

	Standard Operating Procedure (SOP): Governance responsibilities of immunisation staff conducting screening and Immunisation of the School aged population within NHS Greater Glasgow and Clyde (GG&C)	Version Effective from Review Date Pages Authors	3 04/08/2025 03/08/2026 24 NHS GGC Childhood Immunisation Group
Background: Standard Operating Procedures (SOP) are written instructions which give direction to practitioners so that there is clarity around what is expected during regularly performed tasks. This supports consistency and uniformity across the NHS Greater Glasgow & Clyde (NHSGG&C) area. These SOP's will also be used to generate measures to improve performance and outcomes. Aim: The overall aim of this SOP is to support staff in delivering a safe, effective and patient-centred immunisation service. To ensure that all children and young people within the school aged population of Greater Glasgow & Clyde are offered the routine scheduled School based Immunisation Programmes and there is equity and consistency across all Health Social care partnership's (HSCP) within Greater Glasgow and Clyde (GG&C). The principles in this guidance may be used to support staff that require to administer vaccines out with clinic setting (domiciliary) following assessment by nurse coordinator. Who: One band 5 Community Staff Nurse required for the delivery of the routine immunisation programme (including flu). This can be in a variety of venues including every school across Greater Glasgow and Clyde and within a clinic environment. This also includes the clinical screening of consent forms prior to the commencement of a routine school based programme. Two Band 5 Community Staff Nurses are required for the delivery of the routine immunisation programme within a domiciliary setting. This will include a combination of substantive school immunisation staff and bank staff. When available and appropriate the venues will be supported by a Band 3 Health Care Support Worker and administrative support from Child Health and Screening Department (CH&SD). For the purposes of this SOP, any reference to a Band 5 Community Staff Nurse should be understood to include both Band 5 and Band 6 Registered Additional Support for Learning School Nurses.			
KNOWLEDGE AND SKILLS REQUIRED All Band 5 Community Staff Nurses (including bank staff working within the team) are required to:			

To maintain a quality standard of knowledge and skills. All staff involved in the delivery of school immunisations are required to undergo appropriate training, the extent and delivery of which will vary depending on the staff member's role and experience. All band 5 Community Staff Nurses will undertake training on the specific vaccine being administered by completing the vaccine-specific e-learning modules on [TURAS Learn](#) within the e-learning programme.

Access the Public Health Scotland [workforce education materials](#) for specific vaccination being delivered.

- Read [NHS GGC Immunisation and Best Practice Guidance](#) (Jan 2023) and Nursing and Midwifery Council (NMC) Standard for Medicines Management
- Access and undertake training in relation to Immunisation Practice e.g. [NES Promoting Effective Immunisation Practice](#) – preferred but not essential for bank (seasonal) staff. Local support for mentorship is available.
- New staff nurses are required to complete specific relevant foundation training and have a period of supervised practice and support with a registered healthcare practitioner who is experienced, up to date and competent in immunisation. Staff new to administering childhood vaccines will shadow and participate in an immunisation setting for a one - two week period (pro-rata).
- Attend annual mandatory Adult & Paediatric Resuscitation & Anaphylaxis Training. Review [Anaphylaxis guidance for vaccination settings](#) and [Resuscitation Guidelines](#).
- Complete mandatory child protection training and be aware of local [escalation processes](#); Training booked via [eESS](#) - Courses:
 1. GGCLP: 006 Public Protection (Adult & Child)
 2. GGC PP Child Protection Your Roles & Responsibilities
 3. GGC PP Raising a Notification of Concern.

Be aware of [National Guidance for Child Protection in Scotland 2021 – updated 2023](#).

- Complete GGC Mandatory and Role Specific [Learn-Pro modules](#);
 - GGC: 001 Fire Safety
 - GGC: 002 Health and Safety, An Introduction
 - GGC: 003 Reducing Risks of Violence & Aggression
 - GGC: 004 Equality and Human Rights
 - GGC: Standard Infection Control Precautions
 - Module 009 Safe Information Handling
 - Module 008 Security & Threat
 - GGC: 097 Cold Chain Management training
 - NES: Prevention and Management of Occ. Exposure

- NES: Prev. and Mgmt. of Occ. Exposure (Assessment)
- GGC: 063 Managing Skin Care for Responsible Person
- GGC: 338 Trauma Informed Practice Training Level 1
- GGC: 291 Display Screen Equipment
- GGC eHealth: EMIS: Immunisation Nurses
- [TURAS Learn](#)
 - Sowing seeds : trauma informed practice for anyone working with children and young people
 - Opening doors : trauma informed practice for the workforce
- Annual completion of [skin health questionnaire](#) and [NES module for Hand Hygiene](#)
- Completion of Display Screen Equipment (DSE) Risk Assessment Form
- Access to an electronic copy of the '[Green Book](#)' Immunisation against infectious diseases.
- Read and sign an up-to-date patient group direction (PGD) for each individual immunisation prior to administering any vaccines. A folder with all the signed PGDs should be available to staff at each school setting (signed by host HSCP North East Clinical Director and Professional Nurse Lead for Glasgow City or deputy in their absence). A database of PGDs signatures are held electronically by School Immunisation Team Business Administrator in shared drive folder \\Xggc-vrtl-15\share\School Immunisation\Staff\School PGDS. The permanent staff nurse will ensure bank staff have signed current PGDs. PGDs signed will be subject to audit process within team.
- Read and follow this Standard Operating Procedure (SOP), and sign to confirm this has been completed.
- Attend regular immunisation update sessions when available, complete [RCN Immunisation Knowledge and Skills Competence Assessment Tool](#), and collate all evidence of completion of online training or training attendance. Evidence of completion will be stored within nurse's personnel file.

Staff who have any responsibility for handling vaccines are currently required to have:

- To complete [Learn pro](#) GGC: 097 Cold Chain Management training. Immunisation Nurse Coordinators' responsibility to ensure all staff are competent in use of the Helipet system.

- Read and sign [NHSGGC Vaccine Ordering, Storage and Handling Guidance \(2016\)](#)

This will be audited by the local Immunisation Nurse coordinator who will liaise with local Children and Families Team Leaders.

STANDARDISED PARENT/ CARER INFORMATION:

As per guidance, parents/carers/children/young people attending for childhood immunisations will have been given a copy of NHS Scotland – “[HELP BEAT FLU WITH A WEE SCOOSH](#)” for flu or “[CHAT, SIGN, PROTECT](#)” for [HPV](#), DTP & Men ACWY at the time of receiving their consent form prior to arrival at the school session (Available from [NHS Inform](#) in a variety of languages and given to parents/carers along with the consent form).

Following the immunisation the school aged child/young person should be given the tear off slip from the consent form, which is completed by the nurse immunising, and a copy of “[Child Flu What to Expect](#)” and/or “[What to expect after an immunisation: Young people](#)” leaflet for parents/children/young people. An annual edition is available to order from: www.nhsggc.org.uk/phru and online in a variety of languages from www.nhsinform.scot/immunisation www.nhsinform.scot/childflu (under “Further Information”)

PRIOR TO SCHOOL IMMUNISATION SESSIONS:

Vaccine Ordering

[NHSGGC Vaccine Ordering Storage and Handling Guidelines 2025](#)

Pharmacy are responsible for the accurate, safe and secure procurement, receipt, storage and distribution of vaccines. Vaccine requests should be ordered from the Pharmacy Distribution Centre (PDC) Unit C using an electronic order form. The form contains information relating to order cut off and delivery times.

PDC Unit C contact details: Unit C Pharmacy Distribution Centre, Dava Street, Moorpark Central, Govan, Glasgow, G51 2BQ. Monday- Friday: Contact number- 0141-201-3488 Email address- vaccines@ggc.scot.nhs.uk

Pharmacy can be contacted for advice on Cold chain management, Cold chain breach, Cold chain equipment failure/procurement, Vaccine supply queries, Vaccine spillage, Vaccine disposal/waste management

Maintaining Vaccine Cold chain and Queries/Incidents

Maintaining the correct cold chain or preparation technique is critical to the integrity and effectiveness of all vaccines ([NHSGG&C cold chain guidance](#) and [Learn Pro](#) course GGC: 097 Cold Chain Management).

Vaccines that have not been transported or stored correctly may be ineffective or harmful; they would therefore no longer be within the conditions of their authorisation and must not be used. Guidance must be followed for any [Movement of Vaccines between Clinic Locations](#).

Vaccines must be transported only in approved and validated cool boxes. The temperature of the cool box and contents must be monitored and reviewed before use to maintain cold chain requirements. Means of detecting when a temperature excursion has occurred are required and any 'out of specification' recordings should be addressed promptly and appropriately, and a full audit trail is maintained. Medicoool boxes should also be correctly conditioned before using in an approved porter.

In event that the cold chain is breached or compromised, this should be reported to Pharmacy Public Health (PPH), who will provide advice on quarantine and undertake an appropriate risk assessment.

PPH can also be contacted for advice on Cold chain management, Cold chain breach, Cold chain equipment failure/procurement, Vaccine supply queries, Vaccine spillage, and Vaccine disposal/waste management. Any queries should be directed to PPH Monday - Friday either by email ggc.pharmacypublichealth@nhs.scot or by contacting 01412014824

Vaccine related equipment

Relevant stock/sundries required to immunise safely and effectively in accordance with Best Practice Guidelines. Sundries of tissues (flu season only), sharps trays, mini hand gel, clinell wipes, sharps boxes and 21G and 23G needles and syringes (for HPV/MMR/DTP/MenACWY programmes) will be delivered by NHS GGC Transport to each school session. Substantive staff members are responsible for bringing cotton wool balls, plasters and clinical waste bags and ensuring that all IT equipment required by bank staff is delivered to schools for immunisation sessions and returned to the office afterwards for charging.

Vaccine products

Vaccine should be prepared in accordance with manufacturer's recommendations (see Summary of Product Characteristics) and Health Improvement Scotland [guideline](#).

Rota

Each Immunisation Nurse Coordinator (Band 6) and Team will endeavour to maintain an immunisation rota for the whole programme. Staff are required to check the immunisation rota at the end of your working day to confirm school allocation and any changes that **may** have been made. An email and telephone call to staff will be made by the Nurse Coordinator should any short notice amendments be made to the rota. Staff roster can be found on your locality SharePoint.

Cover for immunisation sessions remains a service priority. Staff have a duty to inform their designated Immunisation Nurse Coordinator if there are any staffing issues. The Immunisation Nurse Coordinator will access board-wide roster if standby/contingency staff need to be allocated to work in a different area/cross cover to ensure clinics are covered by safe staffing levels. [Nursing and Midwifery Rostering Policy and Monitoring and Escalation Guide for Safe and Effective staffing.](#)

CONSENT FORM PROCESS

All consent forms will have been screened prior to the immunisation session.

For every school, there will be an assigned named School Link Nurse. Their role is to liaise with the school to encourage pupils to return forms before the appointed session- e.g. School text reminders, school website and school social media platforms.

Collection of consent forms

- Band 5 Community Staff Nurse /HCSW/business support collect completed pupil consent forms from the school office.
- Transfer forms securely to base.
- Remove forms from envelopes and sort into year/class groups, and place into alphabetical order.
- Store forms in a secure place until ready to screen.

Screening of consent forms prior to session

A team approach is required to screen consent forms which are close in date to school immunisation session.

Screening of consent forms routinely takes place at the base of local school immunisation team, there is no requirement for band 5 Community Staff Nurse to work from home during this process. Screening of consent forms must be completed by a Band 5 community Staff Nurse.

- Review consent form to ensure pupil's details are all present.
- Check consent section has been completed by parent/guardian/pupil/both.
- If **no consent** is given, circle the no consent in red pen and write **NO CONSENT** in large letters and initial and date in red ink on the top right corner of form. Keep separate from consented forms until the day of the session. Pass no consent forms to Child Health & Screening Department (CH&SD) on day of immunisation session.
- Review and ensure health questions have been completed. If any information is missing review EMIS Web and contact the parent/carers and circle the related questions in red pen and initial.
- For Flu immunisation document any health issues or concerns e.g. needle phobias, vulnerable children etc. on the reverse of consent form. For all other vaccinations,

record on EMIS Web. Contact parent/carer/other agencies if necessary for further information and record summary of conversation with parent/carer on EMIS Web following [EMIS guidance](#).

- If parent gives consent via telephone document this information in red pen. Sign, print name and date any changes you make to form.
- If **consent** is given for **nasal flu spray** and form is complete write a large **NASAL** (nasal spray) and your initials and date on the top of the form in the space next to consent in red ink.
- If **consent** is given for **injection** and form is complete, write **INJECTION** in large letters and initials and date in red ink on the top of the form in the space next to the consent box. In addition circle the injection box on the form to ensure it is noticed.
- If a pupil has the same or similar name to another pupil in their school, add 'Patient with same or similar name' prescription alert sticker to the right hand side of the pupils name on the completed consent form.
- Store screened forms in a locked filing cabinet until needed for immunisation session.

Requirements for session: Every school will be subject to a risk assessment which will have been undertaken by the link school immunisation band 5 Community Staff Nurse and stored on the School Immunisation Team SharePoint. The clinical room will have been subject to a minimum of an annual risk assessment and consideration to other measures needed to comply with [Safety, Health and Wellbeing](#) (to be completed by School Immunisation Team) as per local and NHS GGC policies and suitably equipped to ensure adherence to standards for [National Infection Prevention and Control](#). Stock (see [appendix 1](#)) will be provided Pharmacy, procurement and clinical waste and will be delivered on the day by NHS GGC Transport.

The team assigned to the school on the day will set up the assigned area within the school in order to facilitate a mass immunisation clinic.

During school immunisation session:

Consent

[NHS GGC Consent Policy on Healthcare Assessment, Care & Treatment](#):

When the child or young person has independently sought advice, efforts should be made to encourage the child that their parents/carers should be informed, except in circumstances where it is not in the child's best interest to do so. Children and young people (12 years plus) with capacity and where there is no reason to believe there is a child protection issue, should have the same rights to confidentiality and consent as adults.

As in the case for adults, valid consent will be required before any treatment can lawfully be given to a child/young person. Consent may be given by a competent child, by any person who has parental responsibility for the child or by the court. At 16 years of age a young person

is presumed in law to have the capacity to consent, so young people aged 16 or 17 years can and should consent to their own medical treatment.

[The Age of Legal Capacity \(Scotland\) Act 1991](#) outlines that someone has the capacity to make decisions around consent from the age of 16 years. However, even under the age of 16, a young person can have the legal capacity to make a consent decision on a healthcare intervention, provided that they are capable of understanding its nature and possible consequences; this is a matter of clinical judgement, [Green Book, Chapter 2](#).

To support a young person to consent to treatment, information provided should include details of the process, the benefits of immunisation, and the risks, including rare and common side effects and what to do if they occur. Where feasible, healthcare professionals seeking consent should find out what matters to individuals so that they can share relevant information about the benefits and risks of immunisation, including the risks of not proceeding with immunisation, [Green Book, Chapter 2](#).

The band 5 Community Staff Nurse will consider requests for self-consent from pupils under 16 years old where competency can be determined and documented on consent from (flu only) or EMIS Web.

In circumstances where there is a known parental disagreement or parental non-consent the practitioner should apply advice from [Green Book, Chapter 2](#) – Consent which states “if one parent agrees to immunisation but the other disagrees, the immunisation should not be carried out unless both parents can agree to immunisation or there is a specific court approval that the immunisation is in the best interests of the child.”

The band 5 Community Staff Nurse should be clear that consent, verbal or written, from one parent is sufficient.

Flu immunisation documentation should be recorded on the reverse of the consent form. For all other vaccinations, record on EMIS Web following [EMIS guidance](#).

For young children who are not competent to give or withhold consent, consent can be given by a person with parental responsibility, provided that person is capable of consenting to the immunisation in question and is able to communicate their decision.

If interpretation is needed, the band 5 community staff nurse is required to consider using alternatives to a family member and consider how to support children and young people who require translation by utilising [interpretation services](#)

Immuno-compromised or Children not eligible for live vaccines (see caution guidance in the PGD and [Immunisation of individual with underlying medical conditions, Green Book, Chapter 7](#)) – may be highlighted on consent form, and picked up during the screening process. The

screening questions asked by the band 5 community staff nurse, will be the main indicator of any immunosuppressed child. If parent/carer responses alerts the band 5 Community Staff Nurse to potential complex health conditions which require further clarity prior to vaccine administration, the band 5 Community Staff Nurse should contact their Nurse Coordinator to discuss if further support is required. This may mean that the vaccine is delayed so should be dealt with as quickly as possible.

After school immunisation session:

After the immunisation sessions & after catch up/clinic sessions, all consent forms should be returned to Child Health and Screening Department.

- **Primary Schools**

(Flu) - Immunisation teams return forms either by passing on to screening staff at high school sessions or drop them off to Templeton Business Centre – Screening keep a note of all schools returned and will follow up if any missed.

- **High Schools**

(Flu) - Screening staff bring forms back to Templeton Business Centre – Screening keep a note of all schools returned and will follow up if any missed.

(HPV/MMR/DTP/MENACWY) – Screening Staff bring forms back to Templeton Business Centre – Screening keep a note of all schools returned and will follow up if any missed.

- **Additional Support for Learning Schools**

(All immunisations) – Screening Staff do not cover Specialist schools, Immunisation/Additional Support for Learning Team to return all paperwork along with completed schedules to Templeton Business Centre – Screening keep a note of all schools returned and will follow up if any missed.

National system

Flu – VMT updates the national system

HPV/MMR/DTP/MENACWY – Manual process by Child Health and Screening Department to complete schedules and record on to the National system

Storage

All completed consent forms are sent to Oasis off site storage with a destroy date after 25yrs from immunisation given. These can be recalled at any time for queries etc.

Child Health and Screening Department also store unscheduled forms for all immunisations given at clinics.

Before sending to storage all forms are checked for any change of name and addresses noted on forms and national system updated.

Vaccine preparation and administration

Vaccines should be prepared and administered in accordance with manufacturers' guidance.

Band 5 community staff nurses are legally responsible for the vaccinations that they administer, and must ensure that they administer the right vaccine to the right patient at the right dose and time, by the correct route of administration.

Band 5 Community Staff Nurse must be satisfied that:

- Vaccine histories have been captured appropriately
- There are no contraindications to vaccination
- Any medical conditions that may be contraindicated to vaccination, or may indicate a need for additional vaccines, have been taken into account
- Informed consent has been obtained
- Any queries have been answered and possible side effects explained
- The child/young person goes home with written documentation of the vaccines administered

Vaccine Errors

Vaccine Errors are preventable using prevention steps such as the 6 Rs, and staff are asked to familiarise themselves with, and apply the 6 Rs within their immunisation practices;

1- Right person

Identify the right person by checking their full name and date of birth.

Identify any medical risk factors or contraindications by using the pre-vaccination screening checklist from Immunisation Handbook.

For live vaccines always use the screening tool for contraindications to the live vaccine.

2- Right vaccine

Thoroughly check the vaccine name, and expiry date.

Confirm the cold chain of the vaccine has been maintained.

Look for any abnormalities such as the wrong colour or a cracked vial. Report concerns to the Pharmacy Department

3- Right dose

Vaccine dosage is based on the person's age, so ensure you are using the correct age formulation.

4- Right time

Always check any existing vaccine immunisation records before vaccinating, for example the vaccination management tool VMT, Child or Young Persons health records (EMIS). **Always review the consent form to ensure a Non Consent form has not been added in error.**

Check the Immunisation Schedule and National Immunisation Programme for correct schedules and the Green book for the correct age eligibility and vaccine information.

Check the correct dose intervals from the same or different vaccines.

5- Right route and site

Confirm route of administration. Route of administration may vary by vaccine type. LAIV vaccines are only available for intranasal administration and must never be injected. Review the [Immunisation Procedures, Green Book Chapter 4](#) for correct site, technique and needle lengths for age and how to avoid shoulder injury related to vaccine administration.

6- Right documentation

Always document vaccines given using the child's CHI, through the appropriate system. Ensure you are entering the correct vaccine information to the health records.

Following a vaccine error an open disclosure under [Duty of Candour](#) must be followed to inform the child or young person and parent/carer of a vaccine error. A [DATIX](#) should be completed and further advice sought from the Nurse Coordinator for the team.

Post-vaccination

Some children/young people may be required to be assessed by band 5 Community Staff Nurse for observation following vaccination. Recipients of any vaccine should be observed for immediate adverse drug reactions. There is no evidence to support the practice of keeping patients under longer observation, [Immunisation Procedures, Green Book Chapter 4](#). Patients should be given a post-vaccination record with details of their vaccination, manufacturer's consumer information leaflet/patient information leaflet (PIL) provided with the vaccine and provided with information on the process to follow if they experience an adverse event in the future after leaving the site, including signposting to the [Yellow Card reporting site](#).

Records management and data validation

All staff must ensure clinical records are kept up to date documenting the vaccination event into the Point of Care system (Vaccine Management Tool (VMT), EMIS Web). Staff have access, training and access to user guides ([VMT user guide](#), [EMIS user guide](#)) to navigate and record onto electronic recording systems.

Vaccination	Influenza	
	<u>Age group</u> – universal to all primary and secondary school pupils	<u>Time of year</u> – September – March
	Human Papillomavirus (HPV)	
	<u>Age group</u> – S1 pupils (primary cohort) – S2 - S6 pupils – catch up cohorts	<u>Time of year</u> – January – February
	Measles/Mumps/Rubella (MMR)	
	<u>Age group</u> – S1 catch up cohorts	<u>Time of year</u> – January – March
	Diphtheria/Tetanus/Polio (DTP)	

	Age group - S3 pupils (primary cohort) - S4 – S6 pupils – catch up cohort	Time of year – February - March
	<u>Meningitis ACWY (MenACWY)</u>	
	Age group - S3 pupils (primary cohort) - S4 – S6 pupils – catch up cohort	Time of year – February - March

1.1 On EMIS (For HPV, MMR, DTP, Men ACWY);

a) Complete immunisations template to record exactly what immunisation is given.

b) A “quick code” is created on EMIS which details, for example:

” School immunisation service – Young person attended school immunisation session. Consent form reviewed with young person - signed by young person and parent/carer for vaccination. Screening for vaccination complete and young person consented for vaccination with use of Public Health Scotland vaccination booklet/resource. Post immunisation advice provided with what to expect after vaccination: Young people leaflet and manufacturer's patient information leaflet. Immunisation dispensed in line with standard operating procedure. Consent form returned to Child Health and Screening Department with vaccine batch number, expiry date and site of injection documented
school.screening@ggc.scot.nhs.uk 0141 277 7642/7574

Quick codes are available on EMIS for other examples. These are saved under 5imms, 6imms, 7imms, 8imms, 9imms, 10imms and 11imms. These are available for all to use, and do not require a quick code to be entered into EMIS.

1.1.1 For young people who do not have an EMIS record, a record is required to be created. Steps below on how to create an EMIS record.

1. Open EMIS to homepage
2. Click EMIS logo and select ‘registration’ and then ‘view/add record’
3. Add patient and select ‘community registered’
4. Complete name/gender/DOB/ - click find and Add new patient
5. Patient details screen will appear – minimum of mandatory fields required for IMMS service – Title, Given Name, Family Name, DOB, **CHI** and Gender,
6. Finish with (OK) – THEN EXIT NEW REGISTRATION
7. Click ‘House’ icon at top right of page to return to home page for consultation/comments

1.1.2 In the event that VMT or EMIS Web is inaccessible at the time of vaccination, staff must attend an NHS site as soon as practicable following the session to retrospectively enter the vaccination records into the system.

1.2 On [Vaccine Management Tool](#) (VMT) for Flu.

Vaccines

Vaccines should only be removed from validated vaccine transported (e.g. helapet) as required. Unused vaccines that have been removed from helapet, cannot be returned to helapet/pharmacy.

Band 5 community staff nurses should complete data collection template ([appendix 5](#)) and pass to link nurse at the end of every session, who will pass these onto nurse coordinator for data collection.

At the end of a school session, band 5 community staff nurses/health care support workers should ensure all vaccination resources, residual stock and clinical waste are packed, prepared and left at an appropriate secure pick up point for NHS GGC transport team to uplift. This should be left in an agreed location that education staff can facilitate this handover.

EMERGENCY SITUATIONS

The School Immunisation Team will ensure emergency equipment is available e.g. adrenaline and access to a telephone to call for assistance, if required.

The School Immunisation Team should reasonably anticipate three medical emergencies associated with vaccination: fainting, hyperventilation, and anaphylaxis. [Resuscitation Council UK - Anaphylaxis guidance for vaccination settings.](#)

Anaphylaxis

All immunisers should be familiar with [Vaccine safety and the management of adverse events following immunisation, Green Book, Chapter 8](#). Facilities for management of anaphylaxis should be available at all vaccination sites, [Green Book, Chapter 8](#).

Adverse event preparation and management processes within the school settings should be discussed at all staff huddles prior to starting school immunisation sessions to ensure all staff have clear direction should an event occur. Staff should have easy access to full address and location of immunisation session/clinic/room in the event of needing to phone an ambulance

An ambulance must be called using 999 and no attempt should be made by the immunisation staff member to transport the patient to hospital by themselves.

Adverse reactions to vaccinations should be reported by following the [Yellow Card reporting site](#) and follow directions in [Vaccine safety and the management of adverse events following immunisation, Green Book, Chapter 8](#). Anaphylaxis/or other adverse reaction during session/clinic attendance will be reported following [Yellow Card reporting site](#) by the band 5 Community Staff Nurse and reported to GP. Events after leaving the session/clinic setting will be reported and recorded by the clinician involved. A significant event and alert to be entered onto child's EMIS record by immunisation team if during session/clinic, or by person receiving report after clinic, with a [DATIX](#) being submitted.

Dose of adrenaline (epinephrine) by age

Volumes stated are 1:1000 adrenaline over 6 years

Over 6 months but under 6 years 150 micrograms IM (0.15ml)*

6 – 12 years 300 Micrograms IM (0.3ml)

Child more than 12 years 500 Micrograms 0.5 ml

*1ml syringes should be available

Emergency phone number – 999 for ambulance

Fainting

Patients who faint after vaccination generally recover within a few minutes. Immunisation anxiety events such as fainting are also considered clinical adverse events and may occur at the point of vaccination or post-vaccination, while the patient is still within the vaccination setting or at some point after the patient has left the vaccination setting. For [clinical adverse events](#), there must be clinical suspicion of association between vaccination and adverse event and this should be documented on EMIS Web/consent form (flu only) and a [DATIX](#) submitted.

Timing: As per Routine Childhood Immunisation Programme available from [NHS inform](#). Children will be called to the mass immunisation clinics in appropriate and relevant year/class lists at a schedule agreed by the school link nurse and a named school representative. Secondary school children under 16 years old, without a consent form, following assessment by a band 5 community staff nurse, will be offered the opportunity to provide self-consent when presenting for vaccination, if they are believed to have enough intelligence, competence, and understanding to fully appreciate what is involved in their treatment.

Arranging a Visit out with school setting :

Children/young people who require a visit out with a school setting will normally be identified by Consultant Paediatrician/School/GP /parents/carer. Liaising with other relevant professionals/caseload holders an individual patient centred assessment will be used to ensure appropriateness of vaccination administration out with a school setting e.g. all barriers and other solutions have been identified prior to arranging an appointment out with the school setting. The school Immunisation Nurse Coordinator should be consulted in these circumstances. Consideration to be given if any other health professionals already involved and are also home/school visiting who may be able to administer e.g. Community Children's Nurses/ASL Specialist School Nurses in order to promote person centred care.

The date for the home visit/out with school setting should be arranged with the parent/carer in advance. Please see [appendix 2](#) for equipment for vaccinating out with a clinic setting.

Prior to domiciliary visit/vaccination out with clinic setting

Domiciliary visits will be considered by the Immunisation Nurse Coordinator and the Consultant Paediatrician/School /GP/parents/carers to ensure a person centred approach.

On the day of the scheduled visit, *telephone consultation* should be undertaken with the parent/carer by the band 5 Community Staff Nurse who is attending the family home to provide advice and guidance, in relation to the vaccination's to be administered, as well as to ensure the child and family's wellbeing is established e.g. no contraindications to immunising or any illness within the household which needs to be considered prior to visiting.

Two experienced band 5 community staff nurses will be present during a domiciliary visit. Prior to domiciliary visit, a review of EMIS is required with attention to 'SCP Lone Working Risk Assessment' completed by health visitor/school nurse. Vaccinations should be transported in line with [NHS Greater Glasgow and Clyde guidance on the Safe transportation and storage of vaccines](#) in a pharmacy approved cool box/mini porter to ensure the cold chain is maintained at all times. All staff should adhere to standards for [National Infection Prevention and Control](#).

SPECIAL SITUATIONS

Patient centred, Sensitive and Confidential situations

Neurodivergent children and young people;

Specific consideration may be needed for children or young people who are neurodivergent. This may include vaccinating at a different location to the mass school immunisation sessions, such as in a private room, with a parent/carer, coming to a local health centre or at home. A parent/carer/the school representative may identify a neurodivergent child or young person via the school link nurse. To provide patient centred care, the band 5 Community Staff Nurse will support, understand and adapt treatment to the young person's needs.

Sensitive disclosures;

Consideration needs to be given to managing disclosure from the child and young person, and for handling more sensitive topics such as questions around pregnancy and the privacy afforded by the physical space. The age and stage of the child/young person should be considered in these situations; for example, a sexually active 11 year old is considered differently from a sexually active 16 year old. The link school immunisation nurse should be consulted to reflect on any situations where there is doubt. This should be escalated to a nurse coordinator if required.

Child Protection;

For any child protection concerns the practitioner involved should

- Advise the child/young person if there may be follow up required.
- Link with the Nurse Coordinator for the team.

- Link with the child/young person's pastoral care teacher to ascertain if broader concerns.
- Review EMIS Web records for named school nurse/involved professionals.
- Follow [NHSGG&C Policies and Procedures](#)
- Contact NHS GG&C [Public Protection Service](#) for advice- 0141 451 6605
- Complete call to Duty Social Worker and [Notification of Concern](#) document as appropriate
- Send patient note EMIS Web task and telephone School Nurse (if assigned) and telephone Immunisation Nurse Coordinator. Nurse coordinator will update School Team Lead immediately.
- Record on EMIS Web as a Significant Event.
- Complete a [DATIX](#).

Gone Away, No Address (GANA)

There may be some instances of children attending for immunisation who are known to have a GANA read code applied to their EMIS record. Band 5 Community Staff Nurse must verify address and contact details with child/young person and escalate this to nurse coordinator, who will liaise with education and GP practice to confirm and verify child/young person residing at recorded address. Following confirmation, the problem can be ended, if added as a problem, or the code could be deleted from the Care History. Guidance on same can be found [here](#). A positive significant event should be put on the record following same.

Children 6yrs and above requiring completion of vaccination programme (non routine vaccination)

Any child 6 years and over that has not completed the primary childhood immunisation programme, or any child requiring vaccine, i.e. immunocompromised children, will be identified by their GP or Consultant and a referral sent via SCI gateway pathway. SCI gateway will be checked on a weekly basis by the Nurse Coordinators and allocated as appropriate. When a child registers with the GP, the GP practice will require to obtain an immunisation history to ensure the child's vaccine status is recorded and will refer through SCI gateway if immunisations are identified as outstanding (see [appendix 3](#) for SCI Gateway Pathway).

Request for Separate Appointments for Each Vaccine

On occasions when a young person/parents/carers request to deviate from the schedule, the clinician administering should explore the reasons behind this request. The young person/parents/carers who, following the above discussion, still wish to vary from the schedule, the practitioner cannot choose or advice which vaccines are omitted, this will be young person/parent/carer choice. The following EMIS quick code will be applied to the child's EMIS record (11imms).
On EMIS:

“Communication with (Young person/Parent/Carer) who has requested to not follow the Immunisation schedule and has been advised:

1. Resultant delay in immunisations could put child at risk
2. Potential for young person to be under-vaccinated
3. Young person/Parent/Carer made decision around which vaccine are omitted.
4. A manual further appointment will be rescheduled by the school immunisation team.

Timing of the routine childhood immunisation schedule has been thought through, in response to the epidemiology of different diseases and the need to ensure maximum protection to babies and infants is given as soon as possible.

(Young person/Parent/Carer) has chosen for young person to receive the following Immunisation today (INSERT DATE).Immunisations dispensed as per Standard Operating procedure.”

The band 5 community staff nurse cannot choose or advise which vaccines are omitted. Note on consent form and/or EMIS which vaccine administered and which vaccine declined. A negative significant event will be recorded on EMIS record as immunisation are incomplete. If parent/carer/young person subsequently change their mind and wish child to be fully immunised they should contact the School Immunisation Team in the first instance.

Withdrawal of consent to immunisation programme

A parent/carer may withdraw their consent for their child to participate in the routine preschool immunisation programme at any time. However, as young people (12 years plus) can have the legal capacity to make a consent decision on a healthcare intervention, all young people will be called for routine school immunisations. All pupils S1 - S6 are offered the routine immunisation programme at school using the National Child Health Surveillance Programme. The Child Health & Screening Department maintain and update the School Health System with immunisation data in relation to Flu, Measles, Mumps, Rubella, Human Papillomavirus, Diptheria, Tetanus, Polio and Meningitis ACWY vaccines. The system receives an annual education download to assign a school code to records held on the national system. The system is used to generate eligible lists and consent forms.

Patient Specific Direction - A Patient Specific Direction is an instruction (written or electronic instruction in patient notes) from a doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. It is used in clinical circumstances where the patient, presenting condition or vaccine to be administered is outside the expected programme criteria listed within the relevant PGD. This could be in relation to ill health, other circumstances or conditions. These children, up to 18th birthday, would need to be reviewed and assessed individually by a prescriber, and may require Patient Specific Direction if a Patient Group Direction (PGD) is not appropriate. The PSD will be sent to Immunisations

Team Lead or Coordinators via SCI gateway or from Child health & Screening Department by email. Local governance arrangements will need to be in place to ensure the needs of the child are met and recording is in line with NMC requirements.

Waste and Sharps management

Safe handling of sharps: All staff must follow safe working practices for the use and disposal of sharps. Staff must follow the NHS Glasgow Sharps Safety and have completed [Learn-Pro modules](#) GGC: 002 Health and Safety, An Introduction.

Providers should ensure they have a local [Needlestick injuries and exposure to blood and high risk body fluids: initial action plan](#) accessible (ideally displayed) on-site which should include contact details for any relevant occupational health service and that staff understand what to do should they experience a needlestick injury. The provider is responsible for ensuring a nominated individual on-site has knowledge and understanding of local needlestick protocols and ensure that they are followed.

Uniform and work wear policy: Staff must adhere to the [NHSGGC Uniform and Dress Code Policy](#)

Governance

As School Immunisation teams undertake vaccinations on behalf of HSCP's in NHS GGC, it is the responsibility of the School Immunisation Team and HSCP leads to work together to have health & safety risk assessments in place. This includes the provision of appropriate accommodation for both staff and supporting links to education for school sessions.

Please see [Appendix 4](#) for daily huddle template

Regular audits are in place within the immunisation service regarding safe sharps management, hand washing, record keeping, checking equipment box including emergency treatment and use of Patient Group Directions (PGDs). Any actions which are required as a result of these audits are taken forward timeously and effectively as per Combined Care Assurance Audit Tool (CCAAT).

It is the responsibility of each team Immunisation Nurse Coordinator to monitor and report queue lists and incomplete schools and co-ordinate additional clinics/school sessions in collaboration with Child Health and Screening Department and report to School Immunisation Team Lead.

Complaints

School Immunisation Team and delivery of this service will adhere to and be governed by [NHSGGC complaints procedure](#). All complaints should be escalated to a Team Leader via Nurse Coordinator, whether resolved or not.

Appendix 1 - Equipment required for school sessions/clinic rooms

	Standard Operating Procedure
	Signed Patient Group Directions
	NHS GGC Consent Policy on Healthcare Assessment, Care & Treatment
	The Green Book
	Interpreting Services information
	Recording system (laptop/tablet with DSE equipment and charger)
	IT equipment (laptop, mobile phone etc.)
Leaflets	After Care Leaflets
	After Care Leaflets in a range of languages
Clinical	Hand gel
	Safety Needles, including for drawing up and administering adrenaline
	Sharp Boxes
	Cotton wool balls
	Plasters
	Sharp Trays (tool talks – H&S)
	Gloves and aprons – Single use
	Small orange clinical waste/black bag
	Box of tissues
	Clinell universal wipes
For emergencies	Adrenaline (from Pharmacy) algorithm
	1ml syringes

	Telephone
	Sick bowl

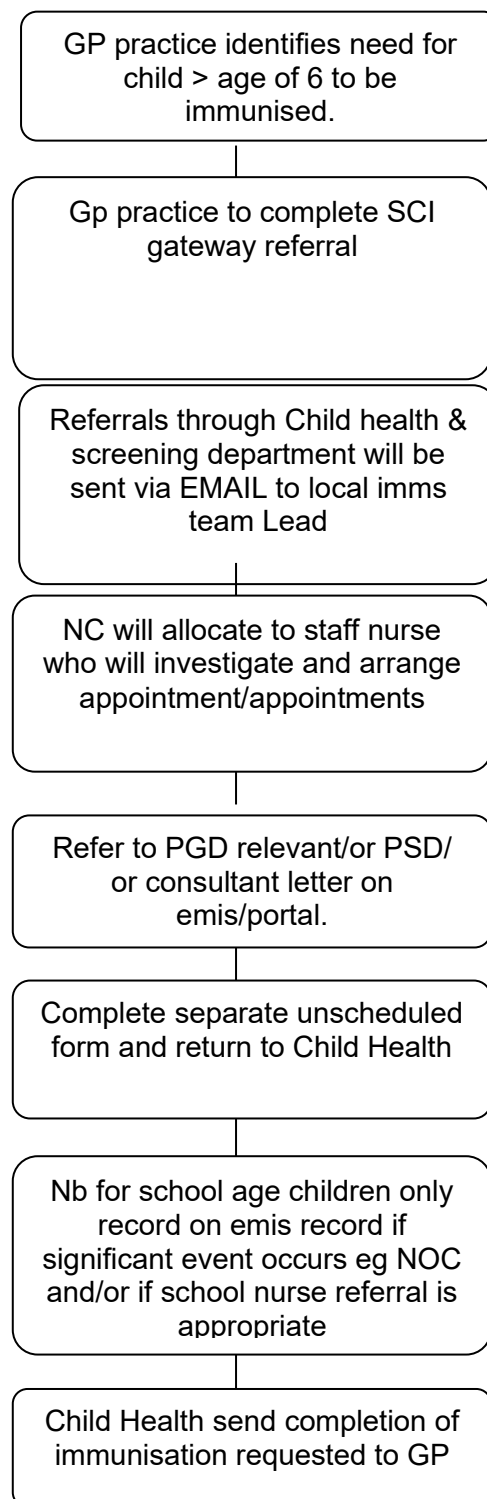
Appendix 2 - Equipment for vaccinating out with clinic setting

A ready prepared domiciliary box should be available to use (cleaned after each visit) and include the following:

A list of what should be in the box	
	Mini vaccine porter (for storing vaccines) and ensure ice tray has been frozen
Leaflets	After Care Leaflets in a range in appropriate language
Clinical	Hand gel
	Safety Needles, including for drawing up and administering adrenaline
	Sharps box 1ltr (returned to clinic following for routine disposal)
	Cotton wool balls
	Sharp Trays (tool talks – H&S)
	Wipes : Clinitex 70% hard surface disinfection wipes
	Box of tissues
	Gloves and aprons – Single use
Nasal Flu delivery/ PPE	Face shield/Daily use
For Emergencies	Adrenaline x 3 ampoules
	1ml Syringe x3
	Algorithm for anaphylaxis
	Black waste disposal bag x 2
	Mobile phone fully charged

Please note: Pre prepared domiciliary box should have laminated copy of Anaphylaxis reactions – initial treatment

Appendix 3 - SCI Gateway Pathway



Appendix 4 – Daily Huddle

School..... Link Nurse..... Date.....	
MORNING HUDDLE – BEFORE SESSION	
Task	Complete
Welcome to all staff – identify any staff who have not worked at a session before or if any other staff who do not feel confident at start of session and feel they need a refresher. Please ensure these staff ‘buddy up’ with an experienced colleague until they are comfortable/competent to work on their own.	
Introduce link nurse/staff at session	
Please ensure CH&SD/Admin have been introduced	
Confirm all staff has access to VMT/EMIS Web (James Morrison of bank staff)	
Orientation to fire exits/toilets/fire alarm/defibrillator	
Sign in sheet to be completed by bank staff	
Confirm all staff up to date with BLS (if not contact James Morrison to update asap, staff member cannot proceed with session)	
Confirm location of adrenaline and algorithm, allocate tasks to staff members should emergency occur	
Location of all relevant paperwork/ sundries/crash mats	
No personal mobile phones to be on table (unless discussed with link nurse of session).	
Inform number of pupils to be vaccinated	
If high school is over 2 days, inform staff of year groups that are being vaccinated on the day	
Advise of correct code of school for VMT from consent forms	
Confirm no drawing up vaccine in advance.	
VMT - All pupils who speak with a nurse should be registered on VMT – if no consent for vaccination post discussion, must register as ‘NO CONSENT’.	
For immunisations recorded on VMT there is no requirement to complete the ‘office use only’ section on the back of the form, write ‘See VMT’ where you would normally document on the back of the form batch no. etc	
All staff nurses to complete data collection form, share with link nurse who will send to NC’s at end of session	
If unable to access VMT/EMIS Web to record vaccines at the time of vaccination, please make your way to a NHS site to enter vaccines on system after the session retrospectively.	
Identify named HCSWs who will assist with vaccine management, monitor opening and closing of helipets and crowd control	
Ensure helipets are not on floor with underfloor heating/near radiators or in direct sunlight	
Vaccine waste management – Ambient stock to be used first. If ambient stock not used contact NC as stock will be required to be moved.	
Highlight importance of vigilant screening prior to vaccination	
If young person (HS only) is self-consenting they MUST complete consent form.	

All discussions with parents and child must be documented on consent form (flu) or EMIS Web for all other vaccinations	
Sharp boxes assembled, signed and dated. Also signed when closing	
All staff must remain at session, until link nurse reports session is complete, following consultation with child health staff.	
Two people to lift helipets (do not drag please)	
Provide all staff with data collection template for use throughout sessions	
Please remember dignity at work/respectfulness to colleagues, school staff and pupils	
Any questions	
AFTERNOON HUDDLE – POST SESSION	
Task	Complete
If child/young person with a consent form is absent on the day or refuses a vaccine, information with relevant team telephone number will be provided to education school reception staff by link nurse for parents/carers to arrange a community clinic appointment.	
Review VMT ensuring entries are complete.	
Link nurse to compile data collection template from session and pass to nurse coordinator	
Ensure escalation to nurse coordinator of any incident requiring DATIX and complete DATIX.	
Return equipment to base.	
Sharing of any learning/lessons/celebration learned throughout day. What went well What could have gone better What can be improved on	

Appendix 5 - Data collection template

COMPLETED SESSION DATA									High Schools Only									
Date	School	Substantive staff at session	Bank Vaccinators at session	Consent form return including late forms	Yes consent - Nasal Including late forms	Yes consent - IM including late forms	No Consent including late forms	Poss. self consent	No. of self consents	Incomplete consent form - No. of phone calls to parents - yes consent	Incomplete consent form - No. of phone calls to parents - non consent	Consented pupils absent from school	Returned consent packs (leavers, home school, non attenders)	School Completed ?	Link Nurse	Reason for non completion	How many pupils outstanding?	Comments