

Immunisation and Vaccination Policy/Procedure (for children)

Preparation of Vaccines

Each vaccine is checked to make certain that it is the exact product and dose required for the patient, that it is within the recommended expiry date, and that it has been stored at the correct temperature (by checking the daily fridge temperature records).

To minimise errors, the vaccine is reconstituted and prepared as it is required. Vaccines of different types are not reconstituted simultaneously.

Freeze dried vaccines are reconstituted with the exact quantity of the stipulated diluent, and administered within the time period recommended by the manufacturer. Multiple vaccines are never combined in the same syringe except for those specifically recommended for such use.

Prior to Administration

Confirmation of the patient's name, address and date of birth is established, and valid informed consent obtained prior to the administration of each and every vaccine.

A careful medical, immunisation, allergy, and drug history is taken to ensure that the patient is fit and suitable to receive the particular vaccine. The patient's temperature is checked using an aural thermometer if a fever is suspected.

The professional administering the vaccine ensures that the patient/parent/guardian is fully informed of the purpose of the vaccine, the injection procedure, the possible side effects that may occur and how best to treat them.

Administration of the vaccine

The preferred site for vaccine administration is the anterolateral aspect of the thigh. The deltoid muscle in the upper arm is only used when necessary. An orange (25 gauge) needle is used, as this is far less traumatic for the child and results in far fewer local reactions.

A 16mm (5/8 inch) length needle is used for vaccines given subcutaneously, while a 25mm (1 inch) needle is used for intramuscular administration. The 16mm needle is used for both methods of injection in children under the age of 12 months.

During administration of intramuscular injections the skin is stretched, whereas it is 'pinched' to facilitate the accuracy of subcutaneous injections. All injections are given with the needle "bevel up", which greatly eases the perception of pain.

Injections are given as fast as is possible, without aspiration of the syringe, as recent ultrasound studies have shown aspiration to be unnecessary. This method also reduces the perception of pain, and when combined with the other administration methods above, the child very rarely cries as a result of the injection.

When two injections are given on the same day, they are administered into separate limbs. A gap of four weeks is left before the administration of further vaccines. All patients are observed following vaccination for the possibility of immediate allergic reactions. All professional staff undergoes regular training to ensure competence in both the recognition and treatment of anaphylaxis.

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