



Competency Self-Assessment Form for Registered Nurses/Registered Midwives to administer vaccines under Medicine Protocol through a Schools Immunisations Programme

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This is a controlled document and may be subject to change at any time.

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1.0 Statement

- 1.1** The Schools Immunisation Programme (SIP) is committed to implementing and promoting measures to ensure that optimum service provision, based on best practice is delivered to students and their parents/ guardians who avail of the SIP.
- 1.2** The SIP aims to maximise opportunities for vaccination in order to achieve Health Information and Quality Authority (HIQA)/World Health Organisation (WHO) targets.
- 1.3** The delivery SIP delivery is evidence based, and the safety of students and staff is paramount.
- 1.4** The SIP is committed to working with parents/ legal guardians who engage with the service and want to have their student immunised.

2.0 Purpose

- 2.1** The National Immunisation Office (NIO) in partnership with the Office of Nursing and Midwifery Services Director (ONMSD) develops the Medicine Protocols to allow for the administration of vaccines under Medicine Protocols by registered nurses/registered midwives to children/students in Primary and Secondary Schools or age equivalent at special schools and/or home schooled. The purpose of this document is to support all registered nurses/registered midwives who are vaccinators on schools immunisation programmes to complete a selfassessment of competency. This document supports a registered nurse/registered midwife to self-assess their competency to administer vaccines to students, to identify areas for their development and knowledge deficits and where required to draw up a support plan in conjunction as identified with their line manager.

This competency self-assessment form is aligned with the medicine protocols to ensure the safe practice, supply and administration of vaccines.

3.0 Scope

- 3.1** This Competency Self-Assessment Form applies to all registered nurses/ registered midwives involved in the SIP who are vaccinating under medicine protocols.
- 3.2** Additionally, under the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2025) each registered nurse/registered midwives are accountable both legally and professionally for their own practice (NMBI, 2025).
- 3.3** In determining his/her, Scope of Practice the registered nurse/ registered midwife must make a judgement as to whether he/she is competent to carry out this role or function (NMBI, 2025).

4.0 Exclusion Criteria

- 4.1** This Competency Self-Assessment Form does not apply to staff vaccinating under individual prescription by a medical practitioner. Where a vaccine is prescribed by a medical practitioner the registered nurse/registered midwife may administer the vaccine within his/her scope of nursing and midwifery practice.

5.0 Glossary of Terms

- 5.1 Medicine Protocols:** 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,pg35, 2007)

- 5.2 Schools Immunisation Team:** The multidisciplinary team of staff who provide the SIP.

6.0 Definitions and Abbreviations

DPHN:	Director of Public Health Nursing
ADPHN:	Assistant Director of Public Health Nursing
PHN:	Public Health Nurse
CRGN:	Community Registered General Nurse
RGN:	Registered General Nurse
RM:	Registered Midwife

7.0 Implementation

- 7.1** All registered nurses/registered midwives complete the Competency Self-Assessment Form for registered nurses/registered Midwives (see Appendix 1) annually, and a copy of which is provided to the ADPHN before commencing vaccinating on the SIP.
- 7.2** The ADPHN will retain for review and audit, a copy of the Competency Self-Assessment Form for registered nurses/registered midwives to administer vaccines under Medicine Protocol through the SIP.

8.0 Responsibility

- 8.1** It is the responsibility of the ADPHN to carry out the audit (see Appendix 2, Sample Audit Form) annually for the registered nurses/registered midwives on the SIP to ensure safe clinical practice.
- 8.2** It is the responsibility of all staff to adhere to the contents outlined in this document.

9.0 Administration of Vaccines under Medicine Protocol

- 9.1** The requirement for the SIP is that the vaccinators are Registered Nurses or Registered Midwives maintained on the active register for nurses and midwives maintained by the Nursing and Midwifery Board of Ireland (NMBI).
- 9.2** The medicine protocols for the SIP enable registered nurses/registered midwives employed in the HSE who have undertaken the required education and training programmes to administer vaccines without individual prescription.
- 9.3** Registered nurses/registered midwives working under medicine protocols will be accountable for their own clinical practice and should be familiar with and adhere to the practices as set out in the most recently published: *Supporting Information for Staff: Schools Immunisation Programme* (NIO, 2025/2026), available at: <https://healthservice.hse.ie/staff/information-healthcare-workers/national-immunisation-office/>
- 9.4** A medicine protocol enables the registered nurse/registered 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.
- 9.5** Students being home schooled are required to register with TUSLA, however, registration is not required before the age of 6 years or after 18 years of age. The cover letter advises parent/legal guardians/students to contact immunisation staff at their local HSE area to arrange vaccination. When a parent/legal guardians/students contact their local HSE, area an appointment to attend a school's clinic or Catch-Up Clinic will be scheduled.
- 9.6** An individually named prescription is not required for the supply and administration of medicine when a medicine protocol is in effect.

10.0 Completion of Annual Competency Self-Assessment Form for Registered Nurses/ Registered Midwives to administer vaccines under Medicine Protocol through a Schools Immunisation Programme

- 10.1** It is the responsibility of each registered nurse/registered midwife to complete the competency self-assessment form prior to commencing administering vaccines within the school's vaccination team. A copy should be retained by the DPHN/ADPHN and by the vaccinator and filed in individual staff records.

11.0 Mandatory and Recommended Education and Training to allow for the Administration of Vaccines for Registered Nurse/Midwives using Medicine Protocol.

- 11.1** Registered nurse/registered midwife, on the active register maintained by the Nursing and Midwifery Board of Ireland (NMBI).

- 11.2** Undertake the National Vaccination Education Programme for Registered nurses/midwives and Public Health Nurses and any further updates accessible on www.HSeLanD.ie.
- 11.3** Undertake an approved Basic Life Support for Health Care Providers Course within the last two years (i.e. Irish Heart Foundation) (IHF).
- 11.4** Undertake National Anaphylaxis Education programme. Initial anaphylaxis education programme *National Anaphylaxis Education Programme for Health Care Professionals* accessible on www.HSeLanD.ie followed by a one and a half hour classroom based skills workshop accessible at local Centres for Nurse and Midwifery Education (CNME's).
Subsequent online updates every two years.
National Immunisation Advisory Committee (2023) *Anaphylaxis: Immediate management in the Community* available at: <https://www.hiqa.ie/reports-and-publications/niac-immunisationguideline/anaphylaxis>
- 11.5** The registered nurse/midwife must complete the Competency Self – Assessment Form annually to administer vaccines under medicine protocol.
- 11.6** Recommended education programmes and documents outlined below as part of the Competency Self-Assessment Form.
- 11.6.1 AMRIC – *Hand Hygiene & Aseptic Technique* www.HSeLanD.ie
 - 11.6.2 *Primary Childhood Immunisation Programme (PCIP)* www.HSeLanD.ie
 - 11.6.3 *The Fundamentals of GDPR Programme* www.HSeLanD.ie
 - 11.6.4 *Storing and Managing Vaccines* www.HSeLanD.ie
 - 11.6.5 *Critically examining the evidence and practice of holding children for clinical procedure* (masterclass recording 6th December 2022) available at; www.HSeLanD.ie
 - 11.6.6 *National Consent Policy* (HSE, 2022) <https://www.hse.ie/eng/about/who/national-office-human-rights-equality-policy/consent/>
 - 11.6.7 *Introduction to Children First* www.HSeLanD.ie

12.0 Frequency of Review

This competency self-assessment form will be reviewed annually or sooner if changes in practice dictate same, in line with relevant medicine protocols for safe practice.

Please record any comments you have with regard to the competency self-assessment form to administer vaccines under medicine protocol

Should you have any concerns about the accuracy of the document please contact your Line Manager immediately.

Appendix 1:

Competency Self-Assessment Form for Registered Nurses/Registered Midwives to administer vaccines under Medicine Protocol through a Schools Immunisation Programme



NAME:

(PRINT)

NMBI PIN Number:

Performance Criteria

(Tick/date/initial as applicable)

Domain of Practice	Critical Element	Competent Date/ Initials	Needs Practice Date/ Initials	Needs Theory Date/ Initials
1	I practice within my scope of practice as set out by the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives, incorporating the Scope of Practice and Professional Guidance (Nursing and Midwifery Board of Ireland, 2025) to administer vaccines under medicine protocol developed by the ONMSD and the NIO for the HSE Schools Immunisation Programme 2025/2026			
2	I understand that vaccines are prescription only medicines (POMs) and prior to administration require either: 1. A valid prescription for individual vaccines - Or 2. A medicine protocol for individual vaccines			
3	I understand the role and function of medicine protocols in the context of NMBI and HIQA guidelines in relation to: • Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives, incorporating the Scope of Practice and Professional Guidance Nursing and Midwifery Board of Ireland, NMBI,2025) • <i>Guidance for Registered Nurses and Midwives on Medication Administration</i> (NMBI, 2020) • HIQA Immunisation Guidelines for Ireland. https://www.hiqa.ie/areas-we-work/nationalimmunisation-advisorycommittee/immunisation-guidelines-ireland • <i>Supporting Information for Staff on SIP</i> (2025/2026). https://healthservice.hse.ie/staff/information-healthcare-workers/national-immunisation-office/			
	• <i>Guidance to Nurses and Midwives on Medication Management</i> (An Bord Altranais, 2007) • <i>Children having vaccinations and healthcare procedures: (Professor Lucy Bray ONMSD 2023, available at: www.HSeLanD.ie</i>			

4	I have read, understood and adhere to the practices as set out in the current Guidelines for Staff: <i>Supporting Information for Staff on SIP</i> (2025/2026) available at: https://healthservice.hse.ie/staff/information-healthcare-workers/national-immunisation-office/			
5	I have read and understood the current Medicine Protocols (2025/2026) prior to commencing working on the SIP			
6	I have successfully completed the Basic Life Support for Health Care Providers within the last two years (i.e. Irish Heart Foundation (IHF))			
7	I have completed the National Anaphylaxis Education programme for Health Care Professionals. - Initial anaphylaxis education programme <i>National Anaphylaxis Education Programme for Health Care Professionals</i> available at: www.HSeLanD.ie followed by a one and a half hour classroom based skills workshop accessible at local Centres for Nurse and Midwifery Education (CNMEs). - Subsequent online updates every two years. <i>National Anaphylaxis Education Programme for Health Care Professionals</i> available at: https://www.higa.ie/reports-andpublications/niac-immunisationguideline/anaphylaxis			
8	I have successfully completed the 'Introduction to Children First' and understand that I will adhere to these guidelines (www.HSeLanD.ie). I have read, understand and agree to the HSE child protection and welfare policy.			
9	I have read and understood the documentation required to support implementation of the medicine protocols to ensure safe administration of vaccines. I can outline the inclusion/exclusion criteria for children/students receiving SIP vaccines under medicine protocol			
10	I am competent in safe intramuscular injection technique, preparation of vaccines under medicine protocol utilising AMRIC aseptic technique available at: www.HSeLanD.ie .			
11	I understand if further education and training is required to deem myself competent in injection technique, preparation of vaccine utilising AMRIC aseptic technique, I am required to access an education/training programme in a Centre for Nurse and Midwifery Education and / or HSELanD			
12	I have access to and can provide written and verbal information and advice to the child/student/parent/legal guardian to support the individual to make an informed consent			

13	I will adhere to the correct procedure/guidelines prior to the administration of SIP vaccines under medicine protocol 1. Preparation of the vaccine for administration 2. Documentation of the details of the vaccine to include the vaccine label which has the batch number & expiry date details 3. Date, time and site of administration of vaccine 4. Vaccinator ID (Name, signature and NMBI PIN number)			
14	I can provide accurate relevant information regarding vaccine, benefits and side effects to the child/student/legal guardian/parent			
15	I am aware of the procedure for treatment and reporting of adverse drug reactions to the Health Products Regulatory Authority (HPRA) if required available at: www.hpra.ie			
16	I understand the procedure for reporting and documentation of medication errors/near misses as per HSE Incident Management Framework available at: https://www2.healthservice.hse.ie/organisation/qpsincident-management/incident-management/			
17	I dispose of all used equipment and sharps in accordance with the HSE Policy on the Management of Sharps and Prevention of Sharp Injuries (2022) and National Clinical Guideline No. 30 – Infection Prevention and Control (IPC) (2023) available at: https://www.gov.ie/en/publication/a057e-infectionprevention-and-control-ipc/			
18	In the event of needle stick injury, I understand the guideline as outlined in the “EMI Toolkit” available at: https://www.hpsc.ie/a-z/hepatitis/emitoolkit/Full%20EMI%20guideline.pdf			
19	I am aware of and will comply with guidance on vaccine handling, delivery and storage including the maintenance of the cold chain in accordance with national and local PPPGs			
20	I am aware of local and national targets for immunisation uptake and why vaccine uptake is important.			
21	I understand and undertake to complete the required HSE data returns following vaccine administration			

I have sufficient theoretical knowledge and skills to administer vaccines safely and effectively under medicine protocol. I acknowledge my responsibility to maintain my own competence in line with the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives, incorporating the Scope of Practice and Professional Guidance Nursing and Midwifery Board of Ireland (2025) and current best evidence.

NAME (PRINT) _____ NMBI PIN Number _____

Signature: _____ Date: _____ **Note:**

All relevant HSElanD certificates and relevant course attendance as aforementioned must be in date and on staff file before undertaking SIP. Each registered nurse/ registered midwife is professionally responsible for completing any other relevant HSE recommended courses as instructed by their employer.

*If any deficits in theory and/or clinical practice are identified, the registered nurse/registered midwife must discuss with their ACPHN and implement appropriate action plan to achieve competency within an agreed time frame (**see Appendix 2**)*

Appendix 2 Competency Action Plan

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:

Registered Nurse/ Registered Midwife/ Registered PHN signature:

Date: _____

ADPHN (Immunisations) signature:

Date: _____

Appendix 3:

Sample Outline to audit operation of this Competency Self-Assessment Form for Registered Nurses/Registered Midwives to administer vaccines under Medicine Protocol through a SIP.

Competency Self-Assessment Form:

The following information will be audited on an annual basis.

Review Date:			
	Yes	No	Further Action
1) Evidence of attendance at Basic Life Support Training for Health Care Providers within the last 2 years. 2) Evidence of attendance at <i>National Anaphylaxis Education Programme for Health Care Providers</i>. This programme must be completed every two years www.HSeLanD.ie. 3) Evidence of Completed National Vaccination Education Programme and any updates accessible on www.HSeLanD.ie			
4) Evidence of completed Competency Self - Assessment Form for Registered Nurses /Registered Midwives to supply and administer vaccines under medicine protocols through a <i>Schools Immunisation Programme</i>. (Appendix1) to be completed annually. 5) Recommended Programmes available at: www.HSeLanD.ie • AMRIC – Hand Hygiene & Aseptic Technique. • Medication Management. • The Fundamentals of GDPR Programme. • Storing and Managing Vaccines. • Critically examining the evidence and practice of holding children for clinical procedure (masterclass recording 6th December (2022) • National Consent Policy (HSE, 2022). https://www.hse.ie/eng/about/who/national-office-human-rights-equality-policy/consent/hse-national-consent-policy.pdf			
Audit carried out by: Name: _____ Signature: _____ Date: _____			

Summary of Findings:
