Children and Young Peoples’ Clinical Programme Group

IMMS 03

CLINICAL PROTOCOL FOR BCG VACCINATION OF CHILDREN UNDER 16 YEARS OF AGE

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<td>28.6.2011</td>
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<td>Documents to be read alongside this policy:</td>
<td>Immunisation Against Infectious Disease (Green Book) BCUHB: MD01 Consent to examination or treatment BCUHB Vaccine cold chain written document Changes to the BCG Immunisation Programme WHC(2005)062 Guidance on Changes to the BCG Vaccination Programme WHC(2005)077</td>
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<td>New policy document for BCUHB aligning services since reorganisation</td>
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PROPRIETARY INFORMATION

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Contents Page

1. Introduction and Purpose ........................................ Page 3
2. Scope ........................................................................ Page 3
3. Aim ........................................................................... Page 3
4. Training and experience required .............................. Page 4
5. Target groups ............................................................... Page 4
6. Criteria to identify children under the age of 16 years for vaccination ........................................ Page 4/5
7. Roles and responsibilities of NHS staff to identify children who are eligible for BCG vaccination ....... Page 5
8. Procedure for tuberculin testing or BCG vaccination Page 8
9. Follow up procedures ................................................ Page 11
10. Evaluation and monitoring ........................................ Page 11
11. References ................................................................. Page 12

APPENDICES

Appendix One – BCG vaccination referral form for neonates from maternity unit
Appendix Two – BCG vaccination referral form for children up to 16 years of age for Health Visitors and General Practice
Appendix Three – BCG vaccination screening form for School Nurses
Appendix Four – BCG vaccination care pathway prior to tuberculin testing or BCG vaccination
Appendix Five – Template letter notifying General Practice of vaccination and tuberculin testing
Appendix Six – Advice for parents following BCG vaccination (Welsh and English)
Appendix Seven - Contact details for enquiries regarding BCG vaccination
Appendix Eight - Flowchart for referral to BCG vaccination service
Appendix Nine - BCG vaccination competency assessment form

Glossary of Terms
1. Introduction and Purpose

The BCG vaccination programme was introduced in the UK in 1953 and has undergone several changes since, in response to changing trends in the epidemiology of tuberculosis (TB). The incidence of TB in Wales is less than 40 per 100,000 of the population and it is therefore classed as a low incidence area requiring a targeted or selective approach to vaccination.

This clinical protocol provides guidance regarding the provision of a targeted BCG vaccination programme in North Wales to children under the age of 16 years who have specific risk factors for tuberculosis. The tuberculosis chapter in “Immunisation against Infectious Disease (The Green Book)” states that the BCG immunisation programme is now a risk-based programme, the key part being a neonatal programme targeted at protecting those children most at risk of exposure to TB, particularly from the more serious childhood forms of the disease. It is these latest recommendations from the Joint Committee on Vaccination and Immunisation which have been accepted by the Welsh Government.

This protocol aims to ensure that health professionals are following evidence based guidance and sets out the roles and responsibilities of key NHS staff regarding the identification of eligible individuals, the referral process to a BCG vaccination service and the process for monitoring and evaluating the quality of the programme. It is important that eligible children should be actively identified and vaccinated as early in life as possible preferably before they reach 12 months of age.

2. Scope

This guidance applies to all Betsi Cadwaladr University Health Board staff that have a designated role in identifying children who are eligible for BCG vaccination and also to staff who administer the vaccination following specialist training. Primary health care professionals should be aware of this guidance so that they can identify at risk individuals and use the referral pathway for BCG vaccination.

3. Aim

To offer service users equal access to the BCG vaccination programme and ensure safe administration of the BCG vaccine on BCUHB premises

Referrals to the service should include:
- Pregnant women whose newborn babies may be eligible for BCG vaccination
- Neonates as soon as possible following birth that are eligible for BCG vaccination
- Children under 16 years of age who are eligible for BCG vaccination

4. Training and experience required of vaccinators

The vaccinator must be a Nursing and Midwifery Council (NMC) registered nurse who has signed the relevant PGD/PSD or a registered physician.
All staff undertaking and/or assisting with BCG vaccination must attend the Betsi Cadwaladr University Health Board training in the Recognition and Treatment of Anaphylaxis and Cardiopulmonary Resuscitation (CPR) annually.

All new nursing staff working within this guidance must have completed the two day basic immunisation training and thereafter annual immunisation updates, provided by Betsi Cadwaladr University Health Board which is based on National Minimum Standards for Immunisation Training: Health Protection Agency (2005).

The vaccinator must have received training in the administration of Tuberculin PPD and BCG vaccine via the intradermal route and be deemed competent by the instructor. Following training a competency assessment of BCG vaccination should be completed (see Appendix Nine). A central record of all BCG trained vaccinators will be kept by the Nurse Immunisation Coordinator.

5. Target group
All children under the age of 16 years who are eligible for BCG vaccination.

6. Criteria used to select children under the age of 16 years for BCG vaccination

BCUHB follows JCVI guidance set out in the Green Book 2006 and NICE guideline CG117 in line with the Public Health Wales “Framework Document for BCG Vaccination of Infants and Children up to under 16 years of age in Wales” which recommend that BCG vaccination should be offered to:

1. All infants (aged 0 to 12 months) living in areas of the UK where the annual incidence of tuberculosis is 40/100,000 or greater. (No area in Wales currently exceeds this threshold).
2. Neonates who have a family history of tuberculosis in the past five years.
3. All infants (aged 0 to 12 months) with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater.
4. Previously unvaccinated children aged one to five years with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater.
5. Previously unvaccinated, tuberculin-negative children aged from six to under 16 years of age with a parent or grandparent who was born in a country where the annual incidence of TB is 40/100,000 or greater. These children should be identified at suitable opportunities, tuberculin tested and vaccinated if negative.
6. Previously unvaccinated tuberculin-negative individuals under 16 years of age who are contacts of cases of respiratory TB following recommended contact management advice.
7. Previously unvaccinated, tuberculin-negative individuals under 16 years of age who were born in or who have lived for a prolonged period (at least three months) in a country with an annual TB incidence of 40/100,000 or greater.
8. Individuals under 16 years of age who will be travelling to live or work with local people for longer than three months in a country with an annual tuberculosis incidence of 40/100,000 or greater.
The overall management of individuals who are new entrants to the UK from a country with an annual tuberculosis incidence of 40/100,000 or greater or who are contacts of a tuberculosis case is outside the scope of this protocol.

A list of countries with an incidence of TB of 40/100,000 or greater can be found at: HPA - Worldwide TB Surveillance Data: www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733758290

The Child Health Department will record all children aged under 16 who are eligible for BCG vaccination for audit purposes and to facilitate evaluation of this clinical protocol and the BCG vaccination service. To achieve this, the vaccinator should inform the Child Health Department of those children:

- who following tuberculin testing do not require BCG
- who received BCG
- who did not attend BCG vaccination service for assessment

7. Roles and responsibilities of NHS staff to identify children with specific risk factors for tuberculosis.

There are several health professionals who provide care to mothers, newborn infants and families with children under 16 years of age. Routine contacts with the National Health Service should be used to identify children eligible for BCG vaccination.

7.1 During the antenatal period
Midwives should identify on antenatal booking the possible need for referral for BCG vaccination following delivery and discuss this with the pregnant woman and also provide written information. This should be documented in the maternal medical record.

7.2 During the immediate postnatal period and prior to discharge
Midwives and medical staff completing the neonatal examination in the initial 72 hours following birth should:

- Complete a “BCG vaccination referral form for neonates from maternity unit” (Appendix One) on all neonates; to include hospital and home births.
- All eligible neonates should be referred to the appropriate BCG service.
- This should be recorded in the discharge notes and discharge letter.
- Forms for ineligible neonates should be retained in the maternal medical record.
- On handover from the midwife to the health visitor it is the responsibility of the midwife to communicate that the baby has been identified as being eligible for BCG vaccination and is awaiting an appointment for BCG vaccination using the Health Visitor Liaison form.
7.3 Birth visit by the Health Visitor at 10 -14 days
Health visitors should:
- Identify any eligible child not already referred for BCG vaccination.
- Clarify whether or not an appointment for BCG vaccination has been received.
- Check the eligibility for BCG vaccination of other children in the household and make individual referrals if required.
- Follow up as required if BCG vaccination is not administered.
- All discussions regarding referral for BCG vaccination should be recorded in the patient record.
- Health visitors should use “BCG vaccination referral form for children under 16 years of age for Health Visitors and General Practice” (Appendix Two)

7.4 Pre-school children new to the caseload of a health visitor
- Health visitors should identify any child eligible for BCG vaccination joining their caseload and refer as appropriate. Verbal and written information should be provided to the parents of the child.
- All discussions regarding referral for BCG vaccination should be recorded in the patient record.
- Check the eligibility for BCG vaccination of other children in the household and make individual referrals if required

7.5 School age children
- School nurses should identify any children eligible for BCG vaccination at school entry and during health reviews and refer as appropriate. Verbal and written information should be provided to the parent and/or child.
- All discussions regarding referral for BCG vaccination should be recorded in the patient record.
- Check the eligibility for BCG vaccination of other children in the household and arrange individual referrals if required.
- School nurses should complete “BCG vaccination screening form for school nurses” (Appendix Three).

7.6 General practice involvement for children under 16 years of age:
- It is sometimes the case that the GP is the first point of contact with health services for some individuals
- The GP should refer children eligible for BCG vaccination following opportunistic contact with patients new to the GP practice.
- For all referrals for BCG vaccination a referral form can be found at Appendix Two
- This should be sent to the nearest centre which offers BCG vaccination.
- All discussions regarding referral for BCG should be recorded in the patient record.
7.7 **Key contacts with NHS staff to identify children eligible for BCG vaccination**

For neonates and infants up to 12 months of age

| **Antenatal period** – Midwives | identification of future need for BCG vaccination; notes marked, information sheet given to mother |
| **At birth** – Midwives and medical staff | notes marked appropriately |
| **10 days** – Midwives/Health Visitors | refer to BCG vaccination service. Midwives complete HV liaison form |
| **6-8 week check** – Health Visitor/General Practitioner | refer to BCG vaccination service |
| **8 weeks** – primary immunisations | Practice Nurse/Health Visitor – refer to BCG vaccination service |
| **12 weeks** – routine immunisations | Practice Nurse/Health Visitor – refer to BCG vaccination service |
| **16 weeks** – routine immunisations | Practice Nurse/Health Visitor – refer to BCG vaccination service |
| **12 months** – routine immunisations | Practice Nurse/Health Visitor – refer to BCG vaccination service |
| **Any movements onto the HV caseload** | refer to BCG vaccination service |

For children aged over 12 months and under 16 years of age

| **2-4 years** – Health Reviews | Health Visitor/GP – refer to BCG vaccination service |
| **School entry and movements onto school nurse caseload** | School Nurse – refer to BCG vaccination service |
| **At any time** | advice can be sought from either BCG vaccination service or respiratory service |

Adapted from Health for all Children Hall D, Elliman D (2002) Oxford University Press
8. Procedure for tuberculin testing or BCG vaccination

8.1 Vaccination day procedures

8.1.1 Storage of the vaccine
The unconstituted BCG vaccine and its diluent should be stored in the original packing at +2°C to +8°C and protected from light. Please refer to BCUHB Vaccine Cold Chain written document.

8.1.2 Consent
Verbal and written information should be provided. The leaflet ‘BCG and your baby’, published by the Welsh Government and which is also available in languages other than English and Welsh, should be provided for parents of neonates and infants. The leaflet entitled ‘Tuberculosis’, published by the Department of Health, England, should be offered to eligible children from twelve months to under sixteen years of age.
Valid consent from the parent, guardian or young person if “Gillick competent” should be obtained by the healthcare worker administering the BCG vaccination.
Documentation of valid consent should be recorded in the patient record.

8.1.3 BCG vaccination care pathway
A BCG vaccination care pathway will be used for assessment and documentation purposes (see Appendix Four). An assessment on the day of vaccination should include ensuring that the child is well enough to receive the BCG vaccination.

Children aged 6 years old and over will require tuberculin testing prior to BCG vaccination. The child will therefore require two appointments; the first for tuberculin testing and the second 48 to 72 hours later for interpretation of the tuberculin test and vaccination where appropriate.

A Patient Group Direction is available for BCG vaccine which includes information on the vaccine, special considerations, contraindications, adverse reactions and the requirements for staff training.

Tuberculin PPD for tuberculin testing is an unlicensed medicine in the UK and therefore the legal authority for administration is an individual patient prescription.

All parents, guardians and young people who are “Gillick competent” will be given verbal and written advice prior to administration on what to expect post vaccination by the clinician administering the BCG vaccination.

8.1.4 Contraindications
The vaccine should not be given to
- individuals who have previously had a BCG vaccination
- individuals with a history of tuberculosis
- individuals with induration of 6 mm or greater following a tuberculin test
- individuals who have had a confirmed anaphylactic reaction to a component of the vaccine
- neonates in a household where an active TB case is suspected or confirmed until screening is complete
- individuals who are immunocompromised by virtue of disease or treatment, e.g.
  - individuals receiving corticosteroid or other immunosuppressive treatment, including general radiation. Inhaled steroids are not a contraindication.
  - those suffering from a malignant condition such as lymphoma, leukaemia, Hodgkin's disease or other tumour of the reticuloendothelial system.
  - symptomatic HIV positive individuals. In countries such as the UK where the risk of tuberculosis is low, it is recommended that BCG vaccine be withhold from all those known or suspected to be HIV positive, regardless of clinical status. Where vaccination is indicated, e.g. infants born to HIV positive mothers, this can be administered after two appropriately timed negative postnatal PCR tests for HIV infection.

If BCG is not given, the reason should be clearly documented in the patient record by the health professional at the BCG vaccination clinic. Further specialist advice should be sought from the paediatric or respiratory team on management of these patients as appropriate.

### 8.1.5 Non attendance for vaccination

If a child does not attend an appointment, the immuniser will inform the GP, Health Visitor or School Nurse. Another appointment should be sent to the parents of the child. It is important that records are kept of non attendees as part of regular audits of the service. It is also important to notify the Child Health Department of non attendance for BCG vaccination.

### 8.1.6 Special considerations specific to BCG vaccination

An interval of four weeks is necessary between the administration of two live vaccines unless they are given simultaneously. Other vaccines are not usually administered by BCG clinic staff.

No other vaccine should be administered in the same arm as the BCG vaccine for three months following BCG vaccination.

BCG can be given for up to three months following a negative tuberculin test. Thereafter, the tuberculin test should be repeated and must be negative prior to administering BCG

### 8.1.7 Overdose

Overdose of BCG vaccination increases the risk of a severe local reaction and suppurative lymphadenitis, and may lead to excessive scar formation. The extent of the reaction is likely to depend on whether any and how much vaccine was injected subcutaneously or intramuscularly instead of intradermally.

Whilst every effort should be made to avoid vaccine administration errors, in the event of an incident resulting in administration of an overdose of BCG vaccine the following actions should be followed:
1. Specialist advice from a chest physician or paediatrician should be sought immediately
2. The patient should be informed and advised on possible side effects and when to seek medical advice.

3. The GP should be contacted by phone in case the patient seeks medical advice. A letter to the GP detailing the possible side effects and a record of the incident should be sent so a record is held in the patient’s lifelong medical record.

4. An adverse incident report should be completed and the line manager notified of the incident.

8.1.8 Administration of vaccination

- Check and prepare the injection site. Skin does not need to be cleaned with an alcohol swab, but if visibly dirty the area can be washed using soap and water and dried prior to vaccination.

- The vaccine is administered through a specific syringe or alternatively a 1mL graduated syringe fitted with a 26G 10 mm needle.

- The vaccine should be reconstituted with the diluent supplied by the manufacturer and used immediately. The vaccine is usable for up to 4 hours at room temperature after reconstitution. Unused reconstituted vaccine should be discarded after 4 hours.

- The vaccine must be administered strictly intradermally normally into the lateral aspect of the left upper arm at the level of the insertion of the deltoid muscle. The upper arm should be positioned at approximately 45° to the body.

- The patient should remain on the premises for at least 10 minutes following vaccination and observed for signs of anaphylaxis.

- Give post vaccination advice leaflet which re-enforces information already given prior to vaccination. This should detail possible side effects and actions to be taken.

- Ensure all documentation is completed prior to the patient leaving the premises. The site of administration must be recorded so that in the event of a reaction the vaccine can be identified; this is especially important when more than one vaccine is given at the same time.

- Full details of the immunisation given must be documented in the appropriate record(s) pertaining to that client, i.e., medical record, Personal Child Health Record.

- The vaccinator should inform the GP, Health Visitor or School Nurse that BCG vaccination has been administered (see Appendix Five for the template letter).

- The vaccinator should inform the Child Health Department that BCG vaccination has been administered using an unscheduled immunisation form (Appendix Five).

- Ensure client/carer has contact number for BCG service in the event that they require further advice post immunisation.
9. Follow up procedures

9.1 Routine Follow up
Further observation after routine BCG vaccination is not necessary, other than as part of monitoring of the quality of the programme. The patient/parent will receive an information leaflet which provides advice on the care of the injection site. The instruction recommends that in the first instance, the parent should contact the person who administered the vaccine for advice. This should be recorded for audit purposes to evaluate annually the quality of the BCG vaccination programme.

9.2 Severe Adverse reactions
Individuals with severe local reactions (ulceration greater than 1cm, caseous lesions, abscesses or drainage at the injection site) or with regional suppurative lymphadenitis with draining sinuses following BCG vaccination should be referred to a paediatrician for investigation and management. This should be recorded in the patient record and the GP and Health Visitor or School Nurse notified.

10. Evaluation and Monitoring

10.1 Evaluation
Evaluation of the BCG vaccination programme for children under 16 years will take place at the time of document review - 3 yearly

10.2 Adverse incidents
Consider all adverse incident reports (IR1s) in relation to BCG vaccination including overdose and complications - annually by the Nurse Immunisation Coordinator

10.3 Audit
Annual audit of BCG vaccination of children under 16 is completed within BCUHB. This requires recording of all eligible children (denominator) and those immunised (numerator) so that uptake may be monitored. The audit also records the number of children referred back to the BCG service with complications affecting the scar. The Child Health database will be used to extract data for audit purposes.
11. References


After Your Child Is Immunised. Welsh Government (2011)


The Tuberculin Test: Administration, Reading and Interpretation, 2006


Royal College of Paediatrics and Child Health (2002) Position Statement on Injection Technique


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<td>Sian Lloyd</td>
<td>Paediatric Nurse Specialist</td>
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Consultation has taken place with:

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<td>Lead Nurse Respiratory team</td>
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<tr>
<td>Sian Lloyd</td>
<td>Paediatric Nurse Specialist</td>
<td></td>
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<td>Health Visitor Vulnerable Groups</td>
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<tr>
<td>Ailsa Dunbabin</td>
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<td>Respiratory Physician</td>
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<td>Respiratory Nurse</td>
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<td>Associate Specialist Paediatrics</td>
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<td>Jenny Butters</td>
<td>Midwife</td>
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<tr>
<td>Dr Sian Owen</td>
<td>Locum Consultant and Lead Paediatrician for Immunisation</td>
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<tr>
<td>Mark Tracy</td>
<td>Child Health Team Leader</td>
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<tr>
<td>Marie Garbutt</td>
<td>Child Health Team Leader</td>
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BCG VACCINATION REFERAL FORM FOR NEONATES FROM MATERNITY UNIT

1. Referral Criteria

Were any of the child’s parents or grandparents born outside the UK?  YES / NO
• If ‘yes’ please state the country or countries outside the UK:

Is there a family history of tuberculosis within the past five years?  YES / NO
• If the answer to either of the above is ‘yes’ please complete sections 2, 3 and 4 below, then send the form to your local children’s BCG vaccination service. If necessary an appointment for BCG vaccination will be sent to the client. A copy of the referral should be retained in the maternal medical record.
• If the answer to the above is ‘no’ please retain this form in the maternal medical record.

2. Child’s Details

Surname:         First Name:         D.O.B.:
Address:        
Postcode:       
Tel No:          
G.P. Name:       
Address:        
Tel No: 

3. Translation Requirements

Is translated information about the BCG required?  YES / NO
Language Required:

4. Referrer

Name:            
Position Held:    
Contact Address:  
Tel No: 

Appendix One
BCG VACCINATION REFERRAL FORM FOR CHILDREN UNDER 16 YEARS OF AGE FOR HEALTH VISITORS AND GENERAL PRACTICE

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<td>Telephone number</td>
<td>Mobile Home</td>
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<tr>
<td>Child’s GP</td>
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</tr>
<tr>
<td>GP address</td>
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<td>Reason for referral</td>
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<td>Which country?</td>
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<td>Going abroad to a country with a high incidence of TB for more than 3 months</td>
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<td></td>
<td>Which country?</td>
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<tr>
<td>Name of referrer</td>
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<tr>
<td>Referrer's address</td>
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<td>Referrer’s phone number</td>
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Please send the form to the nearest BCG vaccination service and mark as BCG REFERRAL:

**WEST Ysbyty Gwynedd:** Admissions Registration, Appointment Dept, Ysbyty Gwynedd Bangor, LL57 2PW. For the attention of Sian Lloyd, Paediatric Nurse Specialist, Children’s Outpatient department

**CENTRAL Ysbyty Glan Clwyd:** Dr Aradhana Ingley, Associate Specialist in Paediatrics, Children’s Outpatients, Ysbyty Glan Clwyd, Sarn Lane, Bodelwyddan, LL18 5UJ

**EAST:** Jackie Williams and Ailsa Dunbabin, Rhostyllen Clinic, James Street, Rhostyllen, Wrexham, LL14 4AW

Paper copies of this document should be kept to a minimum and checks made with the electronic version to ensure the version to hand is the most recent.
Dear Parent / Guardian,

The aim of the UK BCG vaccination programme is to identify and offer vaccination to those at increased risk of developing tuberculosis infection. In order to assess whether or not your child should be offered BCG vaccination, please complete the following details.

Child’s Surname: First Name: Date of Birth:

Address:

Postcode:

Tel. No:

Child’s School:

GP Name:

GP Address:

Please answer the following questions, then return the form to the school nurse in the envelope provided. An appointment will be arranged if your child needs BCG vaccination. If you have any questions about this form please contact […] insert local team details…]

Q1. Has your child had a BCG already? Yes / No / Don’t Know

If the answer to Q1 is ‘Yes’, please give date of BCG:

If the answer to Q1 is ‘No’ or ‘Don’t Know’, please answer questions Q2 to Q4 below.

Q2. Does the child have a parent or grandparent who was born outside the United Kingdom (UK)? Yes / No / Don’t Know

If YES- in which country was the parent/grandparent born?

Q3. Was the child born in the UK? Yes / No / Don’t Know

If NO, in which country was the child born Country of birth:

Q4. Has the child ever lived outside the UK for a period of more than 3 consecutive months? Yes/ No / Don’t Know

If YES, in which countries has the child lived, and when did he/she arrive in the UK?

Countries:

Date of Arrival in UK:

WELSH VERSION TO BE INSERTED HERE IF ENGLISH CONTENT AGREED
# CARE PATHWAY PRIOR TO TUBERCULIN TESTING OR BCG VACCINATION

(For clinic use only)

| Name……………………………………………. | Date of appointment………………………. |
| Address……………………………………………………….. | GP……………………………………………. |
| DOB………………………… | HV or SN…………………………………………… |

## REASON FOR CLINIC ATTENDANCE FOR CHILDREN UNDER 16 YEARS

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<th>Is the patient:</th>
<th>Yes</th>
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<tr>
<td>An infant or child whose parents or grandparents were born in a country with an annual incidence of tuberculosis of 40/100,000 or greater</td>
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<td>A neonate with a family history of tuberculosis within the past five years</td>
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<td>A child travelling to a country where the incidence of tuberculosis is 40/100,000 or greater for more than 3 months</td>
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<td>A child who is a new entrant from a country where the annual incidence of tuberculosis is 40/100,000 or greater (managed by respiratory team)</td>
<td></td>
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<tr>
<td>A child requiring screening for suspected tuberculosis or who has had contact with cases known to have tuberculosis (managed by respiratory team)</td>
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## TUBERCULIN TESTING

Required in all children 6 years of age or older prior to BCG

Not required in children under 6 years of age prior to BCG (unless there is a history of residence or stay of longer than 3 months in a high risk country or contact with a person with tuberculosis – managed by respiratory team).

Tuberculin test must be read within 48-72 hours. Appointment given.

## CHECK LIST FOR TUBERCULIN TEST & BCG VACCINATION

| Is the patient receiving steroids or immunosuppressive treatment? | Yes | No |
| Is the patient known to have HIV infection or other immunosuppressive disease? | | |
| Is the patient known to have received a previous BCG? | | |
| Could the patient be pregnant? | | |
| Is the patient unwell with a current acute illness with fever? | | |
| Does the patient have infectious mononucleosis or other viral infection, including an upper respiratory tract infection? | | |
| Does the patient have a septic skin condition? | | |
| Has the patient received any live vaccines in the last 4 weeks? | | |
| Has the patient had previous tuberculosis or had contact with case of tuberculosis? | | |

If 'yes' to any of the questions in the checklist defer BCG vaccination and discuss with paediatrician or respiratory team as appropriate.
TUBERCULIN TEST
Dosage Given: Tuberculin PPD 2units/0.1mL by intradermal injection

Lot Number

Expiry Date: Site:

TUBERCULIN TEST RESULT

Reading Date: Read by

Record in millimetres in the box opposite

Less than 6mm diameter bleb - Give BCG

6-14mm diameter bleb - Do not give BCG
Consult with paediatrician and/or respiratory team

15mm and above diameter bleb - Do not give BCG
Consult with paediatrician and/or respiratory team

I, THE PARENT/GUARDIAN OF ......................................................... GIVE CONSENT FOR MY CHILD TO RECEIVE A TUBERCULIN TEST AND/OR BCG VACCINE, and confirm that I have received information, advice and an instruction sheet which I understand.

Signature: .......................................................... Date: .........................

Name(printed): .................................................................

BCG VACCINE
(intradermal injection) YES NO Preferred site of Injection:

LEFT UPPER ARM

Given by-

Signed: .......................................................... Dosage given:

0.05mL infants 0 -12months

0.1mL children 12months and over

Name(printed): ..........................................................

Date: ..........................................................

Lot No: ..........................................................

Expiry date: ..........................................................
DATE: 

Dear: 

Re: 

The above patient attended a BCG vaccination clinic and received:

Date: Tuberculin test Yes No Batch number

Tuberculin result: 

Date: BCG Vaccination Yes No Batch number

Please note that:

• Any live vaccines due to be given must be deferred for 4 weeks following BCG vaccination.
• No further immunisation should be given in the arm used for BCG vaccination for at least 3 months because of the risk of regional lymphadenitis.
• Any concerns regarding the BCG injection site should be referred back to the immuniser named below. The patient has been advised on care of the injection site.

Yours sincerely

[Insert name of immuniser]
[Name of vaccination clinic]
[Contact phone number]
Advice for parents following BCG vaccination

You are advised to stay with your child in the department for 10 minutes after vaccination, in case of a possible (but rare) allergic reaction which can present with any of the following: facial swelling/redness, rash, difficulty breathing, collapse. If this occurs after leaving clinic, contact a doctor or hospital urgently.

Care of the injection site following BCG vaccination
The following normal reaction to BCG vaccination is seen in 90-95% of patients.

1. Usually a small red spot will appear at the site of the vaccination in 2-4 weeks.

2. It may ulcerate and form a scab, but will gradually dry in the following weeks or months. The scab will drop off and eventually heal completely leaving a small, flat scar. It may take between 6-12 weeks to heal.

3. It is important to keep the vaccination site as dry as possible, please leave it uncovered. Do not put a plaster on the vaccination site, because this keeps the site moist and slows the healing process, possibly leaving a large scar.

4. If absolutely essential, if there is excessive discharge, a small dry dressing can be placed over the area. Only leave it in place for a short period as it may delay healing and cause a larger scar.

5. The arm may be washed as normal, but perfumes and cosmetics should not be applied to the site. Swimming is also allowed.

6. BCG is a live vaccine. Other live vaccines such as MMR, Yellow Fever and Varicella should not be given for 4 weeks after BCG vaccination. All other childhood vaccines administered according to the routine immunisation schedule can be administered without delay as they are inactivated vaccines.

7. After BCG vaccination, no other immunisation should be given in the same arm for 3 months.

When to seek further advice
It is rare for BCG vaccinations to cause any illness or symptoms apart from the local reaction described above. An abnormal reaction would be a large swelling at the injection site or swelling of the glands under the arm or neck on the side the injection was given. If there is any cause for concern, if your child is unwell, or if the discharge is persistent and excessive, in the first instance please contact the clinic where you received your BCG vaccine for advice. Alternatively please contact your GP.

WELSH VERSION TO BE INSERTED HERE IF ENGLISH CONTENT AGREED
CONTACT DETAILS FOR ENQUIRIES REGARDING BCG VACCINATION

There are several key BCUHB employees who can offer advice on the appropriateness of referrals and who coordinate the vaccination process.

WEST AREA (Ysbyty Gwynedd):
Sian Lloyd, Paediatric Nurse Specialist, Children’s Outpatients, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, LL57 2PW
Phone number 01248 385089

CENTRAL AREA (Ysbyty Glan Clwyd):
Dr Aradhana Ingley, Associate Specialist in Paediatrics, Children’s Outpatients, Ysbyty Glan Clwyd, Sarn Lane, Bodelwyddan, LL18 5UJ Phone number 01745 534872

EAST AREA (Wrexham Maelor):
Jackie Williams, Specialist Health Visitor Vulnerable Groups
Mobile phone number 07732 840 716

Ailsa Dunbabin, Specialist Health Visitor Vulnerable Groups
Mobile phone number 07732 415 679

Rhostyllen Clinic, James Street, Rhostyllen, Wrexham, LL14 4AW
FLOWCHART FOR REFERRAL FOR BCG VACCINATION OF CHILDREN UNDER 16 YEARS OF AGE

Please note any individual recently arrived in the UK from a country with an annual tuberculosis incidence of 40/100,000 or greater or who is a contact of a case of TB should be referred by letter to the Respiratory Nurse Specialist at the nearest hospital.

Is the child:
- Someone whose parent or grandparent was born in a country where the incidence of TB is 40/100,000 or greater
- Travelling for more than 3 months to a country where the incidence of TB is 40/100,000 or greater
- A neonate with a family history of TB within the past 5 years

NO ➔ No need to immunise

YES ➔ Refer to nearest BCG vaccination service at either

**Ysbyty Gwynedd:** Sian Lloyd, Paediatric Nurse Specialist, Children’s Outpatients, Ysbyty Gwynedd, Penrhosgarneidd, Bangor, LL57 2PW
Phone number: 01248 385089

**Ysbyty Glan Clwyd:** Dr Aradhana Ingley, Associate Specialist in Paediatrics, Children’s Outpatients, Ysbyty Glan Clwyd, Sarn Lane, Bodelwyddan LL18 5UJ
Phone number: 01745 534872

**Wrexham:** Jackie Williams, Specialist Health Visitor Vulnerable Groups
Mobile phone number: 07732 840 716
Ailsa Dunbabin, Specialist Health Visitor Vulnerable Groups
Mobile phone number: 07732 415 679
Rhostyllen Clinic, James Street, Rhostyllen, Wrexham, LL14 4AW
# BCG vaccination competency assessment form

## COMPETENCY GENERAL POINTS

<table>
<thead>
<tr>
<th></th>
<th>Achieved with supporting evidence</th>
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| 1 | Demonstrates understanding of the importance of maintaining the cold chain  
   | Is aware of the BCUHB Cold Chain policy |
| 2 | Ensures anaphylaxis equipment is readily available,  
   | Has received up to date training in anaphylaxis and CPR for children |
| 3 | Is aware of the required authorisation to perform testing and vaccination |
| 4 | Identifies correct patient by DOB/NHS no. and checks patient’s records to ascertain immunisation history.  
   | Ensures informed consent has been obtained prior to vaccinating and is documented in patient’s record  
   | Ensures accurate records are maintained of all consultations |
| 5 | Knows whom to contact for advice if unsure about a query |
| 6 | Disposes of sharps, vaccine vials, unused vaccines and other vaccine equipment safely according to sharps policy |
| 7 | TUBERCULIN TESTING - demonstrates knowledge of:  
   | Advice and information for patient or parents and when the tuberculin test should and should not be administered  
   | Factors affecting the tuberculin test, side effects, adverse reactions and contraindications  
   | Interpreting the results and understanding their significance  
   | The correct testing procedure |
| 8 | BCG VACCINATION – demonstrates knowledge of:  
   | Advice and information for patient or parents and when BCG vaccine should and should not be given  
   | Factors affecting the BCG vaccination, side effects, adverse reactions and contraindications  
   | Using the correct injection technique (supervised practice required)  
   | Care of the injection site |

I agree that I am competent in all aspects of tuberculin testing/BCG vaccination  
Signature of nurse ____________________________ ___ Date__________________________

I agree that the above named is competent in all aspects of tuberculin testing/BCG vaccination  
Signature of Assessor____________________________  
Date_________________________ Job title of assessor __________________________
Glossary of Terms

Neonate: a term used to describe a newborn baby up to 28 days of age

Infant: a child aged between 1 month and 12 months

BCG: is an acronym of Bacillus Calmette-Guérin a vaccine to protect against tuberculosis that is prepared from a strain of the attenuated (weakened) live bovine tuberculosis bacillus

Tuberculin: is the name given to extracts of *Mycobacterium tuberculosis*, *M. bovis*, or *M. avium* that are used in skin testing in animals and humans to identify a tuberculosis infection. One of the techniques used for this is known as Mantoux testing

Family history of tuberculosis within the past five years: applies to babies born into a family in which contact tracing has been undertaken for tuberculosis in the five years prior to the birth. This would be done if there has been a case of tuberculosis either in someone in the household into which the child was born, or in an extended family member.

New entrants: are individuals who have recently arrived in or returned to the UK from countries with an incidence of TB of 40 per 100,000 or greater

Gillick competent: a young person under the age of 16 years assessed as having sufficient maturity to be capable of understanding the treatment and making a decision based on the information provided