

England

The NHS in England has two e-learning immunisation and vaccination resources available. They are designed for all those involved in, advising about, and/or administering immunisation. The resources are intended as an adjunct to face-to-face sessions and could be incorporated into local training. The two packages should be used together and are outlined below.

- NHS core learning (hosted by The National Skills Academy), contains an immunisation and vaccination package with seven modules: www.corelearningunit.nhs.uk
- The Healthy Child Programme has been developed between the Royal College of Paediatrics and Child Health (RCPCH), the Royal College of Nursing (RCN) and the Community Practitioners and Health Visitors Association (CPHVA) (hosted by the Royal College of Paediatrics and Child Health). It includes an immunisation module which has five sessions: www.e-lfh.org.uk/projects/healthychild

These resources are available free of charge to anyone with an NHS email account in England, or those with access to the NHS National Learning Management System.

Face-to-face training sessions are still necessary alongside e-learning for reflective practice, discussion of scenarios and to receive real-time feedback. It is recommended that there is some face-to-face component in training for all first time immunisers.

In April 2013, Health Education England (HEE) took over responsibility for providing national leadership and strategic direction for education, training and workforce development. The 13 local education and training boards of HEE work closely with service providers and commissioners to ensure that appropriate development opportunities are available for staff in areas such as immunisation.

Training resources are available on the [immunisation training resources page](#) of the PHE (formerly HPA) website and in the 'recent and new introductions' section on the [PHE immunisation page](#).

Wales

NHS Wales has signed up to the NHS core learning immunisation e-learning programme detailed above. Information for health professionals involved in the delivery of the immunisation programme in Wales has been produced by the Public Health Wales Vaccine Preventable Disease Programme (VPDP) team. The information is available from a separate Intranet site maintained by the VPDP team and is available from: <http://howis.wales.nhs.uk/immunisation> [This is an NHS Wales intranet site and you will need to have access to the NHS Wales network to view this site].

The VPDP team has provided an internet webpage of useful training resources for health professionals involved in the delivery of immunisation in Wales. This is available for all to view from the link: [Immunisation Training Resources for Health Professionals](#).

Immunisation training events for staff in Wales can be accessed at: www.wales.nhs.uk. Those working in Wales, but unable to access the NHS Wales intranet should contact the health board immunisation co-ordinator to discuss options for accessing training.

Scotland

NHS Scotland has a well established e-learning training programme *Promoting Effective Immunisation Practice*. Access to both this and other immunisation training resources is available at: www.nes.scot.nhs.uk/education-and-training. To access the e-learning directly see www.immunisation-elearning.nhs.uk. In order to proceed with the programme, participants will need to contact their local registering officer.

The *Promoting Effective Immunisation Practice: Guide for Students, Mentors and their Employers programme guide* is designed to support students and their mentors/assessors through the NHS Education for Scotland programme for all those involved in childhood immunisation.

Northern Ireland

Northern Ireland was involved in the development of the HPA's *National Minimum Standards for Immunisation Training* and accompanying *Core Curriculum and training* in Northern Ireland is structured and planned around the core curriculum.

Further information about training and training resources is available from the Public Health Agency for Northern Ireland [immunisation/vaccine preventable diseases](#) webpage.

5

Training options

Training should be tailored to the staff area of work and immunisations being administered. Ideally staff should complete all the elements within the *Core Curriculum* but these could be tailored to their specific area of practice or the specific vaccine they deliver. The training needs to address specific staff needs, for example, for midwives, the issues around vaccinating in pregnancy or the newborn. Additional training may be required, for example administration of BCG vaccination, or travel advice for staff delivering travel vaccinations.

This RCN guidance describes various units for immunisation training. It depends on the service and who is involved as to which units each member of staff will require. The types of training required and the frequency should, where possible, be explicit within service level agreements and/or contracts with service providers. Services that provide vaccination should ideally make training and assessment of competence for staff delivering the service mandatory.

