

## IMMUNISATION AND VACCINATION POLICY

To be read in conjunction with  
 Medicines Policy and Administration of Injections Policy

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Relevant Staff Groups:	Nursing Teams and Registered Healthcare Professionals undertaking Immunisations and Vaccinations

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## DOCUMENT CONTROL

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## 1. INTRODUCTION

- 1.1 Immunisation is the most effective method for preventing infectious disease and maintaining the public health of the population (DH 2006). Effective immunisation requires the active participation of all local health professionals involved with immunisation. Immunisation should be seen as a public health team approach and operate within a clinical governance framework. All registered nursing personnel employed by Somerset Partnership NHS Foundation Trust, whether on a permanent or temporary contract, who can confirm their competence may immunise.
- 1.2 This policy is written in accordance with the Department of Health guidance 'Immunisation Against Infectious Disease (2013) also known as 'The Green Book' and the updated chapter of the Green Book on Human Papilloma Virus (HPV) (2013), and in conjunction with the Public Health England (Health Protection) standards of Competence and Guidelines on Immunisation (2008).
- 1.3 Managers should ensure that procedures/ policies are in place to ensure the correct storage of vaccines and other heat sensitive medicines within their area of management. They should ensure that staff have been appropriately trained in the use of the equipment and understand the importance of maintaining the cold chain. All areas should follow the advice in this document.

## 2. PURPOSE & SCOPE

- 2.1 The policy is applicable to all registered nurses and other registered healthcare professionals employed in Somerset Partnership NHS Foundation Trust who have received training and been assessed as competent in the administration of immunisation and vaccinations, for the purposes of this policy now referred to as registered healthcare professionals.
- 2.2 This policy will provide a safe process, for the delivery of immunisation and vaccination by a competent registered health care professional to the right service user at the right time.
- 2.3 Professionals providing immunisations are accountable for their work as defined by their Professional Body.

## 3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Trust Chief Executive** has overall accountability for the effective and safe operation of the Trust, ensuring the safety and wellbeing of service users and others are taken fully into account at all times.
- 3.2 The **Director of Nursing and Patient Safety** is responsible for patient safety and patient experience and is responsible for ensuring staff attend suitable immunisation training sessions.
- 3.3 **Trust managers** are responsible for ensuring all their staff is fully aware of this policy and for making sure they follow it at all times and ensure that all immunisation staff have access to, and attend suitable immunisation training sessions. In addition, those systems are in place to achieve competency in immunisation.

- 3.4 It is the responsibility of each **Registered Healthcare Professional**, employed by Somerset Partnership NHS Foundation Trust, who practices immunisation, to ensure that they are appropriately trained, informed, and competent to administer the correct vaccination to the appropriate age groups, in order to meet the Public Health England (Health Protection) minimum standards (2005). All immunisations must be given under a current Patient Group Directions (PGD), Patient Specific Directive (PSD) and prescription. Each professional is responsible for reading, and signing the current PGD.

## 4. EXPLANATIONS OF TERMS USED

### 4.1 Immunisation/Vaccination:

- The term vaccination originated from the procedure used to protect people with the first vaccine for smallpox, vaccinia.
- Vaccination is now used to refer to all procedures for immunisation. Immunisation is the process of protecting individuals from infection through passive or active immunity.
- Passive immunity is provided by administering antibodies, such as Varicella Zoster Immune Globulin, (VZIG) for preventing chickenpox in pregnant women.
- Active immunity is achieved through stimulating the individual's immune system by an inactive vaccine (toxoid such as tetanus, inactivated organism such as hepatitis A vaccine, or subunit vaccines such as acellular pertussis vaccine) or a modified, attenuated live organism (such as oral polio vaccine or Measles Mumps and Rubella (MMR)).

### 4.2 Patient Group Directions (PGD)

These are written agreements for the supply and administration of medicines by healthcare professionals to groups of Service Users who may not be individually identified before presentation for treatment. For nurse led immunisation sessions, vaccines are administered under Patient Group Directions which are locally drawn up and signed by doctors and pharmacist and meet specific criteria. They apply to groups of patients and service users who may not be individually identified before presentation for treatment. PGD's are a statutory instrument and are legally binding (RCN 2005)

### 4.3 Yellow card scheme

The Yellow Card scheme is a voluntary reporting system for suspected adverse reactions (ADRs) to medicines, which includes vaccines. Adverse events following immunisation which are suspected to be vaccine-induced must be reported as ADRs via the Yellow Card scheme

### 4.4 Cold Chain

The system used for maintaining vaccines in good condition is called the cold chain. This consists of a series of storage and transport links, all of which are designed to keep the vaccine within the correct temperature range until it reaches the user.

## **5 STORAGE OF VACCINES**

- 5.1 **For information about the storage of vaccines and temperature sensitive medication and for temperature monitoring requirements see Medicines Policy appendix E.**

### **Sensitivity to Temperature**

- 5.2 All vaccines are sensitive biological substances and lose their potency – that is, their ability to give protection against disease – with time. Loss of potency accelerates as vaccines are exposed to higher or lower temperatures and may also mean that the vaccine is more likely to cause adverse reactions. Freezing and may also cause microscopic or overt fractures of glass containers potentially leading to gross contamination of the vaccine. In order to maintain their quality, all vaccines must be continuously stored within the appropriate temperature range from the time they are manufactured until the moment of use. The system used for maintaining vaccines in good condition is called the cold chain.

### **Sensitivity to Light**

- 5.3 Some vaccines are very sensitive to strong light for example, BCG AND MMR vaccines. Exposure to ultraviolet light causes loss of potency. Consequently they must always be protected against sunlight or fluorescent (neon) light. Dark brown glass vials and cardboard packaging gives some protection from light and vaccines should be stored in this packaging.

## **6. VACCINE HANDLING**

- 6.1 All wards, departments and clinics with responsibility for storing and administering vaccines should ensure that an up-to-date copy of the Green Book (and access to the web version) is available, and that staff administering and handling vaccines are fully conversant with its contents.
- 6.2 Vaccines and other medicines should never be left out of the refrigerator. They should normally only be removed from the refrigerator as required, except in specific circumstances (see 6,x below).
- 6.3 Only the minimum quantity of vaccine required for each patient should be removed from refrigerators. Vaccine should not be removed from the refrigerator any earlier than is necessary. Vaccines should not be reconstituted in advance,
- 6.4 When there is no option other than to remove a vaccine from the refrigerator prior to undertaking the immunisation for individual patients, e.g. home visit, session held in a room without a refrigerator, non-NHS premises, then the following steps must be followed:
- 6.4.1 Only sufficient vaccine should be removed from the refrigerator to immunise those individuals for whom home visits are planned (Appendix B). Vaccines must be transported in an approved cool box and should not be left unattended in a car. Unused vaccines must be kept in the cool box until they are able to be returned to the main vaccine refrigerator. Those vaccines being returned must be clearly marked and used FIRST at the next opportunity. If they are taken out on a second 'excursion' any remaining unused must not be returned to the main refrigerator. Vaccine stored overnight in a domestic refrigerator must not be returned to the main refrigerator if it has still not been used on a home visit on the following day.

- 6.4.2 Only sufficient vaccine should be removed from the refrigerator for on-site clinics held in a room without a refrigerator sufficient to immunise one hour of a clinic session. It is important to ensure that none is left out of the refrigerator at the end of the session.
- 6.4.3 If running a clinic session in non-NHS premises (Appendix C), e.g. church hall, school, in a room without a refrigerator, then the vaccines must be transferred directly from the main vaccine refrigerator into a pre-cooled, cool-box. Vaccines must be kept in the cool box until they are able to be returned to the main vaccine refrigerator after the session. Those vaccines being returned must be clearly marked and used FIRST at the next opportunity. They must not be returned to the main refrigerator after a second 'excursion'.
- 6.4.4 Borrowing vaccine and removing from one site to another count as an 'excursion'. This should be avoided wherever possible.
- 6.5 Consideration should be given as to whether single or multiple-dose vials are appropriate for a session. Once a vial of vaccine has been opened or reconstituted, the risk of contamination is high and potency reduced.
- 6.6 Multi-dose vials of vaccine should be discarded after four hours or at the end of the session, whichever comes first.
- 6.7 Vaccines which are already in solution should be checked for sediment. If sediment is present, the batch should not be used and should be notified to the supplier and returned following their instruction.
- 6.8 Cool boxes / transport bags should be checked twice a year to ensure that the temperature range for vaccines transported by this method is not breached.

## **7 RISK MANAGEMENT AND SAFE SYSTEMS OF WORK**

- 7.1 **CONTRAINDICATIONS TO VACCINES** - information is available in the PGD, manufacture's literature and the Green Book.

### **PRIOR TO THE VACCINATION SESSION**

- 7.2.1 Safe systems of work (SSOW) must be used following manufacturers Control of Substances Hazardous to Health (COSHH) safety data sheets.
- 7.2.2 Spillages must be cleared up quickly and gloves must be worn. The spillage must be soaked up with paper towels, taking care to avoid skin puncture from glass or needles. The area must be cleaned according to Trust Management of Spillages and the Prevention and Control of Infection policy.
- 7.2.3 Spillages on skin should be washed with soap and water. If a vaccine is splashed in the eyes, they should be washed with sterile 0.9% sodium chloride solution and medical advice should be sought, spills notified on incident form.
- 7.2.4 A safe system of work (SSOW) must be developed for disposal of vaccines by incineration at a suitably authorised facility in consultation with Trust Waste Management policy.

7.2.5 Ensure sharps container, gloves (if required) and drugs for anaphylaxis are available. The sharps disposable container must be securely closed and replaced once it is two-thirds full and must not be accessible to any unauthorised individual.

7.2.6 Healthcare workers must ensure hands are decontaminated prior to and following any healthcare intervention. Please refer to the Trust Hand Hygiene Policy for further details.

### 7.3 CONSENT

#### **Registered Healthcare Professionals must ensure that:**

7.3.1 Informed consent must be obtained prior to giving an immunisation. Information concerning the benefits and risks of the proposed treatment should be discussed as well as alternative treatments.

7.3.2 There is no legal requirement for consent to immunisation to be in writing and a signature on a consent form is not conclusive proof that consent has been given, but serves to record the decision and discussions that have taken place with the patient or the person giving consent on a child's behalf who must have parental responsibility (The Green Book DH 2013)

7.3.3 Before a client can make an informed decision they need to have a clear explanation and an opportunity to ask questions from the Registered Professional. These should include:

- Need for vaccination
- Vaccine and number of doses required
- Risk associated with the disease the client is being immunised against
- Risks and side-effects associated with the vaccine (RCN 2005)

#### **Adults**

7.3.4 Adults are those aged 18 or over and must consent to their own treatment. The Mental Health Capacity Act 2005 sets out how treatment decisions should be made for people aged 16 and over who do not have the capacity to make these decisions themselves, refer to Consent and Capability Policy.

#### **Capacity to give consent**

7.3.5 Where an adult *lacks capacity* to consent, the decision to administer the vaccine will be made by the healthcare professionals providing care in consultation with relevant others on the basis of the Service Users "best interests".

#### **Immunisation in schools**

7.3.6 Young people aged 16 and 17 are presumed in law to be able to consent to their own medical treatment. Younger children who fully understand what is involved in the proposed procedure (Fraser Guidelines 1985) can also give their consent, although ideally their parents/carers with parental responsibility will be involved in the decision making and will have signed the consent form prior to immunisation being offered, this is particularly important for school based campaigns.



7.3.7 Where any doubt exists regarding consent or the child's or adults suitability for immunisation, the vaccine must be withheld until clarification is received from the child, parent/carer with parental responsibility, or GP. All discussions around consent must be recorded.

#### 7.4 PREPARATION OF VACCINES PRIOR TO ADMINISTRATION

- Ensure it is the correct vaccine for that service user as per prescription, PGD or PSD.
- Ensure colour and appearance of vaccine is correct (refer to product information) and that dose is appropriate for the Service User's age. Check expiry date.
- Follow manufacturer's instructions for reconstitution of vaccine.
- Each vaccine must be reconstituted and drawn up when required in order to avoid errors and maintain vaccine efficacy and stability. Vaccines must not be drawn up in advance of an immunisation session
- There are no contra indicators to the service user being given the vaccine(s)
- The service user or carer is fully informed about the vaccine(s) to be given and understands the vaccination procedure
- The service user or carer is aware of possible adverse reactions and how to treat them.

### 8 ROUTE OF ADMINISTRATION

8.1 As per manufacturer's instructions (subcutaneous, intramuscular)

8.2 The Registered Healthcare Professionals hands should be decontaminated as per policy prior to administration. If the skin of the recipient is clean, no further cleaning is necessary. Any visible dirty skin at the site needs to be washed with soap and water. It is not necessary to disinfect the skin. Studies have shown that cleaning the skin with isopropyl alcohol reduces the bacterial count, but there is evidence that disinfecting makes no difference to the incidence of bacterial complications of injections.

8.3 Choice of needle size - refer to the Administration of Injections Policy

8.4 Under 1 year; anterolateral aspects of the thigh

8.5 Older children and adults; deltoid muscle (upper arm)

8.6 The gluteal muscle site must not be used for vaccinations (refer to Administration of Injections Policy)

8.7 Refer to written authorisation / product information for recommended route of administration.

## 9 ADVERSE REACTIONS

- 9.1 All Registered Healthcare Professionals administering a vaccine must ensure the availability of children's doses and Anaphylactic shock pack or Adrenaline in accordance with the Trust Anaphylaxis Policy.
- 9.2 Anaphylaxis is most likely to occur within 10 minutes of vaccination. Immediate problems should be apparent by the time the person has replaced clothing and records have been completed. They should be assessed as feeling well before leaving the clinic/session/or the nurse leaves the home.

Anaphylaxis/adverse reactions must be recorded on the consent form in schools or in the patients RiO record.

### **If an adverse reaction does occur:**

- Cease administration of drugs as appropriate
- Give treatment in accordance with the Anaphylaxis Policy
- Call for medical and paramedic ambulance assistance (proceed as for cardiac arrest)
- Secure the airway
- Lay the Service User flat, with legs raised (unless respiratory distress is increased)
- Give 100% oxygen if available
- Administer adrenaline (epinephrine)
- Monitor vital signs – attach ECG monitor if available
- If appropriate, commence cardio pulmonary resuscitation
- Inform the service user's GP as soon as possible
- Ensure the reaction is reported to the Committee on Safety of Medicines using the yellow card system and Trust Incident form which must state whether incident reported using the yellow card.

*NOTE: if severe reaction occurs, refer to GP for further assessment and administration of future vaccinations*

## 10. RECORD KEEPING

- 10.1 Vaccine administration must be fully documented on the consent form including reasons for non-administration. Vaccine name, brand, dose, route, site, batch number and expiry date must be recorded in accordance with Trust Record Keeping and Records Management Policy.
- 10.2 Written and verbal information on after care must be given to the individual and/or parent/ carer and this must be documented.
- 10.3 In the event of any immediate adverse effects following immunisation, the registered practitioner must ensure emergency medical help is sought and the incident recorded on the consent form and in the client's school health RiO record. Reporting should also be undertaken via the Trust incident reporting process. Reactions suspected to be related to the vaccine (and not those associated with the injection process should be reported via the Yellow Card

Scheme (Green Book 2013). Further information can be found at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)

## **11. TRAINING REQUIREMENTS**

11.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

- Immunisations and Vaccines training
- Competency Assessment for Immunisations and Vaccines

11.2 Registered Healthcare Professionals are professionally accountable for their practice and must receive training and be assessed as competent in all aspects of immunisation including contraindications and the recognition and treatment of anaphylaxis. Training and competence in basic life support and administration of adrenaline (epinephrine) including cautions for use of adrenaline must also be undertaken.

11.3 All practitioners involved with immunisation must ensure they access ongoing training and supervision. Theoretical training must comply with the Health Public Health, England (Health Protection) National minimum Standards for Immunisation Training and the Core Curriculum for Immunisation Training (2005).

### **11.4 Implementation plan and Training requirements**

- Training for those who are in receipt of vaccines and storage and recording of refrigerator temperature.
- Where policies indicate statutory or mandatory training requirements, attendance will be monitored in line with the education and development strategy.

## **12. EQUALITY IMPACT ASSESSMENT**

12.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **13 MONITORING COMPLIANCE AND EFFECTIVENESS**

### **13.1 Process for Monitoring Compliance**

Any incidents reported via DATIX will be investigated and reviewed and any competency related issues will be addressed either with the individual and/or learning will be shared with the relevant Best Practice Groups

13.2 This policy will be reviewed every three years or updated sooner following new guidance

## 14. COUNTER FRAUD

14.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## 15. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

15.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

15.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents
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15.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

### **Relevant National Requirements**

*Department of Health initiatives  
NICE and other clinical guidance*

## 16. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

### 16.1 References

Refer to [www.dh.gov.uk/consent](http://www.dh.gov.uk/consent) or for MH staff the Consent and Capacity to Consent to Treatment – Policy and Guidance for MH Staff, and CH staff.

Del Mar et al, 2000, Sutton et al., 1999 see section 8.2

Department of Health Consent (2001)

[www.dh.gov.uk/policyandguidance/healthandsocialcaretopics/consent](http://www.dh.gov.uk/policyandguidance/healthandsocialcaretopics/consent)

Department of Health (2013) Immunisation against Infectious Disease (2013), also known as 'The Green Book' [www.dh.gov.uk](http://www.dh.gov.uk)

Department of Health (2008) The 'Green Book' chapter on Human Papillomavirus (HPV) [www.dh.gov.uk/greenbook](http://www.dh.gov.uk/greenbook)

Department of Health guidance on reporting adverse incidents  
<http://www.yellowcard.gov.uk/>

Health Protection Agency (2005) Core Curriculum for Immunisation Training  
[http://www.hpa.org.uk/infections/topics\\_az/vaccination/core Cuu1.pdf](http://www.hpa.org.uk/infections/topics_az/vaccination/core%20Curriculum1.pdf)

Health Protection Agency (2005) National minimum Standards for Immunisation training

[http://www.hpa.org.uk/infections/topics\\_az/vaccination/National Immun Train Stand1.pdf](http://www.hpa.org.uk/infections/topics_az/vaccination/National%20Immunisation%20Standards1.pdf)

The Nursing and Midwifery Council (2015) the Code for Nurses and Midwives

Royal College of Nursing (2005) RCN signpost guide: nurse-led immunisation of school-aged children.

Acknowledgements - Hounslow Primary Care Trust – Immunisation Policy 2007  
North Somerset PCT Immunisation policy.

NPSA Vaccine Cold Storage January 2010

## 16.2 Cross reference to other procedural documents

Consent and Capacity to Consent to Treatment Policy

Hand Hygiene Policy

Healthcare (Clinical) Waste Policy

Learning Development and Mandatory Training Policy

Medicines Policy

Needlestick and Contamination Injury policy

Patient Group Direction Policy

Record Keeping and Records Management Policy

Risk Management Policy and Procedure

Staff Mandatory Training Matrix (Training Needs Analysis)

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

## 17. APPENDICES

17.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A	School Nurse Led Sessions In School
Appendix B	Vaccines for Home Visits
Appendix C	Vaccine clinics at non-NHS locations

## SCHOOL NURSE LED SESSIONS IN SCHOOL

### Vaccination Session lead

Each session will be led by a registered nurse. It is expected that each session will be led by the named nurse for that school. In the case of college or other community venues a registered nurse will be allocated. In advance of each session it is expected that the session lead will review the consent forms to remove non-consented pupils' forms and highlight any other potential problems i.e. medical concerns or contra-indications. All handwritten forms are to be removed and PPS notified to generate a pre-printed form which is given to the child to gain consent, to ensure the child is not vaccinated unnecessarily.

### Registered Nurse responsibilities

- There is to be a minimum of two registered nurses per vaccination session.
- All registered nurses who undertake immunisation must ensure that they are adequately trained and have read and signed the Patient Group Directive (PGD) for each individual vaccination. They must follow the guidelines set out in The Green Book (2013) and the NMC The Code (2015). They also need to be up-to-date with their mandatory basic life support and anaphylaxis training.
- Healthcare professionals are responsible for ensuring that every young person for whom consent is given is fully immunised unless there is an identified contraindication. All health professionals are responsible for ensuring a safe environment for the immunisation session to be delivered and should work with the school to ensure assistance locating children and helping to maintain a safe environment.
- It is the responsibility of the Registered Nurse who is coordinating and leading the session to ensure that there is adequate health care staff available to provide a safe, prompt and efficient service.

### A registered nurse will lead the session and delegate the following tasks

School Health support staff will be supported and supervised by the Registered Healthcare Professional. Support Staff must be trained in basic life support and anaphylaxis and be delegated specific tasks during the immunisation session as follows:

- Supervising young people waiting for immunisation
- Monitoring the recovery area post vaccination
- Monitoring and supporting Registered Healthcare Professional

Clerical staff will act as the contact point for schools and college staff. They will be responsible for:

- Co-ordinating and booking each vaccination session under the guidance of the School Nurse. They will also oversee the timetabling and allocation of staff to each session.
- Collecting and checking consent forms are signed as well as available for the session
- Ensuring that all paperwork is correctly completed and that all information is returned to Patient and Practitioner Services in a timely manner.

### **Immunisation equipment**

The equipment for each session will be prepared in advance of each session and divided into four kits:

- Emergency Kit
- Immunisation equipment
- Vaccine storage
- Administration pack

### **Equipment Contents Emergency kit**

This kit is to be kept in the immunisation kit in a clearly marked box. It will include:

- ADRENALINE 1:1000 minimum of 3 doses.
- Immunisation Equipment

This kit is to be transported in a suitable wheeled case or wheeled crate. It will include:

- Blue roll
- Tray to hold sharps box
- Alcohol hand rub
- Disinfectant wipes (used to decontaminate equipment)
- Tissues
- Sharps bins (or larger bins if large vaccination session)
- Orange clinic waste bags for body fluid stained waste.
- Black refuse bags for paper rubbish
- Disposable gloves
- Non sterile swabs

### **Administration Pack**

This will be held in a folder or file. It will include:

- Relevant patient group directives
- Copy of the green book
- Spare copies of consent forms
- Copies of relevant trust policies i.e. hand-washing policy, sharps policy
- Prompt cards for each vaccination station
- Patient information literature
- GP referral forms.

- Important telephone numbers list
- Black triangle / Yellow card reporting documents
- Black triangle/yellow card reporting documents
- Patient notification form for pupils experiencing a faint.

### **Vaccine transportation**

- The vaccine will be transported to each session in the light blue cool bags as provided using the wheeled trolley. The vaccine will be packed between the reflective panels with chilled cool packs and not removed from this environment until needed for vaccination.
- The cool bag containing vaccine must be kept out of direct sunlight and only opened the minimum occasions required.
- The number of vaccines kept out at a session must be kept to a minimum and for a minimum amount of time.
- If there are vaccines drawn up for use, but there is an interruption to the session resulting in a delay in use of the vaccine, return vaccine to the cool bag environment until the session recommences within 4 hours or dispose of as wastage if unused.

### **Process for immunisation**

#### **Preparation of area prior to vaccination:**

- Vaccination area to be prepared to ensure the health and safety of both client and clinical staff, this should include the placement of tables, chairs, equipment, recovery area.
- Prior to the vaccination area being prepared staff must decontaminate their hands in accordance with Trust policy on hand washing
- Tables to be cleaned with surface disinfectant wipes in line with Trust Infection Prevention and Control policy and then covered with paper roll.
- Equipment required to be placed on tables: sharps bin, orange bag for clinical waste, box of latex free gloves, alcohol hand gel, plastic tray for holding the pre-filled vaccination syringe, non-sterile swabs, a check list of information to discuss with the young person prior to vaccination – this will include possible side effects and any contraindications to the vaccine, black pen.

#### **Administration of immunisation:**

- If at any point the Registered Health care Professional requires further medical advice either prior to or following vaccination they should contact the pupil's GP if possible.
- The Registered Health care Professional checks the consent form with the young person – this must include: Name, date of birth, check who has



signed the consent form – do they have parental responsibility. Check the Date of previous dose to ensure the vaccination is given within the recommended timeline.

- In accordance with the Trust Consent and Capacity to Consent to Examination and or Treatment policy section 8, the valid consent of a child or young person will be sufficient authority for their admission to treatment; additional consent by a person with parental responsibility will not be required. It is good practice to involve the child or young person's parents and/or others involved in their care in the decision-making process, if the child or young person consents to information about their care and treatment being shared.
- If a young person presents for vaccination but at the point of administration refuses, their wishes will be respected and no pressure will be applied to be vaccinated, they will be given the opportunity to return at a later time or date
- The Registered Healthcare Professional must discuss with the young person information about the vaccine, identified possible side effects and any contraindications and ensure that the young person is willing to be vaccinated. The prompt card can be used to support this process.
- The Registered Healthcare Professional explains to the young person the process to administer the vaccination and ensures that the young person's arm is exposed and that they are in a comfortable position
- The Registered Healthcare Professional must decontaminate hands with alcohol cleanser as per Trust Hand Washing Policy
- Vaccination prepared in line with the manufacturers guidelines and administered to young person by an intramuscular injection into the deltoid muscle of the upper arm
- Used syringe and needle to be disposed into the sharps bins in line with Trust policy for the safe disposal of sharps
- Consent form to be completed by the Registered Healthcare Professional and the young person escorted to the recovery area for 10 minutes.
- If the young person faints following immunisation the Registered Healthcare Professional will assess the young person, and will complete the parent notification form for the young person to give to their parent and inform the parents/carers. An entry will be made in the patients RiO record.
- In the event of a needle stick incident, the Needle stick and Contamination Injury policy must be followed.

### **Completion of immunisation session:**

All vaccine that has not been used is to be returned to the originating fridge where it can be used for the next session, as long as the cold chain has not been broken, following the guidelines in the NPSA Vaccine Cold Storage January 2010. All unused vaccine must have a dated sticker fixed to alert that it

has been removed so that it is used first for the next session. Any vaccine where the cold chain has been broken should be disposed of in the sharps bin.

All sharps bins are to be closed and locked at the end of each session whether it is full or not before transportation and returned to the team base. Sharps boxes are to be labelled and disposed of in line with the Trust policy on the disposal of sharps.

All clinical waste is to be secured and returned to the team base in line with the Trust policy on disposal of clinical waste

All clinical equipment is to be cleared and returned to the team base.

All consent forms are to be retained by the administrator and sent to Patient and Practitioner Services for data inputting. When the forms are returned they are to be stored in a safe and confidential manner ready for the next session in line with the School Nurse Record Keeping Standard

## **HEALTH AND SAFETY GUIDANCE**

Registered Healthcare Professionals are responsible for observing the 'cold chain' and for ensuring safe transport and storage of vaccine using the cool boxes and fridges as provided. In addition Registered Healthcare Professionals are responsible for the safe transportation and disposal of all clinical waste, including sharps bins, in accordance with Trust policy.

## **DATA COLLECTION**

Somerset Partnership NHS Foundation Trust is required to provide HPV immunisation statistics to the Department of Health on an annual basis. Information on young people who have received HPV vaccination will be held by the School Nurse Teams and submitted to the Child Health Department for entering on the child health database and to GP surgeries

## **Vaccines for Home Visits**

In the majority of cases, vaccines should be kept in appropriate refrigerators at a temperature of +2°C to +8°C until immediately before they are required to be administered to the patient. However, there are circumstances where this is not practical, as in the case of visits to patients' own homes.

The following points should be adhered to:

- Ideally, the patient should be contacted by telephone on the day of the proposed visit to ensure that they will be at home and that they do not have any condition which may mean that the vaccine cannot be given, e.g. raised temperature.
- Only the exact number of vaccines required for home visits should be taken out of the refrigerator.
- The vaccines should be stored safely and transported in an approved cool box.
- Vaccines should not be left where they may be subject to heat. (Note: even in winter, vaccines left on a parcel shelf in direct sunlight may be subject to untoward heat).
- If the patient is not at home and it is intended to attempt vaccination on the following day the vaccine should be returned to the original (main) refrigerator, kept separate from other stock and used at the next visit. If it is still unused after a second visit it should be discarded in line with the policy.

## Vaccine clinics at non-NHS locations

In the majority of cases, vaccines should be kept in appropriate refrigerators at a temperature of +2°C to +8°C until immediately before they are required to be administered to the patient. However, there are circumstances where this is not practical, as in the case of specially organised clinics in non-NHS locations, e.g. schools.

The following points should be adhered to in these circumstances:

- Only the exact number of vaccines required for the proposed session should be taken out of the refrigerator.
- The vaccines should be transported and stored safely and correctly in an approved cool box.
- Vaccines should not be left where they may be subject to heat or freezing.
- When removing vaccines stored in a cool box, care should be taken to ensure that those vaccines still remaining continue to be stored appropriately (i.e. vaccines are not put in direct contact with a cold block).
- If there are any vaccines that have not been given at the end of the session, they can be returned to the vaccine refrigerator. They should be clearly labelled "USE FIRST".
- Vaccines which have already been taken out of the refrigerator once and been stored in a cool box for one immunisation session may be taken out of the refrigerator and stored in a cool box for a second immunisation session. However, these vaccines must be used first. If they are not used in a second 'excursion', they must NOT be returned to the vaccine refrigerator but should be clearly labelled "NOT FOR USE" and discarded