East London
NHS Foundation Trust

WRITTEN INSTRUCTION

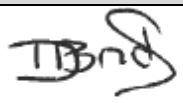
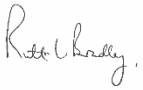
Written instruction to administer inactivated influenza vaccine as part of an NHS Body* or Local Authority occupational health scheme, which may include peer to peer immunisation (2024/25)

<u>For use only by the following:</u> registered nurses, registered midwives, registered nursing associates, registered operating department practitioners, registered paramedics, registered physiotherapists ,registered pharmacists and Pharmacy Technicians.

Organisation name:	East London NHS Foundation Trust
Date of issue:	September 2024
Date of Review (not to exceed one year from date of issue)	July 2025
Reference number:	
Version number:	Version 1
Details of local ratifying committee/governance approval or similar as appropriate:	East London NHS Foundation Trust Medicines Committee

Name and signature of the registered doctor authorising occupational health vaccinators, who declare themselves (in Section 3) to have met the training and competency requirements defined in this written instruction, to operate under this written instruction on behalf of the named organisation.**

Note in the absence of an Occupational Health Service (OHS) physician this written instruction can be signed by an organisation's medical director. The Doctor signing this written instruction on behalf of the organisation they are employed by must be working within their own competency when signing.

Name	Registration Number	Job Title	Signature	Date
David Bridle	GMC	Chief Medical Officer		20/09/2024
Stuart Banham	GPhC	Trust Chief Pharmacist		20/09/2024
Ruth Bradley	NMC	Director of Nursing, Community Health Services London		20/09/2024

Qualifications and professional registration	Occupational health vaccinators, employed or engaged by a person operating an occupational health scheme, and with one or more of the following professional registrations: • Registered nurses, midwives and nursing associates registered with the Nursing and Midwifery Council (NMC). • Operating department practitioners, paramedics and physiotherapists registered in Part 13, 8 or 9 of the Health and Care Professions Council register. • Pharmacists and Pharmacy Technicians registered with the General Pharmaceutical Council. **NO OTHER PRACTITIONERS CAN USE THIS WRITTEN INSTRUCTION**
	The Written Instructions to be used by; • The staff employed by East London Foundation NHS Trust (ELFT). • Relevant staff by Cambridgeshire Community Services NHS Trust (CCS) as a part of collaborative working to vaccinate each other's staff, in Beds and Luton.

Training and competency	All vaccinators must ensure they are up to date with relevant issues and clinical skills relating to immunisation and management of anaphylaxis, with evidence of appropriate Continuing Professional Development (CPD). All vaccinators should be constantly alert to any subsequent recommendations from Public Health England and/or NHS England and other sources of medicines information. All vaccinators must have undertaken training appropriate to deliver influenza immunisation under this written instruction as required by local policy. This should be informed by the National Minimum Standards and Core Curriculum for Immunisation and tailored to the skills and competencies required for the safe and effective delivery of influenza immunisation services, including peer to peer immunisation. All vaccinators must be competent in the handling and storage of vaccines, and management of the cold chain. All East London NHS Foundation (ELFT) staff using this written instruction should follow this process for training: 1. ELFT Influenza Immunisation Training 2024/2025 delivered in-house by the ELFT Immunisation Training Team. The training dates will be advertised on the Trust website. 2. Flu Immunisation • Core knowledge for Flu Immunisers available at https://www.e-lfh.org.uk/programmes/flu-immunisation • Core knowledge for Flu Immunisers – Self-assessment available at https://www.e-lfh.org.uk/programmes/flu-immunisation/ 3. Inactivated Flu Vaccine – Learning and self-assessment available at: • Learning: https://portal.e-lfh.org.uk/Component/Details/405286 • Self-assessment: https://portal.e-lfh.org.uk/Component/Details/405289

- Flu e-learning programme –core knowledge: https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_33514&programmeId=33514
- Flu e-learning programme- inactivated flu vaccines: https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_33514_33516&programmeId=33514
- Immunisation e-learning programme – vaccine storage: https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_39333_39342&programmeId=39333
- Immunisation e-learning programme –Vaccine administration: https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_39333_39341&programmeId=39333
- Immunisation e-learning programme – legal aspects: https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_39333_39343&programmeId=39333

4. Mandatory Training that should have been completed:
   - Basic Life Support and Anaphylaxis (in the last 12 months)
   - Safeguarding (Adults – Level 2)
   - Safeguarding (Children – Level 2)
   - Medicines Management
   - Infection Control Level 2

If new to flu and vaccination, will also require intramuscular (competency) training.

Note: You will need to register at e-Learning for Health (e-LfH) to access the above courses on their website.

The website is www.e-lfh.org.uk (please bookmark this page for ease of access)

Register, create a username and password.

Log in using your newly created username and password.

Then go to: “My e-learning” from the menu.

Other useful learning programme:

Staff could also access the Learning Academy designed to provide more information to all healthcare practitioners involved in delivering or advising on the national flu immunisation programme, such as:

Documentation and Record keeping

Storage, Handling, and cold chain management

	All staff using this Written Instruction must be compliant with Infection Control level 2 – [wearing Personal Protective Equipment (PPE) - gloves, apron, fluid resistant surgical mask) and good hand hygiene practice with hand sanitisers or soap and water]. Evidence of attendance and completion of training will be sought from vaccinators by the team leaders/Locality Flu leads or relevant managers to enable them to track and monitor training compliance; this will include collation of training and assessment certificates
Competency assessment	Most of the training is competency based therefore evidence of attendance and completion of these training will be sought from the vaccinators. All vaccinators operating under this written instruction are personally responsible for ensuring they remain up to date with the use of the vaccine/s included. If any training needs are identified these should be discussed with the senior individual responsible for authorising individuals to act under the Written Instruction and further training provided as required.

Clinical criteria	
Clinical condition or situation to which this written instruction applies	Inactivated influenza vaccine is indicated for the active immunisation of individuals for the prevention of influenza infection. Immunisation is indicated in accordance with the national immunisation programme and recommendations given in ; Chapter 19 of the Immunisation Against Infectious Disease: the Green Book, https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19 Annual flu letter). https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2024-to-2025/national-flu-immunisation-programme-2024-to-2025-letter and subsequent correspondence and publications from the UKHSA and NHSE.
Criteria for inclusion	Inactivated influenza vaccine should be offered to the following staff: • Employees aged 18 years and over including those in clinical at-risk groups. • All staff employed, contracted, or commissioned to work with East London NHS Foundation Trust, which includes: Site workers, bank and agency staff, hospitality staff, volunteers, and students

Criteria for exclusion	Individuals for whom no valid consent has been received (for further information on consent see Chapter 2 of 'The Green Book'). Individuals who: • aged under 18 years of age • have had a confirmed anaphylactic reaction to any component of the vaccine or residues from the manufacturing process[1] (other than ovalbumin – see Cautions). • have received a dose of influenza vaccine for the current season (**Avoid unnecessary double dosing of flu vaccine**) • are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation)

1 For those lacking mental capacity, a decision may be made in the individual's best interests in accordance with the Mental Capacity Act 2005 (for further information on consent, see Chapter 2 of the Green Book).

Cautions including any relevant action to be taken	**Increased bleeding risk:** • Individuals with a bleeding disorder may develop a haematoma at the injection site. Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a doctor familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. • If the individual receives medication/treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication/treatment is administered. • Individuals on stable anticoagulation therapy, including individuals on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. A fine needle (23 gauge or 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. The individual/carer should be informed about the risk of haematoma from the injection. **Individuals with a severe anaphylaxis to egg** which has previously required intensive care can be immunised in any setting using an egg-free vaccine, for instance QIVc or QIVr. Individuals with less severe egg allergy can be immunised in any setting using an egg-free vaccine or an inactivated influenza vaccine with an ovalbumin content less than 0.12 micrograms/ml (equivalent to 0.06 micrograms for 0.5 ml dose). For details of the influenza vaccines available for the 2023 to 2024 season and their ovalbumin content see All influenza vaccines marketed in the UK for the 2024 to 2025 season. https://www.gov.uk/government/publications/influenza-vaccines-marketed-in-the-uk **Syncope (fainting)** can occur following, or even before, any vaccination especially in adolescents as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints. **Information for Vegans / Vegetarians** Like many pharmaceutical products, all of the recommended flu vaccines use animal derived products in their production. The vaccines for the coming season are grown on either eggs or a cell line derived from an animal. Vaccinations are not compulsory in the UK; we operate a system of informed consent. Some vegans may therefore choose not to have the flu vaccine because of the use of animal derived products. Vaccination is recommended because it provides the best protection against a disease which can kill. The Vegetarian Society recommends that those at risk continue to accept medicines they need, including vaccination. The Vegetarian Society can be found at: https://vegsoc.org/lifestyle/fluvaccinations-2021-what-you-need-to-know

Action to be taken if the client is excluded	Where appropriate, such individuals should be referred to their GP In case of postponement due to acute illness, advice when the individual can be vaccinated and how future vaccination may be accessed. Document the reason for exclusion and any action taken and/or advice given on the vaccination form– approved by Peoples and Culture/ELFT Flu Planning Campaign group or any other vaccination record held by the individual
Action to be taken if the client declines treatment	Advise the individual about the protective effects of the vaccine, the risks of infection to themselves, their families and the organisation's service users and potential complications if not immunised. Advise how future immunisation may be accessed if they subsequently decide to receive the inactivated influenza vaccine. Document, in accordance with local policy, advice given and the decision reached.
Arrangements for referral for medical advice	Each individual person is advised to contact their GP for further support

Description of treatment	
Name, strength & formulation of drug	Inactivated influenza vaccine suspension in a pre-filled syringe, including: • adjuvanted quadrivalent influenza vaccine (aQIV) Fluad Tetra®▼ • cell-based quadrivalent influenza vaccine (QIVc), Flucelvax® Tetra®▼ • egg-grown quadrivalent influenza vaccine (QIVe) • high-dose quadrivalent influenza vaccine (QIV-HD)▼ **NOTE**: **cell-based quadrivalent influenza vaccine (QIVc), Flucelvax Tetra®▼**(egg-free, for under 65) **and the adjuvanted quadrivalent influenza vaccine (aQIV) Fluad Tetra®▼**(for over 65) are the only flu vaccines that ELFT has procured for 2024/25 season for staff/peer to peer vaccination using this written instruction. The other vaccines that are available for the 2024 to 2025 influenza immunisation programme nationally are listed here: https://www.gov.uk/government/publications/influenza-vaccines-marketed-inthe-uk Some influenza vaccines are restricted for use in particular age groups. The SPC for individual products should always be referred to.

<table>
<tr><td></td><td>Summary table of which influenza vaccines to offer (by age)
Some influenza vaccines are restricted for use in particular age groups. The SPC for individual products should always be referred to.
<table>
<tr><td>18 years to 59 years (including in pregnancy)</td><td>Offer QIVc .
if QIVc is not available offer QIVe.</td></tr>
<tr><td>60 to 64 Years</td><td>Offer QIVc or QIV-HD.
if QIVc or QIV-HD are not available offer QIVe.</td></tr>
<tr><td>65 years and over including those turning 65 by 31 March 2025.</td><td>Offer aQIV or QIV-HD.
if aQIV or QIV-HD are not available, offer QIVc.
Note: QIVe is not recommended for those 65 years and over.</td></tr>
<tr><td></td><td></td></tr>
</table></td></tr>
<tr><td>Legal category</td><td>Prescription only medicine (POM).</td></tr>
<tr><td>Black triangle▼</td><td>QIVc, QIV-HD and aQIV vaccines are designated as black triangle products. Being newer vaccines, the Medicines and Healthcare products Regulatory Agency (MHRA) has a specific interest in the reporting of adverse drug reactions for these products. All suspected adverse drug reactions should be reported using the MHRA Yellow Card Scheme.

This information was accurate at the time of writing. See product SmPC for indication of current black triangle status.</td></tr>
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Off-label use	Where a vaccine is recommended off-label, as part of the consent process, consider informing the individual, parent or carer that the vaccine is being offered outside of product licence but in accordance with national guidance. aQIV is licensed for administration to individuals aged 65 years and over. It may be administered under this protocol to those aged 64 years and turning 65 years of age by 31 March 2025, in accordance with the recommendations for the national influenza immunisation programme for the 2024 to 2025 season (see annual flu letter). https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2024-to-2025/national-flu-immunisation-programme-2024-to-2025-letter Vaccines should be stored according to the conditions detailed in the storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions, refer to Vaccine Incident Guidance. https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors Where vaccines are assessed in accordance with these guidelines as appropriate for continued use, this would constitute off-label administration under this protocol. Note: Different influenza vaccine products are licensed from different ages and should be administered within their licence when working to this protocol, with the exception of off-label administration of aQIV as detailed above. Refer to product SmPC https://www.medicines.org.uk/emc and Flu vaccines for the 2024 to 2025 season for more information.

Route / method of administration	Administer by intramuscular injection, preferably into the deltoid muscle of the upper arm. The anterolateral aspect of the thigh is the preferred site for infants under 1 year old. Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a doctor familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. If the individual receives medication or other treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication or treatment is administered. Individuals on stable anticoagulation therapy, including individuals on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. A fine needle (23 gauge or 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. If in any doubt, consult with the clinician responsible for prescribing or monitoring the individual's anticoagulant therapy. If the registered professional clinically assessing the individual is not the vaccinator, they must ensure the vaccinator is aware of the individual's increased risk of haematoma and the need to apply firm pressure to the injection site for at least 2 minutes. The individual, parent or carer should be informed about the risk of haematoma from the injection. Influenza vaccines licensed for both intramuscular and subcutaneous administration may alternatively be administered by the subcutaneous route. Note: QIVc and aQIV are not licensed for subcutaneous administration so should only be

	administered intramuscularly under this protocol. When co-administering with other vaccines, care should be taken to ensure that the appropriate route of injection is used for all of the vaccinations. The vaccines should be given at separate sites, preferably in different limbs. If given in the same limb, they should be given at least 2.5cm apart. If aQIV needs to be administered at the same time as another vaccine, immunisation should be carried out on separate limbs. The site at which each vaccine was given should be noted in the individual's records. Shake vaccine suspensions gently before administration. Visually inspect the vaccine prior to administration for any foreign particulate matter, discoloration or other variation of expected appearance from that described in the vaccine's SmPC. Discard the vaccine in accordance with local procedures, should any of these occur. The SmPC provide further guidance on administration.
Dose and frequency of administration	QIVc, QIVe and aQIV: Single 0.5ml dose to be administered for the current annual flu season (1 September 2024 to 31 March 2025). QIV-HD only: Single 0.7ml dose during the current annual flu season
Vaccine preparation	Check product name, batch number and expiry date before administration. Shake vaccine before administration. Inspect visually prior to administration for foreign particulate matter and/or discoloration and ensure appearance is consistent with the description in the product's SmPC.
Storage	Store at +2°C to +8°C. Do not freeze. Store in original packaging in order to protect from light. In the event of an inadvertent or unavoidable deviation of these conditions vaccine that has been stored outside the conditions stated above should be quarantined and risk assessed for suitability of continued off-label use or appropriate disposal. Refer to Vaccine Incident Guidance and consult the local pharmacy team for further advice. Protocols for the ordering, storage and handling of vaccines should be followed to prevent vaccine wastage (see the Green Book Chapter 3).

Disposal	Follow local clinical waste policy and NHS standard Operating Procedures to ensure safe and secure waste disposal. Equipment used for immunisation, including used vials, ampoules, or discharged vaccines in a syringe or applicator, should be disposed of safely in a UN-approved puncture-resistant 'sharps' box, according to local authority arrangements and guidance in the technical memorandum 07-01: Safe management of healthcare waste (Department of Health, 2013).

Drug interactions	Immunological response may be diminished in those receiving immunosuppressive treatment, but it is important to still immunise this group. Influenza vaccines can be co-administered with other vaccines including COVID-19 and shingles vaccines. Initially, a 7 day interval was recommended between Shingrix® (shingles) vaccine and adjuvanted influenza vaccine (aQIV) because the potential reactogenicity from 2 adjuvanted vaccines may reduce the tolerability in those being vaccinated. Interim data from a US study on co-administration of Shingrix® with adjuvanted seasonal influenza vaccine is reassuring. Where aQIV is given with other vaccines, including other adjuvanted vaccines, the adverse effects of both vaccines may be additive and should be considered when informing the recipient. Individuals should also be informed about the likely timing of potential adverse events relating to each vaccine. If the vaccines are not given together, they can be administered at any interval. A detailed list of drug interactions is available in the SPC https://www.medicines.org.uk/emc for each vaccine.

Identification & management of adverse reactions	Pain, swelling or redness at the injection site, low-grade fever, malaise, shivering, fatigue, headache, myalgia and arthralgia are among the commonly reported symptoms after intramuscular vaccination. A small painless nodule (induration) may also form at the injection site. These symptoms usually disappear within 1 to 2 days without treatment. Immediate reactions such as urticaria, angio-oedema, bronchospasm and anaphylaxis can occur. A higher incidence of mild post-immunisation reactions has been reported with adjuvanted compared to non-adjuvanted influenza vaccines. The frequency of injection site pain and systemic reactions may be higher in individuals vaccinated concomitantly with inactivated influenza vaccine and pneumococcal polysaccharide vaccine (PPV23) compared to vaccination with influenza vaccine alone and similar to that observed with PPV23 vaccination alone. Influenza vaccine and PPV23 may be administered at the same visit. A detailed list of adverse reactions is available in the SmPC for each vaccine, which are available from the electronic medicines compendium website.
Management of and reporting procedure for adverse reactions	Healthcare professionals and individuals are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme or search for MHRA Yellow Card in the Google Play or Apple App Store.

	QIVc, QIV-HD and aQIV are designated as black triangle products. All suspected adverse reactions to these vaccines should be reported via the Yellow Card Scheme, as these particular vaccines are newer to market. Any adverse reaction to a vaccine should be documented in the individual's record and the individual's GP should be informed as appropriate. Any adverse reaction to a vaccine should be documented in the individual's record and the individual's GP should be informed as appropriate.
Written information to be given to client	Offer marketing authorisation holder's patient information leaflet (PIL) provided with the vaccine. Where applicable, inform the individual, parent or carer that large print, Braille or audio CD PILs may be available from emc accessibility (freephone 0800 198 5000) by providing the medicine name and product code number, as listed on the electronic Medicines Compendium. https://www.medicines.org.uk/emc/xpil#gref
Client advice / follow up treatment	Individuals should be advised regarding adverse reactions to vaccination and reassured that the inactivated vaccine cannot cause influenza. However, the vaccine will not provide protection for about 14 days and does not protect against other respiratory viruses that often circulate during the flu season. Immunosuppressed individuals should be advised that they may not make a full immune response to the vaccine. Therefore, consideration should be given to the influenza vaccination of their household contacts. Inform the individual of possible side effects and their management. The individual should be advised when to seek medical advice in the event of an adverse reaction. When applicable, advise the individual when to return for vaccination. Individuals in a clinical risk group recommended seasonal influenza vaccine should be encouraged to inform their GP (and midwife if relevant) once they have received influenza vaccine for the current season so their medical records (and maternity records if relevant) can be updated accordingly. Individuals who decline immunisation from their OHS provider and who are immunised elsewhere should be encouraged to inform their employer of their immunisation status as per local policy. Resources to share with clients are available at: https://www.gov.uk/government/collections/annual-flu-programme

Special considerations / additional information	Ensure there is immediate access to adrenaline (epinephrine) 1 in 1,000 injection and easy access to a telephone at the time of vaccination. Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. Individuals with learning disabilities may require reasonable adjustments to support vaccination (see Flu vaccinations for people with learning disabilities). A PSD may be required. The licensed ages for the 2024 to 2025 season influenza vaccines are: • Cell-based Quadrivalent Influenza Vaccine (QIVc) ▾ licensed from 6 months of age. • Fluenz, live attenuated influenza vaccine (LAIV) licensed from 2 years to under 18 years of age. • Quadrivalent Influenza Vaccine, egg-grown (QIVe) licensed from 6 months of age. • Influenza Tetra MYL, Quadrivalent Influenza Vaccine, egg-grown (QIVe) licensed from 6 months of age. • Quadrivalent Influenza Vaccine – High Dose ▾ egg grown (QIV-HD) licensed from 60 years of age. • Adjuvanted Quadrivalent Influenza Vaccine ▾ (aQIV) licensed from 65 years of age.

Records	Record in line with local procedure: • that valid informed consent was given • name of individual, address, date of birth and GP with whom the individual is registered • name of immuniser • name and brand of vaccine • date of administration • dose, form and route of administration of vaccine • quantity administered • batch number and expiry date • anatomical site of vaccination • advice given, including advice given if excluded or declines immunisation • details of any adverse drug reactions and actions taken • administered under written instruction Records should be signed and dated (or password-controlled immuniser's record on e-records). All records should be clear, legible and contemporaneous. As a wide variety of influenza vaccines are available on the UK market each year, it is especially important that the exact brand of vaccine, batch number and site at which each vaccine is given is accurately recorded in the individual's records. It is important that vaccinations given within Occupational Health settings are recorded according to OH principles and ethics and in a timely manner. Local policy should be followed to encourage information sharing with the individual's General Practice where the individual would be eligible for immunisation under the national influenza programme to allow appropriate clinical follow up, improve data capture of vaccination status and to avoid duplicate vaccination. A record of all individuals receiving treatment under this written instruction should also be kept for audit purposes in accordance with local policy.

Key references
Inactivated influenza vaccination • Immunisation Against Infectious Disease: The Green Book, Chapter 19. Updated 10th November 2023. https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book • Collection: Annual Flu Programme https://www.gov.uk/government/collections/annual-flu-programme • The national flu immunisation programme 2024 to 2025 : Supporting Letter, published 12th March 2024 https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2024-to-2025/national-flu-immunisation-programme-2024-to-2025-letter

- Statement of amendments to annual flu letter for 2024 to 2025 , published 12 June 2024 https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan-2024-to-2025/statement-of-amendment-to-the-annual-flu-letter-for-2024-to-2025-12-june-2024
- All influenza vaccines marketed in the UK for the 2024 to 2025 season, updated 21 March 2024. https://www.gov.uk/government/publications/influenza-vaccines-marketed-in-the-uk
- JCVI advice on influenza vaccines for the 2024 to 2025 season, updated 25 August 2023 https://app.box.com/s/t5ockz9bb6xw6t2mrrzb144njplimfo0/file/1289995245447
- Community Pharmacy Advanced Services Specification : Seasonal Influenza https://www.england.nhs.uk/publication/community-pharmacy-seasonal-influenza-vaccine-service/
- Influenza vaccine written instruction templates for adoption, NHS Specialist Pharmacy Service, published 4 March 2024 https://www.sps.nhs.uk/articles/influenza-vaccine-written-instruction-templates-for-adoption/
- Flu immunisation training recommendations, updated 8 August 2023 https://www.gov.uk/government/publications/flu-immunisation-training-recommendations
- Flu Vaccinations: Supporting people with learning disabilities, updated 25 September 2018 https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities

General

- NHSE Health Technical Memorandum 07-01: safe and sustainable management of healthcare waste, updated 26 January 2024 https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-htm-07-01/
- Immunisation Against Infectious Disease: The Green Book. Chapter 2, updated 12 October 2023 https://www.gov.uk/government/publications/consent-the-green-book-chapter-2
- National Minimum Standards and Core Curriculum for Immunisation Training, published 7 February 2018 https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners
- UKHSA Immunisation Collection https://www.gov.uk/government/collections/immunisation
- Vaccine Incident Guidance https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors
- Regulation 247A, UK Statutory Instrument 2012 No. 1916, The Human Medicines Regulations 2012, as amended. https://www.legislation.gov.uk/uksi/2012/1916/regulation/247A
- UK Statutory Instruments 2024, Number 729. The Human Medicines (Amendments relating to Registered Dental Hygienists, Registered Dental Therapists and Registered Pharmacy Technicians) Regulations 2024, published 29 May 2024 https://www.legislation.gov.uk/uksi/2024/729/introduction/made
- UK Statutory Instrument 2022 No. 350, The Human Medicines (Coronavirus and Influenza) (Amendment) Regulations 2022. https://www.legislation.gov.uk/uksi/2022/350/made

Vaccinator authorisation sheet

Example – other recording forms, including electronic may be used in line with local policies

Details of the approved vaccinator working for East London NHS Foundation Trust who have completed the required training and been assessed as competent (as detailed in Section 2 and confirmed by line manager/clinical supervisor signing below) who are authorised and willing to administer inactivated influenza vaccine in accordance with this written instruction as part of the named organisation's occupational health scheme, which may include peer to peer immunisation:**

Name	Profession and Professional Registration Number	Signature	Date	Clinical Supervisor/Line manager name	Clinical supervisor/line manager signature	Date