



Section B: Information Specific to HSCP Vaccinators (Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists) for the administration of the Inactivated Influenza Vaccine (IIV) for the 2025/2026 influenza season

Statutory Instruments No. 245 of 2021 and 511 of 2021 enables registered health care professionals (including Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists) to administer the Inactivated Influenza vaccine suspension for injection to adult vaccine recipients for the Health Service Executive (HSE) Winter Vaccination Programme 2025/2026.

In order to administer the vaccine, HSCP Vaccinators (Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists) **must** be familiar with the Master Medicine Protocol for the administration of the Inactivated Influenza Vaccine Vaxigrip® and Master Medicine Protocol for administration of Inactivated Influenza Vaccine Influvac® Sub-unit as these are the two inactivated-influenza vaccine suspensions for injection available for this season, both are available at <https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/>

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

HSCP Vaccinators (Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists) **must** have attained the professional qualification, training and competence requirements as listed below in order to be eligible to administer the Inactivated Influenza vaccine suspension for injection using the HSE master medicine protocol for these vaccines.

Professional Qualifications, Training, Experience and Competence Required

Professional qualifications, training, experience and competence required prior to using this medicine protocol / Professional Qualifications : Training, Experience, Competence:	<p>The HSCP Vaccinators (Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists) must have completed all of the following:</p> <ol style="list-style-type: none">1. Be a registered healthcare professional, on the active register maintained by the relevant professional regulatory body in Ireland2. An approved <i>Basic Life Support for Health Care Providers Course</i> within the last two years (For e.g. Irish Heart Foundation (IHF), American Heart Association (AHA))3. Initial <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on www.HSELand.ie followed by a two hour classroom based skills workshop. Recertification is required every two years by completing the on-line <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on www.HSELand.ie or the relevant anaphylaxis management programme approved by their professional organisation.4. <i>Inactivated Influenza Vaccine 2025/2026 season</i> accessible on www.HSELand.ie5. <i>Storing and Managing Vaccines</i> accessible on www.HSELand.ie6. <i>NISS (formally COVAX) module</i> available on www.HSELand.ie <p>Recommended:</p> <ol style="list-style-type: none">7. Self-Assessment of Competency Form for Influenza vaccine suspension for injection (included in this Section B document) available at https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/8. <i>Patient Information Leaflets</i> <p>Flu vaccine information for pregnant women available at: https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/information/flupregleaflet.pdf</p>
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	<p>Winter vaccination programme, seasonal influenza information for healthcare workers available at: https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/information/fluhcwleafleteng.pdf</p> <p>Flu vaccine information for people at risk available at: https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/information/flugenleafleteng.pdf</p>
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Supporting Documents for HSCP Vaccinators (Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists)

HSE Vaccination Programme (2025) Operational Guidance Version 4 (Note: This guidance document covers 2025/2026 Seasonal Influenza Vaccination Programme), available at [on Sharefile](#)

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

National Immunisation Advisory Committee (2023) Anaphylaxis: Immediate Management in the Community. Available at <https://www.hiqa.ie/areas-we-work/national-immunisation-advisory-committee/immunisation-guidelines-ireland>

National Immunisation Advisory Committee *Immunisation Guidelines for Ireland chapter 11 (2025)* Dublin: Online update available at <https://www.hiqa.ie/areas-we-work/national-immunisation-advisory-committee/immunisation-guidelines-ireland>

National Immunisation Office (2024) *HSE Guidelines for maintaining the vaccine cold chain including maintenance of vaccine fridges and management of vaccines* available at <https://www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/sopnio01fridge.pdf>

National Immunisation Office (2024) *HSE Guidelines for maintaining the vaccine cold chain in vaccine cool boxes*. Available at www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/sopnio02box.pdf

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

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

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



Self-Assessment of Competency Form



NAME: _____

(PRINT CLEARLY in CAPITALS)

Self-Assessment of Competency to Administer Inactivated Influenza vaccines to Adult Vaccine Recipients under Medicine Protocol (to be completed by registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists)

