



PROCEDURE

Immunisation - Childhood

Scope (Staff):	Community Health
Scope (Area):	Child and Adolescent Community Health (CACH) Immunisation Services

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

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

Aim.....	2
Risk.....	2
Definitions	2
Background.....	3
Key points	3
Assessment of immunisation history.....	4
Exemptions and contraindications	4
Equipment.....	5
Procedures for childhood immunisation	6
Immunisation in a CACH clinic	6
Immunisation in a CACH outreach clinic or other community settings	16
Immunisation in the home	27
Documentation.....	39
Compliance monitoring	40
Appendix 1: Adding an ALERT stamp	45
Appendix 2: Supportive medication	46
Appendix 3: Labelling of injectable vaccines	47
Appendix 4: Minimum labelling requirements for administration of a reconstituted vaccine in an open-practice environment	49

Aim

To ensure CACH Immunisation Services deliver safe, effective and consistent childhood immunisations in line with the [Western Australian Immunisation Schedule](#) and the [Western Australian Aboriginal Immunisation Schedule](#) in community health clinics, outreach clinics and other community settings, and client homes.

Risk

- Sub-optimal immunisation places clients and the wider community at risk of vaccine preventable diseases.
- Failure to identify clients with overdue immunisations results in missed opportunities to implement [catch-up immunisation plans](#).
- Not obtaining valid consent for immunisation increases the risk of legal action.
- Incomplete or inaccurate client immunisation records may impact a family's eligibility for Medicare financial assistance, and the client's ability to be enrolled in or attend childcare or school.
- Failing to flag appropriate alerts increases the likelihood of adverse events following immunisation.
- Incorrect verification of vaccines increases the likelihood of medication errors and associated harm.

Definitions

- **Catch-up immunisation plan:** This plan is designed to quickly and effectively provide optimal disease protection by completing a client's recommended immunisation schedule in one appointment.
- **Complex catch-up immunisation plan:** This plan is completed over more than one appointment. It requires careful planning due to factors such as multiple missed vaccines (requiring correct sequencing and timing), age and health considerations (different vaccines for different ages), immunisation history (especially if incomplete or from overseas) and specific vaccine intervals.
- **[VaccinateWA](#):** A Western Australian vaccination management system that supports the delivery of various immunisation programs. It enables parents/guardians to register their child and provide or decline consent for immunisation.
- **WinVacc:** A data management system used to record, track and report immunisation data, ensuring accurate updates to the [Australian Immunisation Register](#) (AIR).

OD 0435/13 – Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

Background

Immunisation is the safest and most effective way to protect children and the wider community from vaccine-preventable diseases.¹ Healthcare professionals play a crucial role in promoting and improving the immunisation status of Western Australian children by offering opportunistic immunisations and [catch-up immunisation plans](#). Providing accurate information to families that are hesitant about immunisation is essential for enabling parents/guardians to make informed decisions.

Community health clinics, which are nurse-led, follow the [Western Australian Immunisation Schedule](#) and [Western Australian Aboriginal Immunisation Schedule](#). They administer vaccines under the [Structured Administration and Supply Arrangement \(SASA\): Administration of Vaccines by Registered Nurses](#) and [Medicines and Poisons Regulations 2016](#).

Clients accessing community health services will have their immunisation status checked and will be given the opportunity to start or continue with the appropriate [immunisation schedule](#).

Key points

- This procedure must be read alongside [The Australian Immunisation Handbook](#) and [Immunisation Service](#).
- Immunisations will be administered exclusively by Registered Nurses (hereafter: nurses) who have successfully completed the required training and have been assessed as competent in the relevant clinical skills. Refer to the [WA Health Education Requirements for Immunisation Provision](#) and [CACH – Practice Framework for Community Health Nurses](#) for training requirements.
- Nurses will comply with relevant policies and legislation in relation to the safe administration of vaccines as per the [Six Rights of Safe Medication Administration in Immunisation](#), [High Risk Medicines](#) and the [SASA: Administration of Vaccines by Registered Nurses](#).
- Vaccines must be stored and handled in accordance with the [National Vaccine Storage Guidelines ‘Strive for 5’](#) and [Medication Refrigerators and Freezers](#).
- Nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence based.
- Nurses must provide a culturally safe service delivery that demonstrates a welcoming environment and recognises the cultural beliefs and practices of all clients.

- Nurses must follow the organisation's overarching [Infection Prevention and Control Policies](#), including [Aseptic Technique](#). [Hand Hygiene](#) must be performed at all appropriate stages of the procedure in accordance with WA Health guidelines.
- Nurses must apply standard precautions if in contact (or likely to be in contact) with blood or body fluids, non-intact skin and/or mucous membranes.

Assessment of immunisation history

An assessment of the client's immunisation history and status must be made at every appointment using all available electronic systems and paper-based records, including:

- WinVacc
- [VaccinateWA](#)
- the [AIR](#) using [Provider Digital Access](#) (PRODA)
- [Personal Health Record](#) ([Purple Book](#) or equivalent)
- Overseas immunisation record (translated by external services, see [Foreign Language Terms: Aids to Translating Foreign Immunization Records](#)).

Reviewing the client's immunisation history and status on the [AIR](#) and WinVacc must be done **no more than** one business day before the immunisation, and must be included in every immunisation appointment.

All immunisation providers and administrators must be registered for [PRODA](#) with an individual account to access the [AIR](#) through [Health Professional Online Services](#). This can be obtained by visiting the [Services Australia](#) website.

Note: Once registration is complete, the Clinical Nurse Manager (CNM) will add staff into the appropriate clinic.

Exemptions and contraindications

There are only two absolute contraindications to all vaccines:

- anaphylaxis following a previous dose of the relevant vaccine
- anaphylaxis following any [component](#) of the relevant vaccine.

Live vaccines **must not** be administered to clients who are significantly immunocompromised, whether due to disease or treatment. Clients known or suspected to be significantly immunocompromised must be referred to their treating specialist or the [Perth Children's Hospital \(PCH\) Infectious Diseases Department](#).

Equipment

Immunisation in a CACH clinic	<u>Additional</u> equipment for a home visit, outreach clinic or other community setting
<ul style="list-style-type: none"> • Anaphylaxis response kit • Bag valve mask • Personal protective equipment • 3mL Luer Lock syringe • Needles: <ul style="list-style-type: none"> ○ 23g x 25mm (blue safety for intramuscular injection) ○ 23g x 32mm (for drawing up Meningococcal ACWY) ○ 21g x 38mm (green needles for drawing up) ○ Safety needles - 25g x 16mm (for subcut injections) • Sharps disposal containers • Blue trays/kidney dishes • Facial tissues • Alcohol-based hand rub • Wet wipes and disinfectant wipes • Cotton balls • Medical tape • Emesis (vomit) bags • Minimum/maximum thermometer • Data logger • Medication labels • Resources: <ul style="list-style-type: none"> ○ Immunisation Catch-Up Plan ○ Western Australia Childhood Immunisation Record Card ○ Pre-vaccination screening checklist (laminated) ○ Vaccine side effects • Posters: <ul style="list-style-type: none"> ○ Stay close, stay alert ○ Six Rights of Safe Medication Administration in Immunisation 	<ul style="list-style-type: none"> • Rubbish bag • Spill kit • Portable minimum/maximum thermometer (Note: data loggers are not required) • Hardwall cooler/s (e.g. Esky™) – large enough to accommodate all vaccines (loosely packed), ice/gel packs, insulating material and thermometer) • Ice packs/gel packs for cooler/s • Clax trolleys and baskets • Insulating material (e.g. bubble wrap) • Laptop • Resources: <ul style="list-style-type: none"> ○ Home and Community Visiting Checklist (Appendix 2) ○ CAHS Immunisation Batch Number Log – Outreach

Procedures for childhood immunisation

CACH Immunisation Services provide childhood immunisations through three distinct procedures, tailored to different settings:

- [Immunisation in a CACH clinic](#): Immunisations are administered in CACH community health clinics.
- [Immunisation in a CACH outreach clinic or other community settings](#): This method extends CACH immunisation services to clients closer to their home. This may assist clients who have limited access to a community health clinic. Nurses travel to temporary locations, ensuring broader coverage and accessibility.
- [Immunisation in the home](#): This service supports clients who face difficulties visiting CACH community health clinics or outreach clinics by providing immunisations directly in their homes.

Immunisation in a CACH clinic

Steps	Additional information
<p>1. Identify the client</p> <ul style="list-style-type: none"> • At all encounters, verify with the parent/guardian the client's: <ul style="list-style-type: none"> ○ name ○ date of birth ○ address ○ Aboriginal status <ul style="list-style-type: none"> - Ask the parent/guardian "Is your child of Aboriginal or Torres Strait Islander origin?" 	<ul style="list-style-type: none"> • Confirm the client's identity with the parent/guardian. • To reduce the risk of a vaccine error, pay close attention to clients with the same or similar names. • See Patient/Client Identification • Refer to Take 5: Identifying Aboriginal and Torres Strait Islander Clients in Community Health
<p>2. Obtain the client's immunisation history</p> <ul style="list-style-type: none"> • Obtain the client's immunisation history by consulting the parent/guardian and reviewing: <ul style="list-style-type: none"> ○ WinVacc ○ VaccinateWA ○ the AIR using PRODA ○ Personal Health Record 	<ul style="list-style-type: none"> • Reviewing the client's immunisation history and status on the AIR and WinVacc must be done no more than one business day before the immunisation, and must be included in every immunisation appointment. • Nurses may not be able to obtain a client's complete immunisation history if:

Steps	Additional information
<ul style="list-style-type: none"> ○ Overseas Immunisation Record – translated (see Foreign Language Terms: Aids to Translating Foreign Immunization Records) ● Record on the Western Australia Childhood Immunisation Record Card. 	<ul style="list-style-type: none"> ○ parents/guardians do not bring the client's Personal Health Record to the clinic ○ the client has received immunisations overseas. ● Thoroughly check all available online and paper-based records to reduce the chance of a vaccine error. ● Refer to Assessment of immunisation history for more information.
<p>3. Identify any missed or overdue vaccines in the client's immunisation history</p> <ul style="list-style-type: none"> ● Review the client's immunisation history to identify any gaps or missing doses. <ul style="list-style-type: none"> ○ Consider the client's: <ul style="list-style-type: none"> - age - country of birth - Aboriginal status - date of last vaccine (check the interval between doses). ● Develop a catch-up immunisation plan, ensuring minimum intervals between doses are maintained. <ul style="list-style-type: none"> ○ Complex catch-up immunisation plans must not be initiated on the same day. See Step 9. 	<ul style="list-style-type: none"> ● Medically at risk and/or Aboriginal clients are eligible for additional vaccines. Since these vaccines do not show up as overdue on the AIR, it is not a reliable source for identifying overdue vaccines for these clients. ● For missed or overdue immunisation(s), explain the importance of a catch-up immunisation plan to the parent/guardian. <ul style="list-style-type: none"> ○ Detail the catch-up plan, indicating which vaccines can be given during