

Thames Valley & Wessex Neonatal Operational Delivery Network Immunisation Competency Framework

For Neonatal Nurses



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Introduction: Thames Valley & Wessex Neonatal ODN Immunisation Competency Framework

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Introduction

An effective immunisation service depends on staff being suitably trained, skilled and competent. This is necessary to ensure vaccinations are administered safely and the avoidance of vaccine waste.

Public and professional confidence is critical to the success of any national immunisation programme. Public confidence in vaccines is often challenged when there are controversies around the safety of immunisation. Therefore it is essential that nurses, and within this context neonatal nurses, are trained and skilled in all aspects of immunisation. With the increasing complexity of extreme premature neonates, many are still resident within neonatal units at the time of their routine childhood immunisations and may require additional vaccinations such as [Respiratory Syncytial Virus] RSV vaccine and Hepatitis B. Neonatal nurses, therefore need to be in a position to give clear, consistent, accurate advice and be able to explain to parents/carers the benefits and risks of vaccine appropriately and effectively.

The National Minimum Standards for Immunisation Training [Health Protection Agency] (HPA 2005) states that all staff involved in the administration or advising of immunisations should be appropriately trained and competent to fulfil their role.

The aim of this competency Framework is to enable the newly qualified/novice nurse, senior nurses, and other members of the multiprofessional team to achieve skills, knowledge and competence in the administration and management of neonatal immunisations including vaccination for RSV.

This Competency Framework is part of a blended learning approach to training and education and is intended as an adjunct to face-to-face teaching sessions, simulation, scenarios to facilitate reflection and real time feedback and E-Learning Module.

Neonatal / Childhood Immunisations

Date Started:

Date Completed and assessed as competent:

Neonatal and Childhood Immunisations

List the vaccinations that may be given while the infant is still on the Neonatal Unit

Vaccination	Indication	Age should be given	Method of administration	Specific information

Competency Framework Neonatal Immunisation

Part 1 – Knowledge		
Knowledge	Signature of self-assessment	Date
Covered by appropriate occupational health policies to ensure adequate protection against vaccine preventable diseases (e.g. measles, flu and hepatitis B).		
Can demonstrate attendance at appropriate immunisation training courses as per NHS England guidance (state the name of course /study day attended).		
Has successfully completed a knowledge assessment, e.g. Network e-learning course assessment or the HPA online quiz.		
Has desktop access to the online latest edition of the Green Book, is able to use it, and is aware of the electronic update nature of the publication. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book		
Aware of the importance of, and can access the official Public Health letters, that announce changes to or new programmes, the Director of Immunisation letters and additional guidance on the [Public Health England] PHE website https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book		

Competency Framework Neonatal Immunisation

Part 2 – Core Skills	
Skill	Signature of individual and Assessor Date competency met
Can demonstrate competence in neonatal basic life support (NLS) and local annual resuscitation update.	
Can demonstrate competence in the management of anaphylaxis according to NLS i.e. knows the whereabouts of anaphylaxis and emergency care equipment.	
Is able to show that relevant anaphylaxis and emergency equipment is available and ready for use.	
In case of an adverse incident during vaccination procedure e.g. needle stick injury/administration error is aware of incident reporting system and protocols according to local directives.	

Education/Health Promotion	N/A	Signature of Assessor and date competency met
Competence		
Can explain to parents/carers what vaccines are to be given, informs of any expected adverse effects, can answer any questions referring to leaflets and data sheets to aid explanations/ discussion as appropriate.		
Able to demonstrate understanding around consent and who can sign consent form when in hospital.		
Uses appropriate communication such as leaflets or the services of an Interpreter, to ensure parents/carers are fully informed.		
Ensures informed consent is obtained prior to vaccination and is aware of issues surrounding Parental Responsibility and competence.		
Knows who to contact for advice if unsure about vaccination schedules, spacing, timing or compatibility of vaccines.		
Is able to access current information on worldwide schedules if required and can give appropriate advice to parents/carers. Aware of WHO website for immunisation schedules in different countries http://apps.who.int/immunization_monitoring/globalsummary/schedules		
Is able to access current information, i.e. Green Book online PHE algorithm for uncertain immunisation status www.gov.uk/government/organisations		
Is able to discuss the risks and benefits of vaccination versus disease and offer advice appropriately.		
Is aware of and able to discuss with clarity and confidence common misconceptions surrounding immunisation.		
Is able to advise parent/carer on expected post-vaccination reactions e.g. pyrexia, rash and management of these. If local policy is to give parent/carer post vaccine advice leaflet.		

