



PROCEDURE	
Immunisation	
Scope (Staff):	Community health nurses providing immunisation services
Scope (Area):	CAHS-CH

This document should be read in conjunction with this [DISCLAIMER](#)

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Aim

To support standardised practice in immunisation activities and service. This procedure provides information to operationalise the Child and Adolescent Health Service (CAHS) Immunisation Service policy with particular reference to consent, provision of vaccination in the home, alerts, and labelling of injectable vaccines.

Risk

Immunisation activities improve protection against vaccine preventable diseases for individuals and the community. In addition:

- Informing clients of a material risk inherent in a proposed treatment and obtaining informed consent may reduce the likelihood of legal action for negligence;
- Appropriate alerts may prevent, or better manage, adverse events related to vaccination; and,
- Appropriate labelling of vaccines removed from the original manufacturer’s packaging reduces the likelihood of medication errors and associated harm to the client.

Background

The delivery of the West Australian Immunisation Schedule forms part of an overall strategy to reduce the burden of vaccine preventable diseases within the community. Immunisation services are provided in accordance with the Department of Health (DoH) Guidelines for Department of Health Vaccination Programs – School and Community Health Immunisations (OD 0415/13).

The Australian Immunisation Handbook provides clinical guidelines for health professionals on the safest and most effective use of vaccines in their practice.¹ Staff should administer vaccines, and provide pre- and post-vaccination care, in accordance with the Handbook.

The Structured Administration and Supply Arrangement (SASA): Administration of Vaccines by Registered Nurses (Appendix A) states Registered Nurses must have completed an immunisation course approved by the Chief Executive Officer (CEO) of the DoH, and must maintain their competency through annual updates, to be eligible to administer vaccines. The CAHS – Community Health (CH) Delivering an immunisation service Clinical Competency Assessment Guide (2015) states that all staff recorded as immunisation providers must demonstrate both clinical competency and adeptness in vaccine data management including Win-Vacc and Australian Immunisation Register (AIR) and provides a competency assessment for staff beginning as immunisation providers with CAHS-CH.

Nursing staff must follow the CAHS Immunisation Service policy and supplemental procedures provided in this document.

The CAHS-CH Immunisation surveillance at schools guideline describes the role of CAHS-CH nurses in relation to immunisation surveillance when working in schools.

Key Points

- To administer vaccines, Registered Nurses must complete an approved immunisation course and maintain competency by completing annual online updates.
- Vaccine administration and pre- and post-care will be conducted in accordance with the Australian Immunisation Handbook.¹
- The identity of the child receiving vaccination must be verified according to the CAHS-CH Client Identification procedure.
- A parent or legal guardian of a child has the authority to consent to vaccination of that child, however staff must be mindful of alternative consent requirements for children in informal or formal care arrangements.
- Whether obtained verbally or in writing, consent must be documented in the client record. Where consent to immunisation is refused this must be documented in the client record. If the reason for refusal is known this must also be documented in the client record.
- Vaccination in the home is offered to improve the immunisation status of specific client groups. Nursing staff must follow the described process for approval and administration.

- All immunisation providers who are made aware of specific issues that preclude vaccination or otherwise affect the immunisation schedule must mark the client record using the standard **ALERT** Stamp, as described in the section below.
- All vaccines, and related equipment, must be appropriately prepared, labelled and disposed of.

Process

Consent

Consent should be obtained in accordance with the Australian Immunisation Handbook,¹ CAHS-CH Consent for Services policy, CAHS Immunisation Service policy and Structured Administration and Supply Agreement (Appendix A). Written or verbal consent must be obtained *at every service delivery contact* prior to administration of vaccination and after establishing that there are no medical or scheduling issues that contraindicate vaccination. The CAHS Immunisation Service policy describes requirements for obtaining consent for children not in attendance with a parent/legal guardian. The differing processes for obtaining consent for the Primary Schedule and Targeted Population Program and School Based Immunisation Program are described below.

Primary Schedule and Targeted Population Program	
Steps	Additional Information
At the time of booking, administrative staff must determine whether the person who will accompany the child to the appointment is legally authorised to provide consent on the day.	<ul style="list-style-type: none"> • Where the child is to be accompanied by a person not authorised to provide consent, where possible and appropriate to do so, written consent must be obtained from the relevant person prior to the appointment. • Refer to the CAHS Immunisation Service policy for instructions for obtaining authorised consent for children not in attendance with a parent/legal guardian (see above).
To facilitate client identification when obtaining consent, the immunisation provider will verify name, date of birth and address of the child at all encounters.	<ul style="list-style-type: none"> • This aligns with the CAHS-CH Client Identification procedure.
At each service delivery contact the immunisation provider will establish there are no medical conditions which contraindicate vaccination.	<ul style="list-style-type: none"> • Perform a pre-vaccination screening check
Obtain authorised written or verbal prior to administration of vaccination.	<ul style="list-style-type: none"> • If the parent/legal guardian is in attendance <ol style="list-style-type: none"> 1. Provide the parent/legal guardian information about the proposed procedure, including risks and benefits 2. Ensure the parent/legal guardian

Primary Schedule and Targeted Population Program	
Steps	Additional Information
	<p>understands the information</p> <ol style="list-style-type: none"> 3. Seek the parent/legal guardian's consent for vaccination 4. Record the parent/legal guardian's consent or refusal to consent in the client record. <ul style="list-style-type: none"> • If the parent/legal guardian is not in attendance see the CAHS Immunisation Service policy regarding obtaining authorised consent.

School Based Immunisation Program	
Steps	Additional Information
<p>Seek and document consent according to the School Based Immunisation Program Consent Decision-Making Flowchart (Appendix B)</p>	<ul style="list-style-type: none"> • Consent forms and information relating to each vaccine must be sent home with each student to obtain parent/legal guardian consent for the School Based Immunisation Program (SBIP). • Where the consent form has been completed correctly and parent/legal guardian consent is given for one or more vaccines, student details must be added to the school running sheet. • Where the consent form has been completed correctly and consent is refused for one or more vaccines, the rights of the parent/legal guardian to refuse consent must be respected and no further attempt will be made to contact the parent/legal guardian to negotiate consent. • Where the consent form is not returned to school by the requested date, where time permits, a second consent form and information sheet must be sent home with the student. Immunisation must not be completed until or unless consent is obtained. • Where the consent form is not returned by the scheduled date, or the consent form is returned by the scheduled date but is incomplete or unclear, verbal consent must be sought from a parent/legal guardian by telephone. Where it is necessary to seek clarification on any matter, clarification <i>must be sought from the parent/legal guardian who completed the form.</i> • Where consent has been obtained, but the student is not present at school to receive the

School Based Immunisation Program	
Steps	Additional Information
	<p>vaccination, the parent/legal guardian must be advised that vaccination was not administered, and the options available to proceed.</p> <ul style="list-style-type: none"> • Under no circumstances will a student be forcibly vaccinated against his or her will. If a student refuses vaccination, despite parent/legal guardian consent, the student must not be vaccinated and the parent/legal guardian must be advised that the student has refused vaccination.
Local processes should be followed for students living independently.	<ul style="list-style-type: none"> • Where it is documented that a student is living independently, the student can provide consent to vaccination.
Where an adolescent (the “mature minor” 15 to 17 years) presents, unaccompanied by parent/legal guardian at a <i>CAHS-CH clinic outside of the school setting</i> – vaccination can be offered (within the current schedule) when verbal consent is gained.	<ul style="list-style-type: none"> • First nurse calls the parent/legal guardian. Read the entire consent form to the parent/legal guardian, complete details as required, verbally request consent and record response for each vaccination. • Second nurse reads through the completed form and confirms consent for each vaccination has been provided. • Where consent has been obtained verbally, this must be clearly documented on the consent form and school health record and signed by both staff members.
Documentation will be completed appropriately and accurately.	<ul style="list-style-type: none"> • Where consent has been obtained verbally, this must be clearly documented on the consent form and school health record. • All contact(s) and/or attempted contact(s) with the parent/legal guardian must be clearly documented on the consent form.

