Medicine Protocol for the Administration of Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated) to nurses, midwives, healthcare workers, agency staff, contract workers and volunteers by registered nurses and registered midwives

This medicine protocol is a specific written instruction for the administration of Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated) to nurses, midwives, healthcare workers (HCW), agency staff, contract workers and volunteers (hereafter referred to as recipient healthcare workers) by registered nurses and registered midwives. This medicine protocol is valid for the 2019/2020 HSE Seasonal Influenza Vaccination Programme.

This medicine protocol enables registered nurses and registered midwives employed in the voluntary and statutory services of the Health Service Executive (HSE) who have undertaken the required education and training programmes to administer Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated) with reference to and guidance from the Nursing & Midwifery Board of Ireland, National Immunisation Advisory Committee, National Immunisation Office, HSE and in accordance with the Summary of Product Characteristics for Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated) as detailed by the Health Products Regulatory Authority at www.hpra.ie.

- Health Service Executive (2019) Directions for Nurses and Midwives for the Management of a Patient who Develops Anaphylaxis or Suspected Anaphylaxis incorporating Medicine Protocol for the Administration of Epinephrine (Adrenaline) Injection BP 1:1,000 by intramuscular injection by nurses and midwives for the management of a patient with anaphylaxis or suspected anaphylaxis. Dublin: Health Service Executive
- National Immunisation Advisory Committee Immunisation Guidelines for Ireland Dublin: Royal College of Physicians Ireland (Online Update available at http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/)
- Nursing and Midwifery Board of Ireland (2015) Practice Standards for Midwives Dublin: Nursing and Midwifery Board of Ireland
- Nursing and Midwifery Board of Ireland (2015) Recording Clinical Practice. Professional Guidance Dublin: Nursing and Midwifery Board of Ireland
- Nursing and Midwifery Board of Ireland (2015) Scope of Nursing and Midwifery Practice Framework Dublin: Nursing and Midwifery Board of Ireland
- Nursing and Midwifery Board of Ireland (2014) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Dublin: Nursing and Midwifery Board of Ireland

The Nursing and Midwifery Board of Ireland defines medicine protocols as “written directions that allow for the supply and administration of a named medicinal product by a nurse or midwife in identified clinical situations. A medicine protocol involves the authorisation of the nurse/midwife to supply and administer a medicine to groups of patients in a defined situation meeting specific criteria and who may not be individually identified before presentation for treatment. An individually named prescription is not required for the supply and administration of medication when a medication protocol is in effect” (An Bord Altranais, 2007).
# Medicine Protocol for the Administration of Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated) to recipient healthcare workers

## 1.0 Critical Elements

<table>
<thead>
<tr>
<th><strong>Document reference number:</strong></th>
<th>ONMSD 2019 006</th>
</tr>
</thead>
</table>

### Name of Organisation where medicine protocol applies

Health Service Providers across the voluntary and statutory services of the Health Service Executive (HSE). This Medicine Protocol applies to:

- Registered nurses and registered midwives involved in the supply and administration of the seasonal influenza vaccine to recipient health care workers.

### Date the medicine protocol comes into effect

September 2019

### Date for review of medicine protocol

February 2020

### Document prepared by:

Office of the Nursing and Midwifery Services Director (ONMSD) HSE, in collaboration with the National Immunisation Office (NIO) at the request of Dr Kevin Kelleher, Assistant National Director Public Health, National Office for Public Health/Child Health, Strategic Planning and Transformation, HSE

### Names and Signatures of the employing authority who is authorising the implementation of the medicine protocol

**“On behalf of the authority employing professionals authorised to administer under this medicine protocol, I have read this medicine protocol and authorise its implementation”**

**Name:** Dr. Kevin Kelleher, Assistant National Director Public Health, National Office for Public Health/Child Health, Strategic Planning and Transformation, HSE

**Signature:**

[Signature]

**Name:** Dr Colm Henry, Chief Clinical Officer, HSE

**Signature:**

[Signature]

**Name:** Dr Lynda Sisson, National Clinical Lead, Workplace Health and Wellbeing, HSE

**Signature:**

[Signature]

**Name:** Ms Mary Wynne, Nursing and Midwifery Services Director, HSE

**Signature:**

[Signature]
### 2.0 Clinical Criteria

<table>
<thead>
<tr>
<th>Clinical Condition for use of the medicine protocol</th>
<th>The clinical condition for which this medicine protocol has been developed is for the immunisation of recipient healthcare workers against influenza virus for the 2019/2020 seasonal influenza vaccination programme.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circumstances in which the medicine protocol applies</td>
<td>Targeted immunisation programme for recipient healthcare workers during the influenza season as they are at risk of influenza and of transmitting the influenza virus to vulnerable patients in the course of their duties.</td>
</tr>
<tr>
<td>Inclusion criteria for recipient healthcare worker treatment using the medicine protocol</td>
<td>Recipient healthcare workers in the health service, especially those who have clinical contact with patients.</td>
</tr>
<tr>
<td>Exclusion criteria for recipient healthcare worker treatment using the medicine protocol</td>
<td>Anaphylactic or hypersensitivity reaction to a previous dose of an influenza vaccine or any of its constituents. Those with confirmed egg anaphylaxis and non anaphylactic egg allergy can be safely given an influenza vaccine with low ovalbumin content. Egg anaphylaxis or egg allergy and severe asthma (BTS/ SIGN &gt;4); Refer to hospital specialist for vaccination with seasonal influenza vaccine with ovalbumin content &lt;0.1 micrograms per dose. Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated) is a low ovalbumin vaccine (&lt;0.1 micrograms per dose). NIAc continues to advise that patients on combination checkpoint inhibitors (e.g. ipilimumab plus nivolumab) should not receive any influenza vaccines, because of a potential association with immune-related adverse reactions. Workers who already received a dose of the Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated) in the 2019/2020 influenza season. Acute severe febrile illness: defer until recovery. The presence of a minor infection such as a mild upper respiratory infection or low grade fever is not a contraindication to immunisation.</td>
</tr>
</tbody>
</table>
| Actions to be taken for those who are excluded from the medicine protocol | • Refer to the Occupational Health Physician or other Medical Practitioner for an individual medical assessment  
• Document action in clinical notes  
• Where Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated) is prescribed following medical assessment, the nurse or midwife may administer Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated) within their scope of practice. 

*Note: In determining their scope of practice, nurses and midwives must make judgements about their competency to carry out a role or activity (NMBI, 2015).* |
| **Action to be followed for healthcare workers who do not wish to receive the vaccination:** | Advise of the risks of not having the vaccine, including risk of transmission of virus to vulnerable patients.  
Advise regarding minimisation of risk. |
|---|---|
| **Description of circumstances and referral arrangements when further advice or consultation is required** | Refer the recipient healthcare worker to Occupational Health Physician or other Medical Practitioner in the event of:  
- Adverse reaction  
- Other clinical concerns |
| **Documentation required to support implementation of the medicine protocol** | - Vaccine consent forms  
- Vaccine Information Leaflets  
- Patient held record cards  
- Health Products Regulatory Authority Adverse Reaction Reporting forms  
It is the responsibility of each nurse or midwife to be familiar with the appropriate documentation to support the safe administration of Influenza vaccine which includes the following:  
- Medicine Protocol for the administration of Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated) to recipient health care workers by registered nurses and registered midwives in health service providers.  
- Seasonal Influenza Peer Vaccination Programme 2016: Guidelines for Staff |
| **3.0 Name of Medicine** | Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated) containing influenza virus of the following strains:  
- an A/Brisbane/02/2018 (H1N1)pdm09-like virus;  
- an A/Kansas/14/2017 (H3N2)-like virus;  
- a B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and  
- a B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).  
- Link to Summary of Product Characteristics here [www.hpra.ie](http://www.hpra.ie)  
- Link to Patient Information Leaflet here: [www.hpra.ie](http://www.hpra.ie) |
| **Link to Medicine** | Details of product information and other data including instructions for supply and administration is available on the Health Product Regulatory Authority at [www.hpra.ie](http://www.hpra.ie) |
| **Potential adverse reactions and procedures for treatment of same** | The recipient healthcare worker should be advised to contact relevant medical personnel in the event of adverse reaction occurring following administration of the vaccine (GP/out of hours/Emergency Department/Occupational Health Department). Following administration of the vaccine, the recipient healthcare worker should be |
| **Procedure for reporting Adverse Drug Reactions to the Health Products Regulatory Authority (HPRA)** | The relevant nursing or midwifery staff should report to the HPRA any suspected adverse reactions, in accordance with criteria outlined by the HPRA. This reporting may be carried out online at [http://www.hpra.ie](http://www.hpra.ie) or through use of the yellow card system which is available in a downloadable format from the HPRA website, or on request from the HPRA.

The recipient healthcare worker's General Practitioner should be informed of any reported adverse reaction.

