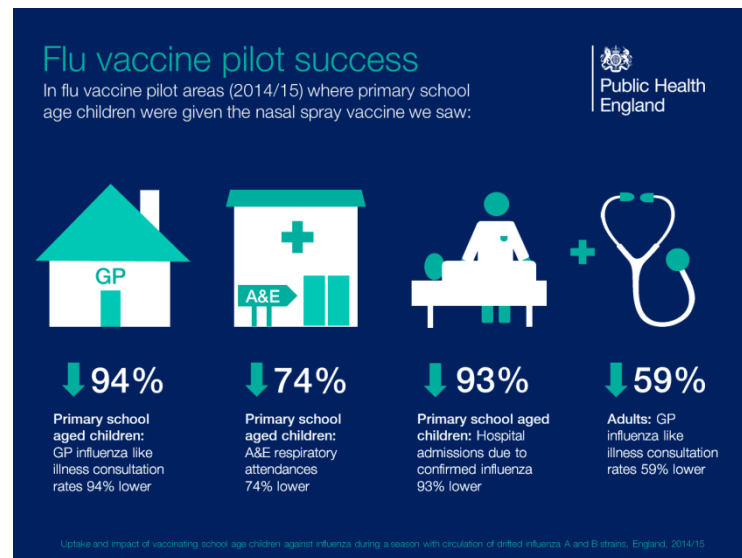


<http://www.oxfordahsn.org/our-work/clinical-networks/children/>

Children's flu vaccination programme in year 1 and 2. Tips for processes in primary schools gathered from local school based providers, 2015 / 16 season.



Prior to flu season preparation:

- Ensure all immunisation staff understand the [rationale](#) and have evidence (see graphic above) about why the children's programme is important and effective (Children's Network Nurse can offer training).
- In areas observed, immunisation teams are separate to the main school health nurse (SHN) team and are mostly made up of experienced immuniser band 5s who have come over from the main SHN team.
- Aim to complete HPV 1 in September and up to half term; HPV catch ups can be ongoing.
- Start flu after half term for 6 weeks up to Christmas (therefore less risk of issues with potential delay of flu vaccine supply).
- Consult Public Health department about helping with the first contact with Primary Schools outlining the importance of the programme and reassuring schools that immunisation staff are DBS checked (some schools have questioned this on the day).
- Lead opportunities: in one area an experienced band 4 'Immunisation Administration Co-ordinator', with support from a team of band 2 admins, leads on the organisation of timetabling, administration and the ordering of vaccines and stock.
- Band 5s step up to lead sessions in their areas with the support of a band 7 flu lead for the Trust.
- Admin for this programme is significant – planning and adequate provision from the right level of admin staff is an essential consideration.
- But no admin in attendance at any of the sessions observed – teams find best use of admin is pre and post session.



- Schools informed by letter of their date and the background and rationale for the programme in July and again in September.
- Staff member living nearest the school delivers and collects consents and letters on her way to/from work.
- Cluster schools together when planning going from school to school (as per national childhood measurement programme (NCMP)).
- Extra hours worked for this programme common - paid or taken back the following term when workload is less. Consider 'variable time' (fixed term increase in hours) contracts so that annual leave and pension payable to staff during this period – good incentive to work extra.
- Registered nurse plus health care assistant (HCA) model is used in areas where HCAs are already employed for NCMP, vision and hearing screening work. 5/4 staff per school session in ratio of:
2 registered nurse consent checkers : 3/2 HCAs administering the vaccine.
- In areas where HCAs not already employed registered nurses x 2 per school visit is the alternative model.
- Either model relies on the leadership of a named band 5 nurse stepping up to be accountable for the session.
- Make a list of what you will need from the schools on the day and include that in your letter to them in July and September. The following may help:
- Request a reserved space to park – at least for the staff member bringing the equipment (many Primaries in towns have limited parking space with controlled parking in surrounding roads, much time can be spent parking and transporting equipment to schools).
- Request a downstairs room in which to vaccinate with handwashing facilities nearby.
- Request a room large enough for all the class to come in together.
- Request a table and 2 adult sized chairs for each station (reduces risk of back strain caused by leaning forward to a small child on a small chair).
- Request the help and presence of at least one staff member who knows the children to aid with behaviour control and correct identification for the purposes of accurate consent.
- Request accurate class lists for each class separately in alphabetical order (as per other school immunisation sessions).
- Say you will be asking for the school's help once the children have been vaccinated to ensure the immunisation cards, letters and the patient information leaflet (PIL) are received by parents.
- Say you would value access to refreshments during your visit as you are on a tight schedule going from school to school.
- Some schools ask for visitors' mobile phones to be left at reception for safeguarding reasons. Mention you will need your mobile phones with you in order to contact parents re. consent issues, to call vaccine support services or your managers as required. You are all DBS checked and understand you may not take photos in school.

On the day:

- Once the room is prepared the lead nurse goes to the classroom with the consent forms (alternatively the children are brought to the room by the teacher).



- Lead nurse gives her 'spiel' to the children about what to expect today. This could include: a simple explanation of flu disease, that you are nurses and have come to give the children some medicine today to help stop them getting flu, medicine usually given by mouth but this medicine is 2 small squirts in the nose, it might tickle but it won't hurt, that their families have signed a form to say they want their child to have it today, that it can also help stop the rest of the family getting flu, that you might have had it before because it is given every year to protect against this nasty illness.
- Lead nurse asks teacher or delegated staff member who knows the children to give the correct consent form to the correct child.
- Children can queue outside the room if space allows or come and sit in front of the immuniser tables with their forms hopefully being 'managed' by the teacher.
- Children like to see others receiving the vaccine, particularly if nervous so they can observe there is no pain involved.
- Identification of child is further established by nurse asking the child their name, if they know their birthday, the road or street they live on, the number on their house. If none of this detail is known by child the teacher is asked 'can you please confirm that this is...'
- Other questions may be asked of child according to PGD and consent form such as how are they feeling today.
- Once immunised the child receives a sticker (takes off sheet themselves, good distraction whilst nurse completes form) and a tissue (asked to put it in a black bin bag before leaving the room).
- Consent form is completed.
- Other paperwork requirements are left till there is a break or at the end of the session – e.g. cards/letters to parents informing them their child has been immunised today, letters home for those with consents who are absent today.
- Children absent on the day with a consent form: letter written to family and given to the school for sending home when child returns. Letter offers after school and Saturday sessions; telephone number provided to make the appointment. Sessions are held in provider bases with easy access (parking or bus route).
- Families who have not returned a consent form to school are not re contacted although should they decide to contact the immunisation team an appointment can be offered at a base as above.

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