Vaccination in the Home

Vaccination in the home is offered to improve the immunisation status of children from families with multiple births, those who are difficult to engage and other vulnerable families. The process described below is only relevant to families who have children with no known medical conditions which may contraindicate vaccination. Nursing staff undertaking immunisation in the home must follow all steps, including obtaining explicit consent for immunisation, vaccine administration and post-vaccination care to reduce any risk of harm both to the client or themselves across the occasion of service.

Steps	Additional Information
Clinical Nurse (CN, Child health) identifies a family who have experienced multiple births, are difficult to engage or present with other vulnerabilities and have requested vaccination in the home.	
Vaccination in the home is requested and approved.	<ol style="list-style-type: none"> 1. CN, Child health emails their Clinical Nurse Manager-Community Health, with the client details and requests an age appropriate vaccination for a child in the home. 2. Clinical Nurse Manager-Community Health emails request with requesting CN, Child health nurse's details to either South or North metro Clinical Nurse Manager (Immunisation). 3. Clinical Nurse Manager-Community Health (Immunisation) contacts appropriate immunisation team and allocates family for vaccination in the home, ensuring appropriate staffing levels will be available for appointment.
Local team contact family in a timely manner and schedule a home visit.	<ul style="list-style-type: none"> • Home visit is recorded in the local clinic calendar and two immunisation-competent nurses are allocated to undertake the visit.
The immunisation nurses conduct the home visit and immunisations are administered in line with procedures for outreach clinics.	<ul style="list-style-type: none"> • Nurses must obtain explicit consent for immunisation (as described above) and are required to comply with the CAHS-CH Home and Community Visits procedure. • Nurses must ensure maintenance of the cold chain, and access to an anaphylaxis response kit in accordance with the Australian Immunisation Handbook.¹
Nurses provide post-vaccination care and follow-up.	<ul style="list-style-type: none"> • Procedures are outlined in The Australian Immunisation Handbook¹ and supported by the WA Health Department Structured Administration and Supply Arrangements (SASA) (Appendix A) for registered nurses.
Client records and relevant reporting systems are updated.	<ul style="list-style-type: none"> • Immunisation nurse completes all documentation and plans any further home vaccinations or clinic visits. • Immunisation nurse emails referring community health nurse and line manager to advise that immunisation has been given and requesting the CDIS client record be updated. Immunisation

Steps	Additional Information
	nurse enters the immunisation details into Win-Vacc (CAHS-CH immunisation reporting system) and uploads details to the Australian Immunisation Register (AIR).

Alert stamp

An **ALERT** stamp assists immunisation providers to identify all clients for whom there are specific issues, such as known medical, scheduling or consent issues, which must be considered prior to vaccination in the primary schedule, targeted populations and school based immunisation programs.

Steps	Additional Information
The standard ALERT Stamp will be used when issues which preclude vaccination, or affect the schedule, are known to the immunisation provider.	<p>The ALERT stamp will be used when:</p> <ul style="list-style-type: none"> • The child has an identified medical condition that is contraindicated with scheduled vaccines and cannot be given; • The child has a medical issue, eg. fainting, allergies, and requires caution when administering vaccine; • The child has a medical condition under specialist paediatric care and requires review prior to administration of vaccine; • The child is undergoing a complex catch-up program; or, • Consent has not been given to one or all scheduled vaccines.
When an ALERT stamp is required, it must be placed appropriately.	<p>On both sides of the School Based consent form</p> <p>OR</p> <p>On both sides of the immunisation provider cards.</p>

Labelling of Injectable Vaccines

Where not provided in a pre-filled syringe, injectable vaccines must be labelled in compliance with the National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines to minimise preventable vaccine administration errors and to improve safe vaccine use. All immunisation providers are responsible for ensuring that vaccine syringes are appropriately labelled prior to administering vaccines to clients.

