

Guidance for the workforce to support vaccination of 12-15 year olds in Wales

Clinical assessment and consent:

- Consent for young people will be in alignment with the [Green Book chapter on consent](#). Children, or those giving consent on their behalf, must be given enough information to enable them to make a decision before they give consent. This should include information about the process, 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.
- Consent should be sought through the Welsh Immunisation System (WIS) if available.
- Children 16 and over can complete their own consent.
- Children under 16 can consent themselves when applying the [Gillick competency and Fraser guidelines](#) (providing the child has the capacity and maturity to understand what they are consenting to). It is advised that parents of those under 16 are involved in the consent process, and if a healthcare professional considers that the child is not Gillick competent, the consent of someone with parental responsibility should be sought. Parents can consent for the course of vaccination although checking that consent is still valid needs to be confirmed on the day of vaccination each time.
- Consent can be withdrawn at any given time during the course of the vaccination. If children over 16 or a Gillick-competent child consent to treatment, a parent cannot override that consent.
- 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 made this arrangement.
- If there is new information between the time consent was given and when the immunisation is offered, it may be necessary to inform the patient and for them to re-confirm their consent (for example when there is new evidence for the vaccine risks and benefits, or a significant change in the individual's condition).
- 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 to satisfy themselves that their arrangements for consent are appropriate and in line with advice by professional bodies, regulators or other agencies
- 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, if they are happy to get their vaccination and any questions or concerns must be addressed.
- 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.



Training prerequisites:

The following guidance is available which outlines the training requirements by workforce group: www.gov.uk/government/publications/covid-19-vaccinator-training-recommendations. For an individual to be able to administer a COVID-19 vaccine to children 12 to 15 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-and-vaccines/immunisation-elearning/covid-19-vaccination/>
- Receive practical training in COVID-19 vaccine preparation and administration
- Complete the [COVID-19 competency assessment tool](#) and be signed off as proficient
- Undertake training in the management of anaphylaxis and adult 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 and young people 12-18 years. This would include registered healthcare professionals, vaccinators (registered or unregistered). 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 adults and children
- Appropriate legal framework to supply and administer COVID-19 vaccine 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](#) [PHE]

[Green Book COVID-19 chapter 14a](#)

Post vaccination observation:

15 minute post vaccination observation will be required and appropriate paediatric resuscitation equipment for this cohort should be in place.

Supervision:

Appropriate and sufficient escalation points (clinical and non-clinical) must be in place to ensure patient safety at all stages of the process, which should be outlined in the local Health Board Standard Operating Procedures (SOPs). Health Boards need to ensure a safe level of supervision, with appropriate staff ratios of registered and non-registered staff. Minimum standard is a doctor, nurse or a pharmacist 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.

Other considerations:

All staff including volunteers will require Enhanced DBS checking with adult and child barred lists information for cohort of children aged 12-15 years. Legal guidance should be followed for the provision of enhanced DBS checks for staff working with children 12-15 years.