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# Transforming School Immunization Processes with Digital Consent

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# Disclosures

## Elizabeth Lee

- No conflicts to report
- No financial relationships with commercial and not-for-profit organizations

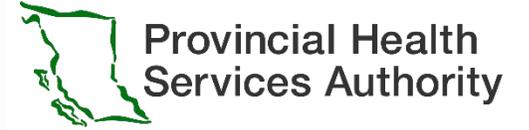
## Haylie Sinclair

- No conflicts to report
- No financial relationships with commercial and not-for-profit organizations

# Learning Objectives

1. Determine the rationale and benefits of Digital Consent for school immunizations
2. Describe the Digital Consent workflow and user experience
3. Identify key considerations for implementation and communication

# Agenda



**1 Digital consent overview**  
*What is it and what problem does it solve?*

**2 Before and after**  
*How has the workflow improved?*

**3 Data Flows**  
*How we move consent data through the complex BC digital health ecosystem*

**4 User Experience**  
*How has Digital Consent impacted public health in Fraser Health?*

# Overview



## Digital Consent:

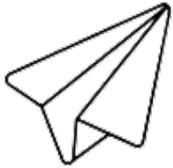
- Allows **clients to consent to immunizations online**
- Captures and displays the **same data as the personalized consent paper forms**, including immunization history, forecast, and medical history
- **Improves accessibility for clients** and **reduces administration work** for clinical staff
- Is primarily **for people who provide consent for school immunizations**: parents/legal guardians/representatives can consent on behalf of their child and mature minors can consent for themselves
- Takes **less than ten minutes** to complete for the average user

# Current State

The journey of a piece of paper



# Problems Addressed



Paper consent forms get lost in the backpack train



Forms returned that are hard to read and/or missing information



Large administrative burden to organize, print, distribute, collect and enter data



Privacy and security challenges



Environmental and fiscal challenges with printing high volume paper forms

# Solutions Across Canada

## Nova Scotia:

- 3<sup>rd</sup> party solution captures consent
- Ability to send reminders
- Interfaces with registry (Panorama)
- Doesn't support mature minor consent/sensitive records
- Doesn't show immunization history
- Unsure how medical questions are handled and interfaced with Panorama

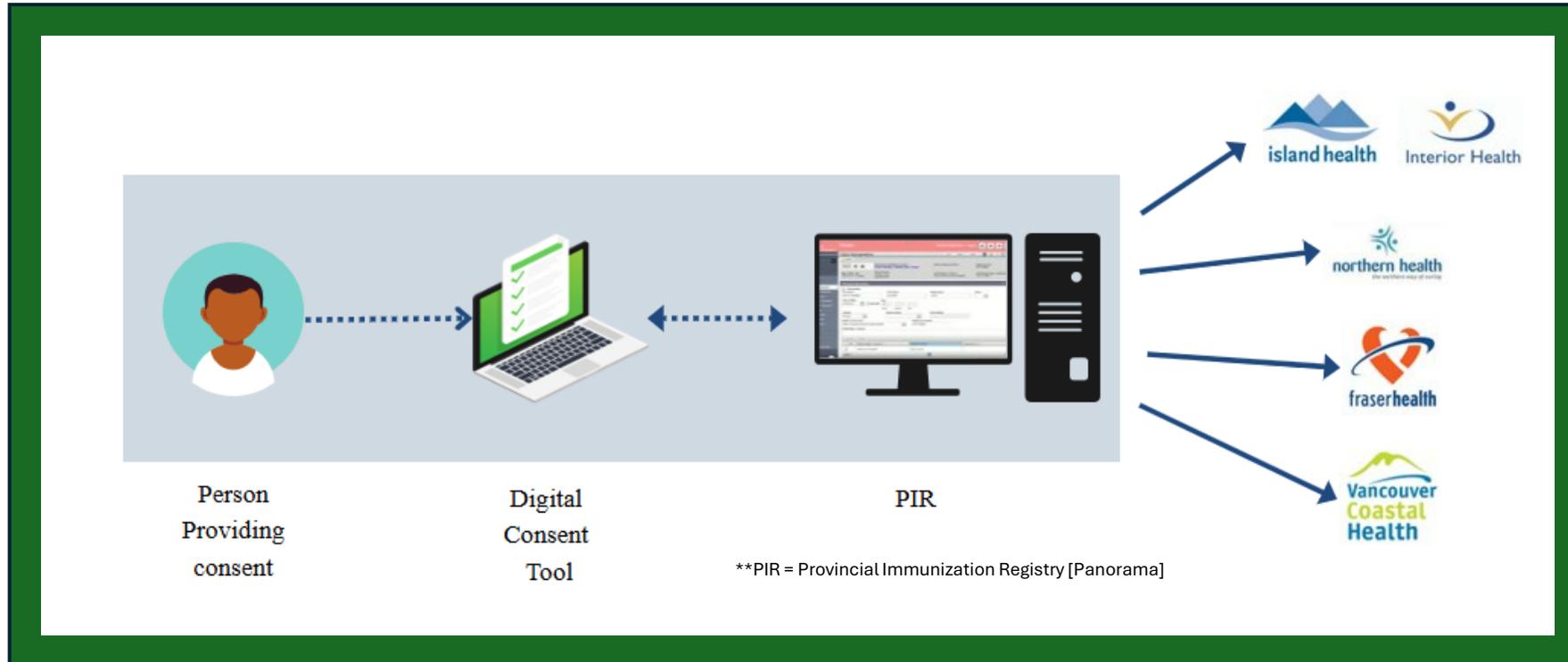
## Ontario:

- York Region online consent
- Does not contain immunization history
- Not connected to registry – requires manual entry
- Directed to separate website to update immunization history
- Doesn't support mature minor consent/sensitive records

# Digital Consent Workflow

- HA sends link to parents/student – access through ImmsBC for client identification purposes
- Parent/student accesses web page – completes personal information about person consenting and student
- Displays history and forecast – links to BC immunization schedule and Health Files
- Consent or refusal obtained for antigens forecast
- Medical questions – entered as special consideration in Panorama to alert nurse to follow up if necessary
- Enables Mature Minor Consent
- Link to Immunization Submission Portal to update records if needed
- Data flows into Consent module in PIR

# Data Flows



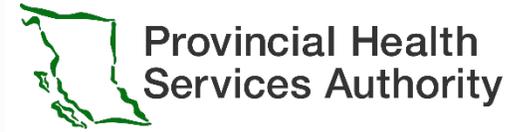
# By the Numbers



- Since September 2025 collected consent for **14784 clients**
  - From **760** schools across BC
  - Fraser Health predominant user – used for Grade 6 and 9, and catchup across other grades
  - Interior, Island, and Vancouver Coastal focused on Grade 6 and Grade 9 programs
- Digital Consent pathway directs users to submit missing historical immunization records
  - Approximately **300** client records submitted
- Medical questions requiring follow-up: **4%**

# Future State

From Digital Consent to Provision of Care



# Prior to Digital Consent

- Fully paper based
- Manually transcribed and reconciled
- Nurses relied on paper consent to provide care not the EMR
  
- Paper forms can easily be misplaced by parent/guardian/student or health authority
- Transcription errors can occur when adding to EMR
- Paper becomes outdated if additional information is added to EMR

# How Did We Digitize?

- Revised and updated workflows (including mature minor consent process)
- Consulted with General Counsel and Chief Privacy Officer for Legal Services in Fraser Health
- Updated school reports
- Communication with School Districts and Parents
- Implementation of the Immunization Distribution Service interface to FH Paris (EMR)
- Training and change management
- Pilot project in 2024-2025 school year
- Close collaboration with PHSA

# Post Digital Consent

- Hybrid of paper and digital
- Reduced manual transcription of consent and historical immunizations
- Records taken to the school for blitzes are up to date in real time
  
- Reduced immunization administration errors due to paper records out of date
- Increased nursing time to reconcile consent against class lists
- Decreased transcription errors
- 25% of consents so far this year have been digital in FH

