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Guidance for the workforce to support COVID-19 vaccination of Children and young people aged 5 -11 years

The Joint Committee on Vaccination and Immunisation (JCVI) published a statement on COVID-19 vaccinations in 2022: 21 February 2022 - GOV.UK (www.gov.uk . Recommending a one off, non-urgent programme to offer COVID-19 vaccination to all children aged 5-11 years of age who are not in a clinical risk group.

The Joint Committee on Vaccination and Immunisation (JCVI) published a statement on 22 December 2021 recommending that children aged 5 to 11 years, who are in a clinical risk group or who are a household contact of someone (of any age) who is immunosuppressed, should be offered a primary course of COVID-19 vaccination.

Clinical assessment and consent process:

It is recommended that the clinical assessment and consent process is carried out by a trained registered healthcare professional with previous experience of working with children. Whilst the COVID-19 National Protocols authorise non-registrants to administer COVID-19 vaccines, the assessment and consent process is not covered by this legislation, therefore it is for Health Boards or primary care to satisfy themselves that their arrangements for consent are appropriate and in line with advice by professional bodies, regulators or other agencies.

The register Healthcare professional should be competent in the following areas:

- The use of Gillick principle
- The law regarding consent for foster, Looked after children
- In managing children and handling challenging behaviour
- In having more challenging risk/benefit conversations and dealing with more complex consent situations

Consent for children will be in alignment with the Green Book chapter on consent. Parents and carers, must be given enough information to enable them to make a decision before they give consent for their child to be vaccinated. Older children should be encouraged to be part of this process. This should include information about the COVID-19 vaccination and how it will be given, as well as benefits and risks of the Covid-19 vaccination. Consent needs to be agreed prior to vaccinating the child and documented. Parents must be given sufficient information prior to consenting – this includes access to a registered healthcare professional to have an individual conversation as part of the information process and to respond to queries prior to giving consent. Vaccination Information for children and young people can be viewed here: The leaflets can be downloaded from the PHW COVID-19 microsite Further accessible resources including Easy Read, Large print, British Sign Language - These resources can be ordered online from PHW Health Information Resources. Consent should be recorded through the Welsh Immunisation System (WIS) if available.

For children aged 5-11 years consent needs to be given by a person with parental responsibility, provided that person is capable of consenting to the immunisation in question and is able to communicate their decision. Where this person brings the infant or child in response to an invitation

for immunisation and, following an appropriate consultation, presents the child for that immunisation, these actions may be considered evidence of consent. The Children Act 1989 sets out who has parental responsibility for a child. Gillick competence principle is less likely to be applicable to this age group. If used it would be very exceptional and the child would have to demonstrate they had the capacity and maturity to understand what they are consenting to.

Mothers automatically have parental responsibility for their children. A father usually has parental responsibility if he is:

married to the child's mother; listed on the birth certificate (after a certain date, depending on

which part of the UK the; child was born in); has a court order confirming parental responsibility.

There is no requirement for such arrangements to be made in writing. Green Book chapter 2- Consent

Children may be brought for immunisation by a person without parental responsibility, for example, a grandparent or childminder. Where a child is brought for immunisation by someone who does not have parental responsibility the health professional would need to be satisfied that:

The person with parental responsibility has consented in advance to the immunisation (i.e. they received all the relevant information in advance and arranged for the other person to bring the child to the appointment) or The person with parental responsibility has arranged for this other person to provide the necessary consent (i.e. they asked the other person to take the child to the appointment, to consider any further information given by the health professional, and then to agree to immunisation if appropriate).

Although the consent of one person with parental responsibility is usually sufficient (see Section 2(7) of the Children Act 1989), if one parent agrees to immunisation but the other disagrees, the immunisation should not be carried out unless both parents can agree to immunisation or there is a specific court approval that the immunisation is in the best interests of the child. A person giving consent on behalf of a child may change their mind and withdraw consent at any time. Where consent is either refused or withdrawn, it is the duty of each healthcare professional to communicate effectively and share such knowledge and information with other members of the primary healthcare team. For more information view Green Book chapter 2- Consent.

Clinical screening questions will need to be answered and documented prior to the child being vaccinated. The same questions will apply as the current process within the WIS system. The actual clinical review and assessment of eligibility for the vaccination must be carried out by a registered healthcare professional. On the day of the vaccination, children will need to be asked if they are feeling well and that they have a basic understanding that they are going to be receiving a COVID-19 vaccine any questions or concerns must be addressed. For younger children this question would be directed to the parent/carer. Parents/carers will be need to be advised about appropriate positioning prior to administration of the vaccine.

