



**Section B: Information Specific to HSCP Vaccinators (Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists) for the administration of the Live Attenuated Influenza Vaccine (LAIV) Fluenz Nasal Spray to children between 2-17 years of age for the 2025/2026 influenza season**

Statutory Instruments No. 245 of 2021 and 422 of 2023 enables registered health care professionals (including Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists) to administer the Live Attenuated Influenza Vaccine (LAIV) Fluenz Nasal Spray to children between 2-17 years of age for the 2024/2025 influenza season as part of 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 LAIV Fluenz Nasal Spray which is available at [www.immunisation.ie](http://www.immunisation.ie)

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 [www.immunisation.ie](http://www.immunisation.ie)

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 LAIV Fluenz Nasal Spray using the HSE master medicine protocol for this vaccine.

**Professional Qualifications, Training, Experience and Competence Required**

<b>Professional qualifications, training, experience and competence required prior to using this medicine protocol / Professional Qualifications :</b>  <b>Training, Experience, Competence:</b>	<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"><li>1. Be a Registered Physiotherapist, Radiographer, Radiation Therapist, or Optometrist, on an active register maintained by CORU</li><li>2. An approved <i>Basic Life Support for Health Care Providers Course</i> within the last two years (i.e. Irish Heart Foundation (IHF))</li><li>3. Initial <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on <a href="http://www.HSeLanD.ie">www.HSeLanD.ie</a> 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 <a href="http://www.HSeLanD.ie">www.HSeLanD.ie</a></li><li>4. Self-Assessment of Competency Form for LAIV Fluenz Nasal Spray (included in this Section B document ) accessible on: <a href="https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/">https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/</a></li><li>5. National Immunisation Office two e-Learning modules for LAIV. Both are accessible on <a href="http://www.HSeLanD.ie">www.HSeLanD.ie</a></li><li>6. National Immunisation Information System (NIIS) online training programme available at <a href="http://www.HSeLanD.ie">www.HSeLanD.ie</a></li><li>7. Storing and Managing Vaccines, available at <a href="http://www.HSeLanD.ie">www.HSeLanD.ie</a></li></ol> <p><b>Recommended:</b></p> <ol style="list-style-type: none"><li>1. <i>Children having vaccinations and healthcare procedures:</i> (Professor Lucy Bray ONMSD 2023, available at <a href="http://www.HSeLanD.ie">www.HSeLanD.ie</a></li><li>2. <i>Talking about Immunisation</i>, available at <a href="http://www.HSeLanD.ie">www.HSeLanD.ie</a></li><li>3. <i>LAIV information leaflet for parents</i> available at <a href="https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/">https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/</a></li></ol>
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## **Supporting Documents for HSCP Vaccinators (Registered Physiotherapists, Radiographers, Radiation Therapists, and Optometrists)**

HSE Vaccination Programme (2025) Operational Guidance (Note: This guidance document covers 2025/2026 Seasonal Influenza Vaccination Programme), available at [www.immunisation.ie](http://www.immunisation.ie)

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* Dublin: Health Information Quality Authority Online update available at:  
[https://www.hiqa.ie/sites/default/files/NIAC/Immunisation\\_Guidelines/Chapter\\_11\\_Influenza.pdf](https://www.hiqa.ie/sites/default/files/NIAC/Immunisation_Guidelines/Chapter_11_Influenza.pdf)

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](http://www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/sopnio02box.pdf)

National Immunisation Office (2025) *Toolkit to Support the Administration of Fluenz nasal spray suspension to Primary School Children in the School Setting winter vaccination programme 2025-2026*. Dublin: Health Service Executive

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 Live Attenuated Influenza Vaccine (LAIV) Fluenz Nasal Spray under Medicine Protocol

	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 LAIV, 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"> <li>1. a valid prescription for individual vaccines or</li> <li>2. a medicine protocol for individual vaccines</li> </ul>			
3.	I understand the current medicine protocol for this vaccination programme			
4.	I am aware of the inclusion/exclusion criteria for children receiving LAIV under this medicine protocol			
5.	I am familiar with and adhere to the practices as set out in: <ul style="list-style-type: none"> <li>• <i>Immunisation Guidelines for Ireland</i> (NIAC).</li> <li>• <i>HSE Vaccination Programme: Operational Guidance</i> (Note: This guidance document covers 2024/2025 Seasonal Influenza Vaccination Programme)</li> </ul>			
6.	I have successfully completed the National Immunisation Office (NIO) HSE LanD education programme for LAIV. I understand that I will need to regularly review the most current vaccination information from the NIO available at: <a href="http://www.immunisation.ie">www.immunisation.ie</a>			
7.	I understand the documentation required to support implementation of the medicine protocol to ensure safe administration of LAIV			
8.	I understand if further education and training is required to deem myself competent in intranasal vaccine technique, preparation of vaccines under medicine protocol utilising Antimicrobial Resistance and Infection Control (AMRIC) aseptic technique			
9.	I have successfully completed all the education programmes as listed in Table 1: Professional Qualifications, Training, Experience and Competence Required			
10.	I have attended Basic Life Support for Health Care Providers within the last two years.			
11.	I am competent in safe intranasal vaccine administration technique.			
12.	I have successfully completed an approved Anaphylaxis education programme as outlined in the medicine protocol. I am familiar with NIAC (2023) <i>Anaphylaxis: Immediate Management in the Community</i> .			
13.	I am familiar with the documentation required to support implementation of the medicine protocol to ensure safe administration of LAIV.			
14.	I undertake to review the most current vaccination information from the NIO - <a href="http://www.immunisation.ie">www.immunisation.ie</a> .			
15.	In assessing suitability for vaccination I can undertake a clinical assessment of children within the scope of the medicine			

	protocol.			
16.	I can refer those who meet the exclusion criteria to the relevant medical practitioner for an individual medical assessment as per medicine protocol.			
17.	I can provide information regarding LAIV, including the benefits and side effects to children and parents.			
18.	I am aware of the procedure for treatment and reporting of adverse reactions.			
19.	I understand the procedure for reporting and documentation of medication errors/near misses.			
20.	I dispose of all equipment and sharps in accordance with the National clinical guideline for Infection prevention & control HSE (2023).			
21.	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.			
22.	I understand the agreed process, including ICT systems if applicable or the accurate and appropriate documentation in the child's record for vaccine administration			
23.	I understand the purpose and importance of completing the required HSE data returns following vaccine administration			
24.	<p>I have the knowledge and skills to safely administer the vaccine regarding the following:</p> <ul style="list-style-type: none"> <li>• Preparation of the vaccine for administration</li> <li>• Documentation of the details of the vaccine to include the vaccine label which has the batch number and expiry date details</li> <li>• Date and time and site of administration of vaccine</li> </ul> <p>Vaccinator ID (name, signature and CORU pin)</p>			
25.	<p>I have undertaken the following HSE LanD/online programmes:</p> <ul style="list-style-type: none"> <li>• AMRIC: Hand Hygiene</li> <li>• AMRIC Basics of Infection Prevention &amp; Control</li> <li>• AMRIC Personal Protective Equipment</li> <li>• AMRIC Standard &amp; Transmission Based Precautions</li> </ul> <p>AMRIC programmes available at: <a href="http://www.HSeLanD.ie">www.HSeLanD.ie</a></p> <ul style="list-style-type: none"> <li>• GDPR Guidelines available at: <a href="http://www.HSeLanD.ie">www.HSeLanD.ie</a></li> <li>• National Consent Policy: <a href="https://healthservice.hse.ie/staff/procedures-guidelines/hse-consent-policy/">https://healthservice.hse.ie/staff/procedures-guidelines/hse-consent-policy/</a></li> </ul>			



*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:** \_\_\_\_\_  
**Number** \_\_\_\_\_

**Date:** \_\_\_\_\_ **CORU Reg.**

*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:

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Line Manager Signature:

Date:

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