# Benefits

- More options to provide consent
- Modernization of school processes
- Reduced risk of lost paper consent forms
- Reducing need for staff to review multiple information systems
- Decreased transcription of consent and historical immunizations
- Streamlined interaction with schools and parents
- Better planetary health and fiscal responsibility – reduced travel for nurses, less paper usage
- Consent can be collected independent of any Health Authority processes

# Considerations

- Significant change management required
- Citizen access to the consent portal
- Significant staff efficiency gains not yet realized
- Need for enhanced reports to facilitate schools process where access to EMR is limited
- Records that require reconciling must be completed real time
- Pilots are unable to highlight all the issues of widespread use
- Provincial Immunization Submission Portal only accepts records translated into English and French

# Looking Ahead

- Currently don't expect to be fully digital and will continue with a hybrid system
- Work to gain efficiencies as new processes are refined
- FH Paris changes/updates
- Expect uptake to increase over time as parents/guardians/mature minors become increasingly digitally minded

# Questions



# Digital Consent Video



\*\*This video is designed to showcase the system to Health Authority decision-makers, not as training for parents or clients



# Step 1a: Identification



## Consent for Immunization



### What is this tool?

This tool allows parents and mature minors (12 and over) to consent to receive vaccinations at school. In the next three steps you'll enter personal information about the person who will receive the immunization(s), review what vaccinations the person has received, see information about upcoming vaccinations, and consent to each vaccination. This tool should take no longer than 10 minutes to complete.

If you need help or more information about consenting to immunization, please contact your local Health Unit or call 811.

### Personal information

B.C. privacy information: Your personal information is being collected under sections 26(c) of the Freedom of Information and Protection of Privacy Act. Personal information may be shared with personnel providing support services and follow-up. For a privacy-related matter only, please contact a privacy officer at 1-855-229-9000.

**Person providing consent**

If you are the parent of a child for whom you are consenting, enter your own information here and you'll be able to enter your child's information on a later step.

Find your Personal Health Number on the back of your BC Services Card.

Legal first name  Legal last name

Date of birth (format eg. Jan 1, 2000)

Personal Health Number

**Consent given by**

Who are you consenting for?

I am consenting for a child

I am consenting for myself

**I need help**

If you need help or have questions about how to use this tool to consent to vaccination, talk to a phone agent.

[Continue](#)

Call: 1-833-838-2323 (toll free) [Translators are available](#)

Outside Canada and the USA: 1-604-681-4261

Telephone for the Deaf: Dial 711

[Video Relay Services \(VRS\) sign language interpretation](#) is free for people who are deaf, hard of hearing or speech-impaired.

**Person providing consent**

If you are the parent of a child for whom you are consenting, enter your own information here and you'll be able to enter your child's information on a later step.

Find your Personal Health Number on the back of your BC Services Card.

Legal first name

Legal last name

[What is a Personal Health Number?](#)

Date of birth (format eg. Jan 1, 2000)

Personal Health Number

### Consent given by

#### Who are you consenting for?

- I am consenting for a child
- I am consenting for myself

#### What is your relationship to the child?

- I am the parent
- I am the legal guardian
- I am the representative

# Step 1b: Identification



## Person to be immunized

B.C. privacy information: Your personal information is being collected under sections 26(c) of the Freedom of Information and Protection of Privacy Act. Personal information may be shared with personnel providing support services and follow-up. For a privacy-related matter only, please contact a privacy officer at 1-855-229-9000.

**Person to be immunized**

Find their Personal Health Number on the back of their BC Services Card.

Legal first name	Legal last name
<input type="text"/>	<input type="text"/>
Date of birth (format eg. Jan 1, 2000)	Personal Health Number
<input type="text"/>	<input type="text"/>

[What is a Personal Health Number?](#)

[Continue](#)

## I need help

If you need help or have questions about how to use this tool to consent to vaccination, talk to a phone agent.

[Call: 1-833-838-2323 \(toll free\)](#)   [Translators are available](#)

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[Video Relay Services \(VRS\) sign language interpretation](#) is free for people who are deaf, hard of hearing or speech-impaired.

## Person to be immunized

Find their Personal Health Number on the back of their BC Services Card.

Legal first name

Legal last name

Date of birth (format eg. Jan 1, 2000)

Personal Health Number

[What is a Personal Health Number?](#)

[Continue](#)

# Step 2: Contact Information



## Confirm contact information

BC privacy information: Your personal information is being collected under section 26(c) of the Freedom of Information and Protection of Privacy Act. Personal information may be shared with personnel providing support services and follow-up. For a privacy-related matter only, please contact a privacy officer at 1-855-229-9000.

Contact information displayed here is populated from BC Public Health Vaccination Programs.

**Confirm Ned Stark's contact information**

Email address:  Phone number that can receive text messages:

Preferred contact method  
 Email  Text message

**Confirm Aria Stark's contact information**

Email address:  Phone number that can receive text messages:

Preferred contact method  
 Email  Text message

Updating your contact information above will update it with the BC Public Health Vaccination Programs.

I verify that the contact information entered is accurate and up to date.

[Continue](#)

### I need help

If you need help or have questions about how to use this tool to consent to vaccination, talk to a phone agent.

[Call: 1-833-838-2323 \(toll free\)](#) [Translators are available](#)

Outside Canada and the USA: [1-604-681-4261](#)

Telephone for the Deaf: Dial [711](#)

[Video Relay Services \(VRS\)](#); [sign language interpretation](#) is free for people who are deaf, hard of hearing or speech-impaired.

**Confirm Aria Stark's contact information**

Email address:  Phone number that can receive text messages:

Preferred contact method  
 Email  Text message



# Step 3: History & Forecast



## Vaccination information

**Personal information**

<b>Name</b>	<b>Date of Birth</b>	<b>Personal Health Number</b>
Aria Stark	Feb 7, 2005	987654321

**Immunization history**

Immunization	Date	Immunization	Date
COVID-19 mRNA	2021 Oct 25	Measles, Mumps, Rubella	2009 Sep 16
COVID-19 mRNA	2021 Sep 14	Meningococcal-C Conjugate	2009 Sep 16
Human Papillomavirus-HPV9	2019 Oct 24	Pneumococcal Conjugate - PCV7	2009 Sep 16
Hepatitis A	2018 Mar 08	Diphtheria, Tetanus, Pertussis, Polio, Hib	2009 May 25
Chickenpox (Varicella)	2017 Jan 05	Hepatitis B	2009 May 25
Hepatitis A	2017 Jan 05	Diphtheria, Tetanus, Pertussis, Polio, Hib	2009 Mar 18
Polio	2017 Jan 05	Hepatitis B	2009 Mar 18
Tetanus, Diphtheria, Pertussis	2017 Jan 05	Pneumococcal Conjugate - PCV7	2009 Mar 18
Diphtheria, Tetanus, Pertussis, Polio, Hib	2011 Apr 07	Diphtheria, Tetanus, Pertussis, Polio, Hib	2009 Jan 07
Measles, Mumps, Rubella	2011 Apr 07	Pneumococcal Conjugate - PCV7	2009 Jan 07
Chickenpox (Varicella)	2009 Sep 16		

If you received an immunization from your Doctor, it may not display above. If that is the case please let us know by filling this online form. If any immunizations are missing or incorrect, [fill in this online form](#).

**Immunization history**

Immunization	Date	Immunization	Date
COVID-19 mRNA	2021 Oct 25	Measles, Mumps, Rubella	2009 Sep 16
COVID-19 mRNA	2021 Sep 14	Meningococcal-C Conjugate	2009 Sep 16
Human Papillomavirus-HPV9	2019 Oct 24	Pneumococcal Conjugate - PCV7	2009 Sep 16
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Hepatitis A	2017 Jan 05	Diphtheria, Tetanus, Pertussis, Polio, Hib	2009 Mar 18
Polio	2017 Jan 05	Hepatitis B	2009 Mar 18
Tetanus, Diphtheria, Pertussis	2017 Jan 05	Pneumococcal Conjugate - PCV7	2009 Mar 18
Diphtheria, Tetanus, Pertussis, Polio, Hib	2011 Apr 07	Diphtheria, Tetanus, Pertussis, Polio, Hib	2009 Jan 07
Measles, Mumps, Rubella	2011 Apr 07	Pneumococcal Conjugate - PCV7	2009 Jan 07
Chickenpox (Varicella)	2009 Sep 16		

If you received an immunization from your Doctor, it may not display above. If that is the case please let us know by filling this online form. If any immunizations are missing or incorrect, [fill in this online form](#).

**Immunization forecast**

Based on the [BC Immunization Schedule](#) and our records, we recommend the following vaccines that protect against the disease(s) listed below.

Immunization	Due date	Immunization	Due date
Meningococcal Conjugate ACYW	2024 May 09	Tetanus, Diphtheria, Pertussis	2024 May 09

**Immunization forecast**

Based on the [BC Immunization Schedule](#) and our records, we recommend the following vaccines that protect against the disease(s) listed below.

Immunization	Due date	Immunization	Due date
Meningococcal Conjugate ACYW	2024 May 09	Tetanus, Diphtheria, Pertussis	2024 May 09

Continue

# Step 4: Consent



## Vaccination consent

Personal information		
Name	Date of Birth	Personal Health Number
Aria Stark	Feb 7, 2005	987654321

Medical history		
1. [Have you / Has your child] ever had a serious or life-threatening allergic reaction?	Yes <input type="radio"/>	No <input type="radio"/>
2. Is [your / your child's] immune system affected by a severe disease or medication?	<input type="radio"/>	<input type="radio"/>

Consent		
Based on the <a href="#">BC Immunization Schedule</a> and our records, we recommend immunizations with vaccines that protect against the disease(s) listed below.		
Select "Yes" below to consent to the immunization. If you select "I do not consent", a licensed health care professional may contact you.		
Forecasted immunizations	I consent	I do NOT consent
Meningococcal Conjugate ACYW <a href="#">More info</a>	<input type="radio"/>	<input type="radio"/>
Tetanus, Diphtheria, Pertussis <a href="#">More info</a>	<input type="radio"/>	<input type="radio"/>
Has immunization been received for one or more vaccines on this list? You can easily <a href="#">Submit the Vaccination record</a> online.		

By clicking Submit, I acknowledge that I understand the [HealthLinkBC](#) information for the vaccines listed. I understand the benefits and possible reactions for each vaccine and the risk of not getting immunized. I understand that in the rare occurrence of anaphylaxis, emergency treatment will be provided. I have had the opportunity to ask questions that were answered to my satisfaction. I understand this consent is valid for two years for the vaccine(s) listed unless I cancel it.

Submit

## Medical history

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| 1. [Have you / Has your child] ever had a serious or life-threatening allergic reaction? | <input type="radio"/> | <input type="radio"/> |
| 2. Is [your / your child's] immune system affected by a severe disease or medication?    | <input type="radio"/> | <input type="radio"/> |

## Consent

Based on the [BC Immunization Schedule](#) and our records, we recommend immunizations with vaccines that protect against the disease(s) listed below.

Select "Yes" below to consent to the immunization. If you select "I do not consent", a licensed health care professional may contact you.

Forecasted immunizations	I consent	I do NOT consent
Meningococcal Conjugate ACYW <a href="#">More info</a>	<input type="radio"/>	<input type="radio"/>
Tetanus, Diphtheria, Pertussis <a href="#">More info</a>	<input type="radio"/>	<input type="radio"/>

Has immunization been received for one or more vaccines on this list? You can easily [Submit the Vaccination record](#) online.

# Step 5: Confirmation



## Consent for Immunization



## Thank you for completing the immunization consent form

**You will receive a confirmation to the contact email and/or mobile number you provided.**

A licensed health care professional may contact you if any of your information is missing or requires verification.

If you made a mistake when providing consent, contact [your local Health Unit](#) to make changes.

If you or your child is missing any immunizations from their record you can easily [Submit the Vaccination record](#) online.

If you live in B.C., you should also [register with the Get Vaccinated system](#). Once your records are updated, you will be able to access your vaccination records and proof of vaccination documents through [Health Gateway](#).

Close window

Consent for another child