Staff need to recognise that children may need more time to process the information, so this should be factored in when considering pace of delivery. Reasonable adjustments need to be made for children with neurodiversity and or communication difficulties.

Create a relaxed environment, consider the best ways of communicating with the child or young person. Take time to establish a rapport and build trust; use the vaccination guide to help explain to the person what the vaccination involves; give them time to process information and support to explore any questions; use visual aids if appropriate e.g. smiley face or sad face.

Vaccine preparation and administration:

Dilution and drawing up of Comirnaty® (Children 5-11 years) (PfizerBioNTech) must be carried out by an appropriately trained and competent member of staff with recent experience in dilution and drawing up using aseptic non-touch technique, under supervision by an experienced clinician.

The individual needs to have undertaken the right training and competency assessment for the type of vaccine they will be using.

• The minimum standard for an individual to be able to administer the vaccine to the child under 12 years old is either:

a) A trained registered nurse, or

b) An individual who demonstrates (regardless of their registration status):

• Qualification at NVQ 3-4 Level or equivalent qualification or equivalent experience (locally determined), and competence (locally determined) in a healthcare setting giving intramuscular (IM) injections to children and has experience of managing distressed children, or

c) An individual (regardless of their registration status) who has been participating in the vaccination programme and has experience of vaccinating 12-18 year olds

The COVID-19 National Protocols authorise non - registrants to administer COVID-19 vaccines if they are appropriately trained and competent and are working under the direct supervision of a registered healthcare professional.

Supervision:

Appropriate and sufficient escalation points (clinical and non-clinical) must be in place to ensure patient safety at all stages of the process.

Minimum standard is a doctor, nurse, pharmacist, or other experienced clinician who is competent in all aspects of the vaccination process, as per the National Protocol requirement, including the competencies of all staff they are supervising.

Training prerequisites:

The following guidance is available which outlines training recommendations for COVID-19 vaccinators: https://www.gov.uk/government/publications/covid-19-vaccinator-training-recommendations/training-recommendations-for-covid-19-vaccinators

For an individual to be able to administer a COVID-19 vaccine to children 5-11 years the following training is recommended:

• Undertake the COVID-19 eLearning modules which includes the core knowledge and vaccine specific modules https://phw.nhs.wales/topics/immunisation-andvaccines/immunisation-elearning/covid-19-vaccination

• Receive practical training in preparation of the and Comirnaty® (Children 5-11 years) (PfizerBioNTech) and administration

• Complete the COVID-19 competency assessment tool and be signed off as proficient

• Undertake training in the management of anaphylaxis and paediatric Basic Life Support. Workforce will need to be appropriately trained in Basic Life Support (BLS) for paediatrics and anaphylaxis management. The BLS paediatric guidance is for children up to the age of 18 and therefore vaccination centres must have individuals on site who are paediatric BLS trained for vaccination of children 5-11years. ELearning modules are available via ESR. Further information is available from www.resus.org.uk/

• Undertake statutory and mandatory training as required by your employer including safeguarding for children

• Appropriate legal framework to supply and administer and Comirnaty® (Children 5-11 years (PfizerBioNTech) in place e.g. patient specific prescription, Patient Specific Direction (PSD), Patient Group Direction (PGD) or National Protocol (NP)

• It is important that all COVID-19 immunisers and or those who are providing COVID-19 immunisation advice familiarise themselves with the most up to date clinical evidence and guidance, this can be found in the following key documents:

COVID-19: vaccination programme guidance for healthcare practitioners

Green Book COVID-19 chapter 14a

Post vaccination observation:

Due to the Omicron variant, the booster programme for adults is being accelerated, given the very low rate of anaphylaxis, the previous advice of a 15 minute wait has been temporarily suspended for mRNA vaccines. A 15 minute post vaccination observation period is required after the first dose of Comirnaty® (Children 5-11 years) (PfizerBioNTech). Individuals with a history of allergy may be required to be observed for 15 minutes after their first dose of vaccine.

A 15 minute observation time may not be necessary after the second dose if individual tolerated a previous dose of the same vaccine. Individuals with non-allergic reactions (vasovagal episodes, non-urticarial skin reaction or non-specific symptoms) to the first dose of a COVID-19 vaccine can receive the second dose of vaccine in any vaccination setting, observation for 15 minutes is recommended see Green Book COVID-19 chapter 14a. Appropriate paediatric resuscitation equipment for this age group should be in place.

Other considerations:

All staff will require Enhanced DBS checking with child barred lists information to vaccinate children aged 5-11 years. Legal guidance should be followed for the provision of enhanced DBS checks for staff working with children.