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REC

Primary care immunisation update webinar series

May 2023: Vaccine administration – best practice

Welcome to the webinar. This webinar will commence at the scheduled time.

Before then please take a moment to read through the tips below



- All delegate's lines are muted throughout the presentation
- If at other times you are in a noisy environment please mute your line by pressing the mute button on your screen (this can be found at the bottom)
- If you would like to ask a question please use the message function (this can be found on the left hand side of the screen)
- There will be an opportunity for questions, at this point microphones will be un-muted – you will need to unmute yourself though to be heard
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- If you are having any technical problems please send a message to the host via the message function or email immstraining@phe.gov.uk

Webinar Essentials

Today's webinar

- Trainer is Helen Donovan
- 30 minutes Helen talking with slides
- 10 - 15 minutes for questions and answers from delegates

Access to slides

- Copy of slides emailed to delegates
- Underlined text on the slides are hyperlinks – click to go straight to the link

Following the webinar

- You will be emailed a link to an electronic evaluation (Select Survey)
- Your feedback is essential to support the development of the webinar series
- A certificate will be emailed once the evaluation is completed



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REC

Primary care immunisation update webinar series

May 2023: Vaccine administration – best practice

Learning outcomes – Best practice

- Successful vaccination programmes rely on skilled immunisers to retain public confidence and trust*
- Supports safe and effective vaccine administration*
- Helps reduce pain for patients/parents and minimise impact of needle phobia*



Describe best practice in vaccine administration



Identify key resources to support practice



Provide an opportunity for immunisers to evaluate their own practice in relation to best practice

Best Practice - resources

4

Immunisation procedures

Introduction

Recommendations on immunisation procedures are based on currently available evidence and experience of best practice. In some circumstances, this advice may differ from that in vaccine manufacturers' Summaries of Product Characteristics (SPCs). When this occurs, the recommendations in this book (which are based on current expert advice received from the Joint Committee on Vaccination and Immunisation (JCVI)) should be followed. Further guidance can be found at: www.gmc-uk.org/guidance/ethical_guidance/prescriptions_faqs.asp

These Green Book recommendations and/or further advice in the Chief Medical Officer's (CMO's) letters and updates (www.dh.gov.uk/AboutUs/MinistersAndDepartmentLeaders/ChiefMedicalOfficer/fs/en) and/or in the NHS Purchasing and Supply Agency's vaccine update (www.psa.nhs.uk/pharma/vaccines.stm) should be reflected in local protocols and Patient Group Directions (PGDs).

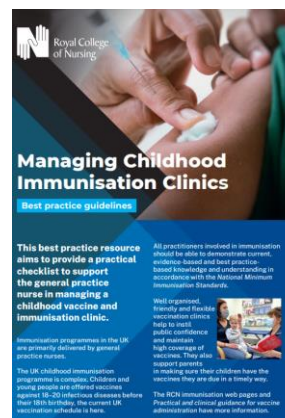
Doctors and nurses providing immunisations are professionally accountable for this work, as defined by their professional bodies. Nurses should follow the professional standards and guidelines as set out in *The Nursing and Midwifery Council code of professional conduct: standards for conduct, performance and ethics* and *Medicines management* (Nursing and Midwifery Council).

All healthcare professionals advising on immunisation or administering vaccines must have received specific training in immunisation, including the recognition and treatment of anaphylaxis. They should maintain and update their professional knowledge and skills through appropriate training.

More information is available in the Health Protection Agency's *National minimum standards for immunisation training 2005*.

Immunisation procedures: the green book, chapter 4

RCN: Managing Childhood Immunisation Clinics



Common vaccine errors

Immunisation-related errors are a significant part of all serious incidents reported in general practice.

Confusion between siblings can result in the wrong child being vaccinated.

Little time to gain information regarding immunisations for immunocompromised children leading to delays in vaccination or contraindicated secondaries being given.

Miscommunication between parents/guardians and GPs particularly in patients with limited English language skills.

Little time to investigate children with unclear or incomplete vaccination history.

Vaccines with similar sounding names or with similar looking packaging - leading to wrong vaccines being given.

Expired vaccinations remaining in fridge.

Reconstitution errors.

Vaccines given out of cold chain or incorrectly stored.

Vaccines given out of date, inaccurate, unlabelled, unavailable leading to either too many or too few vaccinations being administered.



Based on: Immunisation errors reported to a vaccine advice service: intelligence to improve practice (Lang et al., 2014)

Based on: Pediatric vaccination errors: Application of the "5 Rights" framework to a national error reporting database (Shore et al., 2008)

What can be done?

Before giving a vaccine always check the 5Rs:

Based on: Pediatric vaccination errors: Application of the "5 Rights" framework to a national error reporting database (Shore et al., 2008)

1. Right patient.

2. Right vaccine and diluent (where applicable).

3. Right to give (ie, no contraindications).

4. Right time (including correct age and interval, as well as before the product's expiration date).

5. Right dose.

Right route (including correct needle gauge and length and technique).

6. Right site.

Right documentation (to ascertain what the patient has already had).

Green Book Chapter 4 v2.0

25



RCN immunisation hub

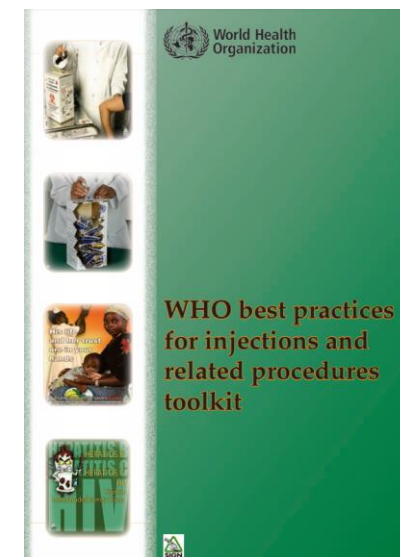
WHO best practices for injections and related procedures toolkit

Vaccine programmes

Joint letters from the Department of Health, UKHSA and NHS England announce changes to vaccine programmes. Training slide sets and other resources to accompany these programmes are also available:







- [Annual flu vaccination programme](#)
- [Bacillus Calmette-Guérin \(BCG\) vaccination programme](#)
- [COVID-19 vaccination programme](#)
- [Diphtheria vaccination and treatment resources](#)
- [Hepatitis B routine and selective vaccination programmes](#)
- [Human papillomavirus \(HPV\) universal vaccination programme](#)
- [Human papillomavirus \(HPV\) vaccination for men who have sex with men \(MSM\) programme](#)
- [Measles catch-up](#)
- [Meningococcal ACWY \(MenACWY\) vaccination programme](#)
- [Meningococcal B \(MenB\) vaccination programme](#)
- [Meningococcal C \(MenC\) vaccination programme](#)
- [Mpox \(monkeypox\) vaccination programme](#)
- [Pneumococcal infant vaccination programme](#)
- [Polio vaccination campaign](#)
- [Rotavirus vaccination programme](#)
- [Shingles vaccination programme](#)

UKHSA Immunisation collection - vaccine programmes



Safe vaccine administration - *Potential risks for error*

Potential for error – *can occur at any time during the process*

-  History taking/scheduling
-  Vaccine selection
-  Vaccine preparation
-  Route of administration
-  Wrong patient
-  Documentation

Before giving a vaccine always check the 8Rs








(based on *Pediatric vaccination errors: Application of the “5 Rights” framework to a national error reporting database* (Shore et al., 2009).

- 1 Right patient.
- 2 Right vaccine and diluent (where applicable).
- 3 Right to give (ie, no contraindications).
- 4 Right time (including correct age and interval, as well as before the product expiration date).
- 5 Right dose.
- 6 Right route (including correct needle gauge and length and technique).
- 7 Right site.
- 8 Right documentation (to ascertain what the patient has already had/needs).

[RCN: Managing Childhood Immunisation Clinics](#)

Safe vaccine administration –minimising risk

Scheduling and history taking – what you can DO?

-  Access to clinical records and vaccine history, wherever possible
-  Ensure the accurate vaccine codes are used
-  Ensure timely documentation of all vaccines administered
-  Errors are often attributed to insufficient time being allocated for vaccine appointments.
-  Ensure appropriate appointment time is allocated for vaccinations. The average GPN appointment time is 10-15 minutes. The RCN recommend best practice is a minimum of 20 minutes for most childhood vaccine appointments.
-  Consider the number of vaccines required and where in the schedule the child is, more time may be required for some appointments and it is essential sufficient time is allocated.
-  Consider other factors in deciding the time required for appointments. For example, explaining the vaccines providing information leaflets or links to further resources with appointment letters or texts or ensuring there are interpreters.

**Good Record keeping
supports call and recall
maximising vaccine uptake**

Safe vaccine administration –minimising risk

Vaccine preparation – what you can DO?

- ✎ Ensure vaccines are correctly stored
- ✎ Be organised and have the vaccines you need easily accessible.
- ✎ Visually inspect vaccines for any foreign particulate matter and/or abnormal physical appearance prior to administration
- ✎ Reconstitute and draw up AS required by the immuniser; follow SmPC - Avoid errors and-Maintain efficacy and stability
- ✎ Ensure vaccines are used within the recommended period after reconstitution
- ✎ Use an appropriately sized syringe and needle when reconstituting and add slowly to the vaccine to avoid frothing.
- ✎ Change needle after drawing up (if appropriate)
- ✎ Ensure needle attached securely to pre-filled syringe / syringe
- ✎ Ensure safe and immediate disposal of sharps
- ✎ Ensure immediate access to emergency equipment & adrenaline and ensure immunisers are up to date with training in the management of anaphylaxis

AVOID: Preparing vaccines prior to a consultation – risk of waste and errors

Effective vaccine administration - *Route of administration*



Injectable



Intra Nasal










Oral

The majority of vaccines are injected:

- ✎ Usual route of administration is **intramuscular** or **IM**
- ✎ Vaccines administered IM generally work better (more immunogenic) and cause fewer local side effects (less reactogenic)

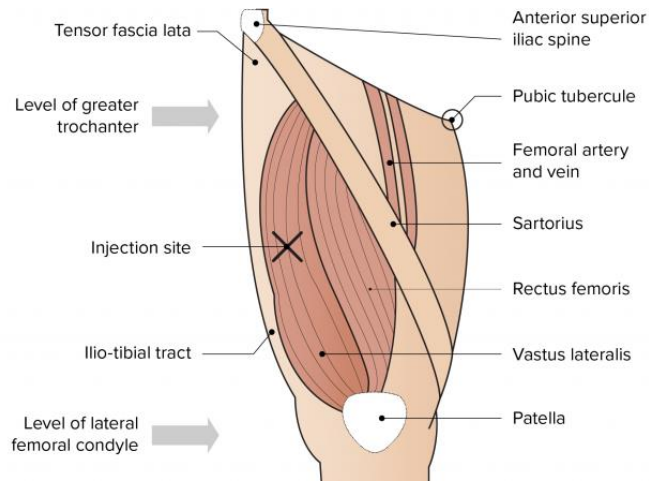
Effective vaccine administration - *Route of administration*