Table 1: Summary of staff groups to training stage/unit requirement

Staff group	Training units						Notes
	1	2	3	4	5	6	
1. ALL staff administering and/or advising on immunisations, eg, health visitors, school nurses, community nurses, children's nurses and paediatricians, GPs, practice nurses, A&E staff, occupational health staff.	✓	✓				✓	Would also need other training in addition, as appropriate. NB: The actual giving of the injection is a small part of the process, therefore all staff involved should attend the core two day training and then updates as needed.
2. Health care staff giving disease-specific vaccines to specifically identified risk groups, eg, midwives giving pertussis and flu vaccines to pre-natal women, MMR to post natal women and neonatal BCG and hepatitis B, staff working in sexual health or drug and alcohol services giving hepatitis A and B and HPV vaccines, community nurses delivering flu immunisation and pharmacists giving flu or HPV vaccines.		✓	✓			✓	Training needs to cover all the topics within the core curriculum but should be tailored to the particular requirements of the service.
3. Registered health care professionals administering adult/travel vaccines.	✓	✓		✓			Staff would need specific travel health training.
4. Health care support workers (HCSW).	✓	✓	✓			✓	HCSW staff involved in flu, shingles and pneumococcal vaccination will require specific core training on these programmes. Guidance and standards for HCSW involved in immunisation is available from the RCN (RCN, 2013c and d) and the HPA.
5. Staff involved in providing general advice to the public, who may be asked to advise on where to access information, eg, children centre or clinic receptionists.					✓		These sessions should be for raising awareness and making sure staff are able to give basic information and signpost the public to reliable sources of information.

The table above provides a summary of different training units required by various staff groups. The detail on the content for these units is provided on the following pages.

Unit 1

Foundation course (core curriculum)

The course should be a prerequisite for all staff involved in administering and/or advising on immunisations. The course can be divided to focus on general principles of immunisation and administration of vaccines. The course should also provide the basics on anaphylaxis. However, full anaphylaxis and basic life support training should also be provided separately and will normally be part of staff routine annual mandatory training. The course should also be competency based ([see appendix on page 14](#)).

The online e-training packages are an option for staff to acquire the necessary knowledge. Staff will need protected time to complete the course and managers are responsible for ensuring staff have met the necessary learning outcomes and gained the required knowledge and skills by using the assessment tool ([see appendix on page 14](#)).

Unit 2

Mandatory refresher courses

The national guidance recommends that all staff should attend annual update courses once they have completed the basic training. The course should be based around the national schedule and provide staff with information on changes to the schedule, the rationale for these, and how to access reliable and up-to-date information. The refresher should also provide an opportunity for staff to discuss complex cases and how to manage these in practice as well as professional issues such as consent and record keeping.

The foundation and update elements tend to primarily focus on vaccines within the national schedule, mostly for children. Therefore, staff administering other specific vaccines as well may also need to complete unit 3 training in addition.

It is important for commissioners and health boards to note that additional sessions/courses may need to be delivered at short notice following changes to the national schedule and/or new vaccine introductions.

Unit 3

High risk group/selective vaccination programmes – courses available for staff across the sector or regionally. (For example, for BCG/mantoux training/influenza and Hepatitis B immunisation)

Staff should attend training that covers all the relevant Core Topics outlined in the *Core Curriculum* to gain a full understanding of the principles and practice of immunisation. The training can be adapted to ensure the required specific vaccine information is adequately covered.

The course should include:

- the general principles of immunisation
- specific disease and vaccines
- storage and administration
- contraindications and consent
- local policies
- record keeping
- injection technique (which is particularly relevant for staff required to give BCG vaccines).

The course should be appropriate for the staff group and ideally delivered with input from, and in agreement with, relevant service managers.

Staff involved in giving the BCG vaccination need to cover the principles of BCG vaccination, understand who should get the vaccine, the reasons for pre-vaccination mantoux testing and how to read the mantoux test.

It is important for commissioners and health boards to note that courses may need to be delivered at short notice following changes to the national schedule or changes in local policy.

Unit 4

Travel vaccines

The appropriate use of information to assess and manage travel-related risk, and plan appropriate care and tailor advice required, includes relevant immunisations and malaria prevention advice. Nurses working in travel health should gain a basic understanding of immunisation from the *Core Curriculum* (unit 1). They must also ensure their knowledge around travel health-related issues is up to date and appropriate.

Health care professionals involved in travel health care should also use the RCN guidance, *Travel health nursing: career and competence development* (RCN, 2012b). This offers a framework of professional responsibilities for nurses working at different levels of expertise.