Steps	Additional Information
<p>All vaccines drawn up in a syringe are to be labelled immediately using the following colour coded labels (provided to each CAHS-CH immunisation service in pre-organised boxes):</p> <ul style="list-style-type: none"> • Adacel Orange • H-B VAX11 Green • MMR & Diluent Pink • Pneumovax Purple • Quadracel Blue • Vaqta Violet • Varicella Lime Green • MenVeo Black • Tripacel Brown 	<ul style="list-style-type: none"> • All vaccines removed from the manufacturer's original packaging must be identifiable. Any vaccine or container (e.g. syringe or vial) that cannot be identified will be considered unsafe and discarded immediately. • All containers containing vaccines that have the potential to leave the hands of the person preparing the vaccines, as in standard preparation of multiple vaccines, must be labelled. • Only one vaccine at a time should be prepared and labelled before preparation and labelling of subsequent vaccines. • If multiple syringes are required, they must be prepared, labelled and administered sequentially as independent operations. • The label will be placed on the long axis of the syringe barrel while not covering graduations.
<p>The syringe and needle must be disposed of appropriately.</p>	<ul style="list-style-type: none"> • The syringe and needle, with colour coded label attached, will be disposed of in accordance with the CAHS Waste Management policy and CAHS Sharps Management policy.

APPENDIX A: Structured Administration and Supply Arrangement



Government of **Western Australia**
Department of **Health**

Structured Administration and Supply Arrangement (SASA)

TITLE: Administration of Vaccines by Registered Nurses

1. Authority:

Issued by the Chief Executive Officer of Health under Part 6 of the Medicines and Poisons Regulations 2016.

2. Scope:

This authorises Registered Nurses trained in immunisation to administer vaccines in a public health program.

3. Criteria:

This SASA authorises the actions specified in the table below.

Practitioner:	Registered Nurses who have completed approved training in accordance with Appendix 1
Practice setting:	When employed by, or contracted to provide services to, WA Health, Local Government, Department of Corrective Services, or a Health Service that is a member of the Aboriginal Health Council of WA.
Approved activity:	Administration
Approved medicines:	Vaccines as per Appendix 2
Medical conditions:	Immunisation as per Appendix 2

4. Conditions:

The administration of approved medicines under this SASA is subject to the conditions that:

- a. The Registered Nurse must have successfully completed an immunisation training course approved by the CEO or delivered by a Registered Training Organisation, as per Appendix 1;
- b. Sites where immunisation is being conducted must be appropriately equipped to treat patients in the event of an anaphylactic reaction;

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- c. Patient selection, vaccine administration and follow up care should be in accordance with the Part 2 of the Australian Immunisation Handbook;
- d. Written or documented verbal consent must be obtained from the person, parent or guardian, before each instance of vaccination;
- e. All vaccines administered must be recorded on the Australian Immunisation Register (AIR);
- f. All adverse events occurring following immunisation must be notified to the Western Australian Vaccine Safety Surveillance (WAVSS) system;
- g. The medicines are procured by an authorised person or an appropriate Medicines and Poisons Permit holder;
- h. Procurement, storage and administration is in accordance with Part 9 of the Medicines and Poisons Regulations 2016;
- i. Record keeping is in accordance with Part 12 of the Medicines and Poisons Regulations 2016; and
- j. Storage and transport of the vaccines is in accordance with the *National Vaccine Storage Guidelines: Strive for 5*.

5. References:

- a. *The Australian immunisation handbook* 10th ed. Canberra: Australian Government Department of Health, 2016. Available at: www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home;
- b. *National Vaccine Storage Guidelines 2013: Strive For 5* 2nd ed. Canberra: Australian Government, Department of Health and Ageing. Available at: <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/IMM77-cnt>;
- c. *Western Australian Vaccine Safety Surveillance*. Western Australian Department of Health, 2016. Available at: http://ww2.health.wa.gov.au/Articles/U_Z/Western-Australian-Vaccine-Safety-Surveillance-WAVSS;
- d. Australian Immunisation Register. Available at <https://www.humanservices.gov.au/health-professionals/services/medicare/australian-immunisation-register-health-professionals>;
- e. *Western Australian Immunisation Schedule*. Available at: http://ww2.health.wa.gov.au/Articles/F_I/Immunisation-schedule-and-catch-up-immunisations
- f. *WA Health Policy Framework – Immunisation of Health Care Workers*. Available at: http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=12891.

6. Issued by:

Name:	Dr DJ Russell-Weisz
Position:	Director General
Date:	30 January 2017

Enquiries to: Medicines and Poisons Regulation Branch	Number: 001/1-2017
poisons.regulation@health.wa.gov.au	Date: 30/01/2017

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APPENDIX 1

Approved Training

All Registered Nurses administering a vaccine in accordance with this SASA must have successfully completed an immunisation course approved by the Chief Executive Officer of the Department of Health or an equivalent course provided by a Registered Training Organisation (RTO) or a university, and must maintain their competency through yearly updates.

Approved courses must require participants to demonstrate satisfactory knowledge, understanding and minimum competencies in the following areas:

- a. Storage, transport and handling of vaccines (cold chain);
- b. Obtaining informed consent for vaccination;
- c. Indications and contraindications for vaccination;
- d. Administration of vaccines as per National Health and Medical Research Council (NHMRC) Immunisation Guidelines;
- e. Cardiopulmonary resuscitation (CPR);
- f. Diagnosis and management of anaphylaxis; and
- g. Documentation of vaccination and critical incidents.

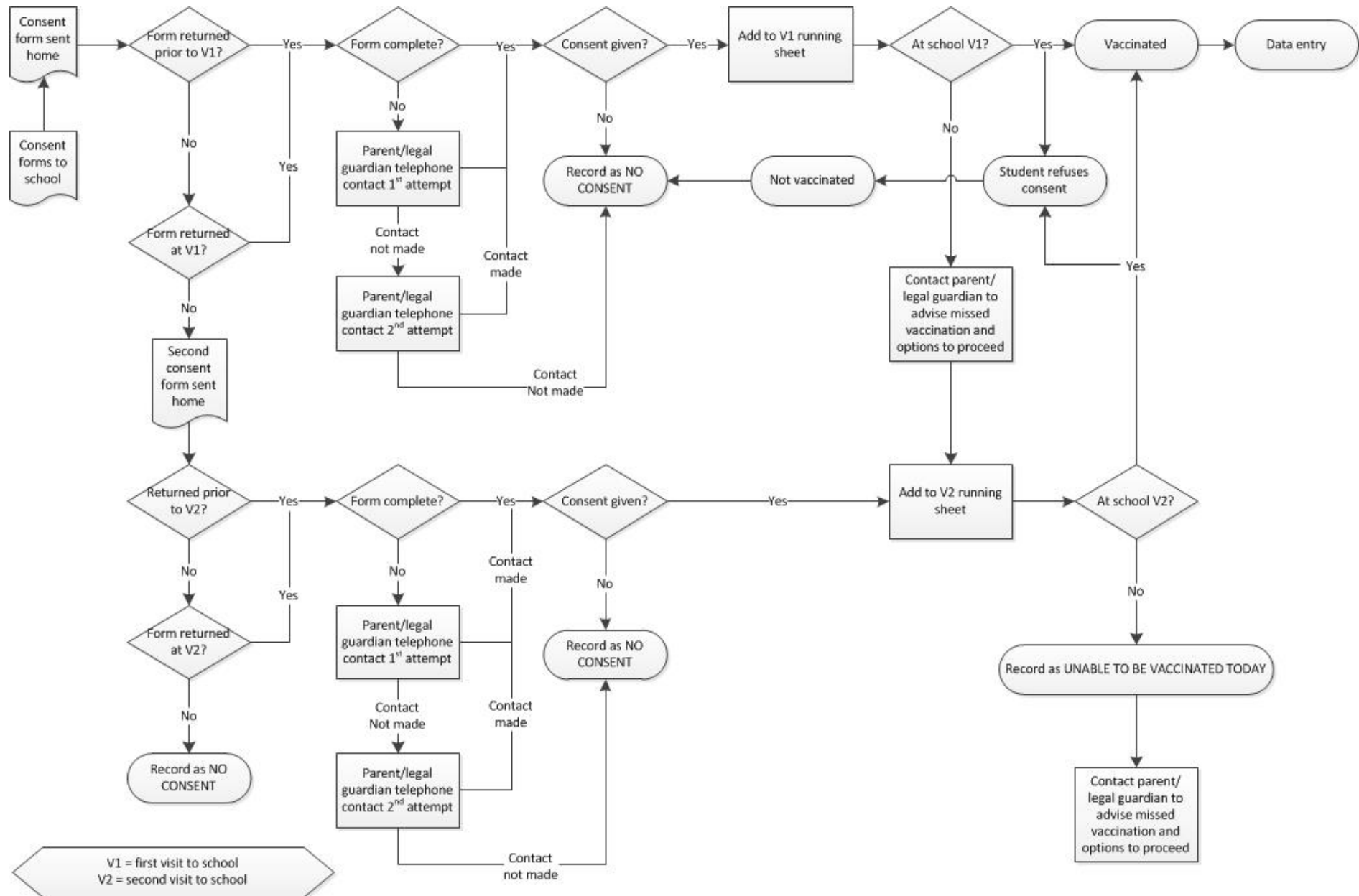
APPENDIX 2

Approved Vaccines

Registered Nurses may only administer vaccines in accordance with this SASA as listed in the table below:

Vaccine	Approved Condition
Diphtheria	<p style="text-align: center;">According to the most current published version of the: <i>Western Australian Immunisation Schedule;</i> or <i>WA Health Policy Framework – Immunisation of Health Care Workers.</i></p>
Haemophilus Influenzae Type B	
Hepatitis A	
Hepatitis B	
Herpes zoster	
Human Papilloma Virus	
Influenza	
Measles	
Meningococcal	
Mumps	
Pertussis	
Pneumococcal	
Poliomyelitis	
Rotavirus	
Rubella	
Tetanus	
Varicella	

APPENDIX B: School Based Immunisation Program Consent Decision-Making Flowchart



References
Australian Government Department of Health. Australian Immunisation Handbook [Internet]. Canberra; 2018 [cited 2018 October 18]. Available from: .https://immunisationhandbook.health.gov.au/contents



Related internal policies, procedures and guidelines
The following documents can be accessed in the Community Health Manual via the HealthPoint link or the Internet link
Immunisation surveillance at schools guideline
Client Identification procedure
Consent for Services policy
Home and Community Visits procedure

Related internal operational policies, resources and forms
The following operational policies, resources and forms can be accessed from the HealthPoint CACH Intranet link
CAHS Immunisation Service
CAHS Waste Management policy
CAHS Sharps Management policy
CAHS – CH Delivering an immunisation service Clinical Competency Assessment Guide (2015) available at: https://cahs-healthpoint.hdwa.health.wa.gov.au/cach/About-Us/Pages/immunisationinfection-control-services.aspx

Additional Department of Health, Government of Western Australia resources and policies
Immunisation schedule and catch-up immunisation - WA Immunisation Schedule
Guidelines for Department of Health Vaccination Programs – School and Community Health Immunisations (OD 0415/13)
Pre-vaccination screening check
National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines (Operational Directive 0647/16)

Australian Government – Department of Health Immunisation information and resources available at: <https://beta.health.gov.au/health-topics/immunisation>

This document can be made available in alternative formats on request for a person with a disability.

Document Owner:	Director Clinical Services Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	12 December 2018	Scheduled Review Date:	12 December 2021
Last Reviewed:	N/A		
Approved by:	CAHS-CH/WACHS Community Health Clinical Nursing Policy Governance Group		
Endorsed by:	Executive Director CAHS-CH	Date:	12 December 2018
Standards Applicable:	NSQHS Standards: 1.1, 1.7, 1.8, 1.9, 1.18  3.6  4.10		
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