Do:

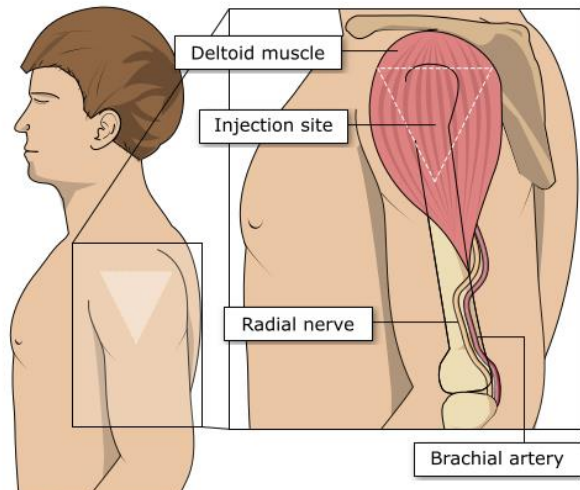
-  IM unless PGD states otherwise or *potentially where there is a bleeding disorder
-  Use the needle supplied by the manufacturer, otherwise the product becomes 'off label' and potentially no longer within the PGD
-  *Principle is to use a needle of suitable length and gauge to ensure IM delivery:*
 - in infants, children and adults a **25mm 23G** or **25mm 25G (long)**
 - in pre-term or very small infants may use a **16mm 25G (short)**
 - in larger adults, a longer length (**38mm**) may be required
-  Administer in the recommended site according to patients age
-  Leave air bubbles in pre filled syringes (PFS)
-  (exception is prevenar where SmPC advises to expel the air from the syringe)
-  non PFS – prime the syringe up to the hub of the needle

- **There is NO need to aspirate or use other injection techniques.**
- **Avoid giving too high up in the deltoid muscle, or too low**

Effective vaccine administration - *Injection sites*



Antero-lateral aspect of thigh
Infants up to 1 year



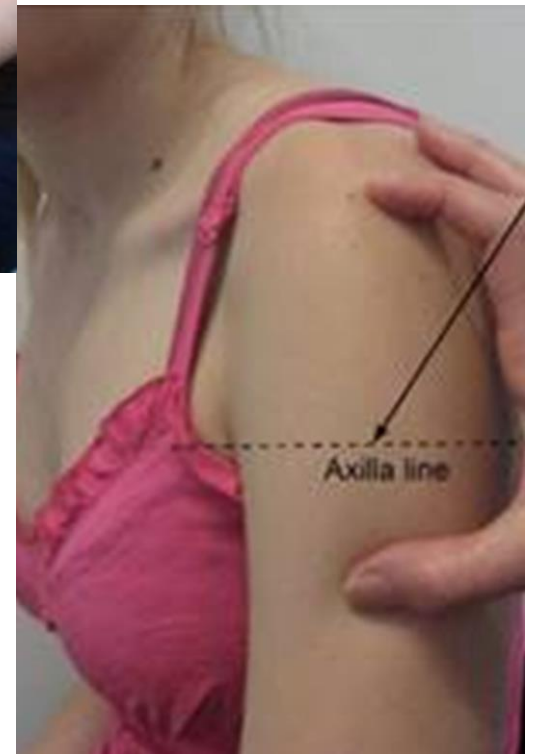
Deltoid muscle
From 1 year of age

Fig 1 Deltoid muscle, upper arm

See also [e-lfh vaccine administration module](#)



New Zealand Immunisation Handbook 2020 – on line
[Immunisation Handbook 2020 online](#) | [Ministry of Health NZ](#)



Effective vaccine administration - *Administering vaccines*

DO:

- ✍ Ensure you can fully access the injection site,
- ✍ There is no need to swab or clean the injection site. If visibly dirty, clean with soap and water
- ✍ Communicate clearly with the patient/parent/carer about the process and their role
- ✍ Check that children/babies are securely held to allow multiple vaccines to be given in the shortest time frame to limit distress
- ✍ Be confident!
- ✍ Ideally given in different limbs but if not possible leave 2.5 cm between vaccines and accurately record where each was given
- ✍ 12 month old immunisations: where injections can only be given in two limbs, it is recommended that the MMR, as the vaccine least likely to cause local reactions, is given in the same limb as the MenB ([Green Book Chapter 11 Pg 11](#))
- ✍ Gloves are not necessary unless you are likely to come into contact with potentially infectious body fluids or have open lesions on your hands.
- ✍ Remember if you do wear gloves, they are single use.

AVOID:

- Splitting up scheduled vaccines and delaying protection

Effective vaccine administration - *Vaccine Intervals*

Non-live vaccines - can be administered at any time before, after, or at the same time as another vaccine live or non-live

Live vaccines see vaccine specific guidance
[Green Book Chapter 11 - Pg 9](#)

Live vaccine combinations that require specific intervals are:

1. Yellow Fever and MMR vaccines
2. Varicella or Shingles and MMR vaccines
3. Mantoux testing and MMR vaccine

Apart from those combinations listed above, live vaccines can be administered at any time before or after each other

Vaccine combinations	Recommendations
Yellow Fever and MMR	A four week minimum interval period should be observed between the administration of these two vaccines. Yellow Fever and MMR should not be administered on the same day. ¹
Varicella (and zoster) vaccine and MMR	If these vaccines are not administered on the same day, then a four week minimum interval should be observed between vaccines. ²
Tuberculin skin testing (Mantoux) and MMR	MMR vaccination and tuberculin skin testing can be performed on the same day (Kroeger <i>et al</i> 2019). However, if a tuberculin skin test has already been initiated, then MMR should be delayed until the skin test has been read unless protection against measles is required urgently. If a child has had a recent MMR, and requires a tuberculin test, then a four week interval should be observed. ³
All currently used live vaccines (BCG, rotavirus, live attenuated influenza vaccine (LAIV), oral typhoid vaccine, yellow fever, varicella, zoster and MMR).	Apart from those combinations listed above, these vaccines can be administered at any time before or after each other. This includes tuberculin (Mantoux) skin testing. ⁴