Unit 5

Immunisation awareness sessions (could be made available locally)

Consideration should be given to delivering sessions designed for non-clinical staff, such as those working with children who may be asked by parents about accessing information if these are not currently available. All staff involved in children's services should know how to signpost their clients to relevant information and have a basic awareness of national immunisation policy and the rationale behind it.

Such sessions may be part of regular team briefs or one off sessions depending on the service. These could include; an introduction to immunisation, how to deal with misleading myths about immunisation and, if appropriate, address the handling and storage of vaccines.

Unit 6

Immunisation information updates

These sessions are for all staff involved in the administration of childhood immunisations and are run locally and regionally. They provide an opportunity to update staff on the science, technique, or schedule, or provide information on local initiatives or epidemiology, often in response to a sudden change in local or national immunisation policy. They are not generally competency based like the refresher courses and often address areas of local interest.

6

Assessment of knowledge and competence

Where staff have completed an immunisation course in another area/locality, they should be able to provide evidence of this and any refreshers or updates. This, alongside the completed competency framework, can be used to support the portability of training courses from one area to another using the assessment process described in the [appendix on page 14](#). Any practitioner who does not meet the competences set out must inform their line manager immediately.

7

Developing clinical immunisation skills

In addition to acquiring knowledge through a theoretical taught course, the development of sound clinical skills in the vaccine administration process are of critical importance. Practitioners should therefore be given the opportunity to develop skills in a supervised clinical setting.

The competency framework ([see appendix on page 14](#)) should be used to assess an individual's current level of skill and identify any gaps. It is recommended that where there are gaps, a range of activities can be used to develop the necessary skills and competence. These may include:

- shadowing others
- regular discussion groups to explore immunisation queries and critical incidents
- observing practice
- practising skills under supervision
- reflective practice
- self assessment
- sharing experiences of successful ways of working
- reading
- visiting other teams/professionals
- using informal contact with colleagues to talk about ideas
- attending courses.

Skills and knowledge can be assessed by:

- drawing on personal professional portfolios
- clinical supervision
- using personal development plans
- using the competence framework ([see appendix on page 14](#))
- informally asking colleagues
- pre- and post-self evaluation of the content of a course, for example, a course quiz.

8

Assessment of learning

Assessment of learning is an important factor when ensuring training is appropriate and effective. Assessment of knowledge should be built into a taught course so that staff and service managers have some assurance that the training provided is at an acceptable level and contributes towards improving competence. This needs to fit with national professional standards such as the NMC and the employer's appraisal system.

The competence framework ([see appendix on page 14](#)) is designed to give staff, managers and mentors the assurance that the course outcomes have been met.

Appendix: Competency framework – assessment tool

The competences link to the *National Minimum Standards and Core Curriculum for Immunisation Training* (HPA, 2005) Many of the competences are core nursing interventions used in a range of clinical areas, but for the purposes of this tool they should be used in the context of immunisation. This document is designed as either a self-assessment tool for practitioners who administer immunisations or, alternatively, it can be used by mentors.

Mentors: should clarify the responsibilities and expectations for those who administer vaccines. They should observe the performance and make an assessment as to whether the standard has been achieved. Where

improvement is needed they should be able to support the immuniser to develop a plan of action that will help them achieve the level of competence expected. When all competency areas meet expectations, mentors should make a copy of this document for their records. Immunisers should keep this document within their PREP/CPD folder.

Review each area below.

Assessment should be made after discussion and/or review of an on line assessment or of reflective evidence in a portfolio.

- If **not yet achieved/competent** column is ticked, then further study is indicated and practise or change is needed.
- If **knowledge/competency met** column is ticked, this indicates performance at the expected level of competence, or higher.
- Not all competences will be relevant to all staff; it will depend on the individual service area and the specific range of vaccines given by the clinician. (N/A = Assessment identifies the specific competence is not applicable to the individuals role.)

Part 1 – Knowledge			
Knowledge	Signature of mentor/team leader. Appropriate level of knowledge met	Not yet achieved. Action plan to achieve as agreed with line manager	Date passed
Can demonstrate attendance at appropriate immunisation training courses as per guidance (state the name of course attended.)			
Has successfully completed a knowledge assessment, eg, an e-learning course assessment or the HPA online quiz.			
Has desktop access to the online Green Book, is able to use it, and is aware of the electronic update nature of the publication.			
Is able to access PHE algorithm for persons with unknown or uncertain immunisation status.			

Part 2 – Core skills	
Skill	Signature of individual and mentor/team leader and date competency met.
Can demonstrate competence in basic life support, ie, has certificate of recent attendance (recommended annually) (Resuscitation Council (UK), 2008).	
Can demonstrate competence in the management of anaphylaxis according to Resuscitation Council guidelines, ie, can talk through the management of, and is aware of the whereabouts of anaphylaxis and emergency care equipment.	
Is able to show that relevant anaphylaxis and emergency equipment is available and ready for use.	
In case of an adverse incident during vaccination procedure (eg, cold chain error, needlestick injury), is aware of incident response and reporting procedures as per local protocol.	

Part 3 – Health promotion/education				
Competence	N/A	Signature of individual mentor or team leader and date competency met.	Not yet competent. Action plan to achieve competence agreed with line manager.	Date passed
	✓			
Is welcoming to patient/family and establishes rapport.				
Can explain what vaccines are to be given, informs of any expected adverse effects, can answer any questions referring to leaflets to aid explanations/discussion as appropriate.				
Able to demonstrate understanding about consent and how and where to record this.				
When appropriate, uses communications such as leaflets or an interpreter, to ensure patient/parent informed.				
Ensures informed consent is obtained prior to vaccination and is aware of issues applicable to competence and age of patient.				
Knows who to contact for advice if unsure about vaccination schedules, spacing or compatibility of vaccines.				
Is able to access current information on worldwide schedules if required and can give appropriate advice to patients and/or parents/carers. Aware of WHO website for immunisation schedules in different countries.				
Is able to access current information, ie, Green Book online; PHE algorithm for uncertain immunisation status.				
Is able to discuss the risks and benefits of vaccination versus disease, and give appropriate advice.				
Is aware of, and able to discuss, the common myths surrounding immunisation with clarity and confidence.				
Advises patient/parent on expected post-vaccination reactions as appropriate (eg, rash, pyrexia) and management of these. Provides parent with a copy of post-immunisation advice sheet, if it is practice to do so.				

Part 4 – Clinical administration				
Competence	N/A ✓	Signature of individual mentor or team leader and date competency met.	Not yet competent. Action plan to achieve competence agreed with line manager.	Date passed
Is familiar with national and local immunisation programmes and ensures safe, timely vaccine administration.				
Understands the range of vaccines available as appropriate to area of practice.				
Understands the need for giving influenza vaccine annually.				
Is aware of local and national targets for immunisation uptake.				
Checks patient's records prior to vaccination to ascertain previous immunisation history and which vaccines are required to bring patient up to date with national schedule.				
Is able to assess appropriately for contraindication or the need to postpone vaccination.				
Can demonstrate competence in the use of patient group directions and is appropriately signed up to work to the PGD.				
Is able to check the presentation of vaccine products, how they have been stored and prepare them for use, including showing awareness of which vaccines can be administered simultaneously, correct vaccine dose and needle size.				
Is able to position patient/child appropriately and discuss recommended vaccination sites.				
Is able to choose correct administration route for the vaccine and where applicable, is able to administer an intramuscular preparation to an infant/toddler/preschool and school-aged child or adult.				
Is able to demonstrate safe technique in reconstituting vaccines and hand hygiene.				
Can demonstrate an understanding of practice/clinic procedures for the reporting of adverse incidents and understands how to report using the MHRA's Yellow Card Scheme.				
Demonstrates their ability to complete all necessary documentation, including type of vaccine, batch number, expiry date, date given and injection site.				
Demonstrates an understanding of data flow and the sharing of information, ie, the need to record in GP data system, to report to local Child Health Information System (CHIS), the use of 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.				
Can dispose of sharps, vaccine vials and other vaccine equipment safely.				
Demonstrates understanding of the rationale for maintaining the vaccine cold chain, familiar with local protocols for cold chain audit and the action to be taken in case of cold chain failure.				

Overall assessment

Name of individual:			
has shown appropriate knowledge skill and competence to safely give vaccinations.			
Name of mentor/line manager:			
Signature of mentor/line manager:			Date:

For further information please see the immunisation pages on the RCN website at:
www.rcn.org.uk/development/practice/public_health/topics/immunisation

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