

Self-Assessment of Competency for Registered Nurses/Midwives to Administer Nirsevimab (Beyfortus® 50mg/0.5ml and 100mg/ml) Solution for Injection in Pre-filled Syringe to Infants and Children for the 2025/2026 RSV Immunisation Pathfinder Programme 2.0

Performance Criteria		(Tick/date/initial as applicable)		
No	Critical Element	Competent Date/Initials	Needs Practice Date/Initials	Needs Theory Date/Initials
1	I practice within my scope of practice (NMBI, 2025) and in line with the relevant medicine protocol/ SOP to undertake administration of Nirsevimab (Beyfortus® 50mg/0.5ml and 100mg/ml) (hereafter referred to as Nirsevimab) Solution for Injection in Pre-filled Syringe to infants and children			
2	I understand that Nirsevimab is a prescription only medicine (POM) and prior to administration requires either: 1. An individual valid prescription or 2. a medicine protocol			
3	I understand the role and function of medicine protocols in the context of NMBI and NIAC guidelines in relation to: <ul style="list-style-type: none"> Nursing and Midwifery Board of Ireland (2025) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives. Incorporating the Scope of Practice and Professional Guidance Dublin: Nursing and Midwifery Board of Ireland Guidance for Registered Nurses and Midwives on Medication Administration (NMBI, 2020) (including supervision of student nurses/midwives) Guidance to Nurses and Midwives on Medication Management (An Bord Altranais, 2007) National Immunisation Advisory Group (NIAC) Immunisation guidelines for Ireland available at: https://www.hiqa.ie/areas-we-work/national-immunisation-advisory-committee/immunisation-guidelines-ireland 			
4	I have successfully completed the Education Programme on Nirsevimab To Reduce Respiratory Syncytial Virus (RSV) and Hospitalisation in Infants - Developed by National Clinical Programme for Paediatric and Neonatology, NWIHP and HSE National Health Protection Office. Available at https://www.youtube.com/playlist?list=PL8PmzyO1Yh_sdolno8CkKpPiDQaO8M75f			
5	I have read and understand the <i>Standard Operating Procedure Nirsevimab to Reduce Respiratory Syncytial Virus (RSV) and Associated Hospitalisations in Infants</i> <add link to SOP>			
6	I have read and understand the current medicine protocol for Nirsevimab			
7	I am aware of the inclusion/exclusion criteria for infants and children receiving Nirsevimab under this medicine protocol			
8	I am competent in safe intramuscular injection administration technique as per medicine protocol for : <ul style="list-style-type: none"> Neonates Infants Children 			

9	<p>I have undertaken the HSELand Medication Management module or equivalent classroom based/in service training training in medication safety for registered midwives/nurses.</p> <p>I understand if further education and training is required to deem myself competent in intramuscular injection administration to infants and children, preparation of Nirsevimab under medicine protocol utilising Antimicrobial Resistance and Infection Control (AMRIC) aseptic technique, I am required to access an education/training programme in a Centre for Nurse and Midwifery Education and /or HSELand. I understand that I must discuss my individual learning needs with my line manager</p>			
10	<p>I have successfully completed all the education programmes as listed in Section 3.0 of the medicine protocol: Professional Qualifications, Training, Experience and Competence Required</p>			
11	<p>I have completed (Tick as appropriate for cohort):</p> <ul style="list-style-type: none"> 8th edition of the American Academy Heart Association/ Neonatal Resuscitation Programme (birth cohort) an approved Paediatric Basic Life Support for Health Care Providers Course within the last two years (catch up/high risk/ex-Preterm/post-cardiac surgery cohorts) Paediatric BLS is acceptable for neonates less than 28 days who are being immunised as part of the catch up cohort. 			
12	<p>I have successfully completed <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on: www.HSeLand.ie followed by a two hour classroom based skills workshop. Two-yearly recertification may be completed online www.HSeLand.ie</p> <p>I am familiar with NIAC (2023) <i>Immunisation Guidelines for Ireland Anaphylaxis Chapter</i> available at: https://www.hiqa.ie/reports-and-publications/niac-immunisation-guideline/anaphylaxis</p>			
13	<p>I have the appropriate skills and knowledge to assess infant's and children's suitability for immunisation within the scope of the medicines Protocol & SOP.</p>			
14	<p>I have the knowledge and skills to effectively communicate with the infant/child and parent/legal guardian.</p>			
15	<p>I understand when and how to refer those infants and children who meet the exclusion criteria under medicine protocol to the relevant medical practitioner for an individual medical assessment.</p>			
16	<p>I can provide written and verbal information in relevant language and advice to the child, parent/legal guardian to support informed consent</p>			
17	<p>I understand the agreed process, including ICT systems if applicable for the accurate and appropriate documentation in the infant's/child's health care record</p>			
18	<p>I understand the purpose and importance of completing and returning the required RSV Nirsevimab data collection form</p>			
19	<p>I have the knowledge and skills to safely administer Nirsevimab regarding the following:</p> <ul style="list-style-type: none"> Preparation for administration Documentation to include that Nirsevimab was administered, date and batch number and expiry date details Date and time and site of administration of Nirsevimab 			

	<ul style="list-style-type: none"> • Vaccinator ID (name, signature and NMBI PIN) 			
20	I can discuss the benefits of Nirsevimab for infants and children and potential side effects to the child, parent/legal guardian			
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 can demonstrate the procedure for reporting and documentation of medication errors/near misses as per HSE Enterprise Risk Management Policy & Procedures (2023)			
23	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/ .			
24	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/			
25	I understand how to manage Nirsevimab including: handling, delivery and storage including the maintenance of the cold chain in accordance with national and local policies, procedures, protocols and guidelines (PPPGs))			
26	<p>I have undertaken the following mandatory online programmes,</p> <ul style="list-style-type: none"> • AMRIC Hand Hygiene • AMRIC Basics of Infection Prevention & Control • AMRIC Personal Protective Equipment • AMRIC Standard & Transmission Based Precautions <p>AMRIC programmes available at: www.HSeLand.ie</p> <ul style="list-style-type: none"> • 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 			

I have sufficient theoretical knowledge and skills to administer Nirsevimab independently, and I acknowledge my responsibility to maintain my own competence in line with the Scope of Nursing and Midwifery Practice Framework (NMBI, 2025) and current best evidence.

Registered Nurse/Midwife Signature: _____ Date: _____ NMBI PIN: _____

If any deficits in theory and/or clinical practice are identified, the registered nurse/midwife must discuss with relevant Line Manager/Employer and implement appropriate support plan to achieve competency within an agreed time frame.



Support Plan (for use if needed to reach competence outlined)

Action necessary to achieve competence:

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Date to be achieved:

Supporting evidence of measures taken to achieve competence:

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Registered Nurse/Midwife Signature:

Date: _____

Name and title of Line Manager/Clinical Lead: _____

Line Manager/Clinical Lead Signature:

Date: _____