Clinical Administration		
Competence		Signature of Assessor and date competency met
Is familiar with national and local immunisation programmes and ensures safe, timely vaccine administration.		
Understands the range of vaccines available to neonatal practice.		
Understands the need for giving RSV vaccine to identified 'at risk' group.		
Checks neonatal medical records prior to vaccination to ascertain previous immunisation history if appropriate and which vaccines are required to ensure compliance with national schedule.		
Is able to assess appropriately for contraindications or the need to postpone vaccinations due to the neonates' clinical condition.		
Can demonstrate competence in the use of patient group directions [PGD] and has been assessed and signed off as competent to work to the PGD. (Local Directives/Policy)		
Is able to double check with a Registered Nurse the presentation of vaccine products, check their storage and prepare for use, including showing awareness of which vaccines can be administered simultaneously, correct dose and size of needle appropriate for neonates.		
Is able to position the neonate/infant appropriately and identify vaccination sites.		
Is able to choose correct administration site for the vaccine and demonstrate competence in the administration of Intradermal/ Intramuscular injections for infants.		
Is able to demonstrate good hand hygiene and safe non-touch technique when preparing and mixing vaccines.		
Can demonstrate an understanding of Neonatal Unit or RSV Clinic procedures for reporting any adverse incidents and understands how to report using MHRA's Yellow Card System.		
Is able to demonstrate ability to record and complete all necessary documentation/checklists, including type of vaccine, batch number, expiry date, date given and injection site.		
Can dispose of sharps, vaccine vials as per individual Trust policy.		
Demonstrates an understanding of data flow and the importance of sharing information and documenting that neonatal vaccines are occurring outside GP practices.		
Is able to demonstrate understanding of the rationale for maintaining the vaccine cold chain, familiar with local protocols for cold chain audit and knowledge of what to do in case of cold chain failure.		

Overall Assessment	
Name of Individual	
Has shown appropriate knowledge skill and competence to safely administer vaccines	
Name of Assessor	
Signature of Assessor	

Adapted from: Royal College of Nursing (2013) Supporting the delivery of immunisation education.

References

Department of Health (2004) *The NHS Knowledge and Skills Framework NHS KSF and Developmental Review Process*. London: The Stationery Office.

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National Prescribing Centre (2009) *Patient group directions– A practical guide and framework of competencies for all professionals using patient group directions*. Liverpool: NPC. Available at: www.npc.nhs.uk [Date Accessed 23 July 2015].

NHS England/ Public Health England (2015) *Circular Introduction of MenB immunisation for infants*

Available at: [Correspondence: MenB vaccination: introduction from 1 September 2015](#)

[Date Accessed 12 August 2015]

Nursing and Midwifery Council (2015) *The Code Professional Standards of practice and behaviour for nurses and midwives*

Available at: <http://www.nmc.org.uk/standards/code/>

[Date Accessed 1st August 2015]

Resuscitation Council (2008) *Anaphylaxis*

Available at: <https://www.resus.org.uk/anaphylaxis/>

[Date Accessed 4 August 2015]

Version Control:

Version	Date	Details	Author(s)	Comments
1	1 st August 2019	Draft circulated to Lead Nurses and Practice Educators Tina Heys NHS England	KE	Comments received and noted.
2 - Final	August 2019		KE	TV&W ODN Governance group ratified 11 th September 2019
Review Date:	August 2022			

THAMES VALLEY & WESSEX NEONATAL OPERATIONAL DELIVERY NETWORK

Childhood Immunisation Checklist The schedule can be found at the below location and is updated at least annually.

