




Section B for the administration of the Inactivated Influenza Vaccine by PHECC registered Vaccinators (Emergency Medical Technicians (EMT), Paramedics and Advanced Paramedics) for the 2025/2026 influenza season.

(This document is to be read in conjunction with the Master Medicine Protocol for administration of Inactivated Influenza Vaccine Vaxigrip and Master Medicine Protocol for administration of the Inactivated Influenza Vaccine Influvac Sub-unit as these two inactivated-influenza vaccines are available for this season)

Name of Organisation where this section b applies	Health Service Providers across the voluntary and statutory services of the Health Service Executive (HSE), and vaccination clinic centres. This protocol applies to registered Emergency Medical Technicians (EMT), Paramedics and Advanced Paramedics) involved in the administration of the Inactivated Influenza Vaccine to vaccine recipients under this protocol. This protocol does not apply where practitioners are deployed on behalf of a PHECC Licensed CPG Service Provider.
Date this section b document comes into effect	September 2025
Date for review of this protocol	September 2026 The first version of this document is dated 12 th Sept 2024. This document is subject to ongoing revision. Please refer to the current version available on the NIO website
Document prepared by:	Pre-Hospital Emergency Care Council in consultation with the National Immunisation Office (NIO)
Names and Signatures of the officers authorising the implementation of this protocol <i>“On behalf of the HSE as the approving authority of the Influenza vaccine suspension for injection training programme for registered PHECC Practitioners, I have read this protocol and authorise its implementation”</i>	Name: Mr Richard Lodge , Director, Pre-Hospital Emergency Care Council Signature: 

Section B: Information Specific to Pre-Hospital Emergency Care Council (PHECC) registered Vaccinators (Emergency Medical Technicians (EMT), Paramedics and Advanced Paramedics), for the administration of the Inactivated Influenza vaccine for the 2025/2026 influenza season for the Health Service Executive (HSE) Winter Vaccination Programme.

Statutory Instruments No. 245 of 2021 and 511 of 2021 enables registered health care professionals (including Registered EMT, Paramedics and Advanced Paramedics) to administer the Inactivated Influenza Vaccine to adult vaccine recipients for the 2025/2026 Influenza season as part of the Health Service Executive (HSE) Winter Vaccination Programme.

In order to administer the vaccine, PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) **must read and understand** the vaccine specific master medicine protocol for the administration of the Inactivated Influenza Vaccine (IIV)

PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) shall **complete the Self-Assessment of Competency Form** included in this document. The Master medicine protocols and the Self-Assessment of Competency Form are available at www.immunisation.ie

PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) **must** have attained the professional qualification, training and competence requirements as listed below in order to be eligible to administer the Inactivated Influenza Vaccine to adult recipients using the master medicine protocols for these vaccines.

Professional Qualifications, Training, Experience and Competence Required

Professional qualifications, training, experience and competence required prior to using this medicine protocol	<p>The PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) must have completed all of the following:</p> <ol style="list-style-type: none"> 1. Be a Registered EMT, Paramedic or advanced paramedic on the active register maintained by PHECC 2. Be currently certified at Cardiac First Response – Advanced within the last two years 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 4. Self-Assessment of Competency Form for Inactivated Influenza Vaccine (included in this Section B document) accessible on: https://www.hse.ie/eng/health/immunisation/hcpinfo/fluinfo/ 5. National Immunisation Information System (NIIS) online training programme available at www.HSeLand.ie 6. <i>Inactivated Influenza Vaccine Education</i> available at www.HSELand.ie 7. <i>Storing and Managing Vaccines</i>, available at www.HSELand.ie <p>Recommended</p> <ol style="list-style-type: none"> 1. <i>Patient Information Leaflets</i> <ul style="list-style-type: none"> • Flu vaccine information for pregnant women available at: https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/information/flupregleaflet.pdf • Winter vaccination programme, seasonal influenza information for healthcare workers available at:
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	<p>https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/information/fluwcwleafleteng.pdf</p> <ul style="list-style-type: none"> Flu vaccine information for people at risk available at https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/information/flugenleafleteng.pdf
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PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) must be familiar with the following list of clinical documents:

1. National Immunisation Advisory Committee (2023) *Anaphylaxis: Immediate Management in the Community* available at: <https://www.higa.ie/areas-we-work/national-immunisation-advisory-committee/immunisation-guidelines-ireland>
2. National Immunisation Advisory Committee *Immunisation Guidelines for Ireland /Chapter 11* Dublin: Health Information Quality Authority Online update available at: https://www.higa.ie/sites/default/files/NIAC/Immunisation_Guidelines/Chapter_11_Influenza.pdf
3. 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>
4. 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
5. Master Medicine Protocols for Inactivated Influenza Vaccine (IIV) Vaxigrip and Influvac Sub-unit (available at www.immunisation.ie)
6. National Clinical Guideline No. 30 (2023) – Infection Prevention and Control (IPC) <https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/>.
7. PHECC (2017) *Code of Professional Conduct and Ethics for Registrants*. Available at: https://www.phecit.ie/PHECC/Public_and_patients/Code_of_professional_conduct_and_ethics/PHECC/Public_and_Patients/Code_of_Professional_Conduct_and_Ethics/Code_of_Professional_Conduct_and_Ethics.aspx?hkey=2fc616eb-7865-4bbb-8526-7a6f25ddb54c

NAME: _____

(PRINT CLEARLY in CAPITALS)



Self-Assessment of Competency to Administer Inactivated Influenza vaccine to adult recipients under master 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 the Inactivated influenza vaccine under the master medicine protocol.			
2	I understand that vaccines are prescription only medicines (POM) and prior to administration require either: 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 <i>Immunisation Guidelines for Ireland (NIAC)</i> .			
4.	I understand the role and function of medicine protocols in the context of NIAC guidelines and understand the current medicine protocol for this vaccination programme.			
5.	I have successfully completed the National Immunisation Office (NIO) education programme for Inactivated Influenza Vaccine, available at www.HSeland.ie			
6	I understand the current medicine protocol for this vaccination programme			
7	I am aware of the inclusion/exclusion criteria for adult recipient's receiving IIV under this medicine protocol			
8	I am familiar with and adhere to the practices as set out in: <i>Immunisation Guidelines for Ireland (NIAC)</i> .			
9.	I have attended Cardiac First Response - Advanced within the last two years and am currently certified.			
10.	I am competent in safe vaccine administration technique.			
11	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> .			
12	I have the knowledge and skills to safely administer the vaccine regarding the following: • 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			
13	I understand the documentation required to support implementation of the medicine protocol to ensure safe administration of IIV			
14	I undertake to review the most current vaccination information from the NIO - www.immunisation.ie .			
15.	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, I am required to access the education/training required			
16	I have successfully completed all the education programmes as listed in Table 1: Professional Qualifications, Training, Experience and Competence Required			

17.	In assessing suitability for vaccination I can undertake a clinical assessment of individuals within the scope of the medicine protocol.			
18.	I can refer those who meet the exclusion criteria to the relevant medical practitioner for an individual medical assessment as per medicine protocol.			
19	I can provide information regarding IIV, benefits and side effects to vaccine recipients.			
20.	I can demonstrate the procedure for reporting and documentation of medication errors/near misses as per HSE Enterprise Risk Management Policy & Procedures (2023)			
21.	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 .			
22.	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/			
23	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/EMIToolkit/			
24	I understand the agreed process, including ICT systems if applicable for the accurate and appropriate documentation of the vaccine administration			
25	I understand the purpose and importance of completing the required HSE data returns following vaccine administration			
26.	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.			
27	I have undertaken the following HSELandD/online programmes: <ul style="list-style-type: none"> • AMRIC Aseptic Technique www.hseland.ie • AMRIC Hand Hygiene www.hseland.ie • GDPR Guidelines www.hseland.ie • National Consent Policy: https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/national-consent-policy.html 			
28	I am aware and comply with the National Consent Policy available at https://www.hse.ie/eng/about/who/national-office-human-rights-equality-policy/consent/			

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.

PHECC Registered Emergency Medical Technician, Paramedic or Advanced Paramedic

Signature: _____ Date: _____ PHECC Reg. PIN _____

If any deficits in theory and/or clinical practice are identified, the PHECC Registered Emergency Medical Technician, Paramedic or Advanced Paramedic 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:

PHECC Registered EMT, Paramedic or Advanced Paramedics signature

Date:

Line Manager Signature

Date: