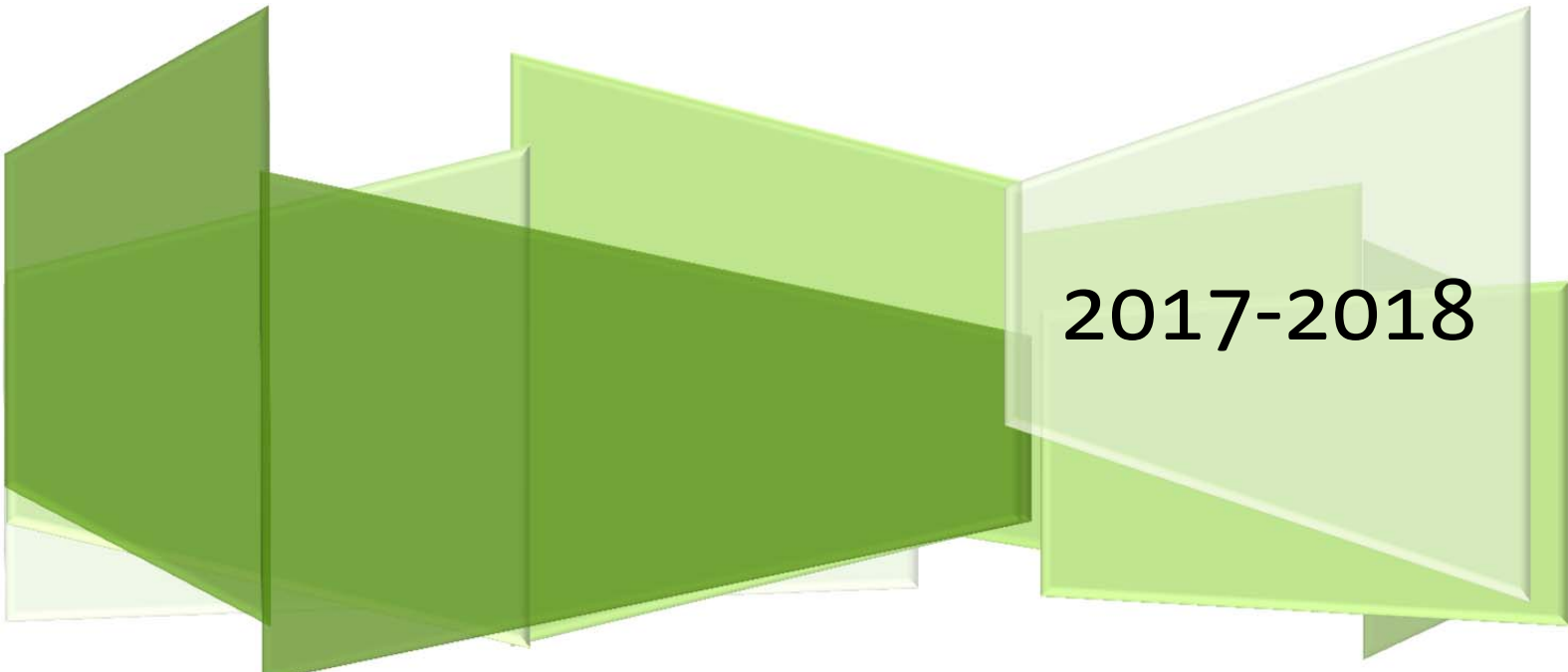




Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Guidelines for Staff

School Immunisation Programme

A series of overlapping, semi-transparent green geometric shapes, primarily triangles and quadrilaterals, arranged in a horizontal sequence that creates a sense of depth and movement. The colors range from a dark forest green to a light lime green.

2017-2018



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|---|--------------------|--|---|
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1.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, available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>

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 (see photos In **Appendix A**):

- Measles, mumps, rubella with MMR vaccine.
- Tetanus, diphtheria, pertussis, polio with Tdap/IPV vaccine.
- Tetanus, diphtheria, pertussis with Tdap vaccine.
- Human papillomavirus (HPV) with HPV vaccine.
- Meningococcal C infection with MenC vaccine.

The programme aims to vaccinate on an annual basis;

- All four to five year olds with MMR and Tdap/IPV by targeting students in junior infants of primary schools and age equivalent in special schools (i.e. born between 01/09/2013 and 31/08/2014) or aged 6 years and home schooled (i.e. born between 01/09/2011 and 31/08/2012).
- All 12 to 13 year olds with Tdap by targeting students in first year in second level schools for the 2017/2018 academic year and age equivalent students born between 01/09/2005 and 31/08/2006 in special schools and home schooled students. The age cohort for special schools applies to the reported vaccine uptake. Older students who are new entrants into special schools who have never been offered Tdap vaccination should also be offered vaccination.
- All 12 to 13 year olds with MenC by targeting students in first year in second level schools for the 2017/2018 academic year and age equivalent students born between 01/09/2005 and 31/08/2006 in special schools and home schooled students. The age cohort for special schools applies to the reported vaccine uptake. Older students who are new entrants into special schools who have never been offered MenC vaccination should also be offered vaccination.

- All 12 to 13 year old girls with HPV by targeting girls in first year in second level schools for the 2017/2018 academic year and age equivalent girls born between 01/09/2005 and 31/08/2006 in special schools and home schooled students. The age cohort for special schools applies to the reported vaccine uptake. Older girls who are new entrants into special schools who have never been offered HPV vaccination should also be offered vaccination.

2.Scope

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

3.Glossary of Terms and Definitions

A Registered Nurse Prescriber is a nurse or midwife who is registered in the Division of the Register of Registered Nurse Prescribers of the Nursing and Midwifery Board of Ireland (An Bord Altranais, 2007). The Registered Nurse Prescriber will use prescriptive authority in a safe and effective manner in the prescribing of vaccinations in accordance with his/her collaborative practice agreement (CPA) and must adhere to the National Policy for Nurse and Midwife Medicinal Product Prescribing (2012).

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 (i.e. it would have occurred regardless of vaccination).

Collaborating Medical Practitioner(s): the medical practitioner or group of medical practitioners with whom the registered nurse prescriber has a written collaborative practice agreement as part of the requirements to prescribe medicinal products within his/her scope of practice.

Collaborative Practice Agreement (CPA): the CPA is drawn up with the agreement of the registered nurse prescriber, collaborating medical practitioner and the employer outlining the parameters of the registered nurse prescriber's prescriptive authority (i.e. his/her scope of practice). The principles of professional accountability, responsibility, competence and clinical governance underpin the CPA. The medicinal products listing is approved by the Drugs and Therapeutics Committee and authorised by the director of nursing/ midwifery/public health nursing or relevant nurse/midwife manager on behalf of the health service provider (An Bord Altranais, 2012).

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.

Medicine protocols are written directions that allow for the supply and administration of a named medicinal product by a nurse or midwife in identified clinical situations without the requirement for individual prescription.

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

SmPC: The Summary of Product Characteristics (SmPC) of a medicine provides specific product information for prescribers and healthcare professionals on how to use that medicine safely and effectively. The content of a SmPC is agreed between the manufacturer and the relevant licensing authority during the licensing process. Any update to the SmPC must be approved by the licensing authority. The date of the most recent revision is included at the end of the text. The SmPC has an agreed standard template; the same format of SmPC is applicable in all European Union member states.

School Role Number: The unique identifier number given to each school by the Department of Education and Skills (DES). If the school is not registered with the DES it will be assigned a unique HSE ID on the Schools Information System (SIS) system.

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 non-live micro-organisms or fractions thereof, administered to induce immunity and thereby prevent infectious disease. Non live vaccine is a vaccine that contains killed or fractions of 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 non-live vaccines.

Vaccine abbreviations:

- **Tdap/IPV:** Tetanus, low dose diphtheria, low dose pertussis and inactivated polio
- **MMR:** Measles, Mumps and Rubella
- **HPV:** Human papillomavirus
- **MenC:** Meningococcal C
- **Tdap:** Tetanus, low dose diphtheria and low dose pertussis

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

4. School Immunisation Schedule and Target Cohort

The programme will be delivered in primary, second level and special schools.

All information packs for second level schools must be sent as soon as the school year starts for immediate distribution to parents and legal guardians.

Schools Immunisation Programme Schedule

| Vaccine | Recommended Age | Target Population | Delivery of Vaccinations 2017/2018 | Target Uptake |
|--|----------------------------------|-------------------|---|---|
| Tdap/IPV | 4 to 5 years (1 injection) | 76,000 | HSE delivered in Junior Infants of primary schools and age equivalent in special schools or home schooled in all HSE areas | 95% uptake (WHO target) |
| MMR2 (MMR1 given at 12 months) | 4 to 5 years (1 injection) | | Except GP delivered in 2 HSE areas where Tdap/IPV may be given ^a | |
| Tdap | 12 to 13 years (1 injection) | 64,000 | HSE delivered to 1 st year students in 2 nd level schools and age equivalent in special schools or home schooled in all HSE areas | 95% uptake (WHO target) |
| MenC | 12 to 13 years (1 injection) | | | |
| HPV (Girls only) | 12 to 13 years (2 injections) | 32,000 | HSE delivered to 1 st year girls in 2 nd level schools and age equivalent in special schools or home schooled in all HSE areas | 85% uptake of 2 doses (HIQA target) |

^a Donegal and Sligo/Leitrim

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. In some instances students may be vaccinated at HSE clinics. Students attending special schools or home schooled may be vaccinated at school or at a HSE clinic. In Donegal and Sligo/Leitrim GPs provide the MMR and Tdap/IPV vaccines to children aged four and five years.

Primary Schools

4.1. MMR and Tdap/IPV immunisation schedule for Junior Infants

MMR and Tdap/IPV vaccines will be offered to the entire cohort of junior infants in 2017/2018 and to age equivalent in special schools (i.e. born between 01/09/2013 and 31/08/2014) or aged 6 years and home schooled (i.e. born between 01/09/2011 and 31/08/2012).

- This will be provided by HSE staff through the schools. Parents may not choose to attend the GP for vaccination in areas where the programme is provided by HSE staff through the schools. In Donegal and Sligo/Leitrim GPs provide the MMR and Tdap/IPV vaccines to children aged four and five years.
- **Parents should not be invited to attend school vaccinations. There is no requirement to have a parent present at the time of vaccination.**
- If parents have signed a valid consent form, all children should be vaccinated regardless of whether a parent is present or not. Children should be treated in the same manner regardless of whether a parent is present or not.
- Where children 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.

Second Level Schools

4.2. Tdap immunisation schedule for first years

Tdap vaccine will be offered to first year students in second level schools and age equivalent students born between 01/09/2005 and 31/08/2006 in special schools and home schooled students. This vaccine was introduced to the Schools Immunisation Programme from September 2011, replacing Td vaccine and it is now established in all HSE Areas. NIAC recommend that children aged 12-13 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.

- Tdap can be given at any interval following a previous dose of tetanus containing vaccines.
- Girls should receive Tdap with the 1st HPV dose i.e. in September and October 2017.
- Boys should receive Tdap scheduled as resources allow.

4.3. MenC booster immunisation schedule for first years

MenC booster vaccine will be offered to first year students in second level schools and age equivalent students born between 01/09/2005 and 31/08/2006 in special schools or home

schooled students. NIAC has recommended that all children aged 12-13 should receive a MenC booster dose to extend protection against this disease until early adulthood. Therefore MenC vaccine must be given later in the year during the second or third term.

This vaccine was introduced to the Schools Immunisation Programme in 2014/2015.

- Girls must receive MenC in the second or third term i.e. with their 2nd HPV dose i.e. in March and April 2018.
- Boys must receive MenC in the second or third term.

4.4. HPV immunisation schedule for first year girls

In keeping with best practice from other countries and to ensure high vaccine uptake the HSE will continue to target all girls in first year of second level schools in a school based programme and also age equivalent girls born between 01/09/2005 and 31/08/2006 in special schools and home schooled students.

Second level schools will commence the routine HPV vaccination programme in September 2017 and girls will require one dose in September/October 2017 and a second dose six months (183 days) later.

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 five week 'Blitz' period in September and October 2017 in second level schools.
- Tdap should be given to girls at the same time as the first dose of HPV vaccine.
- 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 or home schooled.
- The second dose should be given during a longer 'Blitz' period in March and April 2018 to facilitate the Easter break in second level schools.
- MenC should be given to girls at the same time as the second dose of HPV vaccine.
- 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 home schooled.
- Girls aged 15 years and older at time of first HPV vaccine require 3 doses of HPV vaccine. These girls should be given dose 1 and 2 as part of the routine school programme i.e. at 0 and 6 months and a third dose should be given at least three months and preferably four months after the second dose.
- For girls aged 15 years and older the second dose is given at 6 months (rather than at 2 months) to reduce the number of visits to the school.

Where children 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 “catch up immunisation schedule” available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/frequentlyaskedquestions/catchupvac/Guidelateentry.pdf>

4.4.1. When HPV vaccination is delayed or refused

Though it is still strongly recommended that all girls commence the HPV vaccine schedule in September/October, parents/legal guardians who refuse the vaccine then may request the vaccine later in 2017/18.

If a parent/legal guardian makes contact with the vaccination team and now requests that their unvaccinated daughter receives HPV, Tdap and MenC vaccines, these may be given at a mop up clinic. MenC vaccine should only be offered to students who have been in 1st year since 2014/2015.

If parents/legal guardians refuse consent for all three vaccines, they should, where possible, be contacted and advised that if they refuse one vaccine they can still give consent for the other vaccines to protect their daughters from serious diseases.

4.5. Interrupted immunisation schedule

“If an immunisation course is interrupted, it should be resumed as soon as possible.

It is not necessary to repeat the course, regardless of the time interval from the previous incomplete course.*

The course should be completed with the same brand of vaccine if possible.

** except cholera vaccine”.*

<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter2.pdf>

5. 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 essential 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.
- SIS System National Administrators and CHO Administrators are responsible for overseeing the access, use and quality of the data entered on to the SIS System. Local school teams are responsible for obtaining denominator data for each vaccine type for each cohort for each year as close to September 30th as is practical (when the school census is carried out). These figures must be sent to their CHO Administrator and set up on the system by the end of December (at the latest). The administrator is responsible for monitoring the system use, data collection, inputting, and data accuracy. Administrators must run system validation and activity reports and follow up where required.

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.
- Ensure a copy of school health and safety regulations is obtained and adhered to during each school visit.
- Contact each school to get the target cohort (denominator data) details. The specifications for this are in Section 6.7.4.
- The target cohort number (denominator) (this is the number of students on the school roll for that class/year in this academic year) on the 30th September 2017 (when the school census is carried out) for each vaccination type should be confirmed with schools immediately after this date. The specifications for this are in Section 6.7.4. (This is required by the SIS system to calculate uptake.) These target cohort number must be provided to the CHO system administrator as soon as possible after 30th September each year. Denominator data can only be set up once on SIS for each school. If the cohort needs to be changed details need to be sent to the central administrators with reasons why they change is required.
- Schedule vaccination date/s with each school as far in advance of the vaccination date/s as possible.

- Distribute consent packs /forms (**Appendix B**), information leaflets and invitation letters to all parents/legal guardians/students through the school as far in advance of the proposed vaccination date as possible.
- Collect completed consent forms from the school as agreed with Principal or School Secretary (or other appropriate person designated by the Principal) 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 vaccination.
- 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 (as agreed with the School Principal).
- Confirm student's identity (Confirm name, address, date of birth and parent or legal guardian's name by asking: "What is your full name? When is your Birthday? Where do you live? Who signed the consent form? What is their name?" For younger children it may be necessary to confirm identity with teacher or appropriate liaison person (as agreed with the School Principal) from the school. Give consent forms to students after confirming their identity.
- Check that each consent form is completed (see Section 6.4) before directing a student to the Medical Practitioner or Registered Nurse Prescriber for prescription of the relevant vaccine or to the Nurse Vaccinator operating under a medicine protocol.
- Ensure that student is provided with the appropriate tear pad stating date and time vaccine given (**Appendix C**).
- Collect the consent forms from each vaccinator at the end of the vaccination session. Collate the statistics required for the School Vaccination Session Report Form (**Appendix D**).
- Keep the consent forms of those who were absent, refused or deferred on the day. These students should be given one appointment to attend a mop up clinic. If the school team is notified that the student cannot attend the mop up clinic, a further appointment should be arranged.
- Children from junior infants should be vaccinated by the school immunisation team and only in exceptional circumstances be referred to their GP for vaccination.
- 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.

- Carry out a search on the SIS system to locate the client record, if not found set up a new client record. Input all school vaccinations i.e. Tdap/IPV, MMR, HPV, Tdap and MenC data on to the SIS system (see Section 6.7).
- Once a record is entered onto the SIS system, write the system client ID and the school roll number on the top of the consent form in the space provided.
- Carry out validation tasks and maintenance in conjunction with the Regional SIS System Administrator.
- In the event of an incident occurring during a vaccination session an incident report must be completed by the person primarily involved in the incident and forwarded to the relevant manager
- If there is a vaccine error e.g. an incorrect vaccine is administered to one or more students the National Immunisation Office must also be informed. If errors are made on the SIS System, inform the CHO system administrator as soon as possible so that the errors can be rectified.

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 aware of the school's health and safety regulations during each school visit.
- Be available to answer queries and concerns from parents/legal guardians/students, teachers and other members of the immunisation team.
- Confirm student's identity (Confirm name, address, date of birth and parent or legal guardian's name by asking: "What is your full name? When is your Birthday? Where do you live? Who signed the consent form? What is their name?" For younger children it may be necessary to confirm identity with the child's teacher or an appropriate liaison person (as agreed with the School Principal) from the school.
- Ensure that informed consent has been given by a parent/legal guardian/student aged 16 years and older (see Section 6.4).
- Assess the student's suitability for immunisation on the day (see Section 6.5).
- Prescribe the relevant vaccine by signing in the prescriber box on the consent form (including Medical Council Registration Number - MCRN).
- Check the name and expiry date of each vaccine to ensure that it is the correct vaccine for that student (**Appendix A**).
- Administer the vaccine (see below for vaccinator role) or refer the student to a nurse vaccinator for vaccination.
- Record details of the vaccination administered, site, batch number etc., onto the consent form. Sign the consent form as the prescriber, prescriber/vaccinator as appropriate and record MCRN.
- Carry out an individual medical assessment for students if requested by nurse working

under a medicine 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 (**Appendix E**), that might occur. An adverse event clinical record may be completed (**Appendix F**).
- Take queries from parents/legal guardians/students about possible adverse reactions that occur after the team has left the vaccination venue.
- Inform the Health Products Regulatory Authority (HPRA) about adverse events (see Section 7.0 and **Appendix G**). A medication error does not need to be routinely reported to the HPRA unless the student experiences harm (i.e. an adverse reaction) associated with it. In any such cases involving adverse reactions, an adverse reaction report should be submitted to the HPRA, including information on the nature of the error involved.
- In the event of an incident occurring during a vaccination session an incident report must be completed by the professional primarily involved in the incident and forwarded to the relevant manager
- If there is a vaccine error, e.g. an incorrect vaccine is administered to one or more students, the National Immunisation Office must also be informed.
- In the event of a student fainting either before or after vaccination, parents/legal guardians should be contacted. Fainting is commoner among adolescents and is likely to recur. Advice should be given about precautionary measures if the student has any further injections.