<https://www.gov.uk/government/publications/routine-childhood-immunisation-schedule>

When to immunise	Diseases protected against	Vaccine given	Immunisation site
2 Months = 60 days	Diphtheria/Tetanus/Pertussis / Polio/Haemophilus influenzae type b (Hib)	DTaP/IPV/Hib (5 in1)	Opposite thighs
	Pneumococcal infection	Pneumoccal conjugate vaccine (PCV)	Different site if possible
	Rotavirus	Rotavirus	
	Men B	Men B Bexsero	
	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB Infanrix hexa	Thigh
	Meningococcal group B (MenB)	MenB Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus Rotarix	By mouth
Pneumococcal (13 serotypes)	PCV Prevenar 13	Thigh	

3 Months – 90 days	Diphtheria/Tetanus/Pertussis /Polio/Haemophilus influenzae type b (Hib) Meningoccal group C disease (Men C) Rotavirus	DTaP/IPV/Hib (5 in1) Men C Rotavirus	Opposite thighs
4 Months – 120 days	Diphtheria/Tetanus/Pertussis /Polio/Haemophilus influenzae type b (Hib) Pneumococcal infection Men B Vaccine	DTaP/IPV/Hib (5 in1) Pneumoccal conjugate vaccine (PCV) Men B Bexsero	Thigh Thigh (2.5cm from Pediacel injection) Opposite thigh

TOPIC	DATE	SIGNATURE
<p>There has been discussion with the medical team to ensure the infant is well enough to be immunized</p>		
<p>The parents have been given written information and signposted to the below information:</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/624731/Immunisation_premature_guideline_2017.pdf</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/790822/Immunisations_up_to_one_year_A5_booklet_2019.pdf</p> <p>https://www.gov.uk/government/publications/what-to-expect-after-vaccinations</p> <p>Record print date of booklet or date when accessed</p>		
<p>Written Parental consent has been obtained</p>		
<p>Identify if First / Second / Third set of immunisations (some Units may use stickers to identify this).</p> <p>Identify if immunisation is an 'at risk' neonate.</p>		

<p>Immunisations have been prescribed.</p>		
<p>Baseline observations documented</p>		
<p>Have considered appropriate pain relief or strategies e.g. containment holding non-nutritive sucking been considered as according to local policy. Paracetamol recommended when giving Men B See below: https://www.gov.uk/government/publications/menb-vaccine-and-paracetamol</p>		

NEWBORN INTENSIVE CARE UNIT POST IMMUNISATION CHECKLIST

TOPIC	DATE	SIGNATURE
Apnoea monitor in place.		
Immunisations given as prescribed (Double checked by 2 Registered Practitioners).		
If pyrexial consider prescribing Oral paracetamol (see below).		
<p>There is higher rates of low grade fever reported with the administration of MEN B</p> <p>Paracetamol Administration of a 2.5ml dose of paracetamol oral suspension (120mg/5ml) by the parent or guardian at the time of or shortly after the first two Men B vaccinations (with a further two doses four to six hours later) should reduce the likelihood or intensity of fever without diminishing the immune response.</p> <p>Hepatitis B Vaccine (in some Units infants receiving this vaccine may be advised to administer regular paracetamol – please check local policy and directives). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/740421/Hexavalent_combination_vaccine_selective.pdf</p>		
<p>DOCUMENTATION Vaccine, dose, site, batch number, expiry date and date of injection recorded:</p>		
Ensure double signed on drug chart		
Patient notes: discharge page		
<p>Parent held records: Immunisation record page NICU parent held record page</p>		

Neonatal Unit immunisation record book (if applicable)		
Child health immunisation record form completed and sent to: <i>(Insert local Information)</i>		

OTHER IMMUNISATIONS FOR 'AT RISK' NEONATES

At what age to immunise	Diseases protected against	Vaccine given
At birth (to infants who are more likely to come into contact with TB than the general population)	Tuberculosis	BCG
At birth (to babies whose mothers have hepatitis B) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/740421/Hexavalent_combination_vaccine_guide_elective.pdf	Hepatitis B	Hep B
Administered at start of RSV season (calendar week 40 a maximum of 5 doses one month apart)	Respiratory Syncytial Virus [RSV]	Palivizumab

RSV Notes:

The risk of acquiring RSV while in a neonatal Unit is low. Those infants identified as 'at risk' should be given the vaccine 24-48 hours before discharge.

The vaccine Palivizumab should be administered at the start of the RSV season (calendar week 40). A maximum of 5 doses should be given one month apart.