	Critical Element	Competent Date/Initials	Needs Practice Date/Initials	Needs Theory Date/Initials
1.	I practice within my scope of practice to undertake administration of seasonal influenza vaccine under medicine protocol, under medicine protocol.			
2	I understand that vaccines are prescription only medicines (POM) and prior to administration require either: <ul style="list-style-type: none"> 1. a valid prescription for individual vaccines or 2. a medicine protocol for individual vaccines 			
3	I am familiar with and adhere to the practices as set out in: <ul style="list-style-type: none"> • <i>Immunisation Guidelines for Ireland</i> (NIAC). • <i>HSE Vaccination Programme: Operational Guidance</i> (Note: This guidance document covers 2025/2026 Seasonal Influenza Vaccination Programme) 			
4	I have successfully completed the National Immunisation Office (NIO) HSE LanD education programme for Inactivated Influenza Vaccine I understand that I will need to regularly review the most current vaccination information from the NIO available at: www.immunisation.ie			
5	I have attended Basic Life Support for Health Care Providers within the last two years.			
5.	I am competent in safe intramuscular vaccine administration technique			
6.	I have successfully completed an approved Anaphylaxis education programme <ul style="list-style-type: none"> • initial <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on www.HSE LanD.ie • followed by a two hour classroom based skills workshop. • Recertification is required every two years by completing the on-line <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on www.HSE LanD.ie or the relevant anaphylaxis management programme approved by their professional organisation. <p>I am familiar with NIAC (2023) <i>Anaphylaxis: Immediate Management in the Community</i>.</p>			
7.	I have successfully completed the Primary Childhood Immunisation Programme accessible on HSE LanD			
8.	I understand if further education and training is required to deem myself competent in intramuscular injection technique, preparation of vaccines under medicine protocols utilising			

	Antimicrobial Resistance and Infection Control (AMRIC) aseptic technique, I am required to access education and training			
9.	I can outline the inclusion/exclusion criteria for administering influenza vaccine under the named medicine protocol.			
10.	In assessing suitability for vaccination I can undertake a clinical assessment of adult vaccine recipients presenting for vaccination within the scope of the medicine protocol.			
11.	I understand when and how to refer those who meet the exclusion criteria to the relevant medical practitioner for an individual medical assessment as per medicine protocols.			
12.	I am familiar with the documentation required to support implementation of the medicine protocol to ensure safe administration of inactivated influenza vaccine.			
13.	I can provide written and verbal information in relevant language and advice to the adult vaccine recipient to support the individual to make an informed consent available at: https://www2.healthservice.hse.ie/files/132/			
	I understand the agreed process, including ICT systems if applicable for the accurate and appropriate documentation of the vaccine administration			
14.	I understand the purpose and importance of completing the required HSE data returns following vaccine administration			
15.	I have knowledge of the appropriate documentation procedure for treatment and reporting of adverse drug reactions to the Health Products Regulatory Authority (HPRA) if required available at: www.hpra.ie			
16.	I can demonstrate the procedure for reporting and documentation of medication errors/near misses as per HSE Enterprise Risk Management Policy & Procedures (2023)			
17.	I understand how to dispose of single use equipment and sharps in accordance with National Clinical Guideline No. 30 (2023) Infection Prevention and Control (IPC) available at: https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/			
18.	In the event of needle stick injury, I understand the guidelines as outlined in the 'EMI Tool Kit' available at: https://www.hpsc.ie/a-z/emi/			
19.	I am aware of and comply with the guidance on vaccine storage and handling including the maintenance of the cold chain in accordance with national and local policies.			
20.	<p>I have undertaken the following mandatory online programmes:</p> <ul style="list-style-type: none"> • AMRIC Hand Hygiene • AMRIC Basics of Infection Prevention & Control • AMRIC Personal Protective Equipment • AMRIC Standard & Transmission Based Precautions <p>AMRIC programmes available at: www.HSeLanD.ie</p> <ul style="list-style-type: none"> • GDPR Guidelines available at: www.HSeLanD.ie <p>National Consent Policy available at: https://healthservice.hse.ie/staff/procedures-guidelines/hse-consent-policy/</p>			
21.	I have the knowledge and skills to safely administer the vaccine regarding the following:			



	<ul style="list-style-type: none">• Preparation of the vaccine for administration• Documentation of the details of the vaccine to include the vaccine label which has the batch number and expiry date details• Date and time and site of administration of vaccine• Vaccinator ID (name, signature, and CORU Reg. number)			
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I have sufficient theoretical knowledge and practice to undertake vaccination under this medicine protocol independently, and I acknowledge my responsibility to maintain my own competence in line with current best evidence.

Registered Physiotherapist, Radiographer, Radiation Therapist, or Optometrist

Signature: _____

Date: _____

CORU Reg. Number _____

If any deficits in theory and/or clinical practice are identified, the Registered Physiotherapist, Radiographer, Radiation Therapist, or Optometrist must discuss with relevant line manager and implement appropriate action plan to achieve competency within an agreed time frame.

Action Plan (for use if needed to reach competencies outlined)

Action necessary to achieve competency:

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Date to be achieved:

Supporting evidence of measures taken to achieve competency:

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Registered Physiotherapist, Radiographer, Radiation Therapist, or Optometrist Signature:

Date:

Line Manager Signature

Date:
