



Immunisation: a tool for practice nurses

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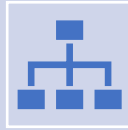
Aims of session



Best practice for immunising nervous patients and young children



Lessons from Covid-19 Vaccination Programme



Gillick Competence in Immunisation



Eligible populations – who needs what and when

Immunising nervous patients: Adults

People Centered

Building trust

Environment

Injection Phobia



Best practice for immunising young children



- RCN Managing Childhood Immunisation Clinics best practice guideline (2021)
 - Welcoming & friendly
 - Well organised & flexible
 - Always check 8Rs
 - Resources available easy to read, in different formats & languages
- SAPHNA (2022) highlights:
 - Addressing fears or concerns of children and young people (especially needle phobia)
 - Use of distraction techniques
 - Positive coping statements
 - Breathing exercises

8Rs (RCN 2021)

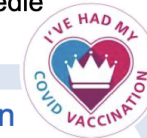
1. Right Patient
2. Right Vaccine and diluent (where applicable)
3. Right to give (i.e. contraindications and consent)
4. Right time (including age, interval and product expiration date)
5. Right dose
6. Right route (including correct needle gauge, length and technique)
7. Right site
8. Right documentation

Best practice for immunising young children

Top tips for supporting children and young people during vaccination



Getting vaccinated can be daunting for some people, particularly children and young people. They may be anxious, scared or needle phobic. This resource provides some tips and techniques for supporting them whilst they are receiving their vaccination.



Pre-Vaccination

There are things you can do to prevent this anxiety from building up whilst they are waiting for their turn to be vaccinated. For example:

- **Explain how vaccines work** to protect them and their friends and families. Use the same language that is in the information leaflets for their particular age group and provide these for them to read whilst waiting.
- **Use distraction techniques** such as chatting to them, suggesting they play a game on their phone, or having a TV on in the waiting area.
- **Be observant to non-verbal for signs of anxiety** such as being really quiet, talking loudly, biting their nails, looking at the exit or struggling to engage.
- **Consider taking particularly anxious people aside** for additional support or fast-tracking them.
- **If they are feeling anxious**, encourage them to take deep breaths. Provide them with a glass of water and a small snack (if you have one).
- **Use the 5 senses grounding technique to calm them down.** Ask them to identify one thing they can see, hear, touch, taste and smell.



During Vaccination

There are things you can do to help them to feel comfortable during the vaccination and make the experience a positive one.

Ensure you have a positive and calming demeanour:

- **Build a relationship** with them and their accompanying adult (if they have one). Introduce yourself and ask them some questions about themselves.
- **Consider your body language.** Be relaxed and open.
- **Show empathy.** Be sensitive to their anxiety and **be patient.**
- **Try making them laugh and remember to smile!**
- **Use a calming voice.** Remember, if you seem stressed it will make them stressed.

Techniques for managing anxiety during vaccination:

- **Break the process down into steps** so they don't feel overwhelmed and are aware of what is going to happen next.
- **Be honest with them.** Tell them they will feel it, but it will be over very quickly.
- Ask them to **think of a safe and relaxing place** in their mind.
- **Direct their attention away from the needle.**
- **If they feel faint**, use the applied tension technique to get their blood pressure back to normal. Ask them to tense the muscles in their arms and legs for 15 seconds, release, wait 30 seconds and then tense again. Repeat 5 times.

Post-Vaccination

Provide support and reassurance after they have received their vaccination:

- **Reassure them** that it is done and give them one of the "I've had my COVID vaccination" stickers.
- **Express that they have done an important thing** and have helped prevent their family and friends from getting sick.
- **If they feel faint**, encourage them to take deep breaths. Provide them with a glass of water and a small snack (if you have one).



Remember

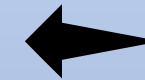
- ✓ Ensure you have a calming demeanour.
- ✓ Be honest and make sure they understand what is happening at every stage.
- ✓ Offer water if they feel faint.
- ✓ Engage with their parents or guardians if they are accompanied by them. They will be able to provide help if needed.
- ✓ Use distraction techniques.
- ✓ Remind them of the benefits of having the vaccine to protect themselves and others.

Lessons from Covid-19 Vaccination Programme

How this can be supported in Community settings and GP Practices?

Royal Society For Public health (2021) recommendations:

- Implement a data strategy to identify and address inequalities in coverage across the immunisation schedule.
- Encourage local collaboration.
- Involve local communities in the design and delivery of public health programmes.
- Maintain independent academic advice on vaccinations.
- Increase access to vaccinations.
- Maximise the learning opportunity of the Covid-19 vaccine roll-out.



Key innovation from this programme:

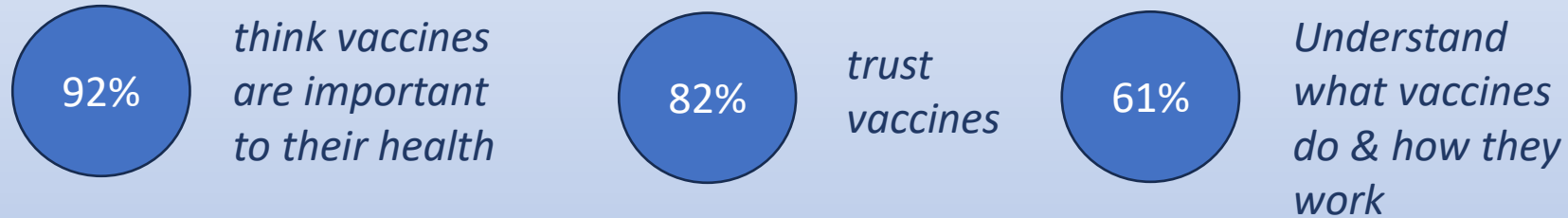
Data & IT systems, efforts to reduce inequalities and new settings & workforce



Gillick Competence in Immunisation

Children and Young Adults' attitudes towards vaccinations – what they know and what they have to say (Royal Society Public Health 2023)

- *Children & Young people:*



However:

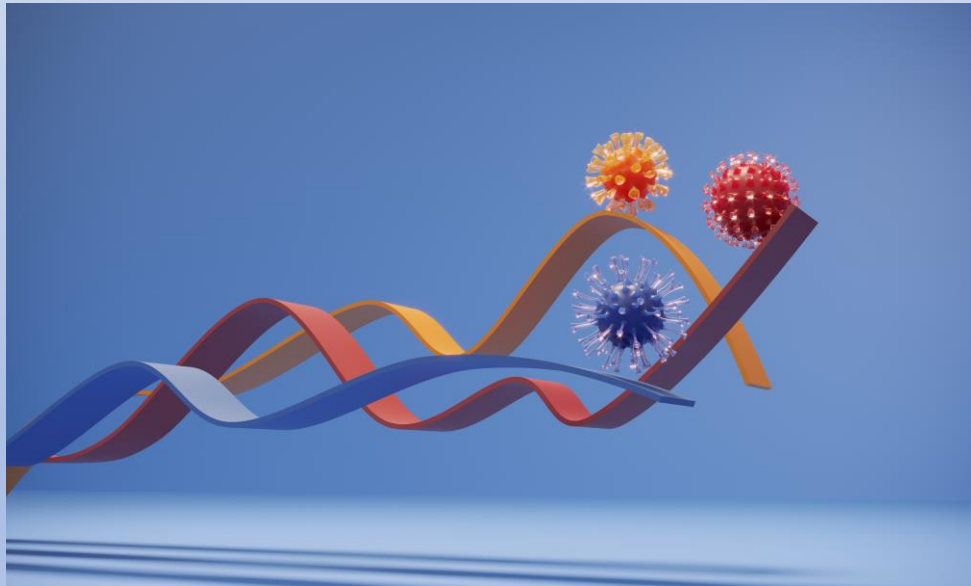
- Knowing a vaccine exists does not mean they realise it is available to them
- There are barriers to young people having relevant vaccines in school settings, *such as compliance with consent forms, parental attitudes and adolescent self consent procedures*
- There is a disparity between parental and child rights, causing conflict (Wood et al 2011)



Gillick checklist

- a. Understand which vaccine should be given
- b. Understand the nature of the disease aimed to prevent i.e. meningitis ACWY
- c. Understand the risks of having the vaccine and potential side effects
- d. Retain the information
- e. Use the information in the decision making process
- f. Communicate their decision

Eligible Populations: Who needs what when?



Routine childhood immunisations				From September 2023
Age due	Diseases protected against	Vaccine given and trade name		Usual site ¹
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix ²	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus	Rotavirus	Rotarix ²	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro ³ or Priorix	Upper arm/thigh
Eligible paediatric age group ⁴	MenB	MenB booster	Bexsero	Left thigh
	Influenza (each year from September)	Live attenuated influenza vaccine LAIV	Fluenz Tetra ^{3,5}	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro ³ or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV ⁶	Gardasil 9	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm

1. Intramuscular injection into deltoid muscle in upper arm or anterolateral aspect of the thigh.
 2. Rotavirus vaccine should only be given after checking for SCID screening result.
 3. Contains porcine gelatine.
 4. See annual flu letter at: www.gov.uk/government/collections/annual-flu-programme

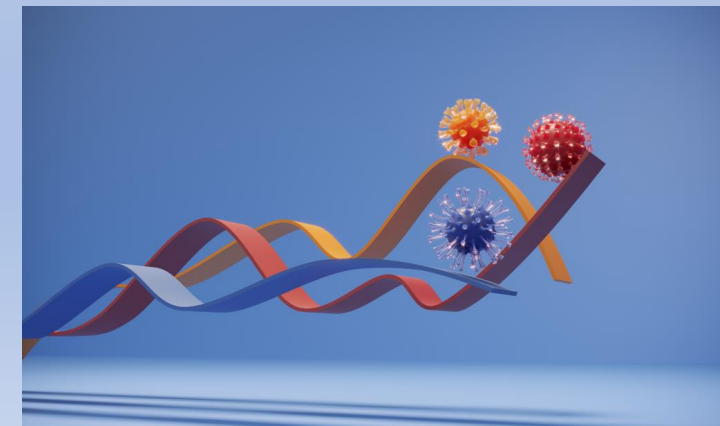
5. If LAIV (live attenuated influenza vaccine) is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details).
 6. See Green Book chapter 18a for immunising immunocompromised young people who will need 3 doses.

Eligible Populations: Who needs what when?

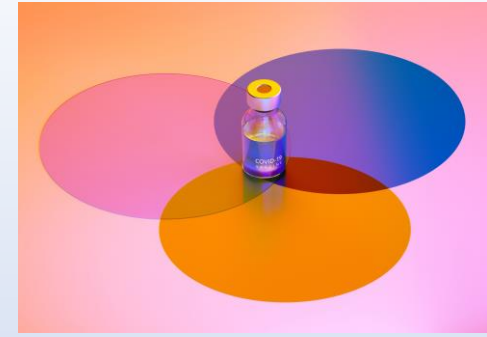
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV23)	Pneumovax 23	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
65 from September 2023 ⁷	Shingles	Shingles vaccine	Shingrix	Upper arm
70 to 79 years of age (plus eligible age groups and severely immunosuppressed) ⁷	Shingles	Shingles vaccine	Zostavax ^{3,7} (or Shingrix if Zostavax contraindicated)	Upper arm

In addition to the routine schedule there are:

- Selective immunisation programmes
- Additional vaccines eligibility for individuals with underlying medical conditions
- Vaccination of individuals with incomplete or uncertain immunisation status



Notable changes to the Routine Vaccine Schedule 2023



Shingles Vaccine:

- introduction of live shingles vaccine Shingrix®, with 2 doses schedule for all eligible patients
- Immunocompromised eligibility brought forward, from age 50 and over (from 60 years and over)

HPV Vaccine

- Children eligible in 2023 academic year (date of birth between 1 September 2010 to 31 August 2011) will only require 1 dose of the vaccine
- Eligible MSM (men who have sex with men) aged under 25 will only require 1 vaccine
- Eligible MSM (men who have sex with men) aged 25 – 45 should continue on the 2 dose schedule

Covid-19 Booster

- Joint Committee on Vaccination and Immunisation advises the following groups be offered a COVID-19 booster vaccine this autumn:
 - Residents in a care home for older adults
 - all adults aged 65 years and over
 - Persons aged 6 months to 64 years in a clinical risk group, as laid out in the [Immunisation Green Book](#) COVID-19 chapter (Green Book)
 - frontline health and social care workers
 - persons aged 12 to 64 years who are household contacts (as defined in the Green Book) of people with immunosuppression
 - persons aged 16 to 64 years who are carers (as defined in the Green Book) and staff working in care homes for older adults

Resources: for Practitioners

- Royal College of Nursing: Immunisation
- National Minimum Standards & Core Curriculum for Immunisation training for Registered Healthcare Practitioners (Public Health England 2018)
- 'The Green Book' UK Health Security Agency
- RSPH Level 2 Award in Encouraging Vaccine Uptake
- Health Publications.gov.uk
- Janechiodini.co.uk
- School and Public Health Nurses Association (SAPHNA)
- Royal College of Nursing: Immunisation



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