



# Guideline for Immunisation Practices in Schools for Students with Disabilities

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## Aim

The aim of this document is to provide guidance to schools in Victoria about how to best support students with disabilities undergoing vaccination within the secondary school's immunisation program. To identify best practice for immunisation, this guideline was developed with reference to health ethics literature and by consulting with an expert group of health, education, disability and bioethics professionals as well as parents and young people with disabilities.

## Who can use this guideline?

The intended audience of this guideline is schools, immunisation providers and parents of young people with disabilities. Specifically, the guideline is for:

- School staff supporting the immunisation of young people with disabilities
- Immunisation managers and nurses who administer immunisations to young people with disability in the school setting
- Immunisation providers who administer immunisations to young people with disability outside the school setting
- Parents and carers of young people with disabilities undergoing immunisations

## Victoria's secondary school immunisation program

It is an incredible undertaking of schools to provide needed immunisations for students. The importance of this healthcare initiative should not be devalued. The secondary school immunisation program is very effective at ensuring that Victoria maintains high immunisation rates. The organisation, logistics and support required to ensure the smooth operation of the secondary school immunisation program should not be underestimated. Providing immunisation to young people with disability in a school setting can have specific challenges in terms of communicating with students, the apprehension and fear experienced by students, the flexibility required from staff, and ethical considerations. This document aims to provide some guidance for transparent interactions and processes for the benefit of students, school staff and immunisation providers. The use of this document can be initiated by schools or by immunisation providers and the relationship between each school and council or private immunisation provider will ultimately dictate the roles and responsibilities for documentation. It is recommended that a copy of the checklists for each student is kept by the school and the immunisation provider until the student has completed their scheduled adolescent immunisations or leaves school.

## Consideration of the ethics of holding students with disabilities during immunisation

Children and young people with a range of disabilities may find the immunisation process frightening, and may resist immunisation resulting in a need to hold or restrain them. A key ethical concern about restraining or holding a young person for the purpose of any procedure is that it is fundamentally contrary to their rights as a developing person. The use of holding or force can disrupt the trust a student has in health professionals and teachers.

There is ample evidence of harmful effects of restraining children and young people in medical settings. These include injuries to the child or the adult as a direct result of the restraining force. Indirect effects for the child include the loss of trust and development of an ongoing fear of health professionals and healthcare encounters. It may also cause loss of trust and impact the student's perception of the school setting if the encounter caused great distress. If a child or young person experiences pain or stress once, their distress can escalate or be ongoing on subsequent occasions. Having to hold a student is also morally distressing for the nurse or school staff.

Unlike many medical procedures, restraining a student for routine immunisations cannot be ethically justified on the basis of an immediate and urgent medical benefit. The benefits of scheduled immunisations are not immediate, although they are important to bring about longer-term health benefits for an individual student and for the community as a whole in terms of disease prevention.

The lack of medical urgency means it is possible and is ethically important to plan how to best prepare a student for their experience of immunisation; to minimise harmful effects of worry or fear, and to reduce the need for unplanned and harmful restraint practices.

The ethical principles guiding immunisation and immunisation holding practices in schools for students with disabilities are to ensure that prior to, and when undertaking immunisation, staff should aim to:

1. *Maximise the young person's well being*
2. *Minimise harmful effects*
3. *Respect the young person's dignity and autonomy*

***These 3 foundational ethical principles form the basis of the following guidelines for immunising young people with disabilities in the school setting.***

## Before immunisation day

### *Planning and Preparation*

- The dates of immunisations for the year should be booked ahead. Once these dates are confirmed, parents should be with appropriate messaging about the wearing of loose clothing on day of immunisation for ease of access for the nurse to provide the immunisation into the upper arm and to invite parents to the session.
- Where the school is a specialist school, or has a high proportion of students with disability, consideration should be made as to the best time of day to immunise to be the least disruptive to the students' schedules.
- School staff should allow time to prepare before immunisation day, i.e. using the quick view checklist available as part of this guideline ([Appendix F](#)).  
Allow time to prepare students before immunisation day. For a summary of existing online education resources please see [Appendix A](#).
- The student's parent, guardian, or carer should be invited to attend the immunisation session to support their child.



- A staff member should be allocated to accompany each student during immunisation. This staff member should be a trusted, known teacher or other member of staff, familiar with the student's communication method and any specific support needs during immunisation.
- A room should be allocated for immunisation, allowing for privacy for students, space for the student, two immunisation nurses and their equipment, a parent and a school staff member and an area in which students can be observed and supervised after the immunisation to monitor for any adverse effects of the immunisation.



Evaluate the student's level of support needs by using the traffic light system as set out in [Appendix B](#).

- Students should be allocated green, orange or red in terms of support needs on immunisation day according to the Student Immunisation Checklist (see [Appendix B](#)). Students who require a majority of orange or red supports require the checklist to be completed as part of planning prior to immunisation day to inform their individual immunisation plan. This checklist should be completed by a school staff member who knows the student well, in consultation with the parents if needed. Checklists should be provided to the immunisation provider to review before the immunisation session commences, ideally before the day of the immunisation session.

*Consider strategies for Consent and Assent to immunisation*

Obtain informed consent from parents/guardian for their child to be immunised. This involves giving a parent or guardian information about the proposed immunisation and obtaining their signature to authorise the immunisation to be administered to their child.

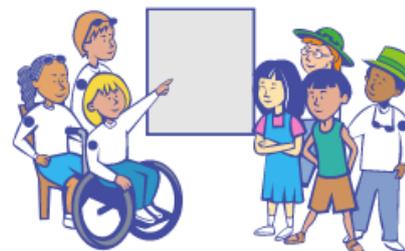
Obtain assent from a student if they are deemed a competent adult or mature minor. This involves giving the student information about the immunisation in a way they can understand and with time for thoughtful consideration so they can agree to being immunised.

- Immunisation should only proceed with informed consent from a parent or guardian. Students can give their own consent for immunisation only when they are deemed a competent adult or a mature minor. Refer to the Department of Education and Training policy: [Mature Minors and Decision Making: Policy | education.vic.gov.au](http://education.vic.gov.au)
- Where there has been a request by the parent or guardian to be present for the immunisation, the immunisation should not go ahead without this.
- Where a student is able to understand the process of immunisation, whether on a complex or basic level, and is able to express their agreement or disagreement with this, assent for the procedure from the student should be sought in conjunction with parent/guardian consent.
- Giving the student an opportunity to (explicitly) or (implicitly) agree to or approve of being immunised when given information in a way they can understand and time for thoughtful consideration.
- Student assent can be verbal or implied through co-operation with the procedure.

## On immunisation day

### *Take time to plan and prepare the student*

- Equipment and staff should be prepared before the student enters the immunisation room. Any equipment that may provoke fear (such as needles) should be kept out of sight.
- The number of people in the room should be minimised to only those who are necessary to perform the immunisation and support the student.
- Staff should be aware of their role during the immunisation prior to the student entering the room. For any student that may be fearful or difficult to immunise, consider other options ([Plan B](#)).
- Refer to the completed Student Immunisation Checklist and traffic-light system for the agreed approach to immunisation.
- Students should be offered their communication resources for understanding the immunisation procedure. This should complement preparation and education given about immunisation prior to immunisation day.
- Incorporate the use of the student's usual methods of calming or preparation.
- If the parent or carer is present, allocate them a clear role with their purpose to be a comfort and advocate for their child. Parents must not be asked to provide any clinical intervention which involves handling immunisation equipment or administering the vaccine.



## Strategies to maximise child wellbeing and minimise harms associated with immunisation

Be guided by the student, parent, or staff member who knows the student well.

### *1. Use Distraction*

Distraction can provide students with a positive alternative focus which can help to reduce perceptions of pain during an intervention. Distraction should be engaging, interactive and suit the developmental level of the student. Distraction is best done by one person in the room to help create a calm environment. Some examples of distraction include:

- Singing or listening to a favourite song
- Exploring novelty toys
- Books with noisy buttons or search and find books.
- Using technology such as phones, tablets or TV can be a motivating distraction for students. They may prefer familiar shows, songs or apps.
- Non-procedural talk and humour

### *2. Use Deep Breathing*

Deep breathing techniques can be used as a coping strategy to help a student regulate their emotions and perceptions of pain during immunisation. For students able to follow instructions, blowing bubbles, blowing a pinwheel or leaning on a parent/carer or staff member who is taking slow deep breaths can help prompt deep breathing.

### 3. *Maintain a calm environment*

Maintaining a quiet and low stimulus environment to reduce the potential for the student to become overwhelmed.

### 4. *Use positive language*

Use age and developmentally appropriate and positive language, and specifically acknowledging and praising the student's cooperative behaviour.

Be honest but use language that is developmentally appropriate. For example, instead of *"It's time for your needle"* try *"It's time to get your body ready to have your medicine"*.

It's important to acknowledge and validate the student's feelings and responses, even if they are objectively inappropriate *"I can see this feels a bit tricky for you"* rather than diminish *"that doesn't hurt, it's not scary"*.

### 5. *Promote student's sense of control*

Where appropriate assigning the student a role can help them feel in control:

Instead of telling a student what they need to do (*"be still"*), assign them a role *"your special job is to keep your arm as still as a statue."*

Let them choose: *"Would you like to watch or look away?"*

Create choice wherever there is opportunity to: *"Would you like to sit up in the chair by yourself or on mum's lap?"* or *"Which arm would you like me to use for the medicine?"*

Offering the student a way to request a pause or a break if he or she is getting distressed may help a student manage. *"I think you might need a little break? Let's count to 10 together (or set a timer on phone)."*

Identify things that the student has done well even if they have found the immunisation difficult can help the patient reframe the experience. i.e. *"You kept your arm so still"* or *"You listened very well"*.

## Strategies which are not recommended

Strategies which may cause harm because they may override a child's developing autonomy, their trust in health workers, their feelings of control and safety should not be used, for example:

- Threats (including threats of withdrawal of favourite activity)
- Coercion
- Intimidation
- Restriction of ability to move away from staff including immobilising in self-propelled wheelchair, removing mobility aids, or locking doors.
- Promises that can't or won't be followed through

## Is holding ever ethically permissible for immunisation?

### **Holding is ethically permissible (benefits outweigh the harms) if:**

The primary intention of holding is to provide comfort and stability for the student during immunisation, and/or parent or guardian is present and holds the student in ways that are familiar and safe for the parent and student.

#### *Acceptable holding*

- Holding is by one person (except where two people are required due to physical disability support needs).
- Holding is with the student seated.
- Holding is without using physical force.
- Holding is only of limb to be immunised without restricting movement of the rest of the student's body.
- Holding is to providing comfort by holding with an adult's arm around the student's shoulders or holding the student's hands.

Below are examples of four acceptable holds for immunising in the schools setting. All such holds should be undertaken with student assent:



1. School staff member holds student's hand and steadies arm to be immunised (note staff hold crosses student's body to ensure immunisation nurse has access to arm to be immunised)



2. School staff member holds both student's hands



3. Parent sits student sideways on lap to cuddle with arm to be immunised exposed. Other arm can be tucked behind parent's back.



4. Student sits on parent's lap in straddle position for cuddle.

### *Unacceptable holding*

#### **Holding is not ethically permissible (harms outweigh benefits) if:**

- the intent of holding is to restrict movement to complete immunisation in circumstances where a student is protesting or objecting.
- holding of the student requires more than one person (except where required due to physical disability support needs).
- holding is with student prone or supine on the ground.
- holding is with student seated on the ground.
- holding is with the student against a wall.
- holding is with any degree of physical force.
- holding is a "last resort" as the only way to administer the immunisation.
- holding of the student's legs.
- holding of the student's torso.
- wrapping the student in a sheet or blanket.
- holding is with the student consistently protesting, crying or expressing fear which is unable to be relieved with the student's usual comfort measures, distraction, or verbal reassurance.

### *When should immunisation not go ahead*

- At parent/guardian request.
- At request of any adult present who feels that proceeding with the immunisation is too distressing for the student or is unsafe for the staff or student. If this is deemed the case, a school staff member or immunisation provider can stop proceedings even where parent asks or insists on continued attempts to immunise their child.
- If student attempts to leave or leaves the immunisation room.
- In the context of escalating distress by the student which is unable to be relieved by the student's usual comfort measures, distraction, or verbal reassurance.
- If student requires holding by more than one person, or with any degree of force, or in any unacceptable way detailed above.
- If resources required to immunise the student are greater than what is available (including time, staff expertise, need for parent present and they cannot be).

## Plan B

For students who are not able to be immunised at school:

1. It is the responsibility of the immunisation provider to contact the parent/guardian and discuss options for "Plan B". However ideally the school Immunisation Coordinator should also be included in this communication.
2. "Plan B" for immunisation may include:
  - Discussion about immunisation with the family GP, which may include immunisation at their practice or at a community clinic if there are only minor difficulties
  - Obtain a referral from the GP to a specialist immunisation service (usually at a tertiary paediatric centre) for consideration of immunisation with assistance from specialised staff under sedation if there are significant anticipated or previous difficulties
  - The GP or specialist immunisation clinic may be able to facilitate organisation for immunisation during a planned other procedure under General Anaesthetic
  - Where council is able, or a GP does home visits it may be possible for an immunisation provider to attend the student's home to administer the immunisation.

## After the immunisation

1. *To maximise a young person's well being and promote their recovery and regain trust if they were anxious or distressed, it is ethically important to:*
  - offer the student an opportunity for a hug with the parent/guardian if present.
  - provide positive acknowledgement of what went well during the immunisation.
  - offer choices about what preferred activity the student wants to do next which may help to promote recovery.
2. *Documentation*  
Pre immunisation planning documentation ([Appendix B](#))

- Checklist form completed by teachers and parent/guardian, if possible, to complete traffic light evaluation if needed.
- Orange and Red levels of support planning form by school and immunisation staff.

Post immunisation checklist ([Appendix C](#))

- What went well form
- What to watch out for next time

Any student should have a Post-immunisation Checklist completed by the immunisation provider on immunisation day (see [Appendix C](#)). This will assist in planning future positive healthcare interventions. This checklist should also be used to document an abandoned attempt at immunisation. The school and parent/guardian should receive a copy of the Post-Immunisation Checklist to assist them in future healthcare interventions.

## Appendix A: Selected Immunisation Education Resources

Description and link	Video	Document	School setting	Audience	Origin	Length (mins/pages)	Animation	Captioned	Age group	Disability-specific	Specific vaccine
<a href="#">An introduction to having an immunisation at school presented by a student</a>	Yes	No	Yes	Students	Australia	2.00 min	No	Yes	Secondary	No	No
<a href="#">Getting your meningococcal vaccination at school — what to expect</a>	Yes	No	Yes	Students	Australia	5.23 min	Mixed	Yes	Secondary	No	Meningococcal
<a href="#">Getting your human papillomavirus (HPV) vaccination at school — what to expect</a>	Yes	No	Yes	Students	Australia	5.11 min	Mixed	Yes	Secondary	No	HPV
<a href="#">Getting your diphtheria-tetanus-pertussis (dTpa) vaccination at school — what to expect</a>	Yes	No	Yes	Students	Australia	5.42 min	Mixed	Yes	Secondary	No	dTpa
<a href="#">Getting your HPV &amp; dTpa vaccinations at school — what to expect</a>	Yes	No	Yes	Students	Australia	6.50 min	Mixed	Yes	Secondary	No	HPV and dTpa
<a href="#">School Vaccinations – Improving the vaccination experience at school</a>	Yes	No	Yes	School staff	Canada	12.27 min	No	Yes	All	No	No
<a href="#">Easy English document about immunisation for young adults</a>	No	Yes	No	Young adults	Australia	18 pages	N/A	N/A	Young adults	Yes	No
<a href="#">Social story document about getting an injection</a>	No	Yes	No	N/A	Australia	4 pages	N/A	N/A	N/A	Yes	No
<a href="#">A variety of immunisation visuals and support materials for people with communication difficulties</a>	No	Yes	No	N/A	UK	Varies	N/A	N/A	N/A	Yes	No
<a href="#">“Easy read symbols” to support immunisation</a>	No	Yes	No	N/A	UK	Varies	N/A	N/A	N/A	Yes	No
<a href="#">Reduce the pain of immunisation in children: A parent's guide</a>	Yes	No	No	Parents/carers	Canada	2.49	No	No	All	No	No

## Appendix B: Student Immunisation Checklist

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Traffic Light Scale: Please indicate if the student has **green**, **orange** or **red** support needs for immunisation.

Level of Support	Description	Tick	Planning and strategies	Strategies (teacher and parent/guardian input)
	<ul style="list-style-type: none"> <li>○ Can verbally communicate</li> <li>○ Can provide verbal assent</li> <li>○ Understands basic or more complex rationale for immunisation</li> <li>○ Able to follow simple instructions</li> <li>○ Participates in other health care interventions with minimal distress</li> </ul>		<ul style="list-style-type: none"> <li>○ Obtain verbal assent</li> <li>○ Plan the use of anxiety-reducing techniques</li> </ul>	
	<ul style="list-style-type: none"> <li>○ No effective verbal communication method</li> <li>○ Known anxiety with change of routine, health care interventions or new people</li> <li>○ Requires time to build rapport</li> <li>○ Understands basic rationale for immunisation</li> <li>○ May not follow instructions</li> </ul>		<ul style="list-style-type: none"> <li>○ Plan how you will communicate other than verbally</li> <li>○ Plan how you will you build rapport</li> <li>○ Plan the use of anxiety-reducing techniques</li> </ul>	
	<ul style="list-style-type: none"> <li>○ Previous serious behavioural responses to change in routine, health care interventions or new people</li> <li>○ Has required physical restraint at school</li> <li>○ Has expressed significant worry about immunisation</li> <li>○ Risk of absconding</li> </ul>		<ul style="list-style-type: none"> <li>○ Plan how you will non-verbally communicate</li> <li>○ Identify supports required</li> <li>○ Plan how you will identify manage and respond to anxiety and distress</li> <li>○ Identify safety concerns and risk management</li> <li>○ Consider criteria for moving to Plan B</li> </ul>	

### Student information

If the student has **green** support needs they can proceed to immunisation. If student has **orange** or **red** support needs you are required to complete the rest of this document

### Student communication

Student's preferred communication method:

Student's signs of distress:

### Student preparation for immunisation

ie. Student understands basic rationale or complex rationale, knows who will be in the room, knows how they will be supported, has asked questions)

### School immunisation attempted in the past

Previous immunisation attempted and abandoned      Yes      N/A

Reason:

Previous immunisation attempted and completed      Yes      N/A

Without distress      With some distress able to be easily managed

*Previous immunisation support that was helpful:*

### Concerns about safety to self and others in administering immunisation\*\*

Yes      No

Details:

\*Holding should only be performed in accordance with the guideline

\*\*Consider moving immediately to "Plan B" for immunisation as set out in guideline

## Appendix C: Post-Immunisation Record (How did it go?)

Student Name: _____		Date: _____
<b>Immunisation attempted and completed</b>		
<i>Parent present</i>		
Yes	No	
<i>Position during immunisation</i>		
Seated in chair	Seated in parent/guardian lap	
Other: _____		
<i>Distress during immunisation</i>		
None	Minimal (could be easily managed)	Significant (required more resources, time, or new approach)
Comment: _____		
<b>Requiring extra support, please describe (ie. Use of personalized communication device, additional time, unplanned parent attendance, different room or space, specific distraction method):</b>		
<b>Immunisation attempted but abandoned</b>		
Yes, list reason:		
<b>Recommendation for follow-up communicated to parent/guardian</b>		
Yes		
Details:		

## Appendix D: Quick view checklist for student's parent/guardian

### Prior to immunisation day



- Confirm immunisation days with the school and notify school if planning to attend
- Read immunisation information and complete consent
- Prepare your child for immunisation as appropriate for their age and developmental level



Complete an assessment of your child's anticipated support needs during school immunisation program using the traffic light system in partnership with a school staff member.

### Immunisation Day (if present)



- Bring any favourite toys or distraction aides for your child
- Ensure you understand your role during the immunisation
- Provide comfort and reassurance to your child during the immunisation



Know when an immunisations attempt should not occur or be abandoned. If this occurs discuss a plan B.

- Assist with settling your child after immunisation

Student Immunisation Checklist for parent/carer

## Appendix E: Quick view checklist for immunisation staff

### Prior to immunisation day



- Confirm immunisation days with schools in advance
- Prepare and distribute immunisation information and consent forms to schools



Ensure traffic light system checklist cards are collected from the school and reviewed prior to immunisation day.

- Plan staff member attendance on the day according to traffic light system support needs of students

### Immunisation Day



- Organise the environment, with appropriate equipment for distraction for students
- Ensure staff aware of their role during immunisation
- Ensure any parent/carer attending aware of their role during immunisation



Know when an immunisations attempt should not occur or be abandoned. If this occurs discuss a plan B.

- Promote student recovery
- Collaborate with school to complete the the post-immunisation checklist for each student

Student Immunisation Checklist for immunisation nurses

## Appendix F: Quick view checklist for school staff

### Prior to immunisation day



- Confirm immunisation days with local government council in advance
- Notify parent(s)/carer(s) of immunisation date(s) and invite them to attend if they wish
- Prepare and distribute immunisation information to families and students for consent
- Provide individualised immunisation information and education to prepare students
- Allocate an appropriate room for immunisations and observation area for after immunisations



In consultation with parent/carer complete the traffic light assessment of the students anticipated support needs during the program.

- Plan staff member attendance on the day according to traffic light system support needs of students



### Immunisation Day

- Organise the environment, with appropriate equipment for distraction for students
- Ensure staff aware of their role during immunisation
- Ensure any parent/carer attending aware of their role during immunisation
- Ensure immunisation team has traffic light system checklists for each student



Know when an immunisations attempt should not occur or be abandoned. If this occurs discuss a plan B.

- Promote student recovery
- Collaborate with immunisation nurse to complete the the post-immunisation checklist for each student

Student Immunisation Checklist for school staff