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MEDICAL PRACTICE

Flu and Pneumococcal Vaccination for HCA `S

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1.1	L Turner	01/09/2016
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Flu and Pneumococcal Vaccination SOP for HCAs

About the HCA

- The HCA must have successfully completed initial injection/nasal administration training, a programme of supervised practice and an assessment of competence, which will be reviewed annually (to include observed administration of all relevant vaccines).
- The duty is delegated by the GP employer to the HCA, with agreement of staff who are expected to supervise – e.g. NP, PN and TRN.
- The HCA has received up-to-date training in anaphylaxis and basic life support
- The HCA has online access to *Immunisation against Infectious Disease* (the Green Book). https://assets.publishing.service.gov.uk/media/654cf306014cc90010677371/Green-book-chapter-19-influenza-_3November2023.pdf
- The HCA is aware of the practice policies relating to infection control and consent.

About the Clinical Condition and Circumstances for Treatment

- The HCA may administer the vaccine by IM or deep SC injection, or nasal administration of Fluenz Tetra, to the patients determined by the GP or authorised non-medical prescriber
- Criteria for inclusion: patients aged 18 years and over (for IM or SC injection) patients who have the capacity to consent; eligible children 2-17yrs with parental consent-nasal Fluenz Tetra only.
- All patients should have a reason for receiving the vaccine recorded in their notes (e.g. condition, age).
- A PSD should be written in the notes to include the drug, dose, frequency and site of administration and who is authorised to administer.
- Vaccines should be stored in accordance with the SPC and cold chain requirements.
- An anaphylaxis pack containing adrenaline 1:1000 and a laederal face mask should be available.
- A registered health professional should be on the premises while the HCA is working.

Checklist for HCA

1. Has this vaccine been prescribed for this patient and a PSD completed?
2. Is this the correct patient?
3. Is the vaccine now due?
4. Were they OK after their last vaccine?
5. Does the patient consent to vaccination?

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6. Is it safe to use this injection site? (Check for broken skin, lymphoedema, mastectomy or lymph node removal in that region?)
7. Has the vaccine been stored correctly?
8. Is this the correct vaccine and dose?

If the answer to any of these questions is **no**, refer to a registered health professional before proceeding.

9. Are they unwell with a fever today?
10. Are they allergic to any components of this vaccine?
11. Are they taking an anti-coagulant such as Warfarin, Heparin, and NOACs?
12. In the case of Fluenz Tetra-do they, or any household members, have a problem with their immune system?

If the answer to any of these questions is **yes**, refer to a registered health professional before proceeding.

Record Keeping-use appropriate F12 protocol

- Name of vaccine, product, dose, route and site of administration.
- Date administered.
- Batch number and expiry date.
- Signature of person administering injection (your initial will be recorded when recording vaccine on EMIS computer notes).

If an adverse reaction does occur:

- Summon assistance from a registered health professional. All reactions should be seen by a GP or Nurse.
- Record event and actions taken in patient's notes.
- Inform patient's General Practitioner as soon as possible.

This protocol is to be read, agreed and signed and dated by the HCA, an employing GP and Lead Nurse. It should be reviewed annually, or when necessary. A copy should be kept by the employer and by the HCA.

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Version Control

Date	Version	Author	Change Details
2016	1.0	L Turner	New SOP
2018	1.1		Reviewed
2019	1.2		Reviewed
2020	1.3		Reviewed
2022	1.4	J Godfrey	Reviewed: green book link updated