5.4. Registered Nurse Prescriber role and responsibilities

- The Registered Nurse Prescriber (RNP) on the team will be accountable for his/her own clinical practice.
- Each RNP should report to their relevant line manager.
- Each RNP should ensure that they are familiar with and adhering to the practices as set out in these guidelines.
- Be aware of the school's health and safety regulations during each school visit.
- Each RNP should be available to answer queries from parents/legal guardians/students, teachers and other members of the immunisation team.
- Confirm student's identity (Confirm name, address, date of birth and parent or legal guardian's name by asking: "What is your full name? When is your Birthday? Where do you live? Who signed the consent form? What is their name?" For younger children it may be necessary to confirm identity with the child's teacher or an appropriate liaison person (as agreed with the School Principal) from the school.
- Ensure that informed consent has been given by a parent/legal guardian/student aged 16 years and older (see Section 6.4).
- Assess the student's suitability for immunisation on the day (see Section 6.5).
- Prescribe the relevant vaccine by signing in the prescriber box on the consent form (including ABA registration number/PIN).

- Check the name and expiry date of each vaccine to ensure that it is the correct vaccine for that student (**Appendix A**).
- Administer the vaccine (see below for vaccinator role) or refer the student to the team's vaccinator for vaccination.
- Record details of the vaccination administered, site, batch number etc., onto the consent form. Sign the consent form as the vaccinator and record PIN as appropriate. Record that the vaccine was given under medicine protocol under prescriber box on consent form.
- Errors or near-miss incidents relating to drug prescribing or administration should be reported to the Line Manager, Medical Officer and the Clinical Risk Advisor.
- Inform the HPRA about adverse events (see Section 7.0 and **Appendix G**). A medication error does not need to be routinely reported to the HPRA unless the student experiences harm (i.e. an adverse reaction) associated with it. In any such cases involving adverse reactions, an adverse reaction report should be submitted to the HPRA, including information on the nature of the error involved.
- In the event of an incident occurring during a vaccination session an incident report must be completed by the professional primarily involved in the incident and forwarded to the relevant manager.
- If there is a vaccine error e.g. an incorrect vaccine is administered to one or more students, the National Immunisation Office must also be informed.
- In the event of a student fainting either before or after vaccination, parents/legal guardians should be contacted. Fainting is commoner among adolescents and is likely to recur. Advice should be given about precautionary measures if the student ever needs any further injections.

5.5. Vaccinators role and responsibilities (Nurses, Registered Nurse Prescribers 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 (Priorix or MMRvaxPro) must be used within one hour of reconstitution or discarded
- Any vaccines removed from their packaging 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 vaccination session report form (**Appendix A** and **Appendix D**).
- Check that appropriate drugs and equipment are available for resuscitation and record this

on the school vaccination session report form (**Appendix D**).

- Before administration of each vaccine, each vaccinator should:
 - Check the vaccine identification label to ensure that the correct vaccine for the student
 - Check the expiry date on the vaccine box and confirm that the vaccine has not expired.
 - Check there is no evidence of any foreign particulate matter and/or variation of physical aspect of the vaccine. Discard the vaccine if these changes observed.
 - The SmPC for all the vaccines used in the school immunisation programme recommend that each vaccine is well shaken before administration.
 - Confirm student's identity (Confirm name, address, date of birth and parent or legal guardian's name by asking: "What is your full name? When is your Birthday? Where do you live? Who signed the consent form? What is their name?" For younger children it may be necessary to confirm identity with the child's teacher or an appropriate liaison person (as agreed with the School Principal) from the school.
 - Confirm that informed consent has been given by a parent/legal guardian/student aged 16 years and older (see Section 6.4).
 - Any clinical issues raised on the consent form should be addressed prior to vaccination (see Section 6.5).
 - For Tdap/IPV check that there is an interval of at least six months between the booster dose of Tdap/IPV and the completion of a primary course of tetanus containing vaccine (if applicable).
 - For HPV vaccine check that the interval since the previous HPV vaccine is appropriate for this dose i.e. for 2nd dose it is at least 164* days and preferably 183 days since the 1st dose and for those girls requiring a 3rd dose it is at least 3 months and preferably 4 months since 2nd dose. Access to a calendar is recommended.
- * **NIAC recommends that the minimum interval between HPV1 and HPV2 is 24 weeks (168 days) and the four day rule applies. This means the second dose of HPV vaccine can be considered valid if given at an interval of 168-4=164 days after the first dose.**
- For dose 2 of MMR vaccine check that it is at least 1 month since dose 1.
- Check that the vaccine has been prescribed by the Medical Officer or Registered Nurse Prescriber (see Section 5.4) or in the case of administration under medicine protocol (see Section 5.6).
- Vaccines should be protected from light and should not be removed from their packaging until required for use.
- 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. See guidelines on holding child during immunisation in Chapter 2 of the Immunisation Guidelines for Ireland available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter2.pdf>
- Administer a single dose of 0.5ml of the appropriate vaccine by intramuscular (IM)

injection at a 90° 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://www.lenus.ie/hse/handle/10147/120929> Since 2014 all HSE vaccine tenders have required information from the manufacturers on their compliance with the European Sharps Directive OJ:L:2010:134:0066:0072 However to date European vaccine manufacturers continue to plan how to comply with these regulations and no manufacturer is producing vaccines fitted with safety needles.
- At all times ensure that sharps containers are managed in accordance with National Guidelines and located appropriately and safely, off the floor and away from children and the public, see <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter1.pdf>
- 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.
- Use of pre printed labels recording batch numbers and/or expiry date is not recommended.
- The prescriber box should already be completed with either doctor or Registered Nurse Prescriber (RNP) signature and MCRN/PIN if the vaccine has been prescribed by the doctor or RNP (see Section 5.3 and Section 5.4).
- When recording the administration of a vaccine under medicine protocol the nurse should enter “Med P” in the prescriber box and enter signature and PIN in the vaccinator box (see Section 5.6).
- All vaccinators (doctors, RNPs and nurses) should enter signature and PIN/MCRN in the vaccinator box.
- Ensure the student’s immunisation passport is completed and given to all students before they leave the vaccination area (Tdap/IPV and MMR). Ensure the student’s immunisation passport is completed and given to male students before they leave the vaccination area (Tdap/ MenC). The immunisation passport is retained by the HSE after the first dose of HPV vaccine and is given to girls after completion of the vaccine schedule.
- Ensure that student is provided with the appropriate tear pad stating date and time vaccine given.
- Ensure that each student remains in the vicinity of the vaccination area under observation for 15 minutes after vaccination.
- The nurse observing students post vaccination will manage any students experiencing symptoms within her scope of practice and consult with the Medical Officer as required. 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 (**Appendix E**), that might occur. An adverse event clinical record may be completed (**Appendix F**).
- 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 HPRA. (Section 7.0 and Appendix G) A medication error does not need to be routinely reported to the HPRA unless the student experiences harm (i.e. an adverse reaction) associated with it. In any such cases involving adverse reactions, an adverse reaction report should be submitted to the HPRA, including information on the nature of the error involved.**
- In the event of an incident occurring during a vaccination session, an incident report must be completed by the professional primarily involved in the incident and forwarded to the relevant manager. If there is a vaccine error, e.g. an incorrect vaccine is administered to one or more students, the National Immunisation Office must also be informed.
- In the event of a student fainting either before or after vaccination, parents/legal guardians should be contacted. Fainting is commoner among adolescents and is likely to recur. Advice should be given about precautionary measures if the student ever needs any further injections.

5.6. Administration of two vaccines at the same vaccination session

- When two vaccines are being administered, one vaccinator should where possible administer both vaccines.
- 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 right deltoid and Tdap/IPV in the left deltoid.
 - In the case of first year girls, the first dose of HPV vaccine is given in the left deltoid and Tdap is given in the right deltoid.
 - In the case of first year girls, the second dose of HPV vaccine is given in the left deltoid and MenC is given in the right deltoid.
 - In the case of first year boys where vaccines are given together, MenC 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.
- Hand hygiene with an alcohol hand rub product must be performed on visibly clean hands before and after each vaccination.
- Gloves are not normally required for healthcare workers administering immunisations unless:
 - It is anticipated that there may be exposure to blood or body fluids
 - They have non-intact skin on their hands
 - The person receiving the immunisation has non-intact skin

See:

<http://www.nipcm.hps.scot.nhs.uk/documents/sbar-gloves-for-administering-immunisations-january-2014/>

5.7. Administration of vaccines under Medicine Protocol

- Registered nurses and midwives working under medicine 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 medicine protocols should report to their relevant line manager.
- The Nursing and Midwifery Board of Ireland defines medicine 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 medicine protocol involves the authorisation of the nurse or midwife to supply and administer a medicine 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 medicine when a medicine protocol is in effect.
- The school immunisation medicine 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.
- In assessing the student’s suitability for vaccination the nurse working under medicine protocol should also pay particular attention to Section 6.5 of these guidelines.
- All students meeting the exclusion criteria of a medicine protocol must be referred to the medical practitioner for an individual medical assessment.
- Where the Medical Officer prescribes the vaccine following individual medical assessment a nurse may administer the vaccine within the nurse’s scope of practice.
- When recording the administration of a vaccine under medicine protocol the nurse

should enter “Med P” in the prescriber box and enter signature and PIN in the vaccinator box.

5.8. Administration of vaccines by Registered Nurse Prescriber

The Registered Nurse Prescriber should separate the activity of prescribing a medicine and the subsequent actions of supplying and/or administering the medicine. Where possible another registered nurse or midwife should undertake the administration of the medicine. “Whilst acknowledging the fundamental principles associated with the separation of responsibilities for prescribing and supplying/administering medicines, the local site specific collaborative practice agreement (CPA) may outline situations where the RNP may in fact be involved in a cross over and merging of these activities as part of her/his provision of patient/service-user care. The CPA should provide for the auditing of such practices as part of the overall audit of prescriptive practices” (Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority. An Bord Altranais, 2010, p.20).

6. Procedures

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

- Prior to the vaccination date all queries should be dealt with so no child attends for vaccination with an outstanding query. A system should be available locally to deal with immunisation queries or concerns from parents/legal guardians/students and schools.
- The target cohorts (denominator) for each vaccination programme should be identified. The specifications for this are in Section 6.7.4.
- The schedule of school visits by the immunisation team(s) should ideally be decided with the schools a minimum of one month in advance if possible.
- 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 vaccination consent form(s) (**Appendix B**).
- For home schooled students parents/legal guardians/students should receive an information pack through the Child and Family Agency Education Welfare Services (TUSLA) consisting of
 - Letter advising how to access the schools immunisation programme.
 - Information leaflet on the relevant vaccine(s).
 - Appropriate vaccination consent form(s) (**Appendix B**).

Students being home schooled are required to register with TUSLA, however registration is not required before age 6 years or after age 18 years. The National Immunisation Office provides TUSLA with the required number of information packs for each vaccination. The cover letter advises parents/legal guardians/students to contact immunisation staff at their HSE Area to arrange vaccination. When parent/legal guardian/student contacts their HSE Area they should be given an appointment to attend a school clinic or mop up clinic.

<http://www.hse.ie/eng/health/immunisation/pubinfo/schoolprog/QsConsentForms.html>

- Information packs will be prepared centrally and distributed to the HSE Areas along with immunisation passports. This documentation must be delivered to the schools as far in advance of the proposed visit by the team as possible i.e. at least 2 weeks.
- 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 or Registered Nurse Practitioner prescription or under a medicine protocol within their scope of practice.
- All staff should be familiar with the following documents:
 - Immunisation Guidelines for Ireland are available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>
 - A Practical Guide to Immunisation, National Immunisation Office, 2008 available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/trainingmanual/>
 - Immunisation training slides for Health Professionals” 2016, available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/conference>
 - Summary of Product Characteristics (SmPCs) for each of the vaccines available at www.hpra.ie and also available under the relevant schools vaccination programme at <http://www.hse.ie/eng/health/immunisation/pubinfo/schoolprog/school.html>
 - Medicine Protocols for each of the vaccines in the schools immunisation programme are available under the relevant schools vaccination programme at <http://www.hse.ie/eng/health/immunisation/pubinfo/schoolprog/>
 - Healthcare professionals FAQs are available at www.hse.ie/eng/health/immunisation/hcpinfo/frequentlyaskedquestions/ and also available under the relevant schools vaccination programme at <http://www.hse.ie/eng/health/immunisation/pubinfo/schoolprog/>
 - 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, in the Immunisation Guidelines for Ireland available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>
 - Each medical officer and nurse should be familiar with the medicine protocols for

nurse administration of the relevant vaccines and epinephrine/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 necessary documentation and information materials are available for the vaccination session.
- 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.
- A designated person must take responsibility for ensuring that the correct and appropriate vaccines for primary and second level schools have been brought to the school vaccination session (**Appendix A**).
- A designated person will ensure that sufficient vaccine, for each of the two or three vaccines in the vaccination programme is brought to each vaccination session and that vaccines are in date and stored and maintained within cold chain conditions (Section 6.6 and **Appendix A**).
- 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 (**Appendix H**). 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**.
- Before the vaccination session begins the staff at the session must agree who is to take the “lead role” for the vaccination session and have an overall oversight for the operation of the vaccination session. This oversight role will not diminish the roles and responsibilities of all team members. The “lead role” may be assigned in advance, however if this person is absent or delayed another person must take on this oversight role.

The person in the “lead role” will be responsible for:

- liaison with school staff
- calling “Time Out” to check all is in order before vaccinations begin
- calling “Time Out” where there is any change to the established routine/flow of the immunisation session/clinic for any reason and ensures that all team members are aware of the change
- ensuring all designated roles are covered
- ensuring the vaccination session report form is completed at the end of the vaccination session
- ensuring that the Chief Pharmacist or Senior Medical Officer in the National Immunisation Office is contacted (at 087 9915452 or 01 8676108) if there is a break in the cold chain.

- ensuring that an incident report is made if there is an incident at the 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. **(Appendix D)**.
- The current temperature of the probe in the cool boxes at the beginning and end of the vaccination session should be recorded on the school vaccination session report form.
- The person in “lead role” should call a “Time Out” to check all is in order before vaccinations begin.
- The person in “lead role” should also call “Time Out” where there is any change to the established routine/flow of the immunisation session/clinic for any reason and ensure that all team members are aware of the change
- 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.
- Ensure the student’s immunisation passport is completed and given to all students before they leave the vaccination area (Tdap/IPV and MMR). Ensure the student’s immunisation passport is completed and given to male students before they leave the vaccination area (Tdap/ MenC).
- The immunisation passport is retained by the HSE after the first dose of HPV vaccine and is given to girls after completion of the vaccine schedule.
- Ensure that each student is provided with the appropriate tear pad stating date and time vaccine was given.
- 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://www.lenus.ie/hse/handle/10147/120929>. At the end of the vaccination session the school vaccination session report form should be completed by a designated person. **(Appendix D)**.
- 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.
- A medical practitioner and a nurse must remain at the vaccination venue for at least 30 minutes following the last vaccination.
- Details of students who failed to return a consent form, did not provide valid consent, were absent, refused vaccination on the day or whose vaccination was deferred should be kept so they can be given an appointment to attend a HSE mop up clinic. If addresses are available send letters to parents/legal guardians of these students by post. If addresses are not available give letters to school for onward distribution to parents/legal guardians of these students.
- 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. Vaccines that are not used on a particular day and are in their original packaging and have been maintained under cold chain conditions should be returned to the vaccine fridge. They should be clearly marked so that they are used first at the next vaccination session. If marked vaccines are not used when taken out to a vaccination session please see Section 6.6.1.
- 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 available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/frequentlyaskedquestions/catchupvacc/Guidelateentry.pdf>
- 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.
- Client set up, consent and vaccination recording on the SIS should take place as close to the vaccination event as possible at the latest within a month of the vaccination administration.
- 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 HPRA as appropriate (see Section 7.0 and **Appendix G**).

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, 8th Edition, 2016 (Medical Council) states in section 11.1
“(You must) give patients enough information, in a way that they can understand, to enable them to exercise their right to make informed decisions about their care. Consent is not valid if the patient has not been given enough information to make a decision”
See <https://www.medicalcouncil.ie/News-and-Publications/Reports/Guide-to-Professional-Conduct-and-Ethics-8th-Edition-2016-.pdf>

- The information materials produced by the National Immunisation Office (NIO) have been approved by the National Adult Literacy Agency (NALA), 'Guidance for providers of health and social care services'. Communicating in plain English published by HIQA and NALA states that "One in six people find reading and understanding everyday texts difficult: for example, reading a health leaflet, bus timetable or medicine instructions. One in four has difficulties in real world maths from simple addition and subtraction to the calculation of averages". 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 and www.hpra.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 Section 6.2.11 and Section 6.2.12 of A Practical Guide to Immunisations
<http://www.hse.ie/eng/health/immunisation/hcpinfo/trainingmanual/>
- 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 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.
- The HPV vaccine information leaflet advises parents/legal guardians wishing to withdraw consent for a further dose of the HPV vaccine to write to their local health office.
- If a parent/legal guardian contacts the local health office to withdraw consent they should speak to the administrative staff looking after the vaccine programme.
- The necessary information can be taken and the required changes made to the consent form – a double line should be drawn through the vaccine administration details section and 'refused dose' written in and the date of refusal added.
- If the parent/legal guardian requests further clinical advice about the vaccine they can be referred to a clinical member of the vaccination team.
- 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 and 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.
- Where parents/legal guardians have refused consent for vaccination, the reason for refusal should be reviewed by a clinical member of the vaccination team. If there is a very clear refusal, parents/legal guardians should not be contacted
- Where a consent form is returned a parent/legal guardian leaves the consent blank or fills in the Yes and No sections, a clinical member of the team should phone parent/legal guardian to seek clarification and determine if they actually consent or not. The date and time of the phone call should be recorded on the consent form and the consent or refusal witnessed by two members of staff.

Further guidance on consent, if required, is contained in “A Practical Guide to Immunisation” (chapter 6) which is available at

<http://www.hse.ie/eng/health/immunisation/hcpinfo/trainingmanual/>

6.5. Assessment of the student for vaccination

Before assessing the suitability of a student for vaccination:

- 1 Confirm student's identity (Confirm name, address, date of birth and parent or legal guardian's name by asking: “What is your full name? When is your Birthday? Where do you live? Who signed the consent form? What is their name?” For younger children it may be necessary to confirm identity with the child's teacher or an appropriate liaison person (as agreed with the School Principal) from the school.
- 2 Confirm that informed consent has been given by a parent/legal guardian/student aged 16 years and older (see Section 6.4).
- 3 Address any clinical issues raised on the consent form.
- 4 Check that any interval between vaccinations is appropriate.
For HPV vaccine check that the interval since the previous HPV vaccine is appropriate for this dose i.e. for 2nd dose it is at least 164* days and preferably 183 days since the 1st dose and for those girls requiring a 3rd dose it is at least 3 months and preferably 4 months since 2nd dose. Access to a calendar is recommended.

***NIAC now recommends the minimum interval between HPV 1 and HPV 2 is 24 weeks (168 days) and the four day rule* applies. This means the second dose of HPV vaccine can be considered valid if given at an interval of $168-4=164$ days after the first dose.**

‘If a vaccine is given before the minimum age or interval recommended, it should not be considered as part of the primary series as there may be a sub-optimal immune response. The dose should be disregarded and another dose given at the recommended time, at least 1 month after the disregarded dose. However, giving a dose 4 days or less before the minimum age or interval is unlikely to have a significant adverse effect on the immune response to that

dose, and does not need to be repeated" see

<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter2.pdf>.

If a dose of HPV is given too early and the student needs to be revaccinated an additional consent form must be completed. Please contact the NIO for a copy of the dose 3 consent form. The additional consent and vaccination information must be recorded on SIS.

- 5 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 available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>
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.

Contraindications to vaccination

- Confirmed anaphylactic reaction to the vaccine or to a vaccine constituent e.g. latex anaphylaxis.
- Pregnancy in the case of HPV and MMR vaccines.

Pregnancy and HPV vaccine

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. The HPV vaccine consent form includes the statement "I understand that HPV is not recommended in pregnancy" (**Appendix B**). If the parent(s) indicate that their daughter is pregnant then vaccination should be withheld. If the consent form is signed then vaccination is appropriate. Questioning the girl about her last menstrual period is not indicated.

Before the second dose of Gardasil is given the vaccinator should ask the girl the following questions:

- 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 aged under 17 years of age inform the parents, 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://www.tusla.ie/services/child-protection-welfare/children-first/>

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://www.tusla.ie/services/child-protection-welfare/children-first/>

If a girl who was vaccinated subsequently finds out that she was pregnant at or conceived around the time of vaccination, any further HPV vaccination should be postponed. Reports of pregnancy occurring in association with HPV vaccination should only be reported to the HPRA if there is harm to the patient or foetus/infant/child (see Section 7.0 and **Appendix G**). This means that the outcome of pregnancy should be followed up with the girl when completing her course of HPV vaccine or when the pregnancy is completed. If further vaccines are required then vaccination may be given 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) or wider needle to reduce the pressure gradient and cause less trauma to the tissues. Apply gentle pressure to the vaccine site for 1-2 minutes after the injections. 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. 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.
- There is no recommendation on the subcutaneous administration of the Tdap/IPV, Tdap, MenC or HPV vaccine.
- **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 Chapter 3 on Immunisation of

Immunocompromised Persons in Immunisation Guidelines

<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>

Individuals with impaired immune responsiveness, whether due to treatment, illness or other causes may not respond to the vaccine. See HPV chapter in the Immunisation Guidelines for Ireland available at

<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>

- **Use of Protopic and other topical immunomodulators:** It is advised that these preparations should be discontinued four weeks before the administration of MMR or BCG vaccine. 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.
- The following vaccines used in the Schools Immunisation Programme do not contain latex (MMRVaxPro, Priorix, IPV Boostrix, Boostrix and Gardasil).
- Menjugate does not contain latex in the tip cap of the syringe, however the SmPC for menjugate states '*Although no natural rubber latex is detected in the syringe tip cap, the safe use of Menjugate in latex-sensitive individuals has not been established*' see http://www.hpra.ie/img/uploaded/swedocuments/LicenseSPC_PA0919-004-003_09032016102057.pdf
- The most common type of latex sensitivity is contact type allergy (usually as a result of prolonged contact with latex containing gloves). This is NOT a contraindication to vaccination with Menjugate.

Specific Vaccine Issues All vaccines

Confirmed anaphylactic reaction to the vaccine or to a constituent or a constituent of the syringe, syringe cap or vial (e.g. Latex anaphylaxis).

All pertussis containing vaccines

- The following are not contraindications or precautions to giving pertussis containing vaccines. They have not been shown to cause permanent harm and are significantly less common after acellular than after whole cell pertussis vaccines
 - Temperature of more than 40.5°C within 48 hours of a previous dose of a pertussis containing vaccine
 - Hypotonic hyporesponsive episode within 48 hours of a previous dose of a pertussis containing vaccine
 - Seizures within 72 hours of a previous dose of a pertussis containing vaccine. Persistent, inconsolable crying lasting more than 3hrs within 48 hours of a previous dose of a pertussis-containing vaccine.

Junior Infants

Tdap/IPV

- There should be an interval of at least six months left between a booster dose of

Tdap/IPV and the completion of a primary course of tetanus containing vaccine.

- Tdap/IPV can be given at any interval following (an inappropriately administered) Td vaccine.

MMR

- Vaccination should be deferred for between three and eleven months following the administration of an antibody product (for full details see Table 2.4 in Chapter 2 of Immunisation Guidelines for Ireland available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>)

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 varicella, zoster or yellow fever live vaccines. MMR can be given on the same day or at any interval before or after any other live vaccine.
- **MMR and Chickenpox:** if there are cases of chickenpox in the school the MMR vaccine can be given at any time provided the child does not have an acute febrile illness.
- MMR vaccination is contraindicated in pregnancy.
- Pregnancy must be avoided for 1 month following MMR vaccination.
- MMR is contraindicated in significantly immunocompromised persons due to disease or treatment.

1st Years

Fainting is a recognised side effect of vaccines given in adolescence

Tdap

- Tdap can be given at any time interval after a tetanus containing vaccine.

HPV

- HPV vaccination is contraindicated in pregnancy.

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. Vaccine storage and handling

- All vaccines must be stored and transported between +2°C and +8°C.
- The SmPCs for Gardasil, Boostrix, Priorix, MMRVaxPro, Menjugate and IPV Boostrix all recommend that the vaccine should be stored in the original package in order to protect from light.
- SmPC for Adrenaline BP 1:1,000 advises that it should not be stored above 25°C and

it should be kept in the outer carton.

6.6.1. 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 the cool box is packed and maintained between +2 to +8°C in accordance with cool box standard operating procedures (SOP).
- Ensuring that only vaccine that is in date is brought to the school. Ensuring that the correct and appropriate vaccines for primary and second level schools are brought to the school (**Appendix A**).
- Ensuring that only the number of vaccines required for the vaccination session is brought to the school.
- Ensuring that, if possible, vaccine to be used on a day is all the same batch.
- Recording the current temperature of the probe 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.
- Ensuring that the cool box is placed in,
 - An appropriately ventilated room,
 - Away from any heat source,
 - Away from direct sunlight.
- Ensuring that the cool box remains closed as much as possible.
- Only the amount of vaccine needed at one time should be removed for preparation and administration.
- The temperature inside the cool box should be monitored.
- Maintaining the vaccines at a temperature range from +2 to +8°C (**Appendix I**).
- Ensuring that where vaccines are not used on a particular day and are in their original packaging and have been maintained under cold chain conditions, these vaccines may be returned to the vaccine fridge but they should be clearly marked so that they are used first on the next vaccinating session. The temperature of the vaccine being returned to the vaccine fridge should be recorded as well as the time of return to the fridge.
- If these marked vaccines are taken to a second vaccination session and are not used providing the cold chain has been maintained these vaccines can be returned to the vaccine fridge again, for administration at the next session.
- If a temperature deviation has occurred, contact the Chief Pharmacist or the Medical

Officer of the National Immunisation Office (at 087 9915452 or 01 8676108) for further advice. The National Immunisation Office will carry out a risk assessment and will advise on a case by case basis whether it is appropriate to use the vaccines later or whether they should be discarded.

- When removing vaccines from the cool box all vaccinators should visually check that the cool box temperature is between +2°C to +8°C (**Appendix I**).
- If temperatures outside the permitted range are recorded, first check the position of the temperature probe. The temperature probe should be in a vaccine box in the middle of the vaccines if it is not correctly positioned reset the probe and ensure it is positioned correctly away from the icepacks and away from the lid of the cool box, then close the box firmly and recheck the temperature in 15 minutes. If the temperature is still outside the permitted range the Chief Pharmacist or the Medical Officer of the National Immunisation Office should be contacted (at 087 9915452 or 01 8676108) for further advice. The National Immunisation Office will advise on a case by case basis whether it is appropriate to use the vaccines or whether they should be discarded. Do not use or dispose of the vaccines until notified by the National Immunisation Office.
- Any vaccine that has been removed from its packaging and is not used in a timely manner within the session should not be returned to the cool box but should be discarded safely into a sharps bin.
- MMR vaccines must be used within one hour of reconstitution or discarded safely into a sharps bin. It is not appropriate to return reconstituted MMR vaccine to the cool box.
- Once Tdap/IPV, Tdap, MenC and HPV which come in prefilled syringes are removed from their packaging they should be used at that vaccination session or discarded safely into a sharps bin.
- Prefilled vaccine syringes which have been removed from their packaging should not be returned to the cool box.

Do not use or dispose of any vaccine which has been exposed to temperatures outside the permitted range. Quarantine and maintain these vaccines between +2°C +8°C until advised by the National Immunisation Office.

6.7. Data Collection and Recording

6.7.1. Client Records

- If a student presents their own immunisation passport on the day of vaccination it must be completed with the vaccine trade name, date given, batch number, expiry date, route and site of injection, and name of vaccinator. Use of pre printed labels recording batch numbers and/or expiry date is not recommended.
- Students must be given an immunisation passport after vaccination which records the vaccine trade name, date given, batch number, expiry date, route and site of injection, and name of vaccinator.
- Use of pre printed labels recording batch numbers and/or expiry date is not recommended.
- After the first dose of HPV vaccine, the student's immunisation passport should be

completed, retained by the HSE and given to the student after the second dose. In this case the student should be given a tear pad confirming the details of vaccination (see **Appendix C**) after the first dose of HPV vaccine.

- Where a girl moves to a school in another HSE Area the original HSE Area should retain her original HPV consent form and send a photocopy of the HPV vaccination form to staff in the new HSE Area. Staff in the new HSE Area should record subsequent HPV vaccinations on this photocopied consent form.

6.7.2. School Information System (SIS)

SIS can be accessed by use of a URL

- Data relating to MMR, Tdap/IPV (Junior Infants) HPV, Tdap and MenC programmes must be entered onto SIS and not onto any other ICT system. The only exception to this is in Sligo, Leitrim and Donegal where the MMR and Tdap/IPV can be recorded on local PCI system for GP payment purposes but information must also be entered on SIS as laid out in the user manual.
- SIS should only be accessed and used after training. Training if required can be requested from the CHO system administrator.
- The administrator will provide system access to the SIS system and will remove access where appropriate when staff move or leave the service.
- The administrator must set up the denominator data (the specifications for this are in Section 6.7.4.) for each school for each vaccine type after it is collected on September 30th each year (when the school census is carried out). All denominators must be entered on SIS by the end of December each year. Denominator data can only be set up once on SIS for each school. If the cohort needs to be changed details need to be sent to the central administrators with reasons why they change is required.
- The SIS system should be used as prescribed in the provided system user manual.
- Sharing of username or passwords is not permitted.
- The system Client ID and the school roll number must be written onto the manual consent form at the earliest opportunity and the client ID must be used to search the system.
- Prior to adding any new client to the National SIS system a search must be carried out to ensure that they are not already on the system and to avoid the creation of client duplicates. SIS is a national system so it is possible a student has already been set up in another area. There must only be one record per client.
- Where possible data entry should be done on or as near to vaccination date as possible ideally within the week of vaccination. In any case data entry must be completed for each vaccine type for each academic year before the beginning of the following academic year (i.e. end August).
- If there are issues /concerns relating to the system use please contact your CHO administrator in the first instance or the national system administrators.

6.7.3. 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 Health Boards on Record Retention Periods including outline of issues in records management / National Freedom of Information Liaison Group” 1999 available at <http://www.lenus.ie/hse/handle/10147/45859>
- All clinical notes on events around vaccination should be stored with the consent form.

6.7.4. Clinic Data Recording

Data should be recorded for statistical purposes at the end of each session (**Appendix D**). This should include:

For Tdap/IPV and MMR

- The target number of students for the Schools Immunisation Programme is taken as the number of students on the school roll in junior infants on 30th September 2017, (when the school census is carried out) or age equivalent in special schools (i.e. born between 01/09/2013 and 31/08/2014) or aged 6 years and home schooled (i.e. born between 01/09/2011 and 31/08/2012).

For HPV vaccine

- 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 01/09/2005 and 31/08/2006) in special schools on the school roll on 30th September 2017 (when the school census is carried out) or home schooled.

For Tdap

- The target number of girls and boys for the Schools Immunisation Programme is taken as the number of girls and boys in first year and age equivalent (i.e. born between 01/09/2005 and 31/08/2006) in special schools on the school roll on 30th September 2017 (when the school census is carried out) or home schooled.

For MenC

- The target number of girls and boys for the Schools Immunisation Programme is taken

as the number of girls and boys in first year and age equivalent (i.e. born between 01/09/2005 and 31/08/2006) in special schools on the school roll on 30th September 2017 (when the school census is carried out) or home schooled.

6.7.5. Data Entry Standards

Data accuracy is very important. Care must 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 J** provides further guidance on the correct recording of client data. In order to reduce duplicated client records it is important that

- a) data entry standards are conformed with and
- b) that the client and School Roll Number are written on all consent forms and
- c) that client searches are carried out in a systematic way following the advice provided in the system manual.

Accurate initial setup for each vaccination type for each student is required to allow for national uptake reporting to take place. This cannot be changed by the system administrators and has to be passed to the system supplier for correction. There is time and cost implications when errors need to be corrected by the system supplier which leads to is a delay in accurate uptake reporting. It is easier to record it correctly than to ensure the additional work that data entry standard corrections impose.

6.7.6. SIS Advanced Search

Access to the Advanced Search on the SIS is available to authorised users. The listings produced contain client information and therefore should be stored and used in a confidential manner and discarded appropriately.

The Advanced Search on SIS should only be used

- For batch recalls
- To put together a mop up clinic listing
- To do a mail shot to parents/guardians/students
- To identify students who did not receive their vaccines at school or mop up clinics

It is important to remember the advanced search outputs are only as good as the information entered on SIS so it is important the user manual procedures are followed.

6.7.7. SIS System reports

Access to local system reports is controlled by the central system administrators. All reports run off the system must be stored and discarded carefully as they may contain confidential patient information and in any case contain sensitive information. Reports should not be run by staff who have not been trained to reduce the risk of misinterpretation. The CHO system administrators will run audit/validation system reports on an adhoc basis and will pass requests for validation/correction to system users as required.

Interim Uptake Reports are run by the SIS central administrators on a monthly basis to update the Assistant National Director for Health and Wellbeing on the progress of the programme and the data entry.

National Uptake Reporting for Tdap/IPV, MMR, HPV, Tdap and MenC are generated from the SIS reporting system on an on-going basis.

The HPSC are responsible for running and reporting the National Uptake statistics for Tdap/IPV, MMR, HPV, Tdap and MenC. The SIS reporting system is the only system that will be used by the HPSC to report on National Uptake Statistics.

7. 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 (SmPC) available on www.hpra.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.
<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/Anaphylaxis.pdf>
- Persons who are taking beta-blockers may be vaccinated in the community. In the event of anaphylaxis or suspected anaphylaxis, epinephrine (adrenaline) should be given promptly and repeated as indicated. As with any episode of anaphylaxis, the

patient should be transferred to hospital as soon as possible.

Tdap/IPV/ Tdap/IPV specific side effects

- Booster doses of tetanus, diphtheria and pertussis containing vaccines result in an increase in local reactogenicity and fever compared to the primary course i.e. extensive swelling of vaccinated limb (sometimes involving the adjacent joint);
- In general these reactions begin within 48 hours of vaccination and resolve spontaneously over an average of 4 days without sequelae.
- Such reactions do not contraindicate further doses of diphtheria, tetanus, or pertussis containing vaccines.
- Antibiotic treatment or the use of anti-inflammatory medication does not reduce the duration or severity of such reactions.
- Parents of children who receive the booster dose of a Tdap/IPV containing vaccine should be informed of the risk of extensive swelling, highlighting that this is not usually associated with significant pain or limitation of movement.

MMR specific side effects

- Mini measles (fever and rash) can occur 6-10 days post vaccination. This is non-infectious and self-limiting.
- Swelling of the salivary glands “mini mumps” can also occur three weeks post vaccination. This is non-infectious.
- 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 HSE area office.

The medical officers/vaccinators should report all suspected adverse reactions to the HPRA. Details of adverse events may be recorded on the adverse event clinical record (**Appendix F**).

When reporting suspected adverse reactions to the HPRA, details of the brand name and batch number of the vaccine should be included in the report. An adverse reaction report form can be accessed by:

- 1 Following the links to the online reporting options accessible from the HPRA website at <https://www.hpra.ie/homepage/about-us/report-an-issue/human-adverse-reaction-form>
- 2 Using a downloadable report form also accessible from HPRA website, which may be completed manually and submitted to the HPRA via “freepost” available from the HPRA website <https://www.hpra.ie/homepage/about-us/report-an-issue>

(Appendix G).

- 3 By using the traditional “yellow card” report which can be requested in bulk from the HPRA. The “yellow card” also utilises the freepost system.
- 4 By telephoning the HPRA Pharmacovigilance Section 01-6764971.

Children that develop reactions in the days after vaccination do not need to be seen by the Medical Officer unless in exceptional circumstances. There is no evidence to date that any of the vaccines used in the school immunisation programme cause long-term adverse events.

8. References

- A Practical Guide to Immunisation, National Immunisation Office, 2008
<http://www.hse.ie/eng/health/immunisation/hcpinfo/trainingmanual/>
- Children First 2011 – National Guidance for the Protection and Welfare of Children.
<http://www.dcy.gov.ie/documents/Publications/ChildrenFirst.pdf>
- Guidance for providers of health and social care services Communicating in plain English HIQA and NALA 2015 www.hiqa.ie
- Healthcare professionals FAQ National Immunisation Office
<http://www.hse.ie/eng/health/immunisation/hcpinfo/frequentlyaskedquestions/>
- Healthcare risk waste management segregation packaging and storage guidelines for healthcare risk waste 4th edition 2010 <http://www.lenus.ie/hse/handle/10147/120929>
- HSE Guidelines for maintaining the vaccine cold-chain including maintenance of vaccine fridges and management of vaccine stock
<http://www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/SOP2016.pdf>
- HSE Guidelines for maintaining the vaccine cold-chain in vaccine cool boxes.
<http://www.hse.ie/eng/health/immunisation/hcpinfo/vaccineordering/sopcoolboxes2016.pdf>
- Immunisation Guidelines for Ireland. National Immunisation Advisory Committee
<http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>
- Immunisation training slides for Health Professionals 2016
<http://www.hse.ie/eng/health/immunisation/hcpinfo/conference>
- Policy for Health Boards on Record Retention Periods including outline of issues in records management / National Freedom of Information Liaison Group 1999,
<http://www.lenus.ie/hse/handle/10147/45859>
- Summary of Product Characteristics for the vaccines used in the Schools Immunisation Programme
 - IPVBoostrix
http://www.hpra.ie/img/uploaded/swedocuments/LicenseSPC_PA1077-101-001_12012017095224.pdf
 - Priorix http://www.hpra.ie/img/uploaded/swedocuments/LicenseSPC_PA1077-036-001_09122016144040.pdf
 - MMRVaxPro
http://www.ema.europa.eu/docs/en_GB/document_library/Referrals_document/MMR_20/WC500136261.pdf
 - Gardasil http://www.ema.europa.eu/docs/en_GB/document_library/EPAR_-_Product_Information/human/000703/WC500021142.pdf
 - Boostrix http://www.hpra.ie/img/uploaded/swedocuments/LicenseSPC_PA1077-020-001_12012017095148.pdf
 - Menjugate http://www.hpra.ie/img/uploaded/swedocuments/LicenseSPC_PA0919-004-003_09032016102057.pdf
- Ten tips for conducting a safe school immunisation session. Victorian Government Health Information. Immunisation Section Newsletter Issue 37 February 2009.
[http://docs2.health.vic.gov.au/docs/doc/4D4A65BEFC8F799BCA2579120002B5BA/\\$FILE/immunisation_news_issue37.pdf](http://docs2.health.vic.gov.au/docs/doc/4D4A65BEFC8F799BCA2579120002B5BA/$FILE/immunisation_news_issue37.pdf)

For other useful links and resources (**Appendix K**)

APPENDIX A: Packshots of vaccines used in school immunisation programme

Primary School Vaccines

IPV-BOOSTRIX (Tdap/IPV)



MMRVAXPRO (MMR)



PRIORIX (MMR)



Second Level School Vaccines

BOOSTRIX (Tdap)



GARDASIL (HPV)



MENJUGATE (MenC)



APPENDIX B: Vaccination Consent Forms

(Tdap/IPV and MMR, HPV, Tdap and MenC)

Available here <http://www.hse.ie/eng/health/immunisation/pubinfo/schoolprog/school.html>

APPENDIX C: Post Vaccination Tear Pads

Available here <http://www.hse.ie/eng/health/immunisation/pubinfo/schoolprog/school.html>

APPENDIX D: Vaccination Session Report Forms

Tdap/IPV and MMR School vaccination session report form

LHO _____

| | |
|--------------------|----------------------|
| School Roll Number | Date: ____/____/____ |
| School Name: | |
| School address: | |
| Principal: | |
| Tel: _____ | |

Emergency drugs and equipment checked _____

Signature: _____ Signature: _____

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

Add temperature and initials in space provided

| Temperature & time | Before leaving HC; | Start of session; | End of session; | On return to HC fridge; |
|--------------------|--------------------|-------------------|-----------------|-------------------------|
| Box 1 | Temp | Temp | Temp | Temp |
| Box 2 | Temp | Temp | Temp | Temp |
| Box 3 | Temp | Temp | Temp | Temp |
| Box 4 | Temp | Temp | Temp | Temp |

| | Junior Infants | |
|--|----------------|-----|
| | Tdap/IPV | MMR |
| Target population | | |
| Previously vaccinated | | |
| Number vaccinated in school | | |
| Total number given vaccine | | |
| Number contraindicated | | |
| No consent | | |
| Consent refused by parent | | |
| Form not returned | | |
| Other (eg consent missing vital clinical information so is not valid or signed by someone other than legal guardian) | | |
| Not vaccinated although valid consent and not contraindicated | | |
| Child absent | | |
| Deferred (e.g unwell on the day) | | |
| Child refused | | |
| Referred to hospital setting | | |
| Referred to GP | | |
| Other | | |
| Number identified as needing a 2 nd dose of 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 on 30th September 2017 + special school children (i.e. born between 01/09/2013 and 31/08/2014) on the school register on 30th September 2017

Total number given Tdap/IPV = number vaccinated in schools (including special schools).

Total number given MMR = number vaccinated in schools (including special schools)

Number in school identified as needing 2nd dose MMR = those children identified as getting 1st dose MMR in school in 2017/2018 and therefore need a second dose one month later

Version August 2017

PTO for comments re vaccination session:

**Routine HPV, Tdap, Men C for First Years
SCHOOL VACCINATION SESSION REPORT FORM**

LHO _____

| | | |
|--------------------|------------|----------------------|
| School Roll Number | | Date: ____/____/____ |
| School Name: | | |
| School address: | | |
| | | |
| Principal: | Tel: _____ | |

Emergency drugs and equipment checked _____

Signature: _____ Signature: _____

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

Add temperature and initials in space provided

| Temperature & time | Before leaving HC; _____ | Start of session; _____ | End of session; _____ | On return to HC fridge; _____ |
|--------------------|--------------------------|-------------------------|-----------------------|-------------------------------|
| Box 1 | Temp _____ | Temp _____ | Temp _____ | Temp _____ |
| Box 2 | Temp _____ | Temp _____ | Temp _____ | Temp _____ |
| Box 3 | Temp _____ | Temp _____ | Temp _____ | Temp _____ |
| Box 4 | Temp _____ | Temp _____ | Temp _____ | Temp _____ |

| HPV | Second level school First Year | Special school (defined age) |
|---|-----------------------------------|---------------------------------|
| Target population for HPV (Denominator) | | |
| 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 | | |
| Consent refused by parent | | |
| Form not returned | | |
| Consent withdrawn | | |
| Other (eg consent missing vital clinical information so is not valid <u>or</u> signed by someone other than legal guardian) | | |
| Not vaccinated although valid consent and not contraindicated | | |
| Girl absent | | |
| Deferred (e.g unwell on the day) | | |
| Girl refused | | |
| Referred to hospital setting | | |
| Other | | |
| Total activity (number of HPV vaccines given) | | |
| Number referred to mop-up clinic | | |
| | | |
| Tdap | | |
| Target population for Tdap (Denominator) | | |
| Previously vaccinated Tdap | | |
| Tdap (contd.) | Second level school First Year | Special school (defined age) |
| Number contraindicated | | |

Version July 2017

PTO for comments

**Routine HPV, Tdap, Men C for First Years
SCHOOL VACCINATION SESSION REPORT FORM**

LHO _____

| | | |
|--|--|--|
| 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 or signed by someone other than legal guardian)</i> | | |
| Not vaccinated although valid consent and not contraindicated | | |
| <i>Student absent</i> | | |
| <i>Deferred (e.g unwell on the day)</i> | | |
| <i>Student refused</i> | | |
| <i>Referred to hospital setting</i> | | |
| <i>Other</i> | | |
| Total activity (number of Tdap vaccines given) | | |
| Number referred to mop-up clinic | | |
| Men C | | |
| Target population for Men C (Denominator) | | |
| Previously vaccinated Men C | | |
| 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 or signed by someone other than legal guardian)</i> | | |
| Not vaccinated although valid consent and not contraindicated | | |
| <i>Student absent</i> | | |
| <i>Deferred (e.g unwell on the day)</i> | | |
| <i>Student refused</i> | | |
| <i>Referred to hospital setting</i> | | |
| <i>Other</i> | | |
| Total activity (number of Men C vaccines given) | | |
| Number referred to mop-up clinic | | |

Signature of person filling in form: _____ Date: ____/____/____
 Print name in block capitals: _____

Definitions

Target population in academic year 2017/2018 for **Routine HPV** = Number of **girls in 1st year** (of second level school) on school register on **30th September 2017** and this is target for 2nd and 3rd doses of HPV **And** number of girls in special schools **born between** (i.e. born between **01/09/2005 and 31/08/2005**) who are on the special school register on **30th September 2017** and this is the target for 2nd and 3rd doses also.
 Target Population in academic year 2017/2018 for **Tdap and Men C** = Number of **students in 1st year** (of second level school) on school register on **30th September 2017**.
 Number given HPV - (specified dose 1st/2nd/3rd) = number vaccinated in schools (including special schools).

Version July 2017

PTO for comments

Mop up clinic VACCINATION SESSION REPORT FORM

LHO _____

| | | | |
|---|-------------------|-----------------------------------|----------------|
| LHO: _____ | | Date: ____/____/____ (dd/mm/yyyy) | |
| Clinic Name: _____ | | | |
| Clinic address: _____ | | | |
| | | Tel: _____ | |
| Emergency drugs and equipment checked _____ | | | |
| Signature: _____ | | Signature: _____ | |
| Vaccine (Brand name) | Batch Number 1 | Batch Number 2 | Batch Number 3 |
| | | | |
| | | | |
| | | | |
| | | | |
| Add temperature and initials in space provided | | | |
| Temperature & time | Before leaving HC | Start of session | End of session |
| Box 1 | Temp _____ | Temp _____ | Temp _____ |
| Box 2 | Temp _____ | Temp _____ | Temp _____ |
| Box 3 | Temp _____ | Temp _____ | Temp _____ |
| Box 4 | Temp _____ | Temp _____ | Temp _____ |

| | Primary School Junior Infants | Second Level First Years | Special schools | Home Schooled | TOTAL |
|--|----------------------------------|-----------------------------|-----------------|---------------|-------|
| Number given 4 in 1 | | | | | |
| Number given MMR (routine) | | | | | |
| Number given 2 nd dose MMR (Junior Infants) | | | | | |
| Number given Tdap | | | | | |
| Number given Men C | | | | | |
| Number given routine HPV 1st dose | | | | | |
| Number given routine HPV 2nd dose | | | | | |
| Number given routine HPV 3rd dose | | | | | |
| OTHER vaccine given -specify below: | | | | | |
| Vaccine given: | | | | | |
| Total number vaccinated | | | | | |

Number of HSE staff at school Mop Up 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

July 2017

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

Adapted from the Immunisation Programme in Victoria, Australia^a

Post-vaccination fainting has been reported with most vaccines. Based on data from the USA, syncope is most common after three adolescent vaccines HPV, quadrivalent 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.

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.

See at <http://docs2.health.vic.gov.au/docs/doc/Immunisation-newsletter-Issue-37>

APPENDIX F: Adverse event clinical record

Date: _____ **Vaccine Name:** _____ **Batch Number:** _____
Student's Name: _____ **Date of Birth:** / /
Address: _____ **Phone:** _____
School/Clinic: **GP** **Address** _____

Name: _____
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 (underline which applies) | |
| 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 | | Rhinorrhoea | |
| Reduced central pulse volume | | | |
| Capillary refill time >3 sec | | | |
| Gastrointestinal | | Gastrointestinal | |
| Nausea | | Diarrhoea | |
| Vomiting | | Abdominal pain | |

APPENDIX G: HPRA Adverse Event Report Form



Adverse Reaction Report Form for Human Medicines Page 1 of 2

IN CONFIDENCE

Please complete this form in confidence and return to Freepost, Pharmacovigilance Section, Health Products Regulatory Authority, Earlsfort Centre, Earlsfort Terrace, Dublin 2, D02 XP77. Telephone 353-1-6764971, Fax 353-1-6762517, e-mail medsafety@hpra.ie.

Reporter name: _____
Address: _____
E-mail: _____
Telephone number: _____
If healthcare professional, state profession and area of speciality: _____
Profession: _____
Area of speciality: _____

| | | | | |
|--|--------------------------|-------------------------------|---------------------------------|-----------------------------|
| Patient initials/Record number | Sex | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Age: |
| Reason for treatment: | | | | |
| Suspect drug(s)/vaccine(s) ¹ | Daily dose | Route | Batch no. | Dates/duration of treatment |
| | | | | |
| Suspected reaction: <i>(Brief description of the effects/side effects/interactions, including any information relevant to the circumstances of this reaction, such as in use conditions, medication error, occupational exposure etc.)</i> | | | | |
| Time to onset (hours/days) | Onset of reaction (date) | | Duration of reaction | |
| Treatment given/action taken | | | | |
| Outcome of reaction: <input type="checkbox"/> Recovered <input type="checkbox"/> Recovering <input type="checkbox"/> Continuing <input type="checkbox"/> Fatal | | | | |

¹ Please use brand names where possible. Please note that for biological products, including vaccines, it is essential to include the brand name and batch number of the product.

Adverse Reaction Report Form for Human Medicines

Page 2 of 2

| | | | | |
|---|---|---|-------------------------------------|--------------------------|
| Drug discontinued: Yes <input type="checkbox"/> No <input type="checkbox"/> Improvement on discontinuation: Yes <input type="checkbox"/> No <input type="checkbox"/> Patient rechallenged: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state outcome: _____ | Do you consider the reaction serious? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> If yes, please indicate the basis for this, ticking all the criteria that apply: <input type="checkbox"/> Fatal <input type="checkbox"/> Life threatening (immediately) <input type="checkbox"/> Patient hospitalised / hospitalisation prolonged <input type="checkbox"/> Persistent or significant disability/incapacity <input type="checkbox"/> Congenital anomaly or birth defect <input type="checkbox"/> Medically significant - provide details: _____ | | | |
| Any other drugs used over this period? (Please state below) | | None <input type="checkbox"/> | Unknown <input type="checkbox"/> | |
| Drug/Vaccine | Daily dose: | Route: | Dates/ duration of Treatment: | Reason for treatment: |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Relevant medical history (including significant concomitant illness/previous drug reaction): | | | | |
| Description | Start Date | End date | Continuing | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Additional information | | | | |
| | | | | |
| Supply of report cards required Yes <input type="checkbox"/> No <input type="checkbox"/> | | Manufacturer notified: Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Signature _____

Date: _____

Thank you for taking the time to complete this form.

Please note that by your completion of this report form, we understand that you are consenting to the information provided, including your contact details, to be stored securely by the HPRA. Your contact details will be used solely for the purposes of interaction with you regarding this report. For the purposes of complying with our statutory and legal reporting requirements, anonymised details of this report (excluding personal contact information) will be shared with other bodies also involved in safety monitoring of medicines and in accordance with data protection requirements. These bodies include the European Medicines Agency (EMA), the World Health Organisation (WHO) and as appropriate, the company(ies) that hold the licence(s) for the medicine(s) concerned. This ensures that the information is available to all parties responsible for the ongoing safety monitoring of medicines. The right exists to request a copy of personal data held by the HPRA and to have any inaccuracies in such data corrected or deleted.

APPENDIX H: Emergency drugs and Equipment

Emergency Anaphylaxis Kit –as per updated section August 2016 in Immunisation Guidelines The availability of protocols, equipment and drugs necessary for the management of anaphylaxis should be checked before each vaccination session

- 3 x 1 ml ampoules of epinephrine (1:1000, 1mg/ml)
- 3 x 1 ml syringes
- Needles 3 x 16mm, 3 x 25mm, 3 x 37-40mm
- 1 pocket mask
- Sphygmomanometer (optional)
- Stethoscope (optional)
- Pen and paper to record time of administration of epinephrine.

The kits should be kept closed to ensure the drugs are not exposed to light and stored at room temperature. The kits require regular verification to replace drugs before their expiry date.

There should also be a **back-up emergency anaphylaxis kit** so that a vaccination session can continue in the event that a student has been treated for anaphylaxis using up the anaphylaxis kit.

Emergency equipment

1. Access to a telephone to call an ambulance.
2. Copy of “Anaphylaxis: Treatment in the Community” from Immunisation Guidelines for Ireland.
3. Adverse event clinical record (**Appendix F** of staff guidelines) and pen to record time of administration of epinephrine/adrenaline and clinical condition of patient.
4. Headed notepaper to write referral letter for hospital.
5. Sphygmomanometer x 1 with adult and paediatric cuff.
6. Stethoscope x 1.

APPENDIX I: 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).

Validated cool boxes should be used from a recognised medical supply company and should be used in conjunction with a validated thermometer. Domestic cool boxes should not be used.

Cool box temperature should be maintained between +2°C 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 instruction/best practice recommendations.
- 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 into a vaccine box and this box 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 must 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
- Record the temperature of the probe 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

- Vaccines, in their original packaging that have been maintained under cold chain conditions, and are returned to the health centre fridge following school vaccination session should be marked and used first on their next excursion to a school.

If these marked vaccines are taken to a second vaccination session and are not used providing the cold chain has been maintained these vaccines can be returned to the vaccine fridge again, for administration at the next session.

If a temperature deviation has occurred, contact the Chief Pharmacist or the Medical Officer of the National Immunisation Office (at 087 9915452 or 01 8676108) for further advice. The National Immunisation Office will carry out a risk assessment and will advise on a case by case basis whether it is appropriate to use the vaccines later or whether they should be discarded.

- A battery powered continuous temperature recording device (data logger) may be used in cool boxes where vaccines are stored. This should be removed from the vaccine fridge with the vaccines and placed in the middle of the cool box adjacent to the vaccines. This is an independent device and gives an accurate account of the temperatures reached and the duration of any temperature breach. The information on the data logger can be downloaded at the end of a vaccination day to confirm that any returned vaccines have remained within temperature. This does not replace max/min thermometers which need to be checked when removing vaccines prior to administration.
- The cool box thermometer should be sent back to the manufacturer for calibration on an annual basis.

Procedures following breakdown in the “Cold Chain”

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

If temperatures outside the permitted range are recorded the Chief Pharmacist or Medical Officer of the National Immunisation Office should be contacted (Phone 087 9915452 or 01 8676108) for further advice. The National Immunisation Office will advise on a case by case basis whether it is appropriate to use the vaccines or whether they should be discarded. Do not use or dispose of the vaccines until notified by the National Immunisation Office.

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

APPENDIX J: 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 **Al** should be entered as Al space Hussain i.e. **Al 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 K: 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 available at <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>
- Department of Health available at www.health.gov.ie
- Health Protection Surveillance Centre available at <http://www.hpsc.ie>
- Health Products Regulatory Authority available at <http://www.HPRA.ie>
- Medicines Information online available at <http://www.medicines.ie>
- World Health Organization 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/>
- Epidemiology and Prevention of Vaccine-Preventable Diseases, "Pink Book" available at <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>
- Australian Government, Department of Health and Education immunisation website available at <http://www.immunise.health.gov.au/>
- Immunisation Department of Health Victoria Australia available at <http://www.health.vic.gov.au/immunisation/index.htm>
- Secondary School Vaccination Program Guide Victoria available at <http://immunehero.health.vic.gov.au/guide/why-vaccinate>
- New Zealand, Ministry of Health immunisation website available at <http://www.health.govt.nz/your-health/healthy-living/immunisation>
- United Kingdom immunisation website available at <https://www.gov.uk/government/collections/immunisation>
- Department of Health Green Book available at <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>
- Public Health Agency Canada immunisation information available at <http://www.phac-aspc.gc.ca/im/professionals-professionnels-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>
 - Irish Cancer Society available at <http://www.cancer.ie>

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