What to do when errors occur



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Vaccine incident guidance

Responding to errors in vaccine storage,
handling and administration

Republished 6 July 2022

Includes guidance on:

- Giving expired vaccines
- Mixing vaccines in one syringe
- Mixing with the wrong components
- Incorrect/incomplete dose
- Incorrect age indication
- Incorrect vaccine intervals

Vaccine programmes

Joint letters from the Department of Health, UKHSA and NHS England announce changes to vaccine programmes. Training slide sets and other resources to accompany these programmes are also available:

- [Annual flu vaccination programme](#)
- [Bacillus Calmette–Guérin \(BCG\) vaccination programme](#)
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- [Polio vaccination campaign](#)
- [Rotavirus vaccination programme](#)
- [Shingles vaccination programme](#)

[Vaccine incident guidance: responding to vaccine errors](#)

[UKHSA Immunisation collection - vaccine programmes](#)

Vaccine spillage/loss during administration

Injectable vaccines (1):

- The vaccine will usually need to be repeated, as the dose the patient received may not be sufficient to evoke a full immune response.
- Ideally repeat on the same day or as soon as possible afterwards.

Rotavirus vaccine (2):

- If the infant spits out or regurgitates most of the vaccine, a single replacement dose may be given at the same visit. If the infant has already left the surgery when this occurs, there is no need to return to the surgery for a repeat dose.

Nasal flu (3):

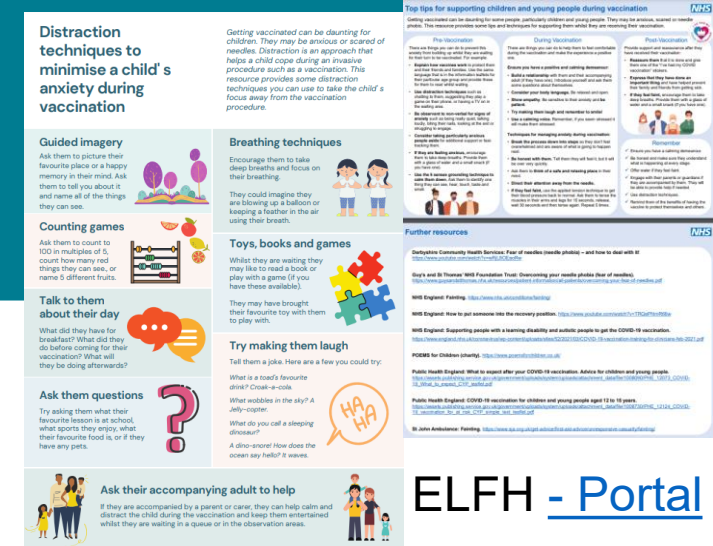
- If the child sneezes, blows their nose or has nasal dripping following administration of LAIV, the vaccine dose does not need to be repeated.
- It is not necessary to repeat the dose of vaccine as long as at least 0.1ml of the vaccine has been given intranasally as each half dose (0.1ml) contains enough viral particles to induce an immune response.

1. [Page 26 PHE Vaccine Incident Guidance](#)
2. [Page 15 Rotavirus vaccination programme: information for healthcare professionals](#)
3. [Page 45 Flu vaccination programme 2021 to 2022: information for healthcare practitioners](#)

Minimising pain with injections

- Physical and/or emotional pain
- Pain can be a barrier to accepting immunisations
- Important to aim to reduce pain for parents and patients around vaccinations

WHO position paper in 2015: [Reducing pain at time of vaccination](#)



ELFH - [Portal](#)



ADVICE

Supporting children aged 5+ and young people having a blood test or vaccination

We know that psychoeducation can help reduce distress. This leaflet is intended to provide information for health professionals who are supporting parents or carers, children, or young people, for blood tests and vaccines.

You, as a professional, play an important role in promoting the best outcomes during these procedures. Whilst most appointments will go well, there are simple things that you can do to help. Some pointers are below.

BEFORE APP

Provide information (leaflets): Provide age-appropriate know before or a fear of needles and other leaflets and supporting adult

Refer on if there 'needle phobia' (needles) resourc for a procedure, become appropriate medicine, play t

Allocate the mos



For the Public For our Members News Policy Events

News

EPS News

Supporting children with their feelings about needles can help those who want a Covid-19 vaccine to be protected, say psychologists

22 March 2022

Supporting parents and carers to manage all children's feelings about needles could help children who want a Covid-19 vaccination to get one, say psychologists, after the Joint Committee on Vaccination and Immunisation recommended that children aged five and over in the UK are offered a Covid-19 vaccine.

Minimising pain – *What can you DO?*

DO:


- Be calm, collaborative and well informed
- Use neutral language – ‘here we go’
- Position patient appropriately – infants/children held on lap, children over 3 – sitting on a lap and older children/adults sitting
- Vaccinate ‘fainters’ lying down
- When administering multiple vaccines give in order of increasing painfulness
- Administer oral rotavirus before injectables
- Infants can be breastfed before/during and after immunisations

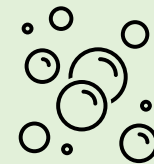
AVOID:

- Language that may increase anxiety
- False reassurances – ‘it won’t hurt’
- Using topical anaesthetics

Minimising pain - *Distraction*

- Aim: to divert attention away from the 'pain'
- What to distract with?
- Something that works for you and for the little or big person you are distracting!
- For teens and adults – chatting with them about latest TV programmes/social media influencers
- Breathing exercises?
- A treat or reward to look forward to?

- 
- Talking and singing
 - Smartphones – music/pictures/videos
 - Toys that have music/lights/sounds
 - Bubbles



Advice on side effects what to expect?

What to expect after vaccinations

NHS

This leaflet tells you about the common side effects of vaccinations that might occur in babies and young children up to five years of age.

After a vaccination, your baby may cry for a little while, but that usually settles soon with a cuddle or a feed. Most babies don't have any other reaction.

Reactions at the site of the injection

Some babies have some swelling, redness or a small hard lump where the injection was given and it may be sore to touch. This usually only lasts two to three days and doesn't need any treatment.

Fevers

A fever is a temperature over 38°C. Fevers are quite common in young children, but are usually mild. If your child's face feels hot to the touch and they look red or flushed, he or she may have a fever. You can check their temperature with a thermometer.

If your baby has a fever:

- don't put them in a bath
- don't sponge them down
- don't put a fan on them

After vaccination with MenB

Fever can be expected after any vaccination, but is very common when the MenB vaccine is given with the other routine vaccines at two and four months. The fever shows the baby's body is responding to the vaccine, although not getting a fever doesn't mean it hasn't worked. The level of fever depends on the individual child and does not indicate how well the vaccine has worked. Giving paracetamol will reduce the risk of fever, irritability and general discomfort (including pain at the site of the injection) after vaccination.


After each of the two-month and four-month vaccinations you will need to give your baby a total of three doses of paracetamol (2.5ml of infant paracetamol 120mg/5ml suspension) to prevent and treat any potential fever. You should give the first dose of paracetamol as soon as possible after your two-month vaccination visit. You should then give the second dose four to six hours later and the third dose four to six hours after that. You will need to follow the same steps after

Immunisation
the safest way to protect your child's health

- ? Sore arm
- ? General malaise; headache, slight temperature, aches....
- There may be further additional expected side effects? See the Summary of product characteristics SmPC or information for health care professionals
- Live vaccines may give side effects which mimic natural infection
- Advise what they can do; rest, fluids, paracetamol/NSAI?
- Contact 111 for severe side effects; such as, breathlessness, palpitations etc

[Link](#) available in translations

Reporting adverse events

 **Yellow Card** | Making medicines and medical devices safer

Sign in or register

Search site

InformationCase StudiesWhat is being reportedResourcesLatest NewsCampaignsContact us

Welcome to the Yellow Card reporting site

Report suspected side effects to medicines, vaccines, e-cigarettes, medical device incidents, defective or falsified (fake) products to the Medicines and Healthcare products Regulatory Agency to ensure safe and effective use.

Find the medicine / vaccine / device you wish to report.

Start report

Use the [Coronavirus Yellow Card reporting site](#) to report suspected side effects to medicines and vaccines or medical device and diagnostic adverse incidents used in coronavirus treatment.

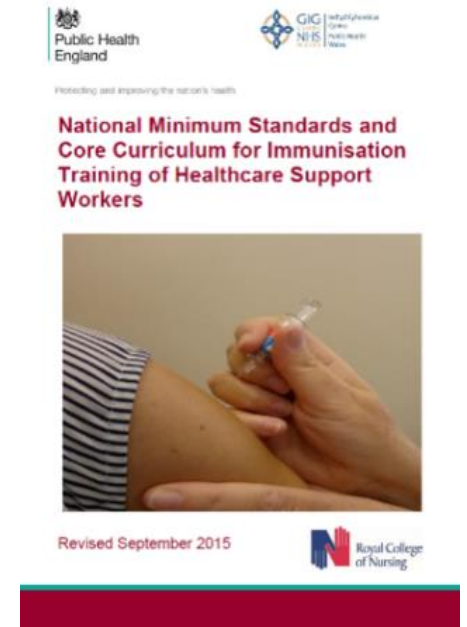
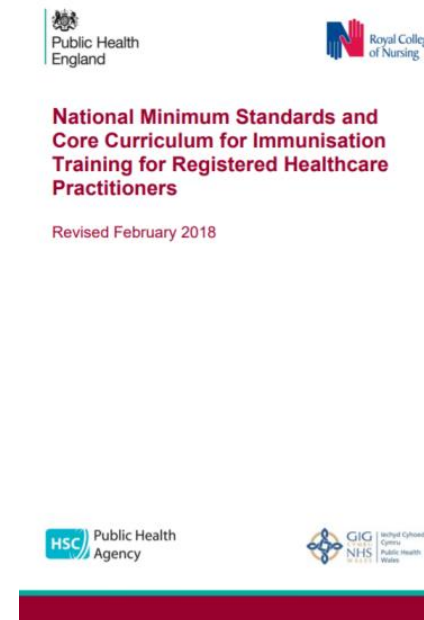
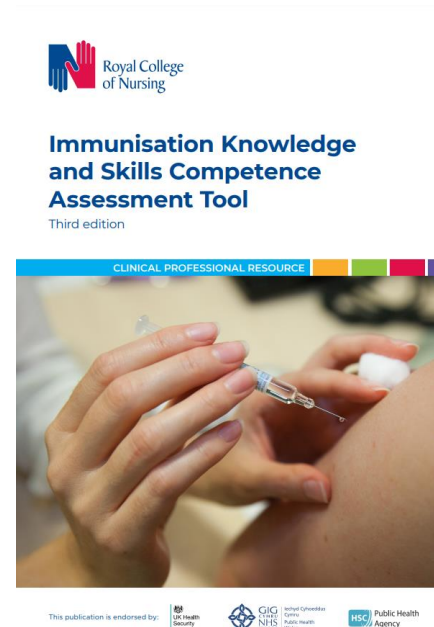
Reporting as a manufacturer, marketing authorisation holder or other non-patient or health professional for a medical device adverse incident, fake or defective healthcare product? See our [reporting guidance page](#).

Online: [Yellow Card | Making medicines and medical devices safer \(mhra.gov.uk\)](https://yellowcard.mhra.gov.uk/)

Skills and competence

A high level of knowledge and a positive attitude to immunisation in healthcare workers are important determinants in achieving and maintaining high vaccine uptake.

Good basic training and regular updates should be provided to achieve this.



Provide an agreed standard framework for the content of training for all immunisers.

Immunisation Education and Learning

- ✔ New immunisers need comprehensive training to cover all the vaccines they will administer
- ✔ Fundamental course, may include a mixture of on-line and face to face taught component and individual 1:1
- ✔ A period of supervised practice with competency assessment
- ✔ Annual updates – content and type varies and dependent on individual needs

E learning resource: <https://www.e-lfh.org.uk/programmes/immunisation/>

Donovan H, Craig L (2018) Why immunisation training matters. Primary Health Care. doi: 10.7748/phc.2018.e1440

e-LFH
e-Learning for Healthcare

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Health Education England

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Sections

Immunisation

An interactive e-learning programme to support the training of healthcare practitioners involved in advising on and/or delivering immunisations across the life course

This programme is in partnership with...

Public Health England Royal College of Nursing RCPCH Great Ormond Street Institute of Child Health NICE HSC Public Health Agency

evidence & practice vaccination **PEER-REVIEWED**

Why immunisation training matters

Helen Donovan, Laura Craig

Citation
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Peer review
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Conflict of interest
None declared

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Abstract
Vaccines are highly effective at reducing infectious disease and are recognised by the World Health Organization as second only to clean water as effectively controlling disease (Kivire et al 2006). The success of any vaccine programme relies on enough people being vaccinated to control or stop the spread of infections. In the UK, numerous different vaccines have been successfully introduced over the past 50 years and many more common infectious diseases are now easily averted. To ensure continued disease control, it is essential to maintain a high vaccine uptake and to make sure that vaccines are given safely and effectively. To achieve this, those who deliver or administer vaccines need to be knowledgeable and skilled. They also need to be able to answer patients' (and parents') queries confidently and accurately, and be able to explain why vaccines are needed, while dispelling any myths or concerns that may arise. This article discusses the revised national immunisation training standards and core curriculum (Public Health England 2018) and highlights the supporting resources which are available for all healthcare professionals with a role in immunisation to help them to be confident, competent, well-informed and up to date.

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Keywords
clinical skills, education, immunisation, medicines, public health, training, vaccines

Introduction
The UK has a highly successful immunisation programme with a wide and increasing range of vaccines recommended for individuals across their lifespan. The effectiveness of the programme is evident in the significant reductions seen in the number of cases of disease (Public Health England (PHE) 2014b) and consequently the substantial effects on mortality and morbidity. As the incidence of vaccine preventable diseases declines due to the success of immunisation programmes, healthcare practitioners need to be able to explain why vaccinations are still so important and dispel any misconceptions about vaccines that may arise. The knowledge, skills and expertise of those who provide information and advice on immunisation and give the vaccines is critical to the ongoing success of the programme. It is evident from recent surveys that the public recognise and trust this expertise and value being able to get advice from professionals who are skilled and knowledgeable about the vaccines they need (Campbell et al 2015, PHE 2016a, Campbell et al 2017, Edwards et al 2017). It is vital that immunisers are confident, well-informed and up to date to ensure public confidence in vaccines and a high vaccine uptake are maintained. This article sets out the current guidance and resources designed to support all immunisers and give them the necessary knowledge, skills and competence to undertake this essential role.

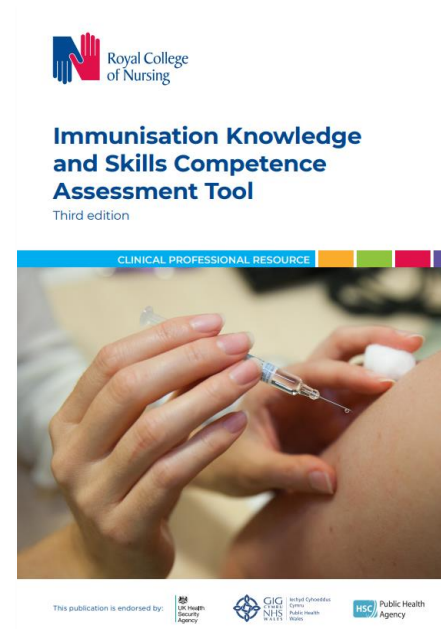
Minimum standards and core curriculum for immunisation training
The national minimum standards and core curriculum for immunisation training were first developed in 2003 by the then Health Protection Agency. The overall aim was to describe the minimum training that should be given to all practitioners engaging in any aspect of immunisation so that they are able to confidently, competently, safely and effectively promote and administer vaccinations. The original standards have been revised and updated and there are now two sets of training standards and core curricula – one for registered healthcare professionals (PHE 2018) and one for healthcare support workers (PHE 2018), who are becoming increasingly involved in advising and/or administering certain vaccines.

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Assessment of Immunisation skills and competence

How do you know if you or someone you are working with has the necessary ability skills and competence?



IMMUNISATION KNOWLEDGE AND SKILLS CONFERENCE ASSESSMENT TOOL

Part 1: Knowledge

Competency statements for registered health care professionals, registered nurses, pharmacists and others	Self assessment	Assessment by supervisor Indicate competency achieved (M1 M2) or focus development (M3) as appropriate to begin and discuss further attempts as required	Evidence of achievement, if applicable
1a. Can provide evidence of attendance at a specific, comprehensive immunisation training course and/or completion of an immunisation training course. The course should cover all of the topics detailed in the core curriculum for immunisation training (note the nature of course type of training attended). Note where immunisation is group specific, courses, such as for travel, specific training and assessment in these areas would also be needed			
1b. Have successfully completed a knowledge assessment of eg. a learning course assessment, end of course test.			
1c. Able to access the online version sheet and be aware of the electronic update nature of this publication			
1d. Able to access either relevant UK immunisation guidance eg. NICE/PHN/CCPRN/WHO UK materials, vaccine safety, PHN information for health care practitioners, documents on eg. up to or revised to use immunisation, the WHO vaccine communication status, or other resources where appropriate			
1e. Review who to contact for advice if unsure about vaccination schedules, vaccine timing and compatibility, eligibility for vaccines or if vaccine minor access, eg. local immunisation and immunisation, local health protection team or other locally available immunisation staff			

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ROYAL COLLEGE OF NURSES

1f. Able to access current information on other countries' schedules if required (eg. WHO or ECDC website) and can advise patients and/or parents on any if any additional vaccine can be provided			
1g. Able to discuss the relevant national and local immunisation programmes and the diseases for which vaccines can currently be available. Aware of requirements for specific clinical risk groups and use of vaccination in outbreak situations. Aware where to refer to if vaccine is not available locally (eg. WHO or travel resources)			
1h. Is able to address on appropriate advice, timely administration of the vaccine(s) required by the patient			
1i. Understands the different types of vaccine, is able to discuss which vaccine and for and which is recommended and is able to explain the reasons for immunisation or not immunisation			
1j. Able to explain the general principles of immunisation eg. why multiple and/or booster doses are required, why intervals need to be observed between doses and why certain vaccines eg. Hib, Hib/Td, Hib/Td/IPV, Hib/Td/IPV/Td/IPV			
1k. Aware of local and national targets for immunisation uptake and why vaccine uptake data is important of importance. Know where to find data for their area of practice			

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IMMUNISATION KNOWLEDGE AND SKILLS CONFERENCE ASSESSMENT TOOL

Part 2: Core skills for immunisation

Competency statements for registered health care professionals, registered nurses, pharmacists and others	Self assessment	Assessment by supervisor Indicate competency achieved (M1 M2) or focus development (M3) as appropriate to begin and discuss further attempts as required	Evidence of achievement, if applicable
2a. Is up to date with local requirements for eligibility and CPM status (currently recommended annually)			
2b. Demonstrates awareness of the appropriateness of eligibility and entry criteria for immunisation and ensures this has been checked and is up to date. How and when to test and the follow up after a rejection			
2c. Can explain vaccine response and reporting systems in case of a potential minor, immediate injury etc. as per local protocol			
2d. Demonstrates good practice in hand hygiene and relevant infection prevention and control. Uses appropriate aseptic technique when preparing vaccines and handling vaccines equipment (eg. syringes, needles to prevent contamination and infection			
2e. Demonstrates ability, vaccine risk and other vaccine equipment safely, in line with local protocol			
2f. Demonstrates knowledge and understanding of the rationale for, and importance of, monitoring the vaccine cold chain. Discusses with local protocols for cold chain management and the action to be taken in case of cold chain failure and when to contact			

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Immunisation education – summary and resources

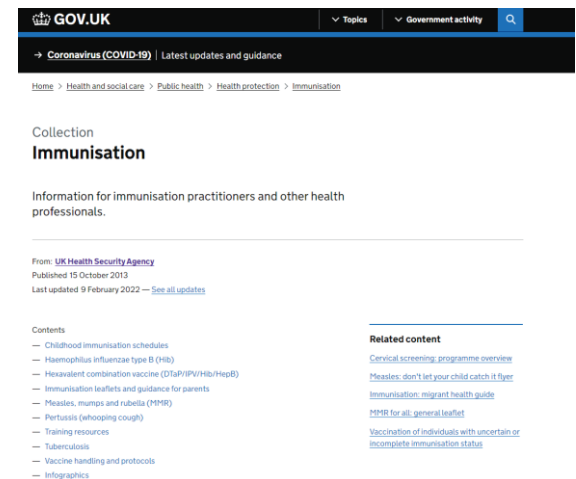
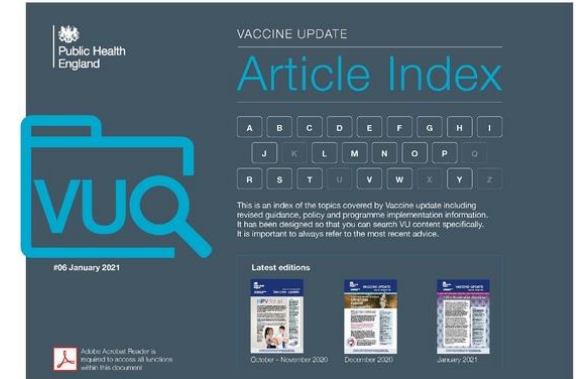
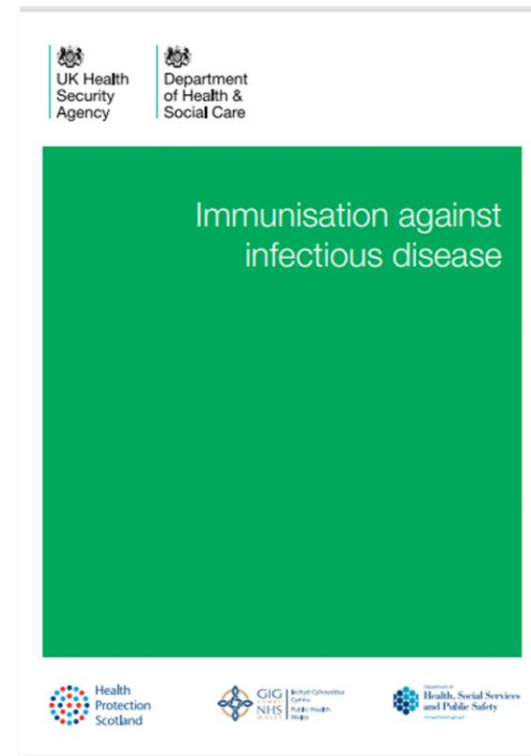
- The National Immunisation training Standards recommend all immunisers have core foundation education in immunisation and annual updates so they can keep up to date with the changes to the vaccine programmes.
- There is no specified criteria for updates, immunisers will need to determine what education they need in order to safely deliver vaccine programmes.
- The Immunisation competency tool can be a useful way to identify learning needs.
- The e-learning from e-Ifh provide useful updates; see [Immunisation e-learning programme](#) for the routine programme and specific e-learning resources for [influenza](#) and [COVID-19](#) vaccines.
- This webinar series provides additional bite sized sessions to support specific areas in immunisation delivery.
- The [RCN immunisation pages](#) provide some useful resources to help people keep up to date.
- [Immunisation training standards for healthcare practitioners](#) (2018)
- [Immunisation training of healthcare support workers: national minimum standards and core curriculum](#) (2015)
- RCN [Immunisation Knowledge and Skills Competence Assessment Tool](#) (2022)

Summary

- UKHSA, DHSC/MHRA, RCN and WHO resources provide programme based guidance for administration of the routine vaccines
- Administration needs to be safe, effective and aim to limit pain for parents/patients
- Maintain trust and confidence in the vaccine programme

Questions

- Have access to and be familiar with:
- [Online Green Book](#)
- [Vaccine update](#) and [Vaccine update Index](#)
- [UKHSA immunisation collection webpages](#)



Immunisation and health protection advice (London)

NHS E London Immunisation Clinical Advice Response Service (ICARS) for Immunisation queries from primary care. Email: london.immunisationqueriescars@nhs.net

North East and North Central London HPT

UK Health Security Agency
Nobel House, Smith's Square
London SW1P 3JR

Email:

necl.team@ukhsa.gov.uk
phe.nenclhpt@nhs.net

Telephone

020 3326 1658

Out of hours advice:

01895 238 282

North West London HPT

UK Health Security Agency
61 Colindale Avenue
London NW9 5EQ

Email:

phe.nwl@nhs.net

Telephone

020 3326 1658

Out of hours advice:

01895 238 282

South London HPT

UK Health Security Agency
Nobel House Smith's Square
London SW1P 3JR

Email:

slhpt@ukhsa.gov.uk
phe.slhpt@nhs.net

Telephone

020 3326 1658

Out of hours advice:

01895 238 282

Primary care
immunisation update
webinar series
2023

March to July

September to
December

Vaccine ordering, storage &
handling

Incomplete immunisation
schedules

Vaccination of individuals with
underlying medical conditions

Vaccine administration – best
practice

Child and adolescent
immunisation update

Addressing concerns around
vaccines – supporting acceptance

Influenza and Covid-19

Shingles and pneumococcal
(adult) vaccines

Adverse events following
immunisation

Current Issues vaccine schedule
changes. Session to be confirmed

After the webinar, please remember to:

- Complete the evaluation (link being emailed to you today from Eventbrite)
- Print/save the certificate (emailed to you once the survey complete)
- Use the prompts to capture your reflections on the certificate
- Book for future webinars

If you need to contact the webinar team, please email: ImmsTraining@phe.gov.uk

Webinar Series - booking

	Date	Start time	Link to register
May 2023 Vaccine administration – best practice.			
1	18/05/2023	09:30	https://May23-Webinar1-VaccineAdministrationBestPractice.eventbrite.co.uk
2	18/05/2023	13:00	https://May23-Webinar2-VaccineAdministraionBestPractice.eventbrite.co.uk
3	24/05/2023	09:30	https://May23-Webinar3-VaccineAdministrationBestPractice.eventbrite.co.uk
June 2023 Child and adolescent immunisation update			
1	13/06/2023	11:00	https://June23-Webinar1-ChildAndAdolescentImmunisationUpdate.eventbrite.co.uk
2	13/06/2023	14:00	https://June23-Webinar2-ChildAndAdolescentImmunisationUpdate.eventbrite.co.uk
3	29/06/2023	14:00	https://June23-Webinar3-ChildAndAdolescentImmunisationUpdate.eventbrite.co.uk
July 2023 Addressing concerns around vaccines – supporting acceptance.			
1	04/07/2023	09:30	https://July23-Webinar1-AddressingConcernsAroundVaccines.eventbrite.co.uk
2	04/07/2023	13:00	https://July23-Webinar2-AddressingConcernsAroundVaccines.eventbrite.co.uk
3	12/07/2023	09:30	https://July23-Webinar3-AddressingConcernsAroundVaccines.eventbrite.co.uk