School Nursing Procedure
For Administration of Immunisations

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Name of Procedure: School Nursing Procedure for Administration of Immunisations

Purpose of Procedure: Ensure safe administration of immunisations in school health setting

Replaces: Previous legacy Trust Guidance

Applicable to which staff: All school health staff

Name & Title of Author: Mrs Gladys Bleakley & Mrs Barbara Ervine School Health Team Managers

Equality Screened by: Mrs Gladys Bleakley Mrs Barbara Ervine No equality Issues

Proposals for dissemination: Julie McConville via the Team Manager Forum and CYPS PNF Governance Forum School Nurses School Health Assistants School Health Records Staff Community Paediatricians Allied Health Professionals aligned to schools Heads of Service CYPS Directorate

Upload to Trust Intranet: Yes

Proposals for implementation: With immediate and full effect in Teams

Training Implications:

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Outcome: Approved

Approved/Min or amendments

Not approved
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1.0 Introduction

The immunisation programme in the UK continues to evolve, meeting the demand to improve the control of infectious diseases through vaccination. The objectives of the national immunisation programme include providing clear, evidence-based communications that meet the needs of parents and health professionals, and ensuring that those working in primary care are provided with the support required to implement vaccination programmes effectively. Written consent must be obtained before starting any treatment or physical investigation or before providing personal care for a patient. This includes the administration of all vaccines.

2.0 Purpose

The aim of the procedure is to provide guidance for all registered nurses working in school health to provide standardised, evidence-based care in the administration of vaccines in a school setting. It also provides clear guidance on obtaining consent.

3.0 Scope

This procedure applies to all school nursing staff who are involved in the administration of vaccinations. This addresses the Trust’s governance responsibilities and it is a risk management strategy.

4.0 Procedure and Preparation

4.1 All registered nurses’ undertaking to administer immunisations to school age children must have completed the required training and/or information sessions on the pharmaceutical product and have signed the associated Patient Group Directive (PGD) register. Copies of the relevant PGD’s must be brought to each immunisation session.

4.2 School Nurses always endeavour to obtain written consent. All immunisations carried out by registered nurses, midwives or health care professionals must be recorded in the patient’s records.
visitors / specialist nurses require the written consent of a person with parental responsibility or a young person as set out in the Trust’s Gaining Consent Policy.

4.3 The School Nurse can administer the vaccination if verbal consent and vaccine history is obtained by telephone from the person/s with parental responsibility and recorded as such on the appropriate CHS vaccination form as in this situation it is in the child / young person’s best interests to proceed.

4.4 A young person, in year 11 and 12 [14-16 year olds] may present on the morning of the immunisation session for school leaving booster of DTP/MMR and MenC, without completed written consent from their parents indicating to the School Nurse they wish to have the vaccine. In this circumstance the school nurse can administer the vaccine to those young people who have been assessed as competent to provide their own written consent [see appendix 1] Fraser Guidelines (1985)

4.5 Practitioners must provide written information and where appropriate verbal information, relating to the vaccine to be administered.

4.6 Translated forms should be provided in different languages and alternative formats as required.

4.7 The following documentation to be included as relevant:

- Patient information leaflet (PIL)
- School Health Information Leaflet which includes contact details for service and information on who can provide consent
- Public Health Agency (PHA) vaccine information leaflet
- Appropriate CHS form for vaccination being offered
5.0 Responsibility of Immunisation Co-ordinator / Named School Nurse

The Immunisation Co-ordinator / Named School Nurse is responsible for:

5.1 Arranging the schedule of immunisation sessions in schools, working in liaison with the school nursing team and schools.

5.2 Planning the appropriate number of nurses required for each immunisation session

5.3 Ordering vaccine stock and appropriate resources as required.

5.4 Ensuring all returned consent forms have been checked as per runner list. All consents to be signed by the person with parental responsibility.

5.5 Ensuring that the completed immunisation consent forms are brought to the vaccination session.

5.6 Identifying consent forms indicating the offer of the vaccine is refused and ensure they are **not taken to the school immunisation session**.

5.7 Addressing any issues highlighted by the parent on the consent form as appropriate.

5.8 Checking each child’s immunisation history as appropriate for vaccination to be administered (as per PGD and Green Book).
5.9 Checking the PGD, Green Book and ensure that those children with possible contraindications are not included in the immunisation session.

5.10 Ensuring if a child is scheduled to receive two vaccines, both forms should be filed together.

5.11 Ensuring duplicate consent forms are only issued after the child’s immunisation history has been verified with CHS staff. The immunisation history must be copied onto the appropriate blank CHS consent form, clearly marked as ‘duplicate’ form and date issued, before it is re-sent to the parent for consent. All duplicate forms must be recorded on the runner list.

5.12 Obtaining the number of vaccines required and check the correct vaccine, expiry date and where possible the same batch number.

5.13 Ensuring adequate resources including Emergency Anaphylaxis Pack (refer to anaphylaxis procedure) are available and brought to the vaccination session.

5.14 Ensuring that vaccinations are transported to the school inside a thermaporter (adhering to the manufacturer’s guidelines) to maintain the cold chain.

6.0 In the School Setting

6.1 Before the vaccination session commences the school nurse must ensure that the environment facilitates safe practice for delivery of vaccine e.g. access to hand washing facilities, room must be an adequate size to accommodate the vaccination team and a private area if children are required to remove items of clothing.

6.2 The named school nurse will liaise with the appropriate person in the school to arrange the schedule for the children to be released from class for vaccination.
6.3 Where possible a member of the school staff should accompany the children.

6.4 Completed consent forms must be distributed to the individual children on confirmation of their name and date of birth.

7.0 Prior to Vaccine Administration

7.1 Each vaccine should be reconstituted and drawn up when required in order to avoid errors, wastage and maintain vaccine efficacy and stability. The vaccine should be administered by the same person who prepared it.

7.2 The vaccine must be checked to ensure that the right product and correct dose is used in the appropriate way for each individual.

7.3 Before use, the colour and composition of the vaccine must be examined to ensure that it conforms to the description as stated in its summary of product characteristics (SPC).

7.4 Different vaccines must not be mixed in the same syringe unless specifically licensed and recommended for such use.

7.5 Freeze-dried (lyophilised) vaccines must be reconstituted with the correct volume of diluent, and supplied and used within the recommended period after reconstitution.

7.6 Unless supplied in a pre-filled syringe, the diluent should be drawn up using an appropriately sized syringe and 21G needle (green) and added slowly to the vaccine to avoid frothing.

7.7 Unless the vaccine is supplied in a pre-filled syringe with an integral needle, a new needle of a size appropriate to the individual patient should be used to inject the vaccine.

7.8 The School Nurse must check the following information before administering the vaccination:

-
• Name, address and date of birth of child;

• Confirm current health status, using the School Nurse Check List (Appendix 2), establish if details have changed since form was signed and completed e.g. new medication or child unwell – record any action taken in comments section of appropriate CHS form;

• If a child has had a vaccination following the completion of the consent form (e.g. at the GP surgery or at A&E) the school nurse should check with the GP practice / parent and record the details on the consent form.

• Check parental name, relationship to the child and the signature on the consent form.

8.0 Administration of Vaccination

8.1 Intramuscular injections should be given with the needle at a 90° angle to the skin and the skin should be stretched, not bunched.

8.2 It is not necessary to aspirate the syringe after the needle is introduced into the muscle (WHO, 2004; Plotkin and Orenstein, 2004).

8.3 The vaccine type given, batch number, site of vaccine, date given should be recorded and signed by person who administered the vaccine on relevant CHS form.

8.4 Each child must receive a completed vaccination card following completion of three doses of HPV, indicating the three dates when the vaccines were administered.
9.0 Post Vaccination

9.1 Post-vaccination advice should be given before the child returns to class.

9.2 Any adverse symptoms observed should be reported immediately to the Named School Nurse. Should a child be unwell post vaccination and unable to remain at school arrangements should be made with the appropriate school staff / parents to send the child home. The Named School Nurse should advise parents to observe their child and seek medical attention if necessary.

9.3 Before leaving the school the Named School Nurse should inform a member of school staff that the team are leaving and that in the event of a medical emergency the school should contact the emergency services – telephone 999.

9.4 On returning to the school health base, the named nurse is responsible for returning unused vaccine to the fridge. All vaccines that have been taken to the immunisation session and returned should be clearly marked to be used first at the next vaccination session.

9.5 The Named School Nurse should forward all completed consent forms to the Child Health Office.

10.0 Equality and Human Rights Consideration

This procedure has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Using the Equality Commission’s screening criteria, no significant equality implications have been identified. Similarly, this procedure has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.
11.0 Legislative Compliance, Relevant Policies, Procedures and Guidance

Nursing and Midwifery Council Guidance for Records and Record Keeping

Nursing and Midwifery Code of Professional Code Standards for Conduct Performance and Ethics [2008]

Immunisation Against Infectious Diseases Department of Health [2006]

Regional Guidance for Nurses and Midwives on the Management of Anaphylaxis [2010]

SHSCT Procedure for the management of anaphylaxis for health visiting and school nursing [2010]

SHSCT Consent Policy [2009]

SHSCT Medicines Management Policy [2008]

SHSCT Medicines Management Code [2009]

NMC Standards for Medicines Management [2008]

Patients Group Directions Public Health Agency [2010]
12.0 References

Department of Health [2006] Immunisation Against Infectious Diseases.


Southern Health & Social Care Trust [2009] Policy on Gaining Consent

Procedure for the Management of Anaphylaxis for Health Visiting and School Nursing [2010]
Appendix 1

Reason for Completion of Checklist (tick either A  B or C)

☐ A  Consent form not returned, young person requesting vaccination(s).

☐ B  Holder of parental responsibility refuses to consent but the young person wishes to be vaccinated.

☐ C  Young person has completed the consent section.

Checklist¹

1. Please confirm what vaccination(s) you are expecting to receive today?

Young Person’s Response:

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2. Did you read the information leaflets about the vaccination(s)?

Young Person’s Response:  NO  ☐  YES  ☐

¹ Gillick competency and Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year-olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. The principles from the Fraser Guidelines have been used to develop this tool. In all circumstances the school nurse will seek the consent of parent / guardians.
If the answer is YES, proceed with questions 3 to 8.

3. What do you consider to be the benefits of having the vaccination(s)?

Young Person’s Response:

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4. What do you understand about the risks involved in having the vaccination(s)?

Young Person’s Response:

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5. What side effects should you look out for after having the vaccination(s)?

Young Person’s Response:

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6. What should you do if you have any of these side effects?

Young Person’s Response:

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7. Is a Parent/Guardian aware that you wish to have this vaccination(s) today, given that they have not consented?

Young Person’s Response: YES ☐ NO ☐

8. Do you know if a Parent / Guardian has any concerns about you having the vaccination(s) today?

Young Person’s Response: YES ☐ NO ☐

If the answer is YES, what are these concerns?

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School Nurse’s Assessment of Competence (Tick A B or C)

In my opinion

☐ A The young person is competent

☐ B The young person is not competent for the following reasons:

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☐ C The young person is competent but due to stated parental concern, immunisation deferred until contact made with a young persons Parent/Guardian.
Comments

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Signature of School Nurse ---------------------------Date-------------

Outcome *(Tick appropriate option)*

☐ The young person received the vaccination(s) today and I have encouraged them to discuss this with a Parent/Guardian.

☐ The young person did not receive the vaccination(s) today and I have given advice regarding receiving the vaccination(s) at a later date and encouraged them to discuss this with a Parent/Guardian.

☐ The young person received the vaccination today. This was not discussed with the young persons Parent/Guardian (at their request) in order to respect their right to confidentiality.

NOTICE

You should not be given your injection today if you:

- Think you may be pregnant
- Have a high fever
- Have had a severe allergic reaction to previous injections
- Are on high doses of steroids
- Are on drugs that reduce your immunity

If any of this applies to you please speak with the nurse who will talk with you in private.
NOTICE

You should not be given your injection today if you:

- Have a high fever
- Have had a severe allergic reaction to previous injections
- Are on high doses of steroids
- Are on drugs that reduce your immunity

If any of this applies to you please speak with the nurse who will talk with you in private: