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| **Public Health Wales logo** | | |
| **DOMICILIARY IMMUNISATIONS** | |
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| **Purpose and Summary of Document:**  To provide evidence based guidance to support registered healthcare professionals responsible for the delivery of immunisations to conduct domiciliary immunisations to improve vaccine uptake. | |

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**1 Purpose**

1.1 Certain population groups experience difficulty attending immunisation sessions within the primary care setting. Conducting domiciliary immunisations within the client’s home can greatly improve the uptake of immunisations in these groups.1 It is recognised that guidelines are required to minimise the health and safety risks of this activity and ensure that healthcare professionals are following evidence based guidance. It is not intended that this is a “stand alone” document; it should be used in conjunction with referenced documents within this text and the relevant Patient Group Direction (PGD) or Patient Specific Direction (PSD) and local policy.

**2 Scope**

2.1 These guidelines apply to all registered staff that have a

responsibility for delivering the national vaccine programme to

clients within their care. They offer a framework of guidelines to

enable these staff to offer immunisations to individuals (children or

adults) who are unable to attend health premises for

vaccination.

#### 3 Aim

#### 3.1 To offer service users equal access to the immunisation

#### programme.1

3.2 To encourage subsequent attendance for immunisation in

mainstream services.

3.3 To ensure the safe administration of immunisations in the

domiciliary setting, in accordance with the Nursing Midwifery

Council (NMC) “Code of professional conduct” and the “Standards of

medicines management”.2,3

#### 

#### 4 Preparation prior to domiciliary immunisation

4.1 Immunisation should only take place in premises where emergency

assistance can be summoned. For this reason the registered

healthcare professional should ensure that a landline or mobile

phone is available.

Domiciliary immunisations can be given by one registered healthcare

professional, however some home circumstances may

require an additional member of staff to maintain a safe environment

for vaccination. This decision is at the healthcare professional’s

discretion subject to local health board guidelines and

following a risk assessment and knowledge of the client’s

circumstances. If on arrival at the premises circumstances are not

conducive to administering the vaccine in a safe environment then

the vaccine/s should not be administered and the appointment

rearranged.

4.2 All staff involved in administering vaccinations must have completed the appropriate immunisation training and be able to demonstrate competency as required by their local organisation.4 In addition, it is a requirement for all immunisers to attend an annual update on immunisation.5

4.3 Although anaphylaxis following vaccination is extremely rare6 all staff undertaking or assisting with domiciliary immunisation must have evidence of having attended training in the recognition and treatment of anaphylaxis and cardiopulmonary resuscitation (CPR) annually, and familiarise themselves with the. [Resuscitation council UK guidlines.7](https://www.resus.org.uk/)

4.4 Registered Nurse/GP must ascertain that there are no

contraindications to the vaccination. If in doubt specialist advice

should be sought. Immunisers may need to refer to the most

[current edition of the Green Book and the electronic updates](https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book).8

It may be necessary to postpone the vaccination in certain

circumstances.

4.5 Identify defaulters and which vaccines are outstanding by

performing a thorough search via GP records and/or Child Health

database. The algorithm chart produced by Public Health England

[Vaccination of individuals with uncertain or incomplete immunisation status](https://www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status) should be used to identify the outstanding vaccines required.

#### 4.6 An appointment must be made either by telephone, in writing or verbally agreed. During this contact, issues with the proposed immunisation and reasons for non-attendance can be discussed.

#### 4.7 Refer to your organisation’s lone working policy prior to visiting the home.

**5 Consent**

5.1 Consent is valid if the person providing consent is offered as much

information as they reasonably need, in a format they understand, to

make their decision.9 Immunisers should be aware of their

local health boards consent policy.

5.2 Healthcare professionals should ensure that the person providing

consent fully understands which immunisations are to be given; the

diseases against which they will protect; the risks of not proceeding;

the side effects that may occur and how these should be dealt with;

and any follow up action required.

5.3 Consent can be given providing that person is capable of

consenting to the immunisation and is able to communicate

their decision.

5.4 Young people aged 16 and 17 are presumed, in law, to be able to

consent to their own medical treatment. Younger children who

understand fully what is involved in the proposed procedure (referred

to as ‘Gillick competent’) can also give consent, although ideally their

parents will be involved. If a person aged 16 or 17 or a Gillick-

competent child consents to treatment, a parent cannot override that

consent.8

5.5 There is no legal requirement for consent to immunisation to be in

writing and a signature on a consent form is not conclusive proof

that informed consent has been given, but it can serve to record the

decision and the discussions that have taken place with the person

giving consent either for themselves or on their child’s behalf.

5.6 Nurses administering domiciliary immunisations should

document that information has been given to the patient with

regard to the proposed immunisation.

5.7 If a patient or parent declines to give consent to immunisation,

this should be clearly documented following local health board policy.

5.8 The [Mental capacity act 2005](http://www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/mca-code-practice-0509.pdf) provides a statutory framework for

people who lack capacity to make decisions for themselves, it sets

out a framework for who can make decisions and in which

situations.10

#### 6 Equipment and documentation requirements for

#### domiciliary immunisations

#### 6.1 Equipment:

* Adrenaline pack containing Adrenaline1:1000 (1mg in 1ml) and

appropriate needles and syringes

* Small, portable sharps box
* Validated cool boxes and cool packs from a recognised medical supply company should be used in conjunction with validated maximum–minimum thermometers 8
* Appropriate needles and syringes
* Disposable receptacle
* Disposable gloves
* Cotton wool balls
* Alcohol based hand rubs (liquid or gel/foam)
* Appropriate vaccines (kept in original packaging)
* 0.9% sodium chloride (if vaccine splashed in eye)11
* Yellow bag for clinical waste 11
* Mobile phone (if required)
* Oxygen (only if recommended by local guidelines)

6.2 **Supporting documentation:**

* Child’s Health records/ Patient Held record/ GP record

Specifically for any immunisations which is given to a child under

the age of 18 - unscheduled/scheduled computer forms

* British National Formulary – current edition
* Immunisation information leaflets/patient information leaflets

**7 Transport of vaccines from a base refrigerator for**

**domiciliary immunisations**

7.1 When vaccines need to be taken from a base refrigerator for

domiciliary immunisations, practitioners should refer to the health

board’s current advisory document on handling and storage of

vaccines.10

7.2 All vaccines required for a session should be removed from the

refrigerator at the same time to avoid frequent opening and closing of

the refrigerator door.

7.3 Domestic cool boxes should not be used to store, distribute or

transport vaccines. Validated cool boxes and cool packs from a

recognised medical supply company should be used in conjunction

with validated maximum– minimum thermometers. Cool packs should

be stored in accordance with the manufacturer’s instructions, usually

at +2˚C to +8˚C (not a freezer compartment) to ensure they

maintain the cold chain at the right temperature. Ice

packs and frozen cool packs should not be used as there is a

danger of these freezing some vaccine doses during transit.

7.4 A validated cool box provides ongoing assurance that the vaccines will

be maintained within the cold chain temperature range

(+20C to +80C) during transport. Vaccines must be kept in the

original packaging and placed into a cool box with cool packs as per

the manufacturer’s instructions. This will prevent direct contact

between the vaccine and the cool packs and will protect the vaccine

from any damage.

7.5 When transporting vaccines for a domiciliary immunisation the

immuniser is responsible for ensuring that only the amounts of

vaccines necessary for each session are removed from the vaccine

refrigerator. These should be placed quickly into the validated cool

boxes and opening must be kept to a minimum.

7.6 On arrival at the home, the vaccines should be left in the closed

validated cool box until required.8

7.7 Unused vaccines left over at the end of a vaccination session can be

returned to the vaccine refrigerator, provided there is evidence from

the temperature monitoring that the cold chain has been maintained.

Returned vaccines should be clearly labelled and dated and should be

used at the earliest opportunity.8,10

**8 Administration of immunisations during domiciliary**

**visit**

#### 8.1 Assess patient/client/carer’s capacity to consent to immunisation.

#### If there are any concerns regarding the capacity to consent, discuss

#### with the patients GP. In circumstances were an Elderly Mentally

#### Infirm (EMI) patient requires immunisation the GP should provide

#### consent as this individual lacks capacity to consent for themselves.

#### The mental capacity act describes this as acting in the best interest

#### of the client.9,11

8.2 Prior to giving a vaccine the healthcare professional will ascertain

that no new circumstances have arisen which contra-indicate

immunisation.

8.3 Check with the patient, parent, guardian or appropriate carer about

the health of the individual and assess if patient is fit for vaccination,

especially with regard to pregnancy, illness, medication, allergies,

fever, previous reaction and any recent vaccinations.

8.4 Discuss with the patient, parent, guardian or appropriate carer:

* The immunisation that is being offered and the reason for giving the immunisation.
* Common side effects likely to be encountered.
* More serious potential side effects and what action to be taken.
* Consent. The giving and obtaining of consent is a process and should be revisited prior to vaccination. Consent remains valid unless the individual who gave it withdraws it.

1. **Immunisation procedure**

9.1 Identify safe/clean area for mixing/drawing up of vaccines.

9.2 Wash hands/use alcohol hand gel.

9.3 Check and prepare vaccines. Check the vaccine identity and expiry

date. Freeze-dried vaccines should be reconstituted with the

appropriate diluents immediately prior to use and used within the

manufacturers recommended period.

9.4 Identify site for immunisation appropriate to age and position

Child or adult accordingly. Clean skin does not need swabbing, but if

visibly dirty the area can be washed using soap and water and dried

prior to immunisation.8

9.5 Dispose of needles and syringes and vials in a sharps box.10

9.6 The healthcare professional must observe the patient until she/he is

satisfied that the patient has recovered from the procedure and is

not experiencing any immediate adverse reaction.

9.7 The patient/carer or parent/guardian of the patient must be advised

on how to seek medical assistance, if necessary, following the

vaccination.

9.8 Give post immunisation advice which re-enforces

information already given prior to vaccination. This should detail

possible side effects and actions to be taken.

9.9 A record of the immunisation given must be documented in the

appropriate record(s) pertaining to that client e.g. Personal Child

Health Record (PCHR) “red book”, Health Records, GP computer,

Child Health Department. Ensure all documentation is completed

prior to leaving the home.

9.10 The registered healthcare professional must instigate immediate

action in the event of a serious adverse reaction to the vaccine

1. **Evaluation and Monitoring**

10.1 Evaluation and audit at point of document review – 3 yearly

10.2 Audit / investigate any adverse incident reports in

relation to domiciliary immunisation

10.3 User feedback at professional meetings

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