

**IMMUNISATIONS OF SCHOOL AGE CHILDREN
 (Healthy Child Programme - HCP)**

Standard Operating Procedure (SOP) SCPHN No. 12

Ref No: 1993

Version: 5

Prepared by: School Nurse Team Leader & Immunisations Coordinator

Presented to:

Care & Clinical Policies Group
 Clinical Director of Pharmacy

Date:

20 September 2017
 4 October 2017

Ratified by:

Care & Clinical Policies Group
 Clinical Director of Pharmacy

Date:

20 September 2017
 16 October 2017

Review date: 20 October 2020

Relating to policies:

- Child Protection Policy <http://www.proceduresonline.com/swcpp/torbay/index.html> (site accessed 01/06/2017)
- Infection Control
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0239.pdf (site accessed 01/06/2017)
- Medicines Policy for Registered Practitioners
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1927.pdf (site accessed 01/06/2017)
- Cold Chain Policy
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1913.pdf (site accessed 01/06/2017)
- Anaphylaxis/Anaphylactic Shock Policy
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G0337.pdf (site accessed 01/06/2017)
- Patient Group Directives
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1782.pdf (site accessed 01/06/2017)
- Waste management Policy
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/Waste%20Management%20Policy.pdf (site accessed 01/06/2017)

1. Purpose of this document:

- 1.1 This document has been written to provide a standard for best practice and service specification; for the immunisation programme of school age children educated within Torbay and South Devon NHS Foundation Trust (TSDFT) by the Specialist Community Public Health Nurse (SCPHN) team and registered nurses (RNs).
- 1.2 Immunisations to be offered in accordance with the immunisation programme set out by the Department of Health (DH):
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/625833/Complete_Imm_schedule_2017.pdf (site accessed 24/07/2017)
- 1.3 Other immunisations may be offered:
 - a. As part of a national campaign
 - b. In response to local need identified by either the Director of Public Health or the Health Protection Agency within the Trust as part of the control of communicable diseases.

2. Scope of this SOP:

- 2.1 This SOP refers to the SCPHN / RN employed by TSDFT Public Health Nursing Service.
- 2.2 This SOP is applicable to all children who are educated or reside in the borough of Torbay, in accordance with the 'Immunisation Schedule' (DH 2013), and defined within the universal provision and where consent for immunisations has been given.

3. Competencies required:

- 3.1 The SCPHN/RN will have successfully completed further annual training in anaphylaxis and resuscitation relevant to school age children.
- 3.2 The RNs will have successfully completed competency framework: For Health professionals using Patient Group Directions. Supporting the Implementation of NICE good practice guidance on Patient Group Directions (GPG2)
- 3.3 Knowledge of:
 - Patient Group Directives (PGDs)
 - Maintenance of Cold Chain Policy
- 3.4 Knowledge of up to date Immunisation Schedule ref. NHS Choices
<https://www.gov.uk/government/publications/routine-childhood-immunisation-schedule>
(accessed 01/06/2017)

- 3.5 The RNs will have knowledge of the 'Immunisation against Infections Disease' manual (DH 2014) available on line, (Immunisation against Infectious Disease' (DH 2014)) <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book> (site accessed 01/06/2017) and be aware of current validated evidence relating to the safety of immunisations.
- 3.6 The SCPHN / RN will have knowledge of the Trust's protocol on Anaphylaxis / Anaphylactic Shock and all other relevant policies available via the Internet/ Trust public website.
- 3.7 The SCPHN / RN needs consultation skills, purposeful listening skills, guided questions (motivational interviewing skills), knowledge of agencies working within the school population, and Child Protection procedures.

4 Procedure / Steps:

4.1 Overarching Principles:

- 4.1.1 Safeguarding: At all times local safeguarding procedures must be followed where there is cause for concern.
- 4.1.2 Equality & Diversity: All information should be presented in a format that meets the needs of the client.
- 4.1.3 Infection Control: All staff undertaking health and development reviews of children will be aware of and adhere to the Trust infection control policies and procedures.
- 4.1.4 Moving and Handling: All practitioners carrying equipment used to undertake immunisations will be aware of and adhere to TSDFT moving and handling policy https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/Moving%20and%20Handling.pdf (site accessed 24/07/2017)

4.2 Consent:

- 4.2.1 Where immunisations are routinely offered in the school setting, the situation differs depending on the age and competence of the individual child or young person.
- 4.2.2 Consent is to be obtained prior to any immunisation taking place. (Appendix 1).
- 4.2.3 The parent / legal guardian of the child / young person will be asked to complete a consent form that will have been distributed by the school. The completed form will be returned to the school for the attention of the SCPHN / RN school nurse. The immunising nurse will refer to the consent form and proforma throughout the immunisation session. <http://media.dh.gov.uk/network/211/files/2012/07/Download-Chapter-2-Consent-PDF-77K.pdf> (accessed on 24/07/2017).

- 4.2.4 In addition to parental consent, where Gillick competency has been established <http://www.cqc.org.uk/guidance-providers/gp-services/nigels-surgery-8-gillick-competency-fraser-guidelines> (accessed on 24/07/2017) informed consent through discussion with the young person involved should be obtained before immunisation and a signature of the young person recorded on the consent form.
- 4.2.5 Where parental consent is not available, a young person under 16 years of age, who has shown to be Gillick competent, may give consent for immunisations, provided he or she understands fully the benefits and risks involved, however, best practice should be to encourage the child to involve a parent / guardian if possible in the decision.
- 4.2.6 When consent has been obtained for a child under 16 who fully understands the benefits and risks of the proposed immunisation, and is deemed to be Gillick competent, but then refuses the immunisation, that decision should be respected and recorded on the young person's consent form. The parent / guardian will be informed of this decision by the immunising nurse.
- 4.2.7 '**Gillick competent**': Young people aged 16 and 17 are presumed, in law, to be able to consent to their own medical treatment. Younger children who understand fully what is involved in the proposed procedure (referred to as 'Gillick competent') can also give consent, although ideally their parent / guardian will be involved. Staff will use the Gillick competence checklist. (Appendix 2)

If a person aged 16 or 17 or a Gillick-competent child consents to treatment, a parent / guardian cannot override that consent.

If the health professional giving the immunisation felt a child was not Gillick competent, then the consent of someone with parental responsibility would be sought.

If a person aged 16 or 17, or a Gillick competent child refuses treatment, that refusal should be accepted. It is unlikely that a person with parental responsibility could overrule such a refusal. It is possible that the court might overrule a young person's refusal if an application to court is made under Section 8 of the Children Act 1989, or the inherent jurisdiction of the High Court. There is no requirement for consent to be in writing.

4.3. Process for Diphtheria, Tetanus, and Polio (Td/IPV) and/or Meningococcal ACWY (Men ACWY) Vaccination Session: Prior to the immunisation session the SCPHN / RN will:

- 4.3.1 During autumn term, book dates in advance with schools for next academic year's immunisation sessions for Td/IPV and Men ACWY.
- 4.3.2 Provide information to individuals, families and schools relating to the benefits and risks associated with immunisation via Department of Health standard leaflets prior to any immunisation programme taking place.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/369768/PHE_2014_imm_secondary_school_05_web.pdf

(site accessed 24/07/2017)

- 4.3.3 Td/IPV and Men ACWY consent forms and approved Department of Health information leaflets will be delivered to school one month prior to planned immunisation session for distribution by the school to all Year 9 students and any other students who have not yet received the immunisation.
- 4.3.4 Confirm dates with schools. Contact Child Health and request list of outstanding students who have not received Td/IPV and Men ACWY immunisation. Completed consent forms to be returned to school prior to planned immunisation session.
- 4.3.5 Ensure all equipment (Appendix 3) needed for Td/IPV and Men ACWY immunisation session is available. Check expiry dates for all supplies to be used at immunisation session and reorder one month in advance if required.
- 4.3.6 Ensure Vaccines have been ordered and have arrived at Torbay Hospital pharmacy department.
- 4.3.7 Ensure adequate staffing has been organised for immunisation sessions. Ensuring at least one Band 6 Nurse who lead the session.
- 4.3.8 Confirm with school room availability and suitability one week prior to session.
- 4.3.9 Organise equipment and vaccine transportation to school in accordance Maintenance of Cold Chain Policy.
- 4.4 Process for Human Papilloma Virus (HPV) Vaccination Session:** Prior to immunisation session the SCPHN / RN will:
 - 4.4.1 During autumn term, book dates in advance with schools for next academic year's immunisation sessions for Human Papilloma Virus (HPV).
 - 4.4.2 Provide information to individuals, families and schools relating to the benefits and risks associated with immunisation via Department of Health standard leaflets prior to any immunisation programme taking place.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628711/HPV_leaflet.pdf *(accessed 24/07/2017)*
 - 4.4.3 HVP consent forms and approved Department of Health information leaflets will be delivered to school one month prior to planned immunisation session for distribution by school to all Year 8 girls and any girls who have not yet started/completed the course.
 - 4.4.4 Confirm dates with schools. Contact Child Health and request list of outstanding girls who have not received HPV immunisation. Completed consent forms to be returned to school prior to planned immunisation session.

- 4.4.5 Arrange appropriate HPV immunisation health education session to be delivered to relevant students in school prior to immunisation session.
- 4.4.6 Ensure all equipment (Appendix 3) needed for HPV immunisation session is available. Check expiry dates for all supplies to be used at immunisation session and reorder one month in advance if required.
- 4.4.7 Ensure vaccines have been ordered and have arrived at pharmacy.
- 4.4.8 Ensure adequate staffing has been organised for immunisation sessions. Ensuring at least one Band 6 Nurse who lead the session.
- 4.4.9 Confirm with school room availability and suitability one week prior to session.
- 4.4.10 Organise equipment and vaccine transportation to school in accordance with Cold Chain policy.
- 4.5 Process for FluenzTetra Vaccination Session:** Prior to immunisation session the SCPHN / RN will:
 - 4.5.1 During summer term, book dates in advance with schools for next academic year's immunisation sessions for FluenTetra vaccine.
 - 4.5.2 Provide information to individuals, families and schools relating to the benefits and risks associated with immunisation via Department of Health standard leaflets prior to any immunisation programme taking place.
<https://www.gov.uk/government/publications/childhood-flu-programme-2015-to-2016-extension-advice-for-parents-and-schools>
(site accessed 24/07/2017)
 - 4.5.3 Flu consent forms and approved Department of Health information leaflets will be delivered to school one month prior to planned immunisation session for distribution by school to all eligible year groups.
 - 4.5.4 Confirm dates with schools for FluenzTetra vaccine.
 - 4.5.5 Completed consent forms to be returned to school prior to planned immunisation session.
 - 4.5.6 Ensure all appropriate equipment (Appendix 3) needed for immunisation session is available. Check expiry dates for all supplies to be used at immunisation session and reorder one month in advance if required.
 - 4.5.7 Ensure Vaccines have been ordered and have arrived at Torbay Hospital pharmacy department.
 - 4.5.8 Ensure adequate staffing has been organised for immunisation sessions. Ensuring at least one Band 6 Nurse who lead the session.

- 4.5.9 Confirm with school room availability and suitability one week prior to session.
- 4.5.10 Organise equipment and vaccine transportation to school in accordance with Cold Chain policy.
- 4.5.11 On the day for all immunisation sessions, the SCPHN / RN will:
- Arrange room as appropriate, incorporating; areas for clerical administration, pre-immunisation, administering immunisation, and post immunisation (to be monitored for any potential side effects including an area of floor space for recovery);
 - Organise all equipment and vaccines for immunisations session in accordance with manufacturers and Trust guidelines (amount of vaccine dependent upon children anticipated at session);
 - Ensure all equipment and immunisations are kept safe and supervised at all times, following cold chain guidance. The nurse will monitor the temperature of the vaccines during the sessions, record hourly and document in the appropriate log book.

4.6 Immunisation Procedure: At the immunisation session the SCPHN / RN will:

- 4.6.1 Have internet access to:
- o *'Immunisation against Infectious Disease'* (DH 2013)
<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book> (site accessed 24/07/2017)
 - o British National Formulary <https://www.medicinescomplete.com/mc/> (site accessed 01/06/2017)
 - o Current vaccine specific PGD
 - o Cold Chain policy
https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1913.pdf (site accessed 01/06/2017)
Copies of this Immunisation SOP
- 4.6.2 Have a letter (Appendix 4) to be sent to parent/carer of those students unavailable on the day of immunisation advising of alternative routes for receiving the immunisation.
- 4.6.3 Ascertain with the child / young person that the information recorded on their consent form enables an immunisation to be administered safely and within Trust and SOP guidelines.

4.7 Giving of Immunisations: The registered nurse will:

- 4.7.1 Ensure privacy and dignity for students whilst receiving immunisation.
- 4.7.2 Check consent form and complete proforma as appropriate with each student. Establish the student's fitness and suitability for immunisation. If this cannot be established the immunisation should be deferred and specialist advice obtained. The reason for deferment should be recorded on consent form and database to allow for a further appointment to be arranged – GP contacted for follow up as appropriate.
- 4.7.3 Administer immunisation in accordance with the Product of Summary Characteristics and the relevant PGD.
- 4.7.4 Information to be recorded on consent form:
- Date and time of administration
 - Route and dose of immunisation
 - Signature of administering nurse and print name
 - Name, batch number and expiry date of preparation used
 - Site of immunisation (not recorded for nasal spray)
- 4.7.5 Provide a product information leaflet at the time of immunisation for the student to return to the parent/guardian. A tear off slip is given following Td/IPV and Meningococcal immunisation as a record of date immunisation received. A record card for HPV immunisation is given on completion of course as a record of immunisations received.
- 4.7.6 **Do not** administer a vaccine if immunisation history is not clear, there is no current consent form or no confirmation as to when last dose was given. The immunisation will be delayed until safe to proceed. The registered nurse should contact the Child Health Department if the vaccination history is unclear.
- 4.7.7 All vaccination data is returned directly to the Child Health department following immunisation and consent forms are returned for inclusion in the child health record.
- 4.7.8 At the end of each immunisation session the SCPHN / RN will ensure the safe disposal of any clinical waste in accordance with Trust guidelines.
- 4.7.9 The SCPHN / RN will ensure the room used for immunisation session is returned to former state. Inform school that session has ended.
- 4.7.10 The senior nurse at each session will liaise with the school to ensure that they do not have any concerns regarding any student who has received the vaccination. All appropriate support to be given as required.

4.8 Contra-indications: The SCPHN / RN will:

- 4.8.1 Ensure all vaccination contra-indications are recorded on the database and consent form. If contra- indication indicated, if appropriate, the parent/guardian will be contacted and asked to seek further medical advice.
- 4.8.2 Refer to Section 6 page 41 of 'Immunisation against Infectious Disease', (Department of Health 2013) for specific contra-indications to immunisations https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147824/Green-Book-Chapter-6-v2_0.pdf (site accessed 24/07/2017)

4.9 Management of Reactions: The SCPHN / RN will:

- 4.9.1 Ensure all students receiving an immunisation will be observed until the child or young person feels well enough to return to class.
- 4.9.2 In the event of an anaphylactic reaction, a registered nurse will administer adrenaline according to the guidance below and another SCPHN / RN will call 999 for emergency assistance. A registered nurse will remain with the student and monitor their condition until emergency assistance arrives.
- 4.9.3 Inform student's parent/guardian and school of events.
- 4.9.4 Ensure an appropriate adult accompanies the student to hospital and remains with them until parent/guardian arrives. Written documentation of immunisation given, site of immunisation and action taken following anaphylactic reaction should be given to emergency services.
- 4.9.5 Record any reaction, even if suspected, to immunisations on the consent form at the immunisation session. Also on the TSDFT Incident reporting system with adverse reactions being reported by the yellow card system including black triangle as appropriate. Also complete Significant Adverse Events Form and return to NHS England. Inform the Professional Lead for the service and document in the child's electronic record.

Dose of adrenaline (epinephrine) by age:

The scientific basis for the recommended doses is weak. The recommended doses are based on what is considered to be safe and practical to draw up and inject in an emergency.

Volumes stated are 1:1000 adrenaline IM

§ Under 6 months	150 micrograms IM (0.15ML)*
§ Over 6 months and under 6 years	150 micrograms IM (0.15ml)*
§ 6 to 12 years	300 micrograms IM (0.30ml)
§ Over 12 years including adults	500 micrograms IM (0.5ml)
	(300 micrograms IM if patient is small or prepubertal)

*** A suitable syringe for small volumes should be used.**

<http://www.resus.org.uk/pages/reaction.pdf> (site accessed 24/07/2017)

Auto injectors for the self-administration of adrenaline should not be used in the treatment of an anaphylaxis caused by the administration of a vaccine.

4.10 Storage: The SCPHN / RN will:

- 4.10.1 Ensure all vaccines are stored in an approved fridge which has been declared specific for this purpose. Fridge temperature will be monitored and recorded daily in accordance with the Cold Chain policy.
- 4.10.2 Vaccines to be transported in a Department of Health approved vaccine storage container between the fridge and immunisation setting in accordance with the Cold Chain policy.
- 4.10.3 Ensure vaccines are stored at the correct temperature recommended by the manufactures either in the fridge, during transportation and during immunisation sessions.

4.11 Disposal of Vaccines:

- 4.11.1 Equipment used for vaccination, including used vials, ampoules or syringes should be disposed of by placing it in a proper, puncture-resistant 'sharps' box according to local authority regulations and waste management policy.
- 4.11.2 The 'sharps' container should be sealed and replaced once it is two-thirds full, or at the level indicated on the box by the manufacturer. The container should not be

accessible to any unauthorised individual and disposed of as per local contractual procedures.

4.12 Documentation:

4.12.1 Accurate and complete lifelong records of an individual's immunisation status should be maintained and should be accessible to the appropriate professionals.

4.12.2 Accurate accessible records of immunisations are important for individual clinical management, monitoring vaccine coverage and enabling the recall of recipients, if required.

4.12.3 The following information should be recorded once the expiry date has been checked for each vaccine administered:

- Vaccine antigens
 - e.g. Td/IVP and/or product name e.g. Gardasil®, MenVevo®, Ninenrix®,
- FluenzTetra®nasal spray suspension, Revaxis®
- Batch number
- Dose administered
- Name / signature of immuniser
- Date immunisation given
- Site(s) & route(s) used

4.12.4 Immunisers should detach the information strip from the ampoule and attach it to the consent where possible form since it is the most accurate record of the vaccine to be given.

6 Monitoring tool:

Standards:

Item	%	Exceptions
Safety – this document serves as a summary/checklist/reminder of the main points for nurses immunising	100%	
Governance – Nurses immunising should ensure they follow this protocol and the PGD	100%	
Patient Focus – Nurses are able to respond to patients’ requirements in an appropriate and timely manner.	100%	
Accessible and Responsive Care - Nurses are able to respond to patients’ requirements in an appropriate and timely manner	100%	
Public Health – provides a framework for the timely and appropriate identification of patients who require immunisations	100%	
How will monitoring be carried out?	Monitoring will be carried out by an audit of nurses undertaking training and updates	
When will monitoring be carried out?	Post immunisation programme	
Who will monitor compliance with the guideline?	Specialist Community Public Health Nurse (School Nursing)Team Leader	
<p>Equality Statement. The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy</p>		

Appendix:

[APPENDIX 1: Consent forms](#)

[APPENDIX 2: Self consent checklist](#)

[APPENDIX 3: Equipment Check List](#)

[APPENDIX 4: Letter to Parent / Guardian if child absent](#)

Amendment History

Version	Status	Date	Reason for Change	Authorised
4	Draft	20 September 2015	Reformat / Update	CT/VR
4	Draft	26 October 2015	Reformat/Update	CT/VR
4	Draft	8 July 2016	Additional year 3 added for influenza immunisation	NA/CT
5	Ratified	20 October 2017	Revised	Care and Clinical Policies Group Clinical Director of Pharmacy
5		12 February 2018	Review date extended from 2 years to 3 years	



VACCINATION CONSENT FORM
Year 10 Diphtheria, Tetanus and Polio (combined)
and Meningococcal ACWY (MenACWY)



Please discuss the immunisations with your child, **then complete this form and the two attached consent forms and RETURN TO SCHOOL AS SOON AS POSSIBLE.** By signing these consent forms, you are agreeing to information about this treatment being shared with relevant NHS staff e.g. Child Health, GP and School Nurse.

If you have any questions, please contact The School Nurse Team on Torquay 01803 219704 / 219814.

**** Please note that we will be unable to vaccinate your child if this form is not fully completed ****

Forename:	Surname:	Date of Birth:
Home address: Post Code		Parent/Carer's home telephone no.:
		Parent/Carer's mobile number: Reminders may be sent to this number
School/College:	Year group:	
GP name, address and telephone number: NHS Number:	Male/Female (please delete as appropriate)	
	Ethnicity (please enter relevant code from list below)	
<p>Does your child have any medical conditions? YES / NO (Please circle). If yes, please give details below</p> <p>.....</p> <p>Does your child take any prescribed medication? YES / NO (Please circle). If yes, please give details below</p> <p>.....</p> <p>Does your child have any allergies? YES / NO (Please circle). If yes, please give details below</p> <p>.....</p> <p>Has your child ever had a confirmed anaphylactic reaction to a previous vaccine? YES / NO (Please circle). If yes, please give details below</p> <p>.....</p>		

Applicable codes:					
White British	WB	Mixed White & Black African	WBA	Mixed White & Asian	MWA
White Irish	WI	Mixed White & Black Caribbean	WBC	Asian - Other	AO
White Other	WO	Mixed Other	MO	Chinese	
Black African	BA	Asian -Indian	AI	Other Ethnic Group	OG
Black Caribbean	BC	Asian-Pakistani	AP	None Given	NO
Black Other	BO	Asian-Bangladeshi	AB		

PROTECTION AGAINST MENINGOCOCCAL ACWY (Men ACWY)

Forename:	Surname:	Date of Birth:
Home Address:	GP Name:	Year Group:
	GP Surgery:	NHS No:

Dear Parent/Carer

The MenACWY vaccine that protects against 4 different types of meningococcal bacteria (groups A, C, W and Y) is being offered to your son or daughter at school.

Meningococcal bacteria can cause meningitis (inflammation of the lining of the brain) and septicaemia (blood poisoning). Both diseases are very serious and can kill, especially if not diagnosed early. The leaflet 'In school years 9 to 13? Protect yourself against meningitis and septicaemia' which accompanies this form provides more information about the vaccine and the disease.

Please discuss this with your child, then complete this form and return it to the school before the vaccination is due to be given. Information about the vaccination will be put on your child's health records, including records at their GP surgery and held by the NHS.

If you have more questions, please contact the school nurse or other health professional. For further information go to <http://www.nhs.uk/conditions/vaccinations/pages/men-acwy-vaccine.aspx> If, for any reason, your child received a Meningococcal ACWY vaccination over the age of 10 years, they will not require this additional vaccination. If applicable, please include date here:

(Please complete ONE box only)

<p><u>CONSENT</u></p> <p>I give consent for the person named above to receive the MenACWY</p>	<p><u>REFUSAL</u></p> <p>I <u>do not</u> give consent for the person named above to receive the MenACWY</p>
Name of Parent/Carer:	Name of Parent/Carer:
Relationship:	Relationship:
Signature: Parent/Carer (with parental responsibility)	Signature: Parent/Carer (with parental responsibility)
Date:	Date:

If after discussion you decide that you do **not** want to give consent, it would be helpful if you would give the reason(s) below

.....

.....

Please note: If the consent form is not fully completed, we will be unable to vaccinate your child.

FOR OFFICIAL USE ONLY

Self consent framework used <input type="radio"/>		Competent to self consent Y / N		Medical Checklist completed <input type="radio"/>	
Date of vaccination:	Time given:	Site of injection: (please circle) L / R arm	Batch number/ expiry date:	Immuniser (sign and print)	Where administered (School, College, other)

To be given to Parent/Legal Guardian following vaccination						
Date of MenACWY vaccination:	Time given:	Site of injection: (please circle) L / R arm	Batch No.:	Name:	Immuniser (sign and print)	Where administered (School, College, other)

Aftercare

It is very common to experience some swelling redness or tenderness at the injection site. Other common side effects may include dizziness, nausea, fever and headaches. If you feel unwell after the injection or have any concerns please seek advice from a parent/ carer or your GP.

For more information contact The School Nurse Team on Torquay 01803 219704 / 219814 or visit www.nhs.uk or www.nhsdirect.nhs.uk

Reason for not giving consent:

.....

.....

Nurse checklist	Comments
1. General Health	1.
2. Medication including antibiotics	2.
3. Allergies/sensitivities	3.
4. Pregnant?	4.
Date:	Print/Sign:

For official use only:

Date	Notes/Comments - include whether telephone call / face to face contact / other and where contact took place (if relevant)	Print/Signature

PROTECTION AGAINST TETANUS, DIPHTHERIA AND POLIO (Td / IPV)

Forename:	Surname:	Date of Birth:
Home Address:	GP Name:	Year Group:
	GP Surgery:	NHS No:

Dear Parent/Carer,
Your child is now due a booster immunisation against Tetanus (lockjaw), Diphtheria and Polio, **all of which can be fatal**. This should be your child's fifth dose (they will have had the first three doses as a baby and the fourth dose as they started school). This booster will complete their childhood immunisation course.

This vaccination is not recommended if a previous booster dose has been given in the last 5 years. Please note the date your child received his/her last Tetanus, Diphtheria and Polio booster. This is usually given pre-school at the GP surgery, but may also be given following an injury treated at Accident and Emergency. **If unsure it is important to ring your GP receptionist to clarify dates.**
Date/Year last given:.....

(Please complete ONE box only)

<u>CONSENT</u> I give consent for the person named above to receive the Tetanus, Diphtheria, Polio combined booster	<u>REFUSAL</u> I <u>do not</u> give consent for the person named above to receive the Tetanus, Diphtheria, Polio combined booster
Name of Parent/Carer:	Name of Parent/Carer:
Relationship:	Relationship:
Signature: Parent/Carer (with parental responsibility)	Signature: Parent/Carer (with parental responsibility)
Date:	Date:

If after discussion you decide that you do **not** want to give consent, it would be helpful if you would give the reason(s) below
.....
.....
Please note: If the consent form is not fully completed, we will be unable to vaccinate your child.

FOR OFFICIAL USE ONLY

Self consent framework used <input type="radio"/>		Competent to self consent		Y / N	Medical Checklist completed <input type="radio"/>
Date of vaccination	Time given:	Site of injection (please circle) L / R arm	Batch number/ expiry date	Immuniser (sign and print)	Where administered (School, College, other)

" - - - - - " - - - - - " - - - - - " - - - - - " - - - - - " - - - - - " - - - - - " - - - - - "

To be given to Parent/Legal Guardian following vaccination					
Date of Tetanus / Diphtheria / Polio vaccination	Time given:	Site of injection (<i>please circle</i>) L / R arm	Child's Name	Immuniser (<i>sign and print</i>)	Where administered (<i>School, College, other</i>)

Aftercare

It is very common to experience some swelling redness or tenderness at the injection site. Other common side effects may include dizziness, nausea, fever and headaches. If you feel unwell after the injection or have any concerns please seek advice from a parent/ carer or your GP.

For more information contact The School Nurse Team on Torquay 01803 219704 / 219814 or visit www.nhs.uk or www.nhsdirect.nhs.uk

Reason for not giving consent:

.....

.....

Nurse checklist	Comments
1. General Health	1.
2. Medication including antibiotics	2.
3. Allergies/sensitivities	3.
4. Pregnant?	4.
5. Diphtheria/Tetanus/Polio booster previously given	5.
Date:	Print & Sign:

Date	Notes/Comments - include whether telephone call/face to face contact/other and where contact took place (if relevant)	Print/Signature

Appendix 1b



Human papillomavirus (HPV)
Vaccination consent form

The HPV vaccine that protects against cervical cancer, is being offered to your daughter at her school. The leaflet that accompanies this form tells you and your daughter about the HPV vaccine. To get the best protection, it is important that she receives two injections over the next year. Please discuss this with your daughter, then complete this form and return it to the school before the vaccination is due to be given. Your GP's surgery will be sent details of vaccinations given so that this information can be put on your daughter's health record. If you have more questions, please contact the school nurse or other health professional or go to www.nhs.uk/hpv, for further information.

Girl's full name (<i>first name and surname</i>):	Date of Birth:
Home address, including post code:	Daytime contact telephone number for parent/carer:
NHS number (<i>if known</i>):	Ethnicity:
School:	Year group/class:
GP name and address:	
Has your daughter any important medical conditions? If YES give details:	YES/NO
Has your daughter any known allergies? If YES give details:	YES/NO

Consent for HPV vaccinations *(Please complete one box only)*

I **want** my daughter to receive the full course of HPV vaccinations

Name

Signature
Parent/Guardian

Date

I **do not want** my daughter to have the HPV vaccine

Name

Signature
Parent/Guardian

Date

I **want** to receive the full course of two HPV vaccinations (to be signed by young person)

Name

Signature

* FOR OFFICE USE ONLY

	Site of injection <i>(please circle)</i>		Where administered <i>(School, GP etc)</i>	Batch number/ expiry date	Date	Immuniser <i>Sign and print</i>
	L arm	R arm				
First HPV vaccination						
Second HPV vaccination						

	Date	Signature
First HPV Vaccination: Additional Questions Asked Comments:		
Second HPV Vaccination: Additional Questions Asked Comments:		

Appendix 1c

Flu immunisation consent form Parent/guardian to complete

Child details		
Surname:		First name:
Date of birth:	Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>	School and class:
NHS No (if known):		
Home Address:	Home Tel No:	GP Surgery:
Post Code:	Parent/Guardian Mobile:	
Asthma and other conditions		
<p>Has your child been diagnosed with asthma?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, and your child is currently taking inhaled steroids (i.e. uses a preventer or regular inhaler), please enter the medication name and daily dose (e.g. <i>Budesonide 100 micrograms, four puffs per day</i>):</p> <p>If Yes, and your child has taken steroid tablets because of their asthma in the past two weeks please give details:</p> <p>Please let the immunisation team know if your child has to increase his or her asthma medication after you have returned this form.</p>	<p>Has your child already had a flu vaccination during this autumn 2017? (please circle)</p> <p style="text-align: right;">Yes* No</p>	
	<p>Is your child currently having treatment that severely affects their immune system? (For example they are receiving treatment for leukemia)</p> <p style="text-align: right;">Yes* No</p>	
	<p>Is anyone in your family currently having treatment that severely affects their immune system? (for example they need to be kept in isolation)</p> <p style="text-align: right;">Yes* No</p>	
	<p>Does your child have a severe egg allergy? (needing hospital care)</p> <p style="text-align: right;">Yes* No</p>	
	<p>Is your child receiving salicylate therapy? (i.e. aspirin)</p> <p style="text-align: right;">Yes* No</p>	
	<p>*If you answered Yes to any of the above, please give details:</p>	
	<p>NB. The nasal flu vaccine contains products derived from pigs (porcine gelatine). There is no suitable alternative flu vaccine available for otherwise healthy children. For more information on the flu vaccination programme, go to www.gov.uk/government/collections/annual-flu-programme.</p>	
Consent for immunisation (please sign YES or NO)		
<p>YES</p> <p>I consent to my child receiving the flu immunisation</p> <p>Name of parent/guardian:</p> <p>Signature of parent/guardian:</p> <p>Date:</p>		<p>NO</p> <p>I DO NOT consent to my child receiving the flu immunisation</p> <p>Name of parent/guardian:</p> <p>Signature of parent/guardian:</p> <p>Date:</p>

Self-Consent

Child / Young Person's Name (please use BLOCK CAPITALS)	
Date of Birth	
NHS Number	

Is the young person able to:		
	Yes	No
Tell you which immunisation they are due to have and how many doses they need?		
Explain which disease the immunisation protects against?		
Explain what could happen if they got the disease?		
Explain how the injection will be given?		
Explain about the possible side effects of the vaccine?		
Has the child been given the opportunity to ask questions?		

If the answer to any of the above questions is 'No' do not vaccinate

Nurse's Name (please use BLOCK CAPITALS)	
Nurse's Signature	
Date	

Appendix 3

Equipment Checklist

Torbay School Nurse Team Union House 4th Floor Union Street
TORQUAY TQ1 3YA

Tel: 01803 219814
Email: torbayschoolnursesteam@nhs.net

Equipment List - Check list for contents of immunisation box

- Cotton wool balls
- Blue needles
- Vomit bowls
- Kimi roles
- Sharps bins (one for each nurse)
- Tissues
- Disposable (Single use) thermometers
- Tiger waste bags (correct completion of recording on bag and to be tied with appropriate black plastic tie)
- Black bags
- Anaphylaxis packs (check expiry dates)
- Cards containing questions to ask students prior to vaccination
- GP telephone contact details
- Spare consent forms
- Incident forms
- Yellow reporting slips
- Signed PGD
- Internet access to Green book
- Current version of BNF
- Pillow/blanket (single use only)/roll mat

Appendix 4a

Torbay and South Devon 
NHS Foundation Trust

Torbay School Nurse Team
Kings Ash House
Kings Ash Road
PAIGNTON
TQ3 3XZ

Direct Line: 01803 697383
07825027716

9 February 2018

Dear Parents,

The School Nurse Team have been in School today to provide the nasal 'Flu vaccine to children in year 1, 2 and 3.

Unfortunately your child was not happy to have their immunisation today.

We would like to invite you attend our School Nurse I Flu immunisation clinic, which will be at the end of November. You will receive a letter in the post inviting you to bring your child to this.

If you have any queries please call me or E mail me on Lynnette.halling@nhs.net

Yours sincerely

Lynnette Halling

Immunisation Coordinator for the School Nurse Team
School Nurse.

Torbay School Nurse Team

Kings Ash House

Kings Ash Road

PAIGNTON
TQ3 3XZ

Direct Line: 01803 697383

9 February 2018

Dear Parents,

The School Nurse Team have been in School today to provide the nasal 'Flu vaccine to children in year 1, 2 and 3.

The NHS recommends that the child is fit and well at the time of immunisation. In the Nurses opinion your child was not well enough to have the vaccine today as they may have a cold/virus/cough.

We would like to invite you attend our School Nurse I Flu immunisation clinic, which will be at the end of November. You will receive a letter in the post inviting you to bring your child to this.

If you have any queries please call me on Paignton 697383 or 07825027716

Yours sincerely

Lynnette Halling

Immunisation Coordinator for the School Nurse Team
School Nurse.

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)	1993 Immunisations of School Aged Children		Version and Date	5 July 2017	
Policy Author	School Nurse Team Leader, Immunisations Coordinator				
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
Who may be affected by this document?					
Patients/ Service Users	<input checked="" type="checkbox"/>	Staff	<input type="checkbox"/>	Other, please state...	NHS Organisations <input checked="" type="checkbox"/>
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Age	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'. The policy relates to school aged children only. The Human Papilloma Virus Vaccination is delivered to females only					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS					
Is the policy a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Standardised approach to delivering immunisations					
Who was consulted when drafting this policy?					
Patients/ Service Users	<input checked="" type="checkbox"/>	Trade Unions	<input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	General Public	<input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
What were the recommendations/suggestions?					
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>					Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts					
Action				Person responsible	Completion date
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	School Nurse Team Leader			Signature	
Validated by (line manager)				Signature	