



Protocol for the administration of Nirsevimab (Beyfortus® 50mg/0.5ml and 100mg/ml) solution for Injection in Pre-filled Syringe for Health Service Executive (HSE) RSV passive immunisation pathfinder programme 2.0, by PHECC registered Vaccinators (Emergency Medical Technicians (EMT), Paramedics and Advanced Paramedics).

(This document is to be read in conjunction with the Master Medicine Protocol published by RSV Immunisation Pathfinder Programme for administration of Nirsevimab)

Name of Organisation where this protocol applies	Health Service Providers across the voluntary and statutory services of the Health Service Executive (HSE), and vaccination clinic centres. This protocol applies to registered Emergency Medical Technicians (EMT), Paramedics and Advanced Paramedics) involved in the administration of Nirsevimab to infants under this protocol. This protocol does not apply where practitioners are deployed on behalf of a PHECC licensed CPG service provider.
Date this protocol comes into effect	01 st September 2025
Date for review of this protocol	01 st August 2026
Document prepared by:	Pre-Hospital Emergency Care Council in consultation with the National Vaccination Programmes
Names and Signatures of the officers authorising the implementation of this protocol <i>"On behalf of the HSE as the approving authority of the training programme for registered PHECC Practitioners, I have read this protocol and authorise its implementation"</i>	Name: Mr Richard Lodge , Director, Pre-Hospital Emergency Care Council  Signature: _____



Section B: Information Specific to Pre-Hospital Emergency Care Council (PHECC) registered Vaccinators (Emergency Medical Technicians (EMT), Paramedics and Advanced Paramedics), for the administration of Nirsevimab for Health Service Executive (HSE) RSV passive immunisation pathfinder programme 2.0.

Statutory Instrument No. 353 of 2025 enables health care professionals (including Registered EMT, Paramedics and Advanced Paramedics) who are vaccinators as professions that can administer Nirsevimab as part of an HSE RSV passive immunisation programme.

In order to administer the Nirsevimab, PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) **must read and understand** the vaccine specific master medicine protocol for the administration of Nirsevimab.

PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) shall **complete the Self-Assessment of Competency Form** included in this section. The medicine protocol and the Self-Assessment of Competency Form are available at

PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) **must** have attained the professional qualification, training and competence requirements as listed below in order to be eligible to administer Nirsevimab using the HSE master medicine protocol.

Professional qualifications, training, experience and competence required prior to using this medicine protocol	<p>The PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) must have completed all of the following:</p> <ol style="list-style-type: none">1. Be a Registered EMT, Paramedic or advanced paramedic on the active register maintained by PHECC2. Be currently certified at Cardiac First Response – Advanced within the last two years3. Initial <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on www.HSELanD.ie followed by a two hour classroom based skills workshop. Recertification is required every two years by completing the on-line <i>National Anaphylaxis Education Programme for Health Care Professionals</i> accessible on www.HSELanD.ie4. Immunisation Foundation programme accessible on www.HSELanD.ie5. Critically examining the evidence and practice of holding children for clinical procedures (Masterclass Recording - 6th Dec 2022) accessible on www.HSELanD.ie6. Self-Assessment of Competency Form for Nirsevimab (included in this Section B document)7. <i>Storing and Managing Vaccines</i>, available at www.HSELanD.ie8. HSE/NWIHP approved training programme module for Nirsevimab https://www.youtube.com/playlist?list=PL8PmzyO1Yh_sdolno8CkKpPiDQaO8M75f
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The PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics) must be familiar with the following list of clinical documents:

8. National Immunisation Advisory Committee (2023) *Anaphylaxis: Immediate Management in the Community* available at:
<https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland>
9. National Immunisation Advisory Committee (2025) Updated Recommendations for the Passive immunisation of Infants against Respiratory Syncytial Virus (RSV)
https://www.hiqa.ie/sites/default/files/NIAC/Recommendations_and_Advice/2024/2024.04.16_NIAC_Recommendations_re_Passive_immunisation_of_.pdf
10. Master Medicine Protocol for Nirsevimab
11. RSV immunisation leaflets
12. HSE/NWIHP SOP for Nirsevimab to Reduce RSV and Hospitalisations in Infants
13. SPC for Beyfortus® found at
<https://www.medicines.ie/medicines/beyfortus-50-mg-solution-forinjection-in-pre-filled-syringe-36322/spc#tabs>
14. HPRA Adverse Reaction Reporting Forms available at
<http://www.hpra.ie/>

Supporting Documents for PHECC registered Vaccinators (EMT, Paramedics and Advanced Paramedics)

National Clinical Guideline No. 30 (2023) – Infection Prevention and Control (IPC)
<https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/>.

National Immunisation Advisory Committee (2023) Anaphylaxis: Immediate Management in the Community. Available at https://www.hiqa.ie/sites/default/files/NIAC/Immunisation_Guidelines/Anaphylaxis.pdf

National Immunisation Advisory Committee *Immunisation Guidelines for Ireland* Dublin: Royal College of Physicians Ireland. Online update available at <https://www.hiqa.ie/areas-we-work/national-immunisation-advisory-committee/immunisation-guidelines-ireland>

PHECC (2017) *Code of Professional Conduct and Ethics for Registrants*. Available at:
https://www.phecit.ie/PHECC/Public_and_patients/Code_of_professional_conduct_and_ethics/PHECC/Public_and_Patients/Code_of_Professional_Conduct_and_Ethics/Code_of_Professional_Conduct_and_Ethics.aspx?hkey=2fc616eb-7865-4bbb-8526-7a6f25ddb54c

Self-Assessment of Competency Form



NAME: _____

(PRINT CLEARLY in CAPITALS)

Self-Assessment of Competency for EMTs, Paramedics and Advanced Paramedics 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

No.	Critical Element	Competent Date/Initials	Needs Practice Date/Initials	Needs Theory Date/Initials
1.	I practice within my scope of practice 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: <ol style="list-style-type: none"> 1. An individual valid prescription or 2. a medicine protocol 			
3.	I understand the role and function of medicine protocols in the context of PHECC and NIAC guidelines in relation to: PHECC (2017) Code of Professional Conduct and Ethics for Registrants. Available at: https://www.phecc.ie/PHECC/Public_and_patients/Code_of_professional_conduct_and_ethics/PHECC/Public_and_Patients/Code_of_Professional_Conduct_and_Ethics/Code_of_Professional_Conduct_and_Ethics.aspx?hkey=2fc616eb-7865-4bbb-8526-7a6f25ddb54c National Immunisation Advisory Group (NIAC) Immunisation guidelines for Ireland available at: https://www.hiqa.ie/areas-work/national-immunisation-advisory-committee/immunisation-guidelines-ireland			
4.	I have read and understand the <i>Standard Operating Procedure Nirsevimab to Reduce Respiratory Syncytial Virus (RSV) and Associated Hospitalisations in Infants</i> , available at https://www2.healthservice.hse.ie/organisation/national-pppgs/hse-national-procedure-on-nirsevimab-to-reduce-rsv-and-associated-hospitalisations-in-infants/ .			
5.	I have read and understand the current medicine protocol for Nirsevimab, available at Appendix 2 of the Standard Operating Procedure: https://www2.healthservice.hse.ie/organisation/national-pppgs/hse-national-procedure-on-nirsevimab-to-reduce-rsv-and-associated-hospitalisations-in-infants/ .			
6.	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			
7.	I am aware of the inclusion/exclusion criteria for infants and children receiving Nirsevimab under this medicine protocol			
8.	I have attended Cardiac First Response - Advanced within the last two years and am currently certified.			
9.	I am competent in safe intramuscular injection administration technique as per medicine protocol for:			

	<ul style="list-style-type: none"> • Neonates • Infants • Children 			
10.	<p>I have undertaken the HSELand Medication Management module or equivalent classroom based/in service training in medication safety.</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. I understand that I must discuss my individual learning needs with my line manager</p>			
11.	<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>			
12.	<p>I have completed</p> <ul style="list-style-type: none"> • 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. (CFR Advanced meets this criteria). 			
13.	<p>I have successfully completed an approved Anaphylaxis Education Programme as outlined in the Medicines Protocol.</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>			
14.	<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>			
15.	<p>I have the knowledge and skills to effectively communicate with the infant/child and parent/legal guardian.</p>			
16.	<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>			
17.	<p>I can provide written and verbal information in relevant language and advice to the child, parent/legal guardian to support informed consent</p>			
18.	<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>			
19.	<p>I understand the purpose and importance of completing and returning the required RSV Nirsevimab data collection form</p>			
20.	<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 • Vaccinator ID (name, signature, PHECC registration pin number) 			
21.	<p>I undertake to review the most current vaccination information on the HPSC website available here</p>			
22.	<p>I can discuss the benefits of Nirsevimab for infants and children and potential side effects to the child, parent/legal guardian</p>			
23.	<p>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</p>			

	available at: www.hpra.ie			
24.	I can demonstrate the procedure for reporting and documentation of medication errors/near misses as per HSE Enterprise Risk Management Policy & Procedures (2023)			
25.	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/ .			
26.	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/			
27.	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))			
28.	I have undertaken the following mandatory online programmes: <ul style="list-style-type: none"> • AMRIC Hand Hygiene • AMRIC Basics of Infection Prevention & Control • AMRIC Personal Protective Equipment • AMRIC Standard & Transmission Based Precautions AMRIC programmes available at: www.HSeLanD.ie <ul style="list-style-type: none"> • GDPR Guidelines www.hseland.ie • National Consent Policy:office-human-rights-equality-policy/consent/ 			

I have sufficient theoretical knowledge and practice to undertake immunisation under this medicine protocol independently, and I acknowledge my responsibility to maintain my own competence in line with current best evidence.

PHECC Registered Emergency Medical Technician, Paramedic or Advanced Paramedic

Signature: _____ Date: _____ PHECC Reg. Pin No: _____

If any deficits in theory and/or clinical practice are identified, the PHECC Registered Emergency Medical Technician, Paramedic or Advanced Paramedic must discuss with relevant line manager and implement appropriate action plan to achieve competency within an agreed time frame.

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

Action necessary to achieve competency:

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Date to be achieved:

Supporting evidence of measures taken to achieve competency:

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PHECC Registered EMT, Paramedic or Advanced Paramedic signature

Date:

Line Manager/Clinical Lead Signature

Date:
