

Guidelines for Staff: Schools Immunisation Programme 2011/2012		Document developed by:	School guidelines sub-group of National Implementation of Schools Immunisation Programme (NIG-SIP)
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VERSION 1.1 January 2012

1.0 Purpose

The Schools Immunisation Programme (SIP) is developed in accordance with the guidance issued by the National Immunisation Advisory Committee (NIAC) of the Royal College of Physicians of Ireland (RCPI) and contained in the Immunisation Guidelines for Ireland, 2008 edition and subsequent amendments (available at <http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines2008/>).

These Schools Immunisation Programme guidelines have been prepared to inform relevant Health Service Executive (HSE) staff in relation to the procedures to be followed during the Schools Immunisation Programme

The Schools Immunisation Programme is part of a national strategy to protect children from infectious diseases through vaccination. Specifically the Schools Immunisation Programme protects against the following diseases with the named vaccines:

- Measles, mumps, rubella with MMR vaccine.
- Tetanus, diphtheria, polio, pertussis with 4 in 1 vaccine.
- Tetanus, diphtheria, pertussis with Tdap vaccine.
- Human papilloma virus (HPV) with HPV vaccine.

The programme aims to vaccinate on an annual basis;

- All four to five year olds with MMR and 4 in 1 by targeting students in junior infants of primary schools and age equivalent in special schools.
- All 11 to 14 year olds with Tdap by targeting students in first year in second level schools and age equivalent in special schools.
- All 12 year old girls with HPV by targeting girls in first year in second level schools and age equivalent (for 2011/2012 academic year girls born between 01/09/1999 and 31/08/2000) in special schools and home schooled students.

For the school year 2011/2012, there will be a catch-up HPV programme for female students in sixth year in second level schools and age equivalent (girls born between 01/09/1993 and 31/08/1994), in special schools, home schooled, Youthreach and Community Training Centres.

2.0 Scope

These guidelines apply to all HSE medical officers, nurses and administrative staff involved in the Schools Immunisation Programme in primary, second level, special schools, Youthreach and Community Training Centres in Ireland.

3.0 Glossary of Terms and Definitions

Immunisation denotes the process of artificially inducing or providing immunity. This may be either active or passive.

Active immunisation is the administration of a vaccine or toxoid in order to stimulate production of an immune response.

Passive immunisation is the administration of preformed antibodies (such as HNIG, specific antibody preparation and antitoxins) in order to provide temporary immunity.

Toxoid is a modified bacterial toxin that has been rendered non-toxic but has the ability to stimulate the formation of antitoxin.

Vaccine is a suspension of live attenuated or inactivated micro-organisms or fractions thereof, administered to induce immunity and thereby prevent infectious disease.

Inactivated vaccine is a vaccine that contains killed bacteria or viruses. The response may be weaker than for a live vaccine and so repeated doses are often needed.

Live attenuated vaccine is a vaccine that contains a weakened strain of live bacteria or viruses that replicate in the body and induce a longer-lasting immunity than inactivated vaccines.

Vaccination is the term used to refer to the administration of any vaccine or toxoid.

4 in1: Diphtheria, Tetanus, Acellular Pertussis & Inactivated Polio vaccine (DTaP/IPV)

MMR: Measles, Mumps & Rubella vaccine

Tdap: Tetanus toxoid, low-dose diphtheria toxoid and acellular pertussis

HPV vaccine: Human papillomavirus vaccine

Adverse event following immunisation (AEFI): is an unwanted or unexpected event occurring after the administration of vaccine(s). Such an event may be caused by the vaccine(s) or may occur by chance after vaccination (ie. it would have occurred regardless of vaccination)

School Immunisation Team: The multidisciplinary team of staff who provide the Schools Immunisation Programme, composition can vary between local areas.

4.0 School Immunisation Schedule and Target Cohort

The programme will be delivered in primary, second level, special schools, Youthreach and Community Training Centres. Review of data from other countries strongly suggests that provision of vaccines through school based programmes results in significantly greater uptake of vaccines. A school setting is an appropriate and safe setting to enable the vaccination of a large number of students. Students attending special schools Youthreach or Community Training Centres may be vaccinated at school or at a HSE clinic. In some LHO areas GPs are involved in the delivery of the Schools Immunisation Programme for junior infants.

Schools Immunisation Programme Schedule

Immunisations	Recommended Age	Target Population	Delivery of Vaccinations 2011/2012	Target uptake
4 in 1 + MMR2 (MMR1 given at 12 months)	4 to 5 years (2 injections)	65,000	<ul style="list-style-type: none"> • HSE delivered in 24 LHOs • GP delivered 6 LHOs^a • Mixed delivery 2 LHOs^b (HSE gives MMR & GPs give 4 in 1) 	95% uptake (WHO target)
Tdap	11 to 14 years (1 injection)	60,000	<ul style="list-style-type: none"> • HSE 1st year in 2nd level schools (12 LHOs in 2011/2012) 	95% uptake (WHO target)
HPV routine (girls only)	12 years (3 doses)	30,000	<ul style="list-style-type: none"> • HSE 1st year in 2nd level schools & age equivalent in special schools in 32 LHOs 	80% uptake of 3 doses. (HIQA target)
HPV Catch Up (girls only) 2011-2014	(3 doses)	30,000	<ul style="list-style-type: none"> • HSE 6th year in 2nd level schools and age equivalent in special schools, CTC and Youthreach 	80% uptake of 3 doses. (HIQA target)

^a Dublin North Central, Meath, Louth, Cavan/Monaghan Donegal, Sligo /Leitrim

^b Galway, Mayo (This is to change to HSE offering both vaccines in school)

4.1 MMR and 4 in 1 immunisation schedule for Junior Infants in primary schools

MMR and 4 in 1 vaccines will be offered to the entire cohort of junior infants in 2011/2012.

- This will be provided primarily by HSE staff through the schools. In six LHO areas GPs provide the MMR and 4 in 1 vaccines to children aged four and five years. In Galway and Mayo the HSE offer MMR in school and GPs give 4 in 1 vaccine.
- Where students present for MMR vaccination in junior infants and their parents report that they had no previous dose of MMR, arrangements should be put in place to ensure that they receive a second dose at least one month later. This can be delivered through HSE clinics or GP services depending on local arrangements.
- Where students are identified as having had no previous immunisations or an incomplete primary course arrangements should be made to ensure appropriate vaccination in line with the guidance for “late entrants” in the National Immunisation Guidelines for Ireland (2008 edition and subsequent amendments) available at <http://www.immunisation.ie/en/HealthcareProfessionals/Guidelinesforlateentrants/>

4.2 Tdap immunisation schedule for first years in second level schools

From September 2011 Tdap will be introduced to the Schools Immunisation Programme for first year students in second level schools and age equivalent in special schools, replacing Td vaccine. There will be some local variation in the introduction of Tdap, as areas transition from current Td administration arrangements to administration of Tdap to first year students in second level schools. NIAC recommended that children aged 11-14 should receive a booster dose of pertussis as more cases of pertussis have been occurring in adolescents and adults due to the waning immunity that occurs over time combined with a reduction in natural boosting. In addition, 30% of adults with a cough lasting longer than 2 weeks may have pertussis and most infants and young children who contract pertussis are infected by a family member.

- A two year interval must be left between Tdap and previous doses of tetanus containing vaccines, therefore any student who received Td in sixth class will not be eligible for Tdap in first year.
- Girls in first year of second level schools should receive Tdap in conjunction with the third dose of HPV, i.e. in March and April of 2012.
- Boys should receive Tdap in first year of second level schools, scheduled as resources allow.

- If it becomes apparent that a student has had no previous immunisations or an incomplete course, arrangements should be made to ensure appropriate vaccination in line with the National Immunisation Guidelines for Ireland (2008 edition and subsequent amendments) guidance for “late entrants” available at <http://www.immunisation.ie/en/HealthcareProfessionals/Guidelinesforlateentrants>.

4.3 HPV routine and catch up immunisation schedule

In keeping with best practice from other countries and to ensure high vaccine uptake the HSE will continue to target all girls in 1st year of second level schools in a school based programme. In addition there will also be a catch up programme offered to **all girls who will be in 6th year in September 2011. This will be repeated for the following two years in September 2012 and 2013** and will result in all unvaccinated girls in the senior cycle of second level schools being offered HPV vaccine. HPV catch up programme will also be offered to age equivalent girls in special schools, Youthreach and Community Training Centres.

Second level schools will commence the routine and catch-up HPV vaccination programme in September 2011 and all girls will require two doses before Christmas 2011 and a third dose 6 months after the first. A ‘Blitz and Mop’ approach will be adopted to enable adherence with the recommended schedule, the vaccination of the entire cohort, the completion of the full vaccine course within one academic year, and provision for school holidays and examination periods.

The following schedule will apply (with local variation where necessary):

- The first dose should be given during a three week ‘Blitz’ period in September and early October 2011 in second level schools.
- This should be followed by a one week ‘Mop up’ period, vaccinating girls in HSE clinics who missed their first dose in school. These clinics may also facilitate the vaccination of those girls attending special schools, Youthreach or Community Training Centres.
- The second dose should be given during a three week ‘Blitz’ period in November and early December 2011 in second level schools.
- This should be followed by a one week ‘Mop up’ period, vaccinating girls in HSE clinics who missed their second dose in school. These clinics may also facilitate the vaccination of those girls attending special schools or Youthreach and Community Training Centres.
- The third dose should be given during a longer ‘Blitz’ period in March and April of 2012 to facilitate the two week Easter break in second level schools.
- Tdap can be given to first year girls at the same time as the third dose of HPV vaccine.

- This should be followed by a one week 'Mop up' period, vaccinating girls in HSE clinics who missed their third dose in school. These clinics may also facilitate the vaccination of those girls attending special schools or Youthreach and Community Training Centres.

BCG vaccination

BCG vaccine is not part of the routine Schools Immunisation Programme. However in Galway and Roscommon where a neonatal BCG programme is not established, the HSE will continue to provide a BCG vaccine to students in sixth class in primary school. In other areas where a neonatal BCG service is provided, older children who require BCG vaccine should be vaccinated through HSE clinics by request.

5.0 Roles and Responsibilities

This section outlines the roles and responsibilities that need to be taken on by HSE staff involved in the Schools Immunisation Programme to ensure the safe and effective delivery of the immunisation programme. Roles and responsibilities may be assigned to team members on a local basis according to the professional qualifications and expertise of team members and available resources, e.g. an administrative role may be assigned to a clinical member of the team. There are key tasks important to the efficient running of the vaccination session, which are assigned to a "designated person" to ensure that all members of the team know who is responsible for that key task. The person designated to a particular task may change or rotate depending on local arrangements.

5.1 Managerial role and responsibilities

- Principal Medical Officers should ensure that all medical officers in the Schools Immunisation Programme are aware of these guidelines and should facilitate any training required.
- Directors of Public Health Nursing should ensure that all nurses in the Schools Immunisation Programme are aware of these guidelines and should facilitate any training required.
- Area Managers should ensure that all administrative staff in the Schools Immunisation Programme are aware of these guidelines and should facilitate any training required.
- Reporting relationships of any non-HSE staff involved in the programme will need to be defined in advance of the start of the programme.

5.2 Administrative role and responsibilities

- Each clerical officer should report to their relevant line manager.
- Each clerical officer should ensure that they are familiar with and adhering to the relevant practices as set out in these guidelines.
- Schedule vaccination date with the school.

- Distribute consent forms (see Appendix A), information leaflets and invitation letters to parents/legal guardians/students through the school as far in advance of the proposed vaccination date as possible.
- If completed consent forms are returned to the local health office prior to the school vaccination day, collate the forms by school and bring the relevant forms to the school on the day of vaccination.
- Collect those consent forms that are returned directly to the school on the day of immunisation.
- Check with the school those in the target group who are absent on the day and put aside their consent forms. Record the students in the target group, who are present, on the class lists (if lists are available on the day).
- Check all consent forms for omissions and other issues and contact parents or ask second level students themselves to resolve any administrative queries. Where there are also clinical queries to be resolved, all queries for that student should be referred to a clinical member of the team for follow up, to avoid multiple calls to parents.
- Clinical queries should be referred to the nurse or doctor for follow-up.
- Organise the collection and return of students to their classrooms in small groups in association with a designated liaison person from the school.
- Give consent forms to students after confirming the identity of the student with the student or after identification of students in conjunction with appropriate liaison person from the school in the case of junior infants.
- Check that each consent form is completed (see Section 6.4) before directing a student to the medical practitioner for prescription of the relevant vaccine or to the nurse vaccinator operating under a medication protocol (see Section 5.4).
- Collect the consent forms from each vaccinator at the end of the vaccination session.
- Ensure parents/legal guardians/students know how to contact the immunisation team for any queries post vaccination or to contact GP for urgent advice.
- Collate the statistics required for the School Vaccination Session Report Form (Appendix B).
- Keep the consent forms of those who were absent, refused or deferred on the day. These students should be scheduled for a mop up clinic along with those who failed to return a completed consent form.
- Collect the consent forms, of those students in junior infants whose school MMR dose constituted their first dose and arrange for them to receive a second dose at least one month later either at a mop up clinic or with their GP.

5.3 Medical role and responsibilities

- Each medical officer on the team will be accountable for his/her own clinical practice.
- Each medical officer should report to their relevant line manager.
- Each medical officer should ensure that they are familiar with and adhering to the practices as set out in these guidelines.
- Be available to answer queries from parents/legal guardians/students, teachers and other members of the immunisation team.
- Reconfirm student's identity prior to assessing suitability for vaccination.
- Ensure that informed consent has been given by a parent/legal guardian/student over 16 years (see Section 6.4).
- Assess the student's suitability for immunisation on the day (see Section 6.5).
- Prescribe the relevant vaccine by signing the appropriate section on the consent form (including Medical Council registration number).
- Administer the vaccine (see below for vaccinator role) or refer the student to the team's vaccinator for vaccination.
- Carry out an individual medical assessment for students if requested by nurse working under a medication protocol.
- Be present while vaccines are being given by nurse vaccinators, and for 30 minutes after the last vaccine is administered to deal with anaphylaxis or any other adverse events, including syncope (see Appendix C), that might occur. An adverse event form may be completed (see Appendix E).
- Take queries from parents/legal guardians/students about possible adverse reactions that occur after the team has left the vaccination venue.
- Inform the Irish Medicines Board (IMB) about adverse events as appropriate.

5.4 Vaccinators role and responsibilities (Nurses or Medical Officers)

- Each vaccinator on the team will be accountable for his/her own clinical practice.
- Each vaccinator should report to their relevant line manager.
- Each vaccinator should ensure that they are familiar with and adhering to the practices as set out in these guidelines.
- Be available to answer queries from parents/legal guardians/students, teachers and other members of the immunisation team.
- Ensure that all vaccines are used within the recommended time frame. MMR, vaccines must be used within one hour of reconstitution or discarded. Once 4 in1, Tdap and HPV, which

come in prefilled syringes, are removed from their packaging they should be used at that vaccination session or discarded.

- Check that the appropriate vaccine(s) for the vaccination session are in the cool box and the expiry date has not passed and record this on the school immunisation form.
- Check that appropriate drugs and equipment are available for resuscitation and record this on the school vaccination session report form.
- Before administration of each vaccine, the vaccinator should:
 - Confirm student's identity (Confirm name, address, date of birth and mother or father's name. For younger children it may be necessary to confirm identity with teacher).
 - Check that the vaccine has been prescribed by the medical officer or in the case of administration under medication protocol see section 5.4.
 - Ensure the student is correctly positioned for the safe administration of the vaccine(s) with help from a parent/legal guardian, other member of the vaccination team, or member of school staff as appropriate.
- Administer a single dose of 0.5ml of the appropriate vaccine by intramuscular (IM) injection at a 90o angle to the skin in the densest part of the deltoid muscle of the arm.
- Vaccinators should wash their hands or use the disinfectant gel after each vaccination.
- Dispose of sharps immediately, without recapping the needle, into the sharps containers provided as in the HSE guidelines "Healthcare risk waste management segregation packaging and storage guidelines for healthcare risk waste" 4th edition November 2010, available at http://hsenet.hse.ie/HSE_Central/Commercial_and_Support_Services/Estates/Documentation.html .
- Vaccines should be protected from light and should not be removed from their packaging until required for use.
- Complete the administration details including the trade name of vaccine, batch number and expiry date, clearly at the end of the consent form immediately after the vaccine is given. It is not appropriate to record this at the end of the session.
- Ensure the student's vaccination record card is completed and given to the student before they leave the vaccination area. In the case of the HPV vaccine, the student's vaccination record card is completed at each visit but is given to the student after the third dose. For the first and second doses, the student is given a letter confirming the details of vaccination (see Appendix E).
- Ensure that each student remains in the vicinity of the vaccination area under observation for 15 minutes. Students should be advised not leave the vaccination venue / school for 30

minutes after vaccination as most anaphylaxis episodes begin within 30 minutes of vaccination.

- As the session draws to a close ensure that only the required number of vaccines to complete the vaccination session has been drawn up/reconstituted.
- One doctor and another vaccinator should be present while vaccinations are being given, and for 30 minutes after the last vaccine is administered to deal with anaphylaxis or any other adverse events, including syncope (see Appendix C), that might occur. An adverse event form may be completed (see Appendix D).
- Take queries from parents/legal guardians/students about possible adverse reactions that occur after the team has left the vaccination venue.
- Report adverse events to the IMB.

Administration of two vaccines at the same vaccination session

- Where there are two vaccines to be administered to students at the same vaccination session, each vaccine should be kept in a separate colour coded container.
- When two vaccines are administered at the same vaccination session it is useful to follow an agreed convention about the site of each vaccine as this will make it easier to attribute local reactions to the correct vaccine in the event of a report of an adverse reaction.
 - In the case of junior infants MMR is given in the left deltoid and 4 in 1 in the right deltoid.
 - In the case of first year girls, the third dose of HPV vaccine is given in the left deltoid and Tdap is given in the right deltoid.
- Where two vaccines are scheduled for students at the same vaccination session but a student is only getting one of these vaccines the following should be done;
 - The vaccinator should draw a double line through the box where vaccination details are entered and write "NOT FOR VACCINATION" between the double lines.
 - The vaccinator should double check the required vaccine with a nurse/medical colleague before administering the vaccine.

Note:

- The skin does not require cleaning before the vaccine is administered unless visibly dirty. In this instance the skin can be cleaned with soap and water. If an alcohol wipe is used the skin should be allowed to dry before the vaccine is injected.
- Gloves are not required when administering intramuscular injections

5.5 Administration of vaccines under Medication Protocol

- Registered nurses and midwives working under medication protocols will be accountable for their own clinical practice and should be familiar with and adherent to the practices as set out in these guidelines.
- Registered nurses and midwives working under medication protocols should report to their relevant line manager.
- An Bord Altranais defines medication protocols as “written directions that allow for the supply and administration of a named medicinal product by a registered nurse or midwife in identified clinical situations”.
- A medication protocol involves the authorisation of the nurse or midwife to supply and administer a medication to groups of patients in a defined situation meeting specific criteria and who may not be individually identified before presentation for treatment.
- An individually named prescription is not required for the supply and administration of medication when a medication protocol is in effect.
- The school immunisation medication protocols enable registered nurses employed in the HSE who have undertaken the required education and training programmes to administer Schools Immunisation Programme vaccines without individual prescription
- All students meeting the exclusion criteria of a medication protocol must be referred to the medical practitioner for an individual medical assessment.

6.0 Procedures

6.1 Operational aspects of the programme prior to the school vaccination session

- The schedule of school visits by the immunisation team(s) should ideally be decided with the schools a minimum of one month in advance.
- Parents/legal guardian/students should receive the following documentation through the schools in advance of the planned vaccination session in the school:
 - Letter of invitation for vaccination.
 - Information leaflet on the relevant vaccine(s).
 - Appropriate consent form(s) (Appendix A).
- This documentation will be prepared centrally and distributed to the Local Health Offices (LHOs) along with vaccination record cards. This documentation should be delivered to the schools as far in advance of the proposed visit by the team as possible.
- A system should be available locally to deal with immunisation queries from parents/legal guardians/students and schools.

- The composition of immunisation teams should be agreed locally in advance and will depend on the number of students in the relevant class in the school.
- Vaccines may be given by medical officers and nurses. Nurses may administer vaccine under doctor prescription or under a medication protocol within their scope of practice.
- All staff should be familiar with the following documents:
 - Immunisation Guidelines for Ireland, 2008 Edition and any subsequent amendments available at <http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines2008>
 - A Practical Guide to Immunisation, National Immunisation Office, 2008. <http://www.immunisation.ie/en/HealthcareProfessionals/TrainingManual/>.
 - The training slides for Health Professionals, updated by the National Immunisation Office in 2011 and available at <http://www.immunisation.ie/en/HealthcareProfessionals/TrainingSlides/>.
 - Summary Product Characteristics (SPCs) for each of the vaccines available at www.medicines.ie.
 - Healthcare professionals FAQ available at <http://www.immunisation.ie/en/HealthcareProfessionals/HealthcareFAQs/>.
- Each medical officer and nurse must be familiar with techniques for resuscitation of a patient with anaphylaxis and have completed a basic life support training course within two years.
- Each medical officer and nurse should be familiar with the "Anaphylactic Reactions: Treatment in the Community" protocol, updated in December 2009, and available in the Immunisation Guidelines for Ireland at <http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines2008/>.
- Each medical officer and nurse should be familiar with the medication protocols for nurse administration of the relevant vaccines and Adrenaline without individual prescription.

6.2 Operational aspects of the programme on the day of the school vaccination session

- The team should be at the school in advance of the vaccination session to ensure that it commences promptly at the appointed time.
- Each member of the team has a responsibility to ensure the smooth through-flow and safety of students and staff at all times.
- A designated person will take responsibility for ensuring that all the equipment necessary for the administration of the vaccines is in compliance with best practice and all the documentation required by the team are available at the school every day.

- A designated person will ensure that sufficient vaccine is brought to each vaccination session and that vaccines are in date and stored and maintained within cold chain conditions (see Section 6.6).
- A designated person will take responsibility for bringing the resuscitation kit to the schools and for ensuring that all the necessary resuscitation equipment and drugs are available and in date. These should be checked by two clinical members of the team and recorded on the vaccination session report form at the start of each vaccination session.
- At the beginning of each vaccination session two vaccinators from the team should verify the identity, expiry dates and batch numbers of the vaccine for use on the day, and record it on the school vaccination session report form.
- The minimum and maximum temperatures of the cool boxes at the beginning and end of the vaccination session should be recorded on the school vaccination session report form.
- Where there are two vaccines to be administered to the students at the same vaccination session, each vaccine should be kept in a separate colour coded container.
- Parents/legal guardians/students should be provided with the appropriate contact details so that they can inform the school immunisation staff about any concerns following vaccination.
- Each vaccinator is responsible for the secure disposal of sharps and clinical waste in a sharps container and for ensuring that the sharps container is secured at the end of each vaccination session as in the HSE guidelines "Healthcare risk waste management segregation packaging and storage guidelines for healthcare risk waste" 4th edition 2010, available at http://hsenet.hse.ie/HSE_Central/Commercial_and_Support_Services/Estates/Documentation.html.
- A medical practitioner and a nurse must remain at the vaccination venue for at least 30 minutes following the last vaccination.
- At the end of the vaccination session a school vaccination session report form should be completed. This may be a manual form or may run off the ICT system (see Appendix B).
- All members of the Team should be responsible for cleaning/tidying up after the vaccination session so as to ensure that the vaccination venue is left as it was found.
- Consent forms of students who are absent, refuse vaccination or whose vaccination was deferred should be kept so they can be given an appointment to attend a HSE mop-up clinic. In addition where a completed consent form is provided too late for the school vaccination session, the student should be called to a mop up clinic.
- Consent forms for those students who require further vaccine doses to complete a course should be kept for the next vaccination session.

6.3 Operational aspects after school/clinic vaccination session

- A designated member of the team is responsible for returning any unused vaccine to the fridge.
- A designated member of the team is responsible for recording and collating data as per Section 6.7.
- Arrangements should be made for a second dose of MMR to be given to those students in junior infants whose school vaccination constituted their first dose of MMR.
- Students who are identified as having no previous vaccines or an incomplete course should have arrangements made to complete their immunisations as per guidance for late entrants in the Immunisation Guidelines for Ireland 2008 edition and subsequent amendments available at <http://www.immunisation.ie/en/HealthcareProfessionals/Guidelinesforlateentrants/> .
- Lists of students for mop-up clinics should be compiled to include all those students who were not vaccinated on the day i.e. who failed to return a consent form, did not provide valid consent, were absent or deferred on the day and those students who refused vaccination on the day.
- Any suspected adverse events that occur during the school vaccination session or are subsequently notified by parents, legal guardians or students should be reported to the IMB as appropriate.

6.4 Consent

- Vaccination is not compulsory.
- Informed consent must be obtained prior to vaccination. The person providing consent to a vaccination should be offered as much information as they reasonably need to make their decision. The Guide to Professional Conduct & Ethics for Registered Medical Practitioners, 7th Edition, 2009 (Medical Council) states in section 35.2 that "*As part of the informed consent process patients must receive **sufficient information in a way that they can understand**, to enable them to exercise their right to make informed decisions about their care. This refers to the disclosure of all significant risks or substantial risks of grave adverse consequences.*"
- The information materials produced by the National Immunisation Office (NIO) have been approved by the National Adult Literacy Agency (NALA). NALA states that according to international data about 1 in 4 Irish adults have literacy problems. Many adults therefore would have difficulty understanding the technical details in the Patient Information Leaflet. Additional information can be accessed through websites including, www.immunisation.ie or www.hpv.ie

- Under normal circumstances the parent(s) of a child can give consent for vaccination on their child's behalf. For students aged under 16, consent must be obtained from a parent or legal guardian.
- Under The Guardianship of Infants Act, 1964, the mother is given automatic parental responsibility for the child. The father is also given parental responsibility if he is married to the mother at the time of the child's birth or if they marry after the birth of the child or if both adults adopt the child together. However, if a child is born outside marriage the mother is given automatic responsibility for all decisions relating to the child. Under certain circumstances guardianship of the child may be changed e.g. if one parent dies the remaining parent will automatically assume sole guardianship of the child or another guardian can also be appointed by the court.
- Students aged 16 years of age and over can consent on their own behalf.
- Special consideration needs to be given to children who are in care of the HSE either on a voluntary or statutory basis and contact should be made with the appropriate social worker. Further details are in sections 6.2.11 and 6.2.12 of the Practical Guide to Immunisations (see reference below)
- In the case of the HPV vaccine, consent is given by the parent/legal guardian/student to a course of vaccination, therefore it covers all three doses necessary to complete a course and consent remains valid until the course has been completed or unless consent is withdrawn by a parent, legal guardian or student aged 16 years or older.
- If a parent consents but the student refuses vaccination on the day of the school session the student should not be vaccinated.
- If a parent refuses but the student expresses a desire to be vaccinated on the day of the school session, the student may be vaccinated if they are aged 16 years or over as the student can provide their own consent. If the student is less than 16 years of age they cannot be vaccinated.
- The team should keep a record of those students where consent was withheld and the reasons stated if given.

Further guidance on consent, if required, is contained in "A Practical Guide to Immunisation" (chapter six) which is available at

<http://www.immunisation.ie/en/HealthcareProfessionals/TrainingManual/>

6.5 Assessment of the student for vaccination

Vaccines should only be given to students who are well on the day, and for whom no contraindication is identified as per the Immunisation Guidelines of Ireland, 2008 and subsequent amendments.

The student's temperature should not be checked routinely in the school at the time as this is not conclusive and is therefore unhelpful in the decision-making process.

Any student feeling unwell on the day, or considered by the medical officer to require deferral of the vaccine, should be offered an appointment for the mop-up clinic.

Contra-indications to vaccination

- Confirmed anaphylactic reaction to the vaccine or to a constituent.
- Pregnancy.

Pregnancy

Pregnancy could be an issue for some female students in second level schools. Parent(s) are advised to discuss the possibility of pregnancy with their daughter prior to vaccination and are asked to indicate on the consent form whether or not the girl is pregnant (see Appendix A). If the parent(s) indicate that their daughter is pregnant then vaccination should be withheld. If they indicate that their daughter is not pregnant then vaccination is appropriate. Questioning the girl about her last menstrual period is not indicated.

At each visit the vaccinator should ask the girl the following:

- Have you read on the consent form where it says that vaccination is NOT recommended in pregnancy?
- This means that if you think there is any possibility you might be pregnant then you should not be vaccinated today.
- Do you understand this? OR Are you clear about this?
- Do you want to ask me anything more about this before I prescribe the vaccine for you? OR a similar question to check that it is ok to proceed.

If there is any possibility of pregnancy vaccination should be postponed.

Where there is a possibility of pregnancy and the female student is less than 16 years of age inform the parent, on the vaccination day, that vaccination has been deferred and the reason for deferral. The parents should be notified that vaccination is not being carried out as they have given consent for it. This decision should be discussed with the student prior to contacting the parents. The medical officer or nurse should notify their line manager and seek further advice in

relation to their legal obligations under child protection legislation. For further detail, see <http://hse.net.hse.ie/CareGroupsHub/ChildrenandFamilies/Childrenfirst/>.

However, if the girl is adamant that her parents are not to be informed as to the reason for deferral the medical officer or nurse should again notify their line manager and seek further advice in relation to their legal obligations under child protection legislation. For further detail see <http://hse.net.hse.ie/CareGroupsHub/ChildrenandFamilies/Childrenfirst/>.

If a girl who was vaccinated subsequently finds out that she was pregnant at or conceived around the time of vaccination, any further vaccination should be postponed. This should be reported as an adverse event to the IMB. If further vaccines are required then vaccination may be finished when the pregnancy is completed.

Precautions for vaccination

- **Acute severe febrile illness:** defer until recovery.
- **Bleeding disorders:** Vaccines should be administered with caution to individuals with coagulation defects. If vaccines are given intramuscularly to those with a bleeding disorder or receiving anticoagulant treatment NIAC has recommended that it is prudent to use a 23-gauge (blue) needle and to apply pressure to the vaccine site for 1-2 minutes after the injections. Some authors have suggested that narrower 25 gauge needle might produce an injection jet under greater pressure and that this can cause increased trauma and local reaction rates. In those with a severe bleeding tendency vaccination can be scheduled shortly after administration of clotting factor replacement or similar therapy.

MMR vaccine can be given by the subcutaneous route. There is no recommendation on the administration of the 4 in1, Tdap or HPV vaccine by this route. Administration by the subcutaneous route may be considered in those with severe bleeding disorders. However, immunogenicity of vaccines recommended for IM administration may not be as long-lasting if they are given subcutaneously. The patient or parent should be advised of this.

- **Immunosuppression:** The immune response of individuals who are immunocompromised may be inadequate.

In the case of MMR for those who have immune deficiency or immunosuppression please refer to the detailed guidance in the Immunisation Guidelines for Ireland (see link below)

There is no data on the use of Gardasil ® in individuals with impaired immune responsiveness, whether due to treatment or illness. These individuals may not respond as effectively to the vaccine.

<http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines2008/>

- **Use of Protopic and other topical immunomodulators:** It is advised that these preparations should be discontinued four weeks before the administration of live or inactivated vaccines. They should not be restarted until four weeks after vaccination.
- **Latex Allergy:** Vaccines supplied in vials or syringes containing rubber should not be used in those who have had an anaphylactic reaction to latex. MMRVaxPro is the only vaccine used in the Schools Immunisation Programme that contains latex. Priorix, Tetravac, Infanrix-IPV, Boostrix and Gardasil vaccines do not contain latex.

Specific Vaccine Issues

- **4 in 1 and Tdap**
 - Vaccination should be deferred where the child has an evolving neurological condition, until that condition stabilises.
 - An interval of at least two years should be left between consecutive doses of tetanus containing vaccines.
- **MMR**
 - Vaccination should be deferred for between three and eleven months following the administration of blood or blood product (see page 87 Immunisation Guidelines for Ireland (2008 and subsequent amendments) for full details).
 - Patients who developed thrombocytopenia within six weeks of their first dose of MMR should undergo serological testing to determine if a second dose is necessary.
 - MMR is a live vaccine and must not be administered within four weeks of other live vaccines e.g. BCG.

When there are doubts about giving a vaccine contact a Principal Medical Officer or a Specialist in Public Health Medicine for further advice.

6.6 Maintenance of the Cold Chain during School vaccination session

All medical, nursing and administrative staff involved in handling vaccines for the Schools Immunisation Programme should be aware of their respective responsibilities as set out in these guidelines, so as to ensure that the vaccines remain safe and effective.

The designated person collecting the vaccine from the health centre should be responsible for:

- Appropriately completing the routine stock removal form at the health centre each day in accordance with the vaccine fridge standard operating procedures (SOP).
- Ensuring that only vaccine that is in date is brought to the school.

- Ensuring that, if possible, vaccine to be used on a day is all the same batch.
- Recording the temperature in the cool box:
 - Before leaving the health centre.
 - At the beginning of the vaccination session.
 - At the end of the vaccination session.
 - On returning the vaccines to the fridge.
- Maintaining the vaccines at a temperature range from 2 to 8°C (Appendix F: Maintenance of Cool Box Temperature).
- Where vaccines are not used on a particular day and are in their original packaging and maintained under cold chain conditions these vaccines should be marked and kept separately so that they are used first on the next vaccinating day.
- Any vaccine that has been removed from its packaging and is not used in a timely manner should be discarded. This vaccine should NOT be marked and NOT be used at a subsequent vaccination session. MMR vaccines must be used within one hour of reconstitution or discarded. Once 4 in1, Tdap and HPV which come in prefilled syringes are removed from their packaging they should be used at that vaccination session or discarded.

6.7 Data Collection and Recording

6.7.1 Client Records

- Students should be given a vaccination record card after vaccination which records the vaccine trade name, date given, batch number, expiry date, route and site of injection, and name of vaccinator.
- In the case of HPV vaccines, the student vaccination record card should be completed after each dose, but the student should receive a letter after the first and second doses (see Appendix E) and the record card after the third dose.

6.7.2 HSE Records

- Consent forms for students whose vaccination is deferred or who are absent on the day should be put aside for the next mop-up clinic.
- Students who fail to return a completed consent form should also be offered an appointment at a mop up clinic –if they can be identified from the school list or by the school staff.
- Consent forms for students who have been vaccinated but require further doses to complete a course should be set aside for the next school clinic.
- When students have completed the vaccination course their records should be filed in accordance with the “Policy for Healthboards on Record Retention Periods including outline

of issues in records management / National Freedom of Information Liaison Group” 1999, available at <http://lenus.ie/hse/handle/10147/45859>.

6.7.3 Clinic Data Recording

Data should be recorded for statistical purposes at the end of each session (see Appendix B).

This should include:

- The target number of students for the Schools Immunisation Programme is taken as the number of students on the school roll in the relevant class (junior infants or first year) at the time of school vaccination session for MMR, 4 in 1 and Tdap vaccinations.
- For routine HPV vaccinations the target number of girls for the Schools Immunisation Programme is taken as the number of girls in first year and age equivalent (i.e. born between 01/09/1999 and 31/08/2011) in special schools on the school roll on 30th September 2011.
- For HPV catch up the target number of girls for the Schools Immunisation Programme is taken as the number of girls in sixth year and age equivalent (born between 01/09/1993 and 31/08/1994) in special schools, Youthreach and Community Training Centres on the school roll or registered with Youthreach or Community Training Centres, on 30th September 2011.
- The number of students vaccinated in school on the day by year and by stage of vaccination.
- The number of students previously vaccinated.
- The number of students not vaccinated and reasons for same (where known).
 1. No consent
 - consent refused
 - consent form not returned
 - other lack of proper consent e.g. missing vital information / invalid consent (e.g student <16 years)
 - 2 Valid consent but not vaccinated
 - contraindicated
 - absent
 - deferred (e.g. unwell on the day)
 - child refused
 - referred to hospital setting for vaccination
 - referred to GP for vaccination
 - other.
- The number of students where parents report no previous dose of MMR prior to school dose who therefore require a second dose of MMR at least one month later.

6.7.4 Data Entry Standards

Data accuracy is very important. Care should be given to the correct spelling of client demographic details and GP details. All Mandatory Fields must be completed correctly with meaningful and accurate data. In addition to the mandatory fields, users should make every effort to input as much client information as possible. If additional information is entered on forms in notes fields or on the back of the form where there is no data entry field available this information should be entered into the notes field. Appendix G provides further guidance on the correct recording of client data.

7.0 Adverse Events

The vaccines used in the Schools Immunisation Programme are considered safe and well tolerated. Full details of the side effects of each vaccine can be found in the summary of product characteristics (SPC) available on www.medicines.ie.

General side effects

These can occur with any of the vaccines used in the Schools Immunisation Programme.

- A local reaction at the injection site which can consist of redness, swelling, pain and increased skin temperature is the most common side effect.
- Systemic symptoms, e.g. fever and malaise.
- Syncope can occur after vaccination, especially in adolescents.
- Anaphylaxis is an extremely rare event (about one event/million doses) that could occur with the administration of any vaccine. Detailed advice on the management of anaphylaxis is contained in the Immunisation Guidelines for Ireland (2008 edition and subsequent amendments)
<http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines2008/> .

MMR specific side effects

- Mini measles (fever and rash) can occur 7-10 days post vaccination. This is non-infectious and self limiting.
- Swelling of the salivary glands can also occur three weeks post vaccination.
- A very rare side effect of MMR is the occurrence of thrombocytopenia 15-35 days post vaccination.

The relevant immunisation leaflets contain details on adverse reactions and their management.

Parents/legal guardians/students should inform the school immunisation team of any adverse reactions to the vaccine by contacting the Local Health Office.

-

The medical officers/vaccinators should report all suspected adverse reactions to the Irish Medicines Board. Details of adverse events may be recorded on the adverse event report form (see Appendix D).

Adverse events can be reported online at: <http://www.imb.ie/EN/Safety--Quality/Online-Forms/Human-Medicine-Adverse-Drug-Reaction.aspx>

Or an adverse event form can be downloaded, and returned by FREEPOST, from: <http://www.imb.ie/EN/Publications/Safety--Quality/Reporting-Suspected-Product-Problems/Safety-Related-Problems/Adverse-Reaction-Form.aspx?page=1&year=0&categoryid=58&letter=&q>

8.0 References

- “Immunisation Guidelines for Ireland”, 2008 Edition and any subsequent amendments. <http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines2008>.
- “A Practical Guide to Immunisation”, National Immunisation Office, 2008. <http://www.immunisation.ie/en/HealthcareProfessionals/TrainingManual/>.
- “The training slides for Health Professionals”, updated by the National Immunisation Office in 2011 and available at <http://www.immunisation.ie/en/HealthcareProfessionals/TrainingSlides/>.
- “Healthcare professionals FAQ” available at <http://www.immunisation.ie/en/HealthcareProfessionals/HealthcareFAQs/> .
- “Children First 2011 – National Guidance for the Protection and Welfare of Children.” available at <http://hsenet.hse.ie/CareGroupsHub/ChildrenandFamilies/Childrenfirst/>
- “Healthcare risk waste management segregation packaging and storage guidelines for healthcare risk waste” 4th edition 2010, available at http://hsenet.hse.ie/HSE_Central/Commercial_and_Support_Services/Estates/Documentatin.html
- “Policy for Health Boards on Record Retention Periods including outline of issues in records management / National Freedom of Information Liaison Group” 1999, available at <http://lenus.ie/hse/handle/10147/45859>
- Summary of Product Characteristics for the vaccines used in the Schools Immunisation Programme available at; <http://www.medicines.ie/medicine/11524/SPC/GARDASIL/>
<http://www.medicines.ie/medicine/13394/SPC/Boostrix+-+Suspension+for+injection/>
<http://www.medicines.ie/medicine/3172/SPC/TETRAVAC/>
<http://www.medicines.ie/medicine/10312/SPC/IPV-Infanrix/>

<http://www.medicines.ie/medicine/6879/SPC/Priorix+PFS/>

<http://www.medicines.ie/medicine/13343/SPC/MMRvaxpro/>

- Victorian Government Health Information. Ten tips for conducting a safe school immunisation session. Immunisation Section Newsletter Issue 37 February 2009. available at http://www.health.vic.gov.au/_data/assets/pdf_file/0004/305842/immunisation_news_issue37.pdf.

APPENDIX A: Consent Forms



For Official Use Only
Class: _____ School Roll Number: _____

Measles, Mumps, Rubella (MMR) and Diphtheria, Pertussis, Polio, Tetanus (4 in 1) Vaccination Consent Form.

If you wish to give consent please fill in Parts 1, 2 & 3. If you do not wish to give consent please fill in parts 1 & 4.

Return this completed form within the next 3 school days.

Privacy Statement: HSE staff are aware of their obligation under the Data Protection Acts, 1988 and 2003. The information provided will be included in an Immunisation Database. The HSE will use this information to monitor vaccination programmes and health care provision.

PART 1. Complete this part with details of child to be vaccinated (please use block capitals)

Child's Forename: <input type="text"/>	Child's Middle Name: <input type="text"/>	Child's Surname: <input type="text"/>
Child's Personal Public Services Number (PPSN): <input type="text"/>		
<i>(PPSN will be required to manage your immunisation record only)</i>		
Child's Date of Birth (dd/mm/yyyy): ____/____/____		Child's Gender (circle as appropriate): Male/Female
Mother's Maiden Name: _____		Mother's Date of Birth (dd/mm/yyyy): ____/____/____
<i>(This information will be required to manage your child's immunisation services)</i>		
Child's Address: _____ _____ County: _____		
Child's Home Address at Birth: _____ _____		
Parent/Legal Guardian Forename and Surname: _____		
Daytime Contact Phone Number: _____		Mobile Phone Number: _____
School: _____ Class: _____		Teacher: _____
GP Name and Address: _____ <i>(Your information may be shared with your General Practitioner)</i>		

PART 2. Complete this part with details of the child being vaccinated.

Has this child previously received MMR?	1st dose <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approx date ____/____/____
	2nd dose <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approx date ____/____/____
How many doses of 5 in 1 or 6 in 1 vaccine (routine 2, 4 and 6 month childhood vaccines) has this child received?				
Do not know <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				
Has this child ever had a tetanus vaccine following an injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Approx date ____/____/____	
Has this child had any vaccines in the past 3 months?				Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Please detail</i> _____				
Has this child had any serious illness in recent years or is he/she currently taking medication? (Include ointments/creams that affect the immune system e.g. Protopic cream)				Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Please detail</i> _____				
Does this child have any serious allergies or has he/she had a previous anaphylactic reaction?				Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Please detail</i> _____				
Has this child had a previous severe reaction to any vaccine?				Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Please detail</i> _____				
Does this child have any illness or condition that increases their risk of bleeding?				Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Please detail</i> _____				

Please Turn Over



PART 3.

Sign this box if you wish to give consent for MMR

YES, I CONSENT to have the above named child vaccinated to protect against **Measles, Mumps and Rubella.**

I have read and understand the accompanying vaccine information, including risks and side effects. I confirm by signing this form that I am authorised to give consent on behalf of the above named child.

NAME (Please print): _____

Signature: _____
(Parent /Legal Guardian)

Date ____/____/____ (dd/mm/yyyy)

Sign this box if you wish to give consent for 4-in-1

YES, I CONSENT to have the above named child vaccinated to protect against **Diphtheria, Pertussis, Polio and Tetanus.**

I have read and understand the accompanying vaccine information, including risks and side effects. I confirm by signing this form that I am authorised to give consent on behalf of the above named child.

NAME (Please print): _____

Signature: _____
(Parent /Legal Guardian)

Date ____/____/____ (dd/mm/yyyy)

PART 4.

Sign this box if you DO NOT wish to give consent for MMR

NO, I DO NOT CONSENT to have the above named child vaccinated to protect against **Measles, Mumps and Rubella.**

I have read and understand the accompanying vaccine information, including risks and side effects. I confirm by signing this form that I am authorised to refuse consent on behalf of the above named child.

NAME (Please print): _____

Signature: _____
(Parent /Legal Guardian)

Date ____/____/____ (dd/mm/yyyy)

Sign this box if you DO NOT wish to give consent for 4-in-1

NO, I DO NOT CONSENT to have the above named child vaccinated to protect against **Diphtheria, Pertussis, Polio and Tetanus.**

I have read and understand the accompanying vaccine information, including risks and side effects. I confirm by signing this form that I am authorised to refuse consent on behalf of the above named child.

NAME (Please print): _____

Signature: _____
(Parent /Legal Guardian)

Date ____/____/____ (dd/mm/yyyy)

FOR OFFICIAL USE ONLY

If vaccine not administered please state why? Contraindicated Absent Deferred Refused

Referred to hospital setting Other _____

Completed by: _____ MCRN/PIN: _____ Date (dd/mm/yyyy): ____/____/____
(if applicable)

Administration Details:

Date Given	Vaccine Name	Batch Number	Dose	Injection Site	Prescriber signature & MCRN	Vaccinator signature & PIN/MCRN	Vaccination location
/ /		<input type="text"/>		(circle as appropriate) Right Deltoid Right Deltoid			(circle as appropriate) School/Clinic Clinic Name
/ /		<input type="text"/>		(circle as appropriate) Right Deltoid Right Deltoid			(circle as appropriate) School/Clinic Clinic Name

Comments/Notes



Part 4. Sign this box if you DO NOT wish to give consent for this student to be vaccinated

NO, I DO NOT CONSENT to the vaccination of the above named student to protect against Tetanus, Diphtheria and Pertussis.

- I have read and understand the accompanying vaccine information, including risks and side effects.
- I confirm by signing this form that I am authorised to refuse consent on behalf of the above named student. *(Students over 16 years of age are legally entitled to consent for themselves)*

Name *(Please print)* _____ *(Please tick)* Parent Legal Guardian Self

Signature _____ Date *(dd/mm/yyyy)* / /

For Official Use Only

If vaccine not administered please state why? Contraindicated Absent Deferred Refused

Referred to hospital setting Other

Completed by _____ MCRN/PIN _____ Date *(dd/mm/yyyy)* / /
(If applicable)

Administration Details

Date Given	Vaccine Name	Batch No	Dose	Injection Site	Prescriber signature & MCRN	Vaccinator signature & PIN/MCRN	Vaccination Location
/ /		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<i>(Circle as appropriate)</i> Right Deltoid Left Deltoid			<i>(Circle as appropriate)</i> School/Clinic Clinic Name

Comments/Notes

Human Papillomavirus (HPV) Vaccination Consent Form

PART 3 Complete if this girl has previously been given a HPV vaccine (include each dose)

	Vaccine Name (Gardasil or Cervarix)	Batch Number	Date Given
Dose 1			/ /
Dose 2			/ /
Dose 3			/ /

PART 4 Complete this part if you do not want to have this girl vaccinated

NO, I DO NOT CONSENT to the vaccination of the above named student with Gardasil vaccine.

- I have read and understand the accompanying vaccine information, including risks and side effects.
- I confirm by signing this form that I am authorised to refuse consent on behalf of the above named student. (Students over 16 years of age are legally entitled to consent for themselves)

Name (Please print): _____ (Please tick): Parent Guardian Self

Signature: _____ Date: _____ (DD/MM/YY)

FOR OFFICE USE ONLY

If vaccine not administered please state why? Contraindicated Absent Deferred Refused

Referred to hospital setting Other _____

Completed by: _____ MCRN/PIN: _____ (if applicable) (DD/MM/YY) _____

Dose	Date Given	Batch Number	Injection Site (Circle as appropriate)	Prescribed by signature and MCRN	Vaccinator's signature and MCRN/Nurse PIN	Vaccination location (Circle as appropriate)
1	/ /		Right Deltoid Left Deltoid			School Clinic
						Clinic Name

If vaccine not administered please state why? Contraindicated Absent Deferred Refused

Referred to hospital setting Other _____

Completed by: _____ MCRN/PIN: _____ (if applicable) (DD/MM/YY) _____

Dose	Date Given	Batch Number	Injection Site (Circle as appropriate)	Prescribed by signature and MCRN	Vaccinator's signature and MCRN/Nurse PIN	Vaccination location (Circle as appropriate)
2	/ /		Right Deltoid Left Deltoid			School Clinic
						Clinic Name

If vaccine not administered please state why? Contraindicated Absent Deferred Refused

Referred to hospital setting Other _____

Completed by: _____ MCRN/PIN: _____ (if applicable) (DD/MM/YY) _____

Dose	Date Given	Batch Number	Injection Site (Circle as appropriate)	Prescribed by signature and MCRN	Vaccinator's signature and MCRN/Nurse PIN	Vaccination location (Circle as appropriate)
3	/ /		Right Deltoid Left Deltoid			School Clinic
						Clinic Name

Comments / Notes _____

APPENDIX B: Session Report Forms

Version 1.5 September 2011

PTO for comments re vaccination session:

**4 in 1 and MMR
School vaccination session report form**

LHO _____

School Roll Number		Date: ___/___/___
School Name:		
School address:		
Principal:	Tel: _____	

Vaccine (Brand name)	Batch Number 1	Batch Number 2	Batch Number 3

Min/Max Temperature and time	Start of session __:__	End of session __:__
Box 1	Min ___ Max ___	Min ___ Max ___
Box 2	Min ___ Max ___	Min ___ Max ___
Box 3	Min ___ Max ___	Min ___ Max ___
Box 4	Min ___ Max ___	Min ___ Max ___

Resuscitation equipment and emergency drugs checked _____

	Junior Infants	
	4 in 1	MMR
Target population		
Previously vaccinated		
Number vaccinated in school		
Total number given vaccine		
Number contraindicated		
No consent		
<i>Consent refused by parent</i>		
<i>Form not returned</i>		
<i>Other (eg consent missing vital clinical information so is not valid or signed by someone other than legal guardian)</i>		
Not vaccinated although valid consent and not contraindicated		
<i>Child absent</i>		
<i>Deferred (e.g unwell on the day)</i>		
<i>Child refused</i>		
<i>Referred to hospital setting</i>		
<i>Referred to GP</i>		
<i>Other</i>		
Number identified as needing a catch-up MMR		
Number referred to mop-up clinic		
Number of HSE staff at school vaccination session: doctors=___ nurses=___ admin=___		
Signature of person filling in form: _____		Date: ___/___/___
Print name in block capitals: _____		

Definitions

Target Population = All children in Junior Infants on the school register at time of school vaccination 2011/2012
 Total number given **4 in 1** = number vaccinated in school + number previously vaccinated by GP or in school in previous year (i.e children who are repeating Junior Infants but were vaccinated in school last year)

Total number given **MMR** = number vaccinated in school + number previously vaccinated by GP or in school in previous year (i.e. children who are repeating Junior Infants but were vaccinated in school last year)

Number in school identified as needing **catch-up MMR** = those children identified as getting 1st dose MMR in school in 2011/2012 and therefore need a second dose one month later

School Roll Number is the unique identifier number given to each school by the Department of Education and Skills

Routine HPV for First Years
SCHOOL VACCINATION SESSION REPORT FORM

LHO _____

School Roll Number		Date: ___/___/___
School Name:		
School address:		
Principal:	Tel: _____	

Vaccine (Brand name)	Batch Number 1	Batch Number 2	Batch Number 3

Min/Max Temperature and time	Start of session __:__	End of session __:__
Box 1	Min ___ Max ___	Min ___ Max ___
Box 2	Min ___ Max ___	Min ___ Max ___
Box 3	Min ___ Max ___	Min ___ Max ___
Box 4	Min ___ Max ___	Min ___ Max ___

Resuscitation equipment and emergency drugs checked _____

	Second level school First Year	Special school (defined age)
Target population for HPV		
*Previously vaccinated HPV		
Number given routine HPV 1st dose		
Number given routine HPV 2nd dose		
Number given routine HPV 3rd dose		
Number contraindicated		
No consent		
<i>Consent refused by parent</i>		
<i>Form not returned</i>		
<i>Consent withdrawn</i>		
<i>Other (eg consent missing vital clinical information so is not valid <u>or</u> signed by someone other than legal guardian)</i>		
Not vaccinated although valid consent and not contraindicated		
<i>Girl absent</i>		
<i>Deferred (e.g unwell on the day)</i>		
<i>Girl refused</i>		
<i>Referred to hospital setting</i>		
<i>Other</i>		
Total activity (number of vaccines given)		
Number referred to mop-up clinic		
Number of HSE staff at school vaccination session: doctors=___ nurses=___ admin=___		
Signature of person filling in form: _____		Date: ___/___/___
Print name in block capitals: _____		

Definitions

Target population in academic year 2011/2012 for **Routine HPV** = Number of girls in 1st year (of second level school) on school register on 30th September 2011 and this is target for 2nd and 3rd doses of HPV also. **AND** Number of girls in special schools born between 01/09/1999 and 31/08/2000 who are on the special school register on 30th September 2011 and this is the target for 2nd and 3rd doses also.

Number given **HPV -(specified dose 1st/2nd/3rd)** = number vaccinated in schools (including special schools)

***Previously vaccinated HPV** = previously completed 3 dose course of Gardasil/Cervarix by GP, or in school in previous year (i.e student is repeating year) or other.

***Previously vaccinated HPV** is only counted on session report form for first round of HPV vaccination programme to avoid duplicate or triplicate recording.

School Roll Number is the unique identifier number given to each school by the Department of Education and Skills

**HPV catch-up for Sixth Years
SCHOOL VACCINATION SESSION REPORT FORM**

LHO

School Roll Number		Date: ___/___/___
School Name:		
School address:		
Principal:	Tel: _____	

Vaccine (Brand name)	Batch Number 1	Batch Number 2	Batch Number 3
Min/Max Temperature and time	Start of session __: __		End of session __: __
Box 1	Min _____ Max _____	Min _____ Max _____	
Box 2	Min _____ Max _____	Min _____ Max _____	
Box 3	Min _____ Max _____	Min _____ Max _____	
Box 4	Min _____ Max _____	Min _____ Max _____	

Resuscitation equipment and emergency drugs checked _____

	Second level school Sixth Year	Special school (defined age)	Youthreach or CTC (defined age)
Target population for HPV-catch-up			
*Previously vaccinated HPV			
Number given HPV-catch-up 1st dose			
Number given HPV-catch-up 2nd dose			
Number given HPV -catch-up 3rd dose			
Number contraindicated			
No consent			
Consent refused by parent			
Form not returned			
Consent withdrawn			
<i>Other (eg consent missing vital clinical information so is not valid or signed by someone other than legal guardian)</i>			
Not vaccinated although valid consent and not contraindicated			
Girl refused			
Girl absent			
Deferred (e.g unwell on the day)			
Referred to hospital setting			
Other			
Total activity(number of vaccines given)			
Number referred to mop-up clinic			
Number of HSE staff at school vaccination session: doctors=___ nurses=___ admin=___			
Signature of person filling in form: _____		Date: ___/___/___	
Print name in block capitals: _____			

Definitions

Target population in academic year 2011/2012 for **HPV catch-up** = Number of girls in 6th year (of second level school) on school register on 30th September 2011 and this is target for 2nd and 3rd doses of HPV also. **AND** Number of girls in **special schools** born between 01/09/1993 and 31/08/1994 and are on the special school register on 30th September 2011 and this is the target for 2nd and 3rd doses also. **AND** Number of girls born between 01/09/1993 and 31/08/1994 who are attending **Youthreach** or **Community Training Centres** and are registered on 30th September 2011 and this is the target for 2nd and 3rd doses also.

Number given **HPV catch-up -(specified dose 1st/2nd/3rd)** = number vaccinated in schools (including special schools, Youthreach or Community Training Centres)

***Previously vaccinated HPV** = previously completed 3 dose course of Gardasil/Cervarix by GP, or in school in previous year (i.e student is repeating year) or other.

***Previously vaccinated HPV** is only counted on session report form for first round of HPV vaccination programme to avoid duplicate or triplicate recording.

School Roll Number is the unique identifier number given to each school by the Department of Education and Skills

Tdap
SCHOOL VACCINATION SESSION REPORT FORM

LHO _____

School Roll Number		Date: ___/___/___
School Name:		
School address:		
Principal:	Tel: _____	

Vaccine (Brand name)	Batch Number 1	Batch Number 2	Batch Number 3

Min/Max Temperature and time	Start of session __: __	End of session __: __
Box 1	Min ___ Max ___	Min ___ Max ___
Box 2	Min ___ Max ___	Min ___ Max ___
Box 3	Min ___ Max ___	Min ___ Max ___
Box 4	Min ___ Max ___	Min ___ Max ___

Resuscitation equipment and emergency drugs checked _____

	Second level school First Year	Special school (defined age)
Target population for Tdap		
Previously vaccinated Tdap		
Number given Tdap in school		
Total number given Tdap		
Number contraindicated		
No consent		
<i>Consent refused by parent</i>		
<i>Form not returned</i>		
<i>Other (eg consent missing vital clinical information so is not valid or signed by someone other than legal guardian)</i>		
Not vaccinated although valid consent and not contraindicated		
<i>Child absent</i>		
<i>Deferred (e.g unwell on the day)</i>		
<i>Child refused</i>		
<i>Referred to hospital setting</i>		
<i>Other</i>		
Number referred to mop-up clinic		
Number of HSE staff at school vaccination session: doctors=___ nurses=___ admin=___		
Signature of person filling in form: _____		Date: ___/___/___
Print name in block capitals: _____		

Definitions

The target population in school for **Tdap** = number of students in 1st year (of second level school) on school register at time of vaccinations in 2011/2012 academic year. **AND** Number of students in special schools becoming 12 years during the academic year 01/09/2011 to 31/08/2011 who are on the special school register at the time of school vaccinations.

Total number given **Tdap** = number vaccinated in school (including special school) + number previously vaccinated by GP or in school in previous year (i.e. children who are repeating 1st year but were vaccinated in school last year).

School Roll Number is the unique identifier number given to each school by the Department of Education and Skills

Mop up clinic VACCINATION SESSION REPORT FORM

LHO _____

LHO:		Date: ___/___/___	
Clinic Name:			
Clinic address:			
		Tel: _____	
Vaccine (Brand name)	Batch Number 1	Batch Number 2	Batch Number 3
Min/Max Temperature and time	Start of session __:__		End of session __:__
Box 1	Min _____ Max _____	Min _____ Max _____	Min _____ Max _____
Box 2	Min _____ Max _____	Min _____ Max _____	Min _____ Max _____
Box 3	Min _____ Max _____	Min _____ Max _____	Min _____ Max _____
Box 4	Min _____ Max _____	Min _____ Max _____	Min _____ Max _____

Resuscitation equipment and emergency drugs checked _____

	Primary School Junior Infants	Second Level First Years	Second Level Sixth Years	Special schools	Youthreach	Community Training Centres	TOTAL
Number given 4 in 1							
Number given MMR (routine)							
Number given catch-up MMR							
Number given Tdap							
Number given routine HPV 1st dose							
Number given routine HPV 2nd dose							
Number given routine HPV 3rd dose							
Number given HPV catch-up 1st dose							
Number given HPV catch-up 2nd dose							
Number given HPV catch-up 3rd dose							
OTHER vaccine given -specify below:							
1							
2							
3							
Total number vaccinated							
Number of HSE staff at school vaccination session: doctors=___ nurses=___ admin=___							
Signature of person filling in form: _____ Date: ___/___/___							
Print name in block capitals: _____							

Definitions:

Number given dose of vaccine = number vaccinated at HSE mop-up clinic

APPENDIX C: Tips for Conducting a School Vaccination Session to Reduce the Incidence of Syncope

*Adapted from the Immunisation Programme in Victoria, Australia**

Post-vaccination fainting has been reported with most vaccines. Based on data from the USA, syncope is most common after three adolescent vaccines HPV, quadravalent meningococcal vaccine and Tdap. It is not known whether this is due to the vaccines or if the increased incidence in this age group merely reflects that adolescents are generally more likely to experience fainting. The onset of syncope is usually immediate. A review of syncope after vaccination found that 89% occurred within 15 minutes of vaccination.

*Experience from Australia suggests that the organisation of clinics can be a key factor in reducing the number of fainting episodes.

- Organise sessions to be run in a venue that allows privacy for each student being vaccinated so that other students are not watching the procedure prior to their vaccine being administered.
- Have a separate entry and exit point so students arriving for vaccination do not cross paths with students leaving after vaccination. Students should be brought in small groups (less than 10 students) to the area where vaccination is occurring.
- Arrange for students to be seated or lying down when being administered their vaccines in case of an immediate faint.
- Provide a nearby area for adolescents to wait following the vaccination. This area needs to be readily accessible to immunisation staff in the event of a faint or other immediate adverse event.
- Supervision may be required to ensure students remain seated while waiting the 15 minutes after being vaccinated in case of fainting.
- The vaccination area should be free of staircases and concrete as these areas can contribute to injury following a fainting episode.
- It is important for a person familiar to each class to be present at the venue in order to assist with identification of students control their behaviour and create a calm environment.
- Ensure the vaccine session is run with only one class present at a time to minimise the sense of mass anxiety that a few students can engender in other vulnerable students.
- Following vaccination, students are required to wait a minimum of 15 minutes in a nearby location; however, this time should be longer if a student is feeling dizzy or unwell after vaccination.
- Following vaccination, adolescents should refrain from strenuous activity for up to 30 minutes in case of a delayed fainting episode.

* Immunisation Programme, Department of Human Services. Immunisation Newsletter 2009;37:2

Management of syncope:

- Patient should be placed in the recumbent position and observed until they are fully recovered.
- Recovery of consciousness occurs within a minute or two, but patients may take some more time to recover fully.
- Fainting is sometimes accompanied by brief clonic seizure activity (i.e. rhythmic jerking of the limbs), but this requires no specific treatment or investigation.

APPENDIX D: Adverse event report form

Date: _____ Vaccine Name: _____ Batch Number: _____

Student's Name: _____ Date of Birth: ___/___/___

Address: _____ Phone: _____

School/Clinic: _____

Adverse event

Onset of symptoms after vaccination _____ Minutes _____ Hours _____ Days _____
Nature of symptoms

Anaphylactic reaction

Skin/mucosal reaction	Tick if present	Respiratory reaction	Tick if present
Generalised urticaria or erythema		Acute breathing trouble	
Generalised itching with skin rash		Bilateral bronchospasm	
Generalised itching without skin rash		Stridor	
Angio-odema		Swelling of upper airways: Lips/tongue/pharynx/uvula/larynx (<i>underline which applies</i>)	
Red and itchy eyes		Tachypnoea	
Localised urticaria at injection site		Cyanosis	
Cardiovascular reaction		Expiratory ronchus	
Hypotension		Enforced use of breathing aid muscles	
Circulatory shock		Dry cough	
Tachycardia		Hoarseness	
Loss of consciousness		Sneezing	
Consciousness disorder		Rinorrhoea	
Reduced central pulse volume			
Capillary refill time >3 sec			
Gastrointestinal		Gastrointestinal	
Nausea		Diarrhoea	
Vomiting		Abdominal pain	

APPENDIX E: HPV Letter

HSE Logo

LHO Address

HPV Vaccination Programme

Name: _____

DOB: _____

Date: _____

The above student received her **first / second** dose of HPV vaccine today.

Batch Number: _____ **Expiry date:** _____

Following vaccination, the arm where the vaccine was given may become sore, swollen, red and hot to touch. Occasionally students may experience mild fever or headache.

These symptoms can be treated with paracetamol or ibuprofen.

Rarer side effects include itchy rash or hives. Like most vaccines, severe allergic reactions are extremely rare.

If you are concerned please seek medical advice.

The school immunisation team can be contacted during normal office hours, Monday to Friday at the number above.

Before the next vaccine dose you should tell the vaccinator if there is a serious reaction to this dose of vaccine or if there is any change in your daughter's medical history.

After the third dose of vaccine a record booklet will be given to you/your daughter.

Signed: _____

APPENDIX F: Maintenance of Cool Box Temperature

Vaccines should be stored in the vaccine fridges at the main health centres in accordance with the local Vaccine Fridge Standard Operating Procedure (SOP).

Cool box temperature should be maintained between 2 and 8 °C **at all times**

- Ice packs should be wrapped completely unless they have their own cover that encloses them completely this is to prevent the ice pack coming in direct contact with vaccine.
- Frozen ice packs should be placed in the cool box for a minimum of 15 minutes before the vaccines are packed into the cool box.
- The number of packs used should be as per cool box manufacturer's instructions /best practice recommendations.
- The ice packs used should be rotated to ensure maximum coldness.
- The ice packs should be positioned appropriately above, below and around the vaccines as space in the cool box allows.
- The temperature probe should be placed in the middle of the vaccines.
- The lid of the cool box should be tightly shut and kept closed as much as possible (reducing lid opening helps to keep internal temperatures stable.
- It may be necessary to add/remove ice packs as the temperature dictates.
- Only the number of vaccines estimated for administration on any particular day should be brought to the school.
- The vaccines should be transported in their original packaging, and placed in the cool box as per the manufacturer's instructions.
- The time of packing and returning the vaccines should be recorded.
- The cool box should be placed in,
 - An appropriately ventilated room,
 - Away from any heat source,
 - Away from direct sunlight.
- The cool box thermometer should be sent back to the manufacturer for calibration on an annual basis.
- Vaccines returned to the health centre fridge following school vaccination session should be marked and used first on their next excursion to a school.

Procedures following breakdown in the “Cold Chain”

Check position of temperature probe. The temperature probe should be placed in the middle of the vaccines. Reset probe ensure positioned correctly away from ice packs. Close box firmly and recheck temperature in 10 minutes.

If temperature too low (< 2°C)

Vaccine should not be used. There is a safety issue due to the risk of fracture to glass vial. Unimpaired product cannot be guaranteed if storage temperature falls below 2°C.

If temperature too high (>8°C)

Contact the Chief Pharmacist at the National Immunisation Office (NIO) for further advice. He/She can be contacted at 087 9915452 or 01 8676108.

For any other queries with respect to vaccine storage, cold chain, etc contact the Chief Pharmacist at the NIO on the numbers above.

APPENDIX G: DATA ENTRY STANDARDS

Data entry of names:

Ensure that the name entered in the Surname field is the family name and that the name entered in the First Name field is the first or given name of the client.

Surname Data Entry Convention to be followed

Surname should be input without any spelling abbreviations, commas, apostrophes, dashes etc.

No characters other than alpha characters (letters) are acceptable in the surname field.

Names prefixed with **AI** should be entered as AI space Hussain i.e. **AI Hussain**

Names prefixed with **MC** should be entered as MC space i.e. **Mc Carthy**

Names prefixed with **MAC** should be entered as Mac space i.e. **Mac Amhlaigh**

Names prefixed with **O'** should be entered as O space i.e. **O Connor**

Names prefixed with **D'** should be entered as D space i.e. **D Eathe**

Names prefixed with **Ní** should be entered as Ni space i.e. **Ni Bhroin**

Names prefixed with **Nic** should be entered as Nic space i.e. **Nic Ailin**

Names prefixed with **De** should be entered as De space i.e. **De Burca**

Double barrel names should also be entered without commas, apostrophes, dashes etc. Enter with a space between names i.e. **Tierney Monahan** not Tierney-Monahan

First Name Data Entry Convention to be followed

Forenames must be entered in full. Initials or spelling abbreviations are not acceptable e.g. type Michael not MI, Margaret not Mags, Patrick Joseph and not Patk J. etc. Junior/Senior: Where the suffix is used in a client's name, it must be typed in full with brackets directly after the forename e.g. Michael (Junior) or Patrick (Senior). Ensure that the **proper** first name is given and recorded not the "known as" name i.e. **Margaret rather than Mags**. Where the client uses an alias name which differs considerably from their official forename, this may need to be recorded for correspondence and identification purposes. In such cases, the alias name should be type in brackets directly after the official forename e.g. Margaret (Peggy). Please note that aliases are not to be confused with name abbreviations such as Robert (Bobby).

Date of Birth should be entered in the European way i.e. DD/MM/YYYY

Mobile Numbers may be used to send short SMS messages therefore it is important that they are collected and recorded accurately. Enter number as nnnnnnnnnn e.g. 0862549801 leave no space between numbers (do not enter anything else into this field)

Address

Abbreviations for addresses are not acceptable. All mandatory address fields must be completed correctly and information typed in the appropriate fields. All elements of the address must be typed in full without any dashes, hyphens etc. e.g. Saint Marys Street. The following common address must be entered in full: Avenue, Apartments, Circular, Cottages, Court, Crescent, Drive, East, Estate, Garden, Glade, Grove, Heights, House, Lawn, Lower, Middle, North, Parade, Park, Place, Road, Saint, Square, Terrace, Upper, Walk, West .

Apartment No. If the client address contains an apartment number, type the word Apartment and the appropriate number in the Apartment field e.g. Apartment 7

Care of – Some clients may be residing ‘care of’ someone or somewhere. This should be entered as c/o. When entering a c/o location, type this information in the first line of address i.e. c/o Mary Burke.

APPENDIX H: List of Useful Links and Resources

Further information regarding the vaccines in the Schools Immunisation Programme and the diseases they protect against can be found on the following websites;

- National Immunisation Office available at <http://www.immunisation.ie>
- Immunisation Guidelines for Ireland 2008 Edition available at <http://www.immunisation.ie/en/HealthcareProfessionals/ImmunisationGuidelines2008/>
- Department of Health and Children available at www.dohc.ie
- Health Protection Surveillance Centre available at <http://www.hpsc.ie>
- Irish Medicines Board available at <http://www.imb.ie>
- Medicines Information online available at <http://www.medicines.ie>
- World Health Organisation information available at <http://www.who.int/topics/immunization/en/>
- Centre for Disease Control and Prevention – immunisation information available at <http://www.cdc.gov/vaccines/>
- Australian Government, Department of Health and Education immunisation website available at <http://www.immunise.health.gov.au/>
- New Zealand, Ministry of Health immunisation website available at <http://www.moh.govt.nz/immunisation>
- United Kingdom immunisation website available at <http://www.dh.gov.uk/en/Publichealth/Immunisation/index.htm>
- Public Health Agency Canada immunisation information available at <http://www.phac-aspc.gc.ca/im/index-eng.php>
- European Medicines Agency available at <http://www.ema.europa.eu/>

Further information on cervical cancer and cervical cancer screening can be found on the following websites;

- National Cancer Screening Service available at <http://www.cancerscreening.ie>
- National Cancer Registry Ireland available at <http://ncri.ie/ncri/index.shtml>
- Irish Cancer Society available at <http://www.cancer.ie>