The incident and all actions taken must be promptly recorded in accordance with the *Management of a Patient with Anaphylaxis: Treatment in the Community* (National Immunisation Advisory Committee 2019), available online at [https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/anaphylaxis.pdf](https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/anaphylaxis.pdf) |
| --- | --- |
| **Procedure for the reporting and documentation of errors and near misses involving the medicine** | In the case of medication errors that directly involve the recipient healthcare worker, i.e. wrong medication/dose/route being administered or another medication error, the registered nurse or midwife must remain with the person and closely monitor them for any adverse reactions.

Vital signs should be recorded and the recipient healthcare worker should be reviewed by the Occupational Health Physician or other appropriate physician.

The incident must be reported to the relevant line manager as soon as possible.

The incident and all actions taken must be recorded and the relevant National Incident Management Report Form (NIRF) completed as soon as is practicable after the event occurs and within one working day. (National Incident Report Form (NIRF 01 – V10)) (2018) available at: [https://www.hse.ie/eng/about/qavd/incident-management/nirf-01-v10-person1.pdf](https://www.hse.ie/eng/about/qavd/incident-management/nirf-01-v10-person1.pdf)

The recipient healthcare worker and/or significant others should be informed of the incident.

An incident report form must be completed by the nurse or midwife and forwarded to local or regional Risk Manager as per local policy.

Any suspected adverse reactions associated with medication errors should be reported to the HPRA as outlined above. |
| **Resources and equipment required** | - Vaccine (pre-filled syringe)
- Fridge/Cooler box with minimum/maximum thermometer to maintain cold chain temperature between +2° to +8°C
- Disposable kidney dishes/trays
- Gauze swabs, tape/plasters
- Sharps bins, and bins for disposal of other hazardous material
- Alcohol hand rinse
- Access to telephone |

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*Medicine Protocol for the Administration of Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated), 2019*
• Safe storage areas for medicines and equipment
• Current medicine protocol Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated)

| Audit process to identify appropriate use of the protocol or unexpected outcomes | All documentation will be held for review and audit purposes as per local policy. |

### 4.0 Information for recipient healthcare workers Provision of Patient Information Leaflet

| Advice to be given to the recipient healthcare workers before treatment | Vaccine Information Leaflet must be supplied with the consent form to the recipient healthcare worker prior to administration of the vaccine.  

**Before Treatment**  
Discuss the Influenza Vaccine and the importance of protecting not only their own health but also the health of vulnerable patients in their care.  
Provide recipient healthcare worker with a patient vaccine information leaflet.  
Discuss potential side effects.  
Obtain informed consent and a signed consent form.  

**After Treatment**  
Discuss potential side effects.  
The recipient healthcare worker should advise to remain in the healthcare facility for fifteen minutes.  
The recipient healthcare worker should not leave the healthcare facility if they are feeling unwell and must report any unwanted side effects to the nurse or midwife who has administered the vaccine.  

**The recipient healthcare worker may be advised:**  
Soreness, heaviness and tingling at the site of the vaccination may occur in the first 24–72 hours.  
Paracetamol may be taken to relieve symptoms of fever or pain.  
If more serious adverse or persistent effects occur, recipient healthcare worker should be advised to contact their GP/out of hours service.  
Details of any serious adverse reaction to the vaccine should be forwarded to the Occupational Health Physician or other medical practitioner for inclusion in the recipient healthcare workers’ personnel/occupational health file (as per health service provider local policy). |

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Medicine Protocol for the Administration of Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated), 2019
In the event of an adverse reaction the nurse or midwife must ensure that all procedures are adhered to as outlined in Section 3.

### 5.0 Staff authorised to use this medicine protocol

**Professional qualifications, training, experience and competence required prior to using this medicine protocol**

Registered nurse or registered midwife, maintained on the active register maintained by The Nursing and Midwifery Board of Ireland.

Education programme for nurses and midwives on the use of *Medicine Protocol for the Administration of Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated) to recipient healthcare workers by registered nurses and registered midwives.*

Basic Life Support for Health Care Providers within the last two years.

Approved Anaphylaxis Treatment Training face to face programme initially, with updates as required to maintain individual competence [www.hseLand.ie](http://www.hseLand.ie)

**Competency for Injection Technique**

Recommended:


*Introduction to Immunisation*, available at [www.hseLand.ie](http://www.hseLand.ie)
References


Health Service Executive (2019) *Directions for Nurses and Midwives for the Management of a Patient who Develops Anaphylaxis or Suspected Anaphylaxis incorporating Medicine Protocol for the Administration of Epinephrine (Adrenaline) Injection BP 1:1,000 by intramuscular injection by nurses and midwives for the management of a patient with anaphylaxis or suspected anaphylaxis.* Dublin: Health Service Executive


Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated) [www.hpра.ie](http://www.hpра.ie)


Irish Medicines Board *(Miscellaneous Provision) Act 2006* (No. 3 of 2006) (Section 10(1(ii)). Dublin: Stationery Office


Medicine Protocol for the Administration of Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated), 2019
Appendix I

Signature Sheet:

Name of Protocol: Medicine Protocol for the Administration Sanofi Pasteur Quadrivalent Influenza Vaccine (split virion, inactivated)

I have read, understood & agreed to adhere to the attached medicine protocol

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
<th>Occupation:</th>
<th>Pin No:</th>
<th>Date:</th>
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The above signed nurses and midwives are authorised by the signatories on page 2 to administer Influenza Vaccine in accordance with this medicine protocol.

Medicine Protocol for the Administration of Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated), 2019
Appendix II: Consent Form

Healthcare Staff Seasonal Influenza Vaccination Consent Form

Privacy Statement: HSE staff are aware of their obligation under the Data Protection Acts 1988-2018. The information provided will be included in an Immunisation Database. The HSE will use this information to validate clients, monitor vaccination programmes and health care provision.

<table>
<thead>
<tr>
<th>PLEASE PRINT</th>
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<tbody>
<tr>
<td>Forename:</td>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Male  Female</td>
<td>(Please circle)</td>
</tr>
<tr>
<td>Home address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile no:</td>
<td>Job Title:</td>
<td></td>
</tr>
<tr>
<td>Employer (i.e. HSE, Tusla etc)</td>
<td>Service Area: (i.e. Primary care Dublin North /Waterford Regional Hospital)</td>
<td></td>
</tr>
<tr>
<td>Work Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please complete the following questions before signing the consent form

1. Are you suffering from an acute illness?  
   Yes  No
   If yes, please detail

2. Have you ever had a severe reaction to anything including medication or vaccine (including anaphylaxis)?  
   Yes  No
   If yes, please detail

3. Do you have any illness or condition that increases your risk of bleeding?  
   Yes  No
   If yes, please detail

I consent for vaccination with influenza vaccine

I have read and understand the accompanying vaccine information, including risks and side effects

Signature                  Date (dd/mm/yyyy)

For Office Use Only

<table>
<thead>
<tr>
<th>Date Given</th>
<th>Vaccine Name/ Manufacturer</th>
<th>Batch No</th>
<th>Expiry Date</th>
<th>Site Given</th>
<th>Vaccinator’s Signature and PIN/MCRN</th>
</tr>
</thead>
<tbody>
<tr>
<td>dd/mm/yy</td>
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</tbody>
</table>

Medicine Protocol for the Administration of Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated), 2019
# Appendix III: Competency Assessment Form

## Self-Assessment of Competency to Administer Seasonal Influenza Vaccine under Medicine Protocol

<table>
<thead>
<tr>
<th>Domain of Practice</th>
<th>Critical Element</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I understand the role and function of medicine protocols in the context of NMBI guidelines in relation to:</td>
</tr>
<tr>
<td></td>
<td>• The Code of Professional &amp; Ethical Conduct</td>
</tr>
<tr>
<td></td>
<td>• Scope of Nursing and Midwifery Practice</td>
</tr>
<tr>
<td></td>
<td>• Guidance to Nurses and Midwives on Medication Management</td>
</tr>
<tr>
<td></td>
<td>• Immunisation Guidelines for Ireland.</td>
</tr>
<tr>
<td>2</td>
<td>I practice within my scope of practice to undertake administration of Seasonal Influenza Vaccine, under medicine protocol.</td>
</tr>
<tr>
<td>3</td>
<td>I am familiar with and adhere to the practices as set out in the current NIO Guidelines for Staff: Seasonal Peer Immunisation Programme.</td>
</tr>
<tr>
<td>4</td>
<td>I have undertaken the education programme for nurses and midwives on the use of medicine protocol for the administration of Seasonal Influenza Vaccine.</td>
</tr>
<tr>
<td>5</td>
<td>I have attended Basic Life Support for Health Care Providers within the last two years.</td>
</tr>
<tr>
<td>6</td>
<td>I am competent in safe injection technique.</td>
</tr>
<tr>
<td>7</td>
<td>I have attended approved Anaphylaxis education programme and I am familiar with the current medicine protocol on the administration of epinephrine by RNS/RMs.</td>
</tr>
<tr>
<td>8</td>
<td>I undertake to review the most current vaccination information in medicines protocols - <a href="http://www.immunisation.ie">www.immunisation.ie</a></td>
</tr>
<tr>
<td>9</td>
<td>I can outline the inclusion/ exclusion criteria for administering vaccinations under the named medicine protocol.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competent Date/ Initials</th>
<th>Needs Practice Date/ Initials</th>
<th>Needs Theory Date/ Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Statement</td>
<td></td>
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<td>---------------------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>10</td>
<td>I can refer those who are meeting the exclusion criteria to the relevant medical practitioner for an individual medical assessment as per medicine protocol.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>I am familiar with the documentation required to support implementation of the medicine protocol to ensure safe administration of vaccine.</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>In assessing suitability for vaccination I can undertake a clinical assessment of individuals within the scope of the medicine protocol.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>I can provide information regarding vaccine, benefits and side effects to vaccine recipients.</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>I am aware of the procedure for treatment and reporting of potential adverse reactions.</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>I understand the procedure for reporting and documentation of medicine errors/ near misses.</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>I dispose of all equipment and sharps in accordance with guidance for Healthcare Risk Waste HSE (2010).</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

I have sufficient theoretical knowledge and practice to undertake vaccination under medicine protocol independently, and I acknowledge my responsibility to maintain my own competence in line with the Scope of Nursing and Midwifery Practice and current best evidence.

Registered Nurse/Midwife Signature: ___________________________ Date: ____________

If any deficits in theory and/or clinical practice are identified, the nurse/midwife 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:

........................................................................................................
........................................................................................................
........................................................................................................

Date to be achieved: ________________

Supporting evidence of measures taken to achieve competency:

........................................................................................................
........................................................................................................
........................................................................................................

Nurse/Midwife signature: ___________________________ Date: ____________

Line Manager signature: ___________________________ Date: ____________

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Medicine Protocol for the Administration of Sanofi Pasteur Quadrivalent Inactivated Influenza Vaccine (split virion, inactivated), 2019
Appendix IV: NMBI CEO Correspondence Regarding Medication Protocol for the Administration of the Seasonal Influenza Vaccine to Healthcare Workers by Registered Nurses and Midwives

Bord Altranais agus
Clíníseachta na hÉireann
Nursing and Midwifery Board
of Ireland

Mr. Michael Shannon
Assistant National Director,
Clinical Strategy and Programme Directorate, Health Service Executive
Dr. Steeven’s Hospital
Dublin 8

30 July 2015

Re: Medication Protocol for the Administration of Inactivated Influenza Vaccine (Split Virion) BP to Healthcare Workers by registered nurses and registered midwives

Dear Mr. Shannon,

Thank you for informing the Nursing and Midwifery Board of Ireland of the current work undertaken by the Office of the Nursing and Midwifery Services Director in relation to the national programme for the administration of the seasonal influenza vaccination immunisations by registered nurses and midwives as part of the immunisation programmes provided by the Health Service Executive. I note your request for the Nursing and Midwifery Board of Ireland to provide current professional guidance regarding the scope of practice of nurses and midwives administering vaccines under medication protocol.

NMBI has previously published detailed guidance for the development of medication protocols and general information about the professions’ role in vaccinations in Guidance to Nurses and Midwives on Medication Management (2007) and the e-learning programme Guide to Medication Management (An Bord Altranais and the National Council, 2007). As you are aware both of these are currently under revision as part of the NMBI and HSE ONMSD Medicines Management Standards project due for completion Quarter 4 of this year.

We appreciate the opportunity to review the HSE medication protocol Medication Protocol for the Administration of Inactivated Influenza Vaccine (Split Virion) BP which you enclosed in your letter. Please see the various comments on the return protocol document for consideration by your office and the National Immunisation Office.
Appendix V: NMBI Updated Statement re Nurses and Midwives - Vaccinations

There is an expectation from the public that safe and competent care is provided by nurses and midwives. This includes the recognition and active limitation of healthcare risks associated with disease transmission from person to person and adherence to infection control policies/standards. The legislative provisions of the Safety, Health and Welfare at Work Act (2005) and subsequent regulations of 2007 detail the responsibilities of both employers and employees as it relates to the safety, health and welfare of workers. Employers are required ‘as far as reasonably practicable’ to protect the health and safety of their workers. Employees must take reasonable care to protect his or her own safety, health and welfare and the safety, health and welfare of any other person who may be affected by the employee’s acts or omissions at work.

With the national and international information and best practice guidance presented here, NMBI is encouraging each registered nurse and midwife to reflect upon their own responsibilities for health and safety in the work environment regarding vaccinations.