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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
- This webinar will be recorded and made available as a video on SharePoint. Recording will begin at the start of the webinar and end before the question and answer section. No delegate information will be visible on the recording.
- If you are having any technical problems please send a message to the host via the message function or email [immstraining@phe.gov.uk](mailto: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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# 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](http://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](http://www.dh.gov.uk/AboutUs/MinistersAndDepartmentLeaders/ChiefMedicalOfficer/fs/en)) and/or in the NHS Purchasing and Supply Agency's vaccine update ([www.pasa.nhs.uk/pharma/vaccines.stm](http://www.pasa.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  
June 2012

Green Book Chapter 4 v2\_0

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You are here: Social Care of Nurses > Clinical / Public Health > Immunisation

- > COVID-19 vaccination
- > RCN position on vaccination
- > Education and training to support delivery of large scale vaccination
- > Immunisation services and large-scale vaccination delivery during COVID-19
- > Practical and clinical guidance for vaccine administration

- In this section:
- > Alcohol
- > Cardiovascular disease prevention
- > Health protection
- > Infection prevention and control
- > Inclusion health care
- > Obesity
- > Occupational Health

### RCN immunisation hub

### Immunisation procedures: the green book, chapter 4



**Common vaccine errors**

Immunisation-related errors are a significant problem, particularly in incidents reported in general practice.

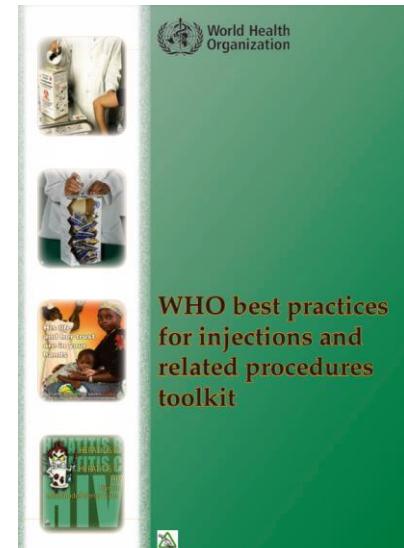
- Confusion between the child and the wrong child being vaccinated.
- Limited time to gain information regarding immunisations for children, leading to delays in vaccination and the child not receiving the correct dose.
- Miscommunication between parents and GPs particularly in patients with limited English proficiency.
- Little time to investigate children with uncertain or incomplete vaccination history.
- Before giving a vaccine always check the BVA. Immunisation vaccination errors. Application of the "8 Rights" framework is a national error reporting database.
- Right patient.
- Right vaccine and diluent (where applicable).
- Right to give (i.e. no contraindications).
- Right dose.
- Right time (including correct age and interval, as well as before the product's expiration date).
- Right route (including correct needle gauge and length and technique).
- Right site.
- Right documentation (to ascertain whether the patient has all ready had needs).

### 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](#)

### UKHSA Immunisation collection - vaccine programmes



### WHO best practices for injections and related procedures toolkit

# Safe vaccine administration - *Potential risks for error*

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

- 注射器图标 History taking/scheduling
- 注射器图标 Vaccine selection
- 注射器图标 Vaccine preparation
- 注射器图标 Route of administration
- 注射器图标 Wrong patient
- 注射器图标 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)

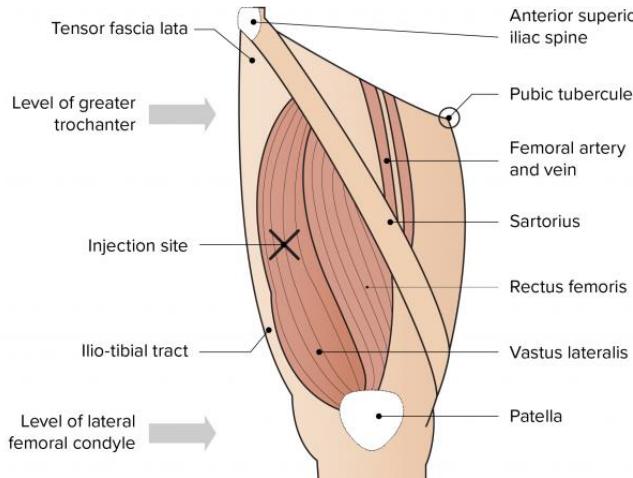
# Effective vaccine administration - *Route of administration*

## Do:

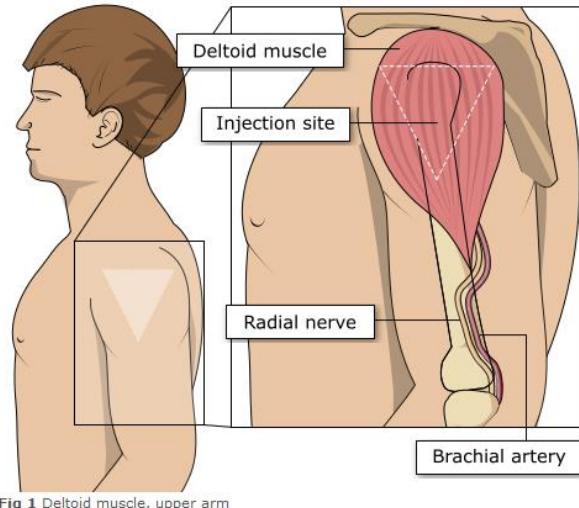
- IM unless PGD states otherwise or \*potentially where there is a bleeding disorder
- Use the needle supplied by the manufacturer, otherwise the product becomes 'off label' and potentially no longer within the PGD
- *Principle is to use a needle of suitable length and gauge to ensure IM delivery:*
  - 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*



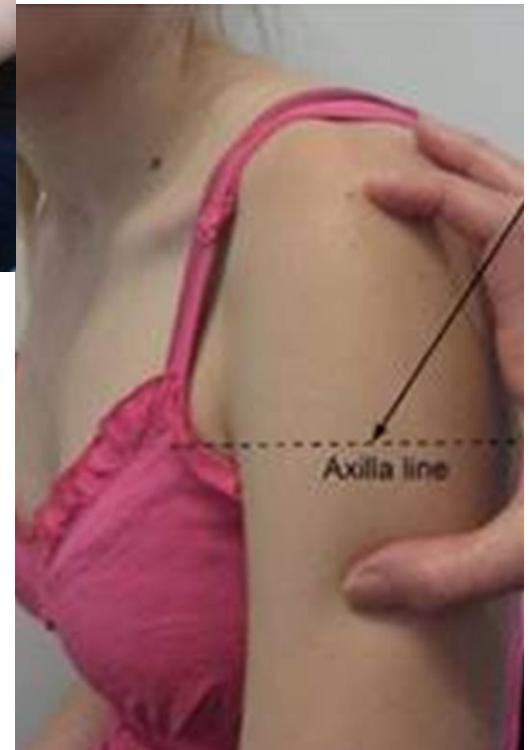
Antero-lateral aspect of thigh  
Infants up to 1 year



Deltoid muscle  
From 1 year of age



New Zealand Immunisation Handbook 2020 – on line  
[Immunisation Handbook 2020 online](https://www.immunisationhandbook.org.nz/) | Ministry of Health NZ



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

# Effective vaccine administration - *Administering vaccines*

## DO:

- 注射器图标 Ensure you can fully access the injection site,
- 注射器图标 There is no need to swab or clean the injection site. If visibly dirty, clean with soap and water
- 注射器图标 Communicate clearly with the patient/parent/carer about the process and their role
- 注射器图标 Check that children/babies are securely held to allow multiple vaccines to be given in the shortest time frame to limit distress
- 注射器图标 Be confident!
- 注射器图标 Ideally given in different limbs but if not possible leave 2.5 cm between vaccines and accurately record where each was given
- 注射器图标 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](#))
- 注射器图标 Gloves are not necessary unless you are likely to come into contact with potentially infectious body fluids or have open lesions on your hands.
- 注射器图标 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. <sup>1</sup>
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. <sup>2</sup>
Tuberculin skin testing (Mantoux) and MMR	MMR vaccination and tuberculin skin testing can be performed on the same day (Kroeger et al 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. <sup>3</sup>
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. <sup>4</sup>

# 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

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

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

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## [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](#)

British Psychological Society preparing for vaccines blog

Distracting techniques to minimise a child's anxiety during vaccination	Top tips for supporting children and young people during vaccination	Top tips for supporting children and young people during vaccination											
<h2>Distracting techniques to minimise a child's anxiety during vaccination</h2> <p>Getting vaccinated can be daunting for children. They may be anxious or scared of needles. Distraction is an approach that helps a child cope during a medical procedure such as a vaccination. This resource provides some distraction ideas to help you distract and take the child's focus away from the vaccination procedure.</p>	<h2>Top tips for supporting children and young people during vaccination</h2> <table border="1"> <thead> <tr> <th>Pre-vaccination</th><th>During vaccination</th><th>Post-vaccination</th></tr> </thead> <tbody> <tr> <td> <p>These tips can help you prepare for the vaccination and help you stay calm.</p> <ul style="list-style-type: none"> <li>Rehearse the vaccination with your child. 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Pre-vaccination	During vaccination	Post-vaccination											
<p>These tips can help you prepare for the vaccination and help you stay calm.</p> <ul style="list-style-type: none"> <li>Rehearse the vaccination with your child. Explain what will happen and what they can expect.</li> <li>Use a distraction technique such as breathing techniques or guided imagery.</li> <li>Be interactive - ask your child to draw a picture of what they are feeling or what they are thinking.</li> <li>Play make believe - act out the vaccination as a game.</li> <li>Use a mirror - encourage your child to look in the mirror, looking at their own reflection.</li> <li>Use a story - tell a story that involves a character that your child likes.</li> <li>Use a game - play a game that your child enjoys.</li> <li>Use a book - read a book that your child enjoys.</li> <li>Use a toy - distract your child away from the needles.</li> </ul>	<p>These tips can help you support the child during the vaccination.</p> <ul style="list-style-type: none"> <li>Ensure you are a positive and reassuring presence. Let them know that you are there for them.</li> <li>Use a distraction technique such as breathing techniques or guided imagery.</li> <li>Be interactive - ask your child to draw a picture of what they are feeling or what they are thinking.</li> <li>Play make believe - act out the vaccination as a game.</li> <li>Use a mirror - encourage your child to look in the mirror, looking at their own reflection.</li> <li>Use a story - tell a story that involves a character that your child likes.</li> <li>Use a game - play a game that your child enjoys.</li> <li>Use a book - read a book that your child enjoys.</li> <li>Use a toy - distract your child away from the needles.</li> </ul>	<p>These tips can help you support the child after the vaccination.</p> <ul style="list-style-type: none"> <li>Encourage your child to drink water and eat a healthy meal.</li> <li>Reassure your child that they are safe and that they will be fine.</li> <li>If they are still upset, distract them with a game or activity.</li> <li>Encourage your child to take a walk or do some exercise.</li> <li>If they are still upset, seek medical advice.</li> </ul>											
<h3>Guided imagery</h3> <p>Ask them to picture their favourite place or a happy memory in their mind. Ask them to talk about it and name all of the things they can see.</p> 	<h3>Breathing techniques</h3> <p>Encourage them to take deep breaths and focus on their breathing.</p> 	<h3>Remember</h3> <ul style="list-style-type: none"> <li>The child and parent/carer should be present during the vaccination.</li> <li>It is important to stay calm and reassuring.</li> <li>Use a distraction technique such as breathing techniques or guided imagery.</li> <li>Be interactive - ask your child to draw a picture of what they are feeling or what they are thinking.</li> <li>Play make believe - act out the vaccination as a game.</li> <li>Use a mirror - encourage your child to look in the mirror, looking at their own reflection.</li> <li>Use a story - tell a story that involves a character that your child likes.</li> <li>Use a game - play a game that your child enjoys.</li> <li>Use a book - read a book that your child enjoys.</li> <li>Use a toy - distract your child away from the needles.</li> </ul>											
<h3>Counting games</h3> <p>Ask them to count to 100 and then ask them to count how many red things they can see, or name 5 different fruits.</p> 	<h3>Toys, books and games</h3> <p>Whilst they are waiting they may like to read a book or play with a toy (if you have these available).</p> <p>They may have brought their favourite toy with them to play with.</p> 	<h3>Further resources</h3> <p><a href="#">Distracting Community Health Services: Fear of needles (media (pdf))</a> – and how to deal with it</p> <p><a href="#">BBC Bitesize: How to distract a child during a vaccination</a></p> <p><a href="#">Boys &amp; Girls In Their Seats: NHS Foundation Trust: Distracting your needle phobia (pdf of media)</a></p> <p><a href="#">NHS England: Distracting your needle phobia (pdf of media)</a></p> <p><a href="#">NHS England: Fidgeting (pdf of media)</a></p> <p><a href="#">NHS England: How to play some games to relax (pdf of media)</a></p> <p><a href="#">NHS England: Supporting people with a learning disability and adult users to get the COVID-19 vaccination</a></p> <p><a href="#">NHS England: Supporting children and young people to get the COVID-19 vaccination (pdf of media)</a></p> <p><a href="#">POEAS for Children (pdf of media)</a></p> <p><a href="#">Public Health England: What is expect after your COVID-19 vaccination: Advice for children and young people</a></p> <p><a href="#">Public Health England: COVID-19 vaccination for children and young people aged 12 to 16 years</a></p> <p><a href="#">Public Health England: COVID-19 vaccination for children and young people aged 12 to 16 years</a></p> <p><a href="#">Dr John Andreoli: Fidgeting (pdf of media)</a></p>											

# 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 can do to help. Some pointers are below.

**BEFORE APP**

**Provide information**  
leaflets). Provide age-appropriate

**the british  
psychological society**

**the british  
psychological society**  
Promoting excellence in psychology

**the british  
psychological society**  
Promoting excellence in psychology

# PREPARING FOR A BLOOD TEST OR VACCINE

Advice for children aged 5-11

**NHS** **British Psychological Society** **Surveillance** **RCGP** **RCGP PSYCH** **RCGP PSYCH RESOURCES** **Hertfordshire Community NHS**

great society For the Public For our Members News Policy Events

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

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

# Minimising pain - *What can you DO?*

## DO:

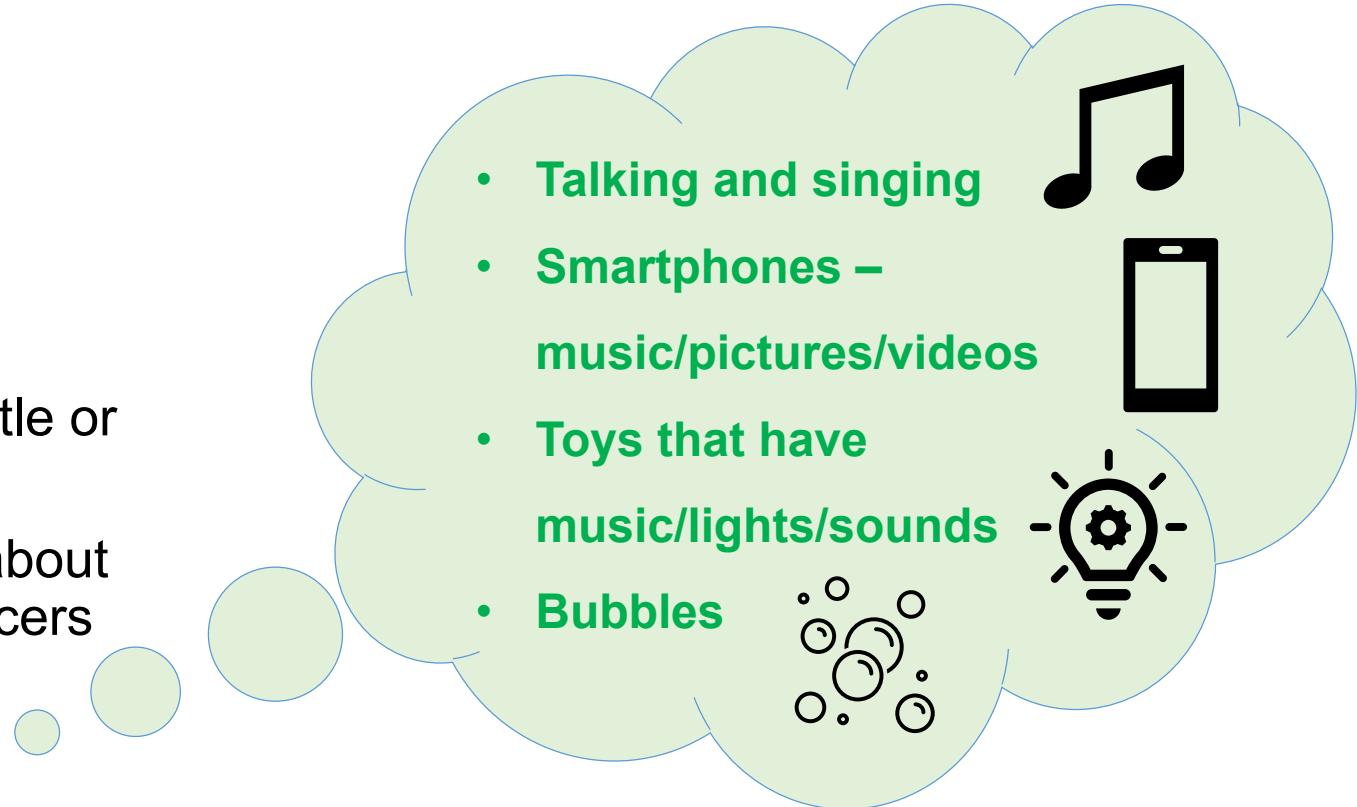
- Be calm, collaborative and well informed
- Use neutral language – ‘here we go’
- Position patient appropriately – infants/children held on lap, children over 3 – sitting on a lap and older children/adults sitting
- Vaccinate ‘fainters’ lying down
- When administering multiple vaccines give in order 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?



# 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.

**Fever**  
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



## 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.

Enter medicine, vaccine or device name

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 \(mhra.gov.uk\)](#)

# 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.***

The image displays three separate documents related to immunisation training:

- Immunisation Knowledge and Skills Competence Assessment Tool** (Third edition): Published by the Royal College of Nursing. It features a logo of two hands in blue and red, and a photograph of a healthcare worker administering a vaccine to a patient's arm. The text "CLINICAL PROFESSIONAL RESOURCE" is visible above the photo.
- National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners**: Published by Public Health England. It features a logo of a shield with a cross and the text "Public Health England". The text "Revised February 2018" is at the bottom.
- National Minimum Standards and Core Curriculum for Immunisation Training of Healthcare Support Workers**: Published by the Royal College of Nursing. It features a logo of two hands in blue and red, and a photograph of a healthcare worker's hands administering a vaccine. The text "Protecting and improving the nation's health" is above the logo, and "Revised September 2015" is at the bottom.

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 online 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

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  
Royal College of  
Paediatrics and Child Health  
Leading the way in Children's Health



GIG  
NHS  
Great Ormond Street  
Institute of Child Health



HSC  
Public Health  
Agency

evidence & practice / vaccination

PEER-REVIEWED

## Why immunisation training matters

Helena Donovan, Laura Craig

Class

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

Page

This article has been subject to  
external double-blind review  
and peer review by two or more  
experts using automated software

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Conflict of interest

None declared

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Keywords

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

Abstract

Vaccines are highly effective at reducing infectious disease and are recognised by the World Health Organization as second only to clean water at effectively controlling disease (Andre et al 2004). Immunisation training is essential to ensure that healthcare practitioners can administer and/or stop the spread of infections. In the UK, numerous different vaccines have been successfully introduced over the past 50 years and many once common infections are now rarely seen. To ensure that healthcare practitioners are able to administer vaccines effectively, it is important to make sure that vaccines are given safely and effectively. To achieve this, those who advise on and/or administer vaccines need to be knowledgeable and skilled. They also need to be able to answer patient questions and provide clear and accurate information. This article discusses the revised immunisation training curriculum for healthcare practitioners in the UK 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.

Author details

Helena Donovan, professional lead for public health nursing, Royal College of Nursing, London, England; Laura Craig, lead immunisation nurse specialist, Public Health England, London, England

Introduction

The UK has a highly successful immunisation programme, with a wide and increasing range of vaccines recommended for individuals across their lifetime. The effectiveness of the programme is well documented, with significant reductions seen in the number of cases of disease and the associated mortality (Ferrell 1998) and consequently the substantial effects on mortality and morbidity.

Although the UK vaccine preventable disease declines due to the success of immunisation programmes, healthcare practitioners need to be aware of why vaccinations are still so important and why misconceptions may still exist and may arise. The knowledge, skills and expertise of those who provide information and advice on immunisation are critical to the ongoing success of the programme.

It is evident from recent surveys that the public recognises the importance of vaccination and being able to get advice from professionals who are skilled and knowledgeable about vaccination is important (Edwards 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.

The UK has developed the guidance and resources designed to support all immunisers and give them the necessary knowledge, skills and confidence to undertake this essential role.

Minimum standards and core curriculum for immunisation training

The original minimum standards and core curriculum for immunisation training were first developed in 2004 by the then Health Training Agency (HTA). The HTA used this 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 administer vaccinations.

The original standards have been updated and there are now two sets of training standards and core curricula – one for registered healthcare professionals and one for non-registered healthcare support workers (PHE 2015), who are becoming increasingly involved in advising and/or administering certain vaccines.

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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

# 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?



 Royal College of Nursing

**Immunisation Knowledge and Skills Competence Assessment Tool**  
Third edition

CLINICAL PROFESSIONAL RESOURCE



This publication is endorsed by:

IMMUNISATION KNOWLEDGE AND SKILLS COMPENCE ASSESSMENT TOOL			
Part 1: Knowledge			
Competency statement for registered health care professionals, registered nurses, pharmacists and others	Self-assessment	Assessment by supervisor	Evidence of achievement, if applicable
1a. Can provide evidence of attendance at a specific, competency-based immunisation training course, or completion of an immunisation learning module. The course should cover all of the topics detailed in the core competency statement. If evidence of attendance of a course/type of training attended, HSE where immunisers are placed to work, or other relevant organisation, training and assessment in these areas would also be needed.			First attempt (date further attempts as required)
1b. Able to access the online Green Book and is aware of the online resources and the use of the Green Book.			Date competency achieved
1c. Able to access other relevant UK immunisation guidance, e.g. DHSC/PHLS/UKHSA/PHLS/BBM letters, Vaccine Update, Public Health England (PHE) and other relevant national or regional vaccine programmes, the PHE/BBM website, the HSE website, the local or relevant immunisation station, or other resources where appropriate.			
1d. Knows who to contact for advice if unsure about vaccination requirements, e.g. the local HSE, local authority, local GP, local immunisation service, local public health team or other locally available immunisation lead.			

IMMUNISATION KNOWLEDGE AND SKILLS COMPENCE ASSESSMENT TOOL			
Part 2: Core skills for immunisation			
Competency statement for registered health care professionals, registered nurses, pharmacists and others	Self-assessment	Assessment by supervisor	Evidence of achievement, if applicable
2a. Is up-to-date with local requirements for anaesthesia and CPD training (including relevant training modules).			First attempt (date further attempts as required)
2b. Demonstrates knowledge of the administration of anaesthesia and emergency care equipment and ensures the local policies and procedures are understood, how and when to use them and the follow-up care required.			Date competency achieved
2c. Can explain incident response and reporting processes relevant to the local service, including reporting local practice.			
2d. Demonstrates good practice in hand hygiene and demonstrates the correct technique for using and maintaining aseptic technique when preparing vaccines and handling equipment and needles, including how to dispose of them and the follow-up care required.			
2e. Demonstrates knowledge and understanding of the vaccination site, and importance of assessing the vaccine cold chain, including the storage and handling of the management and the action to take in case of cold chain failure and who to contact.			
2f. Describes storage, vaccine sites and other vaccine management requirements.			
2g. Describes knowledge and understanding of the vaccination site, and importance of assessing the vaccine cold chain, including the storage and handling of the management and the action to take in case of cold chain failure and who to contact.			

IMMUNISATION KNOWLEDGE AND SKILLS COMPENCE ASSESSMENT TOOL			
Part 3: Clinical skills for immunisation			
Competency statement for registered health care professionals, registered nurses, pharmacists and others	Self-assessment	Assessment by supervisor	Evidence of achievement, if applicable
3a. Is up-to-date with local requirements for anaesthesia and CPD training (including relevant training modules).			First attempt (date further attempts as required)
3b. Demonstrates knowledge of the administration of anaesthesia and emergency care equipment and ensures the local policies and procedures are understood, how and when to use them and the follow-up care required.			Date competency achieved
3c. Can explain incident response and reporting processes relevant to the local service, including reporting local practice.			
3d. Demonstrates good practice in hand hygiene and demonstrates the correct technique for using and maintaining aseptic technique when preparing vaccines and handling equipment and needles, including how to dispose of them and the follow-up care required.			
3e. Demonstrates knowledge and understanding of the vaccination site, and importance of assessing the vaccine cold chain, including the storage and handling of the management and the action to take in case of cold chain failure and who to contact.			
3f. Describes storage, vaccine sites and other vaccine management requirements.			
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# Immunisation education – summary and resources

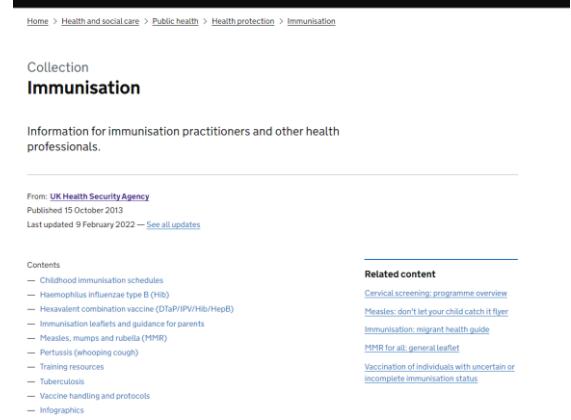
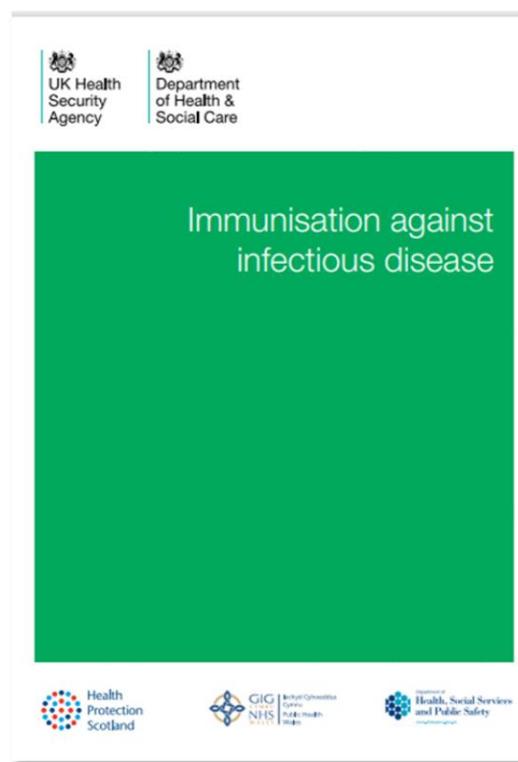
- The National Immunisation training Standards recommend all immunisers have core foundation education in immunisation and annual updates so they can keep up to date with the changes to the vaccine programmes.
- There is no specified criteria for updates, immunisers will need to determine what education 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](mailto: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](mailto:necl.team@ukhsa.gov.uk)  
[phe.nenclhpt@nhs.net](mailto: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](mailto: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](mailto:slhpt@ukhsa.gov.uk)  
[phe.slhpt@nhs.net](mailto: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](mailto:ImmsTraining@phe.gov.uk)

# Webinar Series - booking

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