



Western Health
and Social Care Trust

Guidance on the Principles & Practice surrounding the safe administration of Preschool Immunisations

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CONTENT PAGE

**Page
Number**

- 1.0 Introduction**
- 2.0 Scope of the Guidance**
- 3.0 Roles/Responsibilities**
- 4.0 Key Principals**
- 5.0 Operational Guidance**
- 6.0 Implementation**
- 7.0 Equality statement**
- 8.0 Appendices**
- 9.0 Signatories**

Appendix 1 – Recording Schedule

Appendix 2 – Training Requirements

Appendix 3 – Flow Chart

1.0 INTRODUCTION / PURPOSE

1.1 Background

In recent years there has been a substantial increase in the range, volume and complexity of the preschool immunisation programme which has been combined with the replacement of Health Visitors with Band 5 Nurses at these immunisation clinics. Evidence has also shown that there has been a downward trend in rates of vaccination coverage with many of the pre-school vaccination rates falling below the WHO target rate of 95%.

1.2 Purpose

The purpose of this document is to provide additional guidance for key stakeholders involved in the provision and administration of pre-school immunisations, to enable them to provide a safe, effective service within the Western Health and Social Services Trust area. It is intended to supplement the available guidance (see references) and is not intended to overlap and duplicate with other guidance

1.3 Objectives

These Guidelines aim to

- Standardise the principles and practice surrounding the safe administration of preschool immunisation clinics.
- Ensure data held on vaccination history is up to date
- Optimise capacity at each clinic by managing those children not brought for scheduled appointments

Most of the adverse incidents centred around issues in relation to administration errors, unscheduled attendances, forgotten Personal Child Health Record (PCHR) “Red Book” and human error exacerbated by staff under pressure at clinics.

2.0 SCOPE OF THE GUIDANCE

This guidance is relevant for all staff involved in administration of pre-school immunisations, including GPs, HVs, Practice Nurses, Public Health Nurses, Pharmacists, and Administration Staff

3.0 ROLES/RESPONSIBILITIES

It is essential that those involved in the delivery of the immunisation service have a team approach. General Practices are responsible for the overall delivery of the preschool immunisation programme. To ensure high uptake rates, minimize risk and prevent errors, a team approach is essential, whereby GPs and their staff, Health

Visitors, Nurses, Pharmacists, CHS staff and PHA, work together to deliver the immunisation service.

4.0 KEY PRINCIPLES

The purpose of the immunisation program is to ensure that as many children as possible are fully vaccinated against serious infective diseases. Opportunistic vaccination is to be encouraged, particularly for hard to reach families when scheduled vaccination has been or is likely to be missed. Those who present as unscheduled attendances are more likely to miss appointments and end up inadequately protected.

While it is not ideal to fit in unscheduled attendances to a clinic, if they can be accommodated safely, they should be included. At each presentation, every care should be taken to check which vaccination, if any, is due. All trained vaccinators and GPs should be alert to these opportunities and forward completed CHS7 to CHS as soon as possible as well as noting immunisation in PCHR and GP Clinical record.

It is a much more serious to leave a child unprotected than, in exceptional circumstances, to administer a duplicate vaccination, especially if the parent or guardian is fully informed of the decision.

Parents should be encouraged to bring their children for the scheduled immunisation appointments and bring the PCHR (Red Book) with them on each occasion.

The clinic environment must

- Be compliant with Health & Safety and infection control regulations.
- Have immediate access to telephone, assistance and emergency equipment.

Staff should notify their line manager and / or GP practice of any concerns which hinder them in providing safe and effective practice.

A General Practitioner must be on site and available for the duration of the immunisation clinic.

Maintenance of the Cold Chain throughout a validated system of vaccine transport and storage is a joint responsibility between the Trust Pharmacy Department and General Practices.

5.0 OPERATIONAL GUIDANCE

5.1 Responsibilities prior to the vaccination clinic

Vaccinators must:

- Have attended training as per Appendix 2 prior to working unsupervised in an immunisation clinic.
- Ensure that they update their knowledge and skills annually
- Have access to and be familiar with the colour coded poster provided by the PHA
- Have access to and be familiar with the online Green Book “Immunisation against Infectious Disease” and the Health Protection immunisation / vaccine section of the PHA during the clinic.
- Ensure that they have read and signed current PGD’s

5.2 Child Health Department (CHS)

CHS Department is responsible for scheduling all immunisations and managing immunisation clinic time. Following discussion with the GP practice and other immunisers, scheduling times and frequency will be agreed based on the average number of children attending, the number of vaccinators available and the length of waiting lists.

The scheduled clinic list (CHS 6) is prepared by the Child Health Department and sent to the GP practice well in advance of the clinic.

5.3 GP Practice

Clinic waiting list - Each GP practice should have someone responsible for managing the waiting list for the clinic and filling slots were appointments have been cancelled. Clinic should not be over booked without prior consultation with the vaccinators. The use of clinic time with regard to unfilled slots, DNA, unscheduled attendances and cancelled clinics should be audited regularly.

Suitable arrangements should be made for non-English speaking families and those with other communication difficulties. Health Visitors should be aware of these families as they may need additional help with informed consent and accessing services. Health Visitors should make the CHS Department aware of interpreting needs so that CHS can in turn alert both the Vaccinator and the GP practice of an immunisation appointment for a child from a non-English speaking family. The standard information leaflets are available in a number of common languages and formats from the PHA website. At the GP surgery telephone translation services are available. Interpreters to attend with the family need to be booked in advance but with leaflets and telephone translation available they are not usually required.

5.4 Responsibilities during the vaccination clinic

Receptionist (or vaccinator if no receptionist is available) –

- Check if child is on scheduled list of immunisation appointments (CHS6).
- Check that the parent/guardian/carer has child's Personal Child Health Record (PCHR) - "Red Book" with them and ensure that the immunisation history is available to the vaccinator digitally or a paper copy where IT access is not available to the vaccinator
- If child is unscheduled, print out an immunisation history for the child from the GP Clinical System and pass with the PCHR (if available) to the vaccinator who will decide how to proceed.
- Provide the vaccinator with a blank CHS7 (unscheduled attendance form) if child is unscheduled.
- After the clinic, ensure completed CHS6/CHS7 documentation is countersigned by the GP and returned promptly to CHS

Vaccinator:

- Obtain that day's CHS6 'list of immunisation appointments' from GP Receptionist
- Be logged onto the GP clinical system if available
- Have access to the electronic Green Book
- Confirm which vaccination is due – see appendix 3, if unclear, contact CHS.
- If unsure of history, determine which vaccinations are due and the minimum intervals between vaccines by using algorithm found at [Vaccination of individuals with uncertain or incomplete immunisation - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- Difficult queries can be resolved by contacting the PHA Duty Rooms
- Explain to the Parent / Guardian / Carer which vaccine(s) are to be administered
- Gain informed consent for that day's vaccination. (See Consent Chapter in Green Book).
- Where the vaccinator has no reason to doubt consent, they can proceed.
- Check that Foster Carers have delegated authority to consent for immunisation.
- Check expiry date on each vial prior to drawing up the vaccine
- The person who draws up the vaccine must be the one to administer it. NB Vaccines should not be drawn up in batches.
- Document each vaccine given on
 - CHS6 scheduled list or CHS7 unscheduled vaccine form
 - and**
 - GP Clinical Record
 - The PCHR
- Report any errors immediately to GP, the HV Team Lead and complete Datix

NB There should be minimal distractions in the clinic room during the vaccination clinic.

6.0 IMPLEMENTATION

Guidance to be shared with all staff within the HV team

- Team Leads
- Health Visitors

- SCNS
- Child Health Assistants
- Public Health Nurses
- Administration staff

7.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this guidance should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this guidance is:

Major Impact

Minor Impact

No Impact

8.0 APPENDICIES

Appendix 1 – Recording Schedule

Appendix 2 – Training Requirements

Appendix 3 – Flow Chart

9.0 SIGNATORIES

_____ Date _____

Name Title

_____ Date _____

Appendix 1

Table 1: Recording Schedule				
Information Recorded <i>(**automatic on GP & CHS)</i>	GP Clinical Record	CHS6/CHS7	PCHR	Notes
Date Immunisation give **	Y	Y	Y	Required on all 3 records
Name of vaccinator	Y*	N	N	*A unique login is required for governance purposes and stand in lieu of a signature. Designation is know from set up.
Signature of vaccinator	N/A	Y	N	
Designation of vaccinator **	Y	N	N	
For each Injection				
Vaccine administered (e.g. Diphtheria)	Y	Y	Y	Already printed on CHS6/CHS7 & PCHR
Product name or Manufacturer name	N	Y	N	Only required on CHS system as they have capability to trace batch numbers. Use sticker on viral
Batch Number	N	Y	N	
Site of Immunisation	Y	N	N	Clinically important
Consent	Y	Y	N	See Green Book
Expiry Date	Y	Y	N	

Appendix 2

Training Requirements		
The following modules and reading are Recommended Vaccine Related Learning for all vaccinators		
Training	Course Management	Frequency
These modules are completed online using the following link: Home - elearning for healthcare (e-lfh.org.uk)		
Log on to your account and click on the Immunisation (IMM) tab which will bring you to the training page		
National Immunisation Policy & Programmes	(Approximately 40 minutes to complete)	once
Immunology	(Approximately 60 minutes to complete)	once
Vaccine Administration	E-LFH	once
Immunisations 0-4	PHA Immunisation Training Slides - Tiles (hscni.net) Or E-LFH And Refer to Green Book Chapter 21,23,28	once
Anaphylaxis	Either through CEC or E-LFH Face to face may be mandatory -check your Trust policy	Yearly update
Face to Face BLS	Trust	Yearly update
PGD	Either through CEC or E-LFH	Yearly update
Medicine's Management	Either through CEC or E-LFH	3 yearly
Vaccine storage	E-LFH	once
Legal Aspects	E-LFH	once
Green Book – chapter 11	https://www.gov.uk/government/publications/immunisation-schedule-the-green-book-chapter-11 Please confirm that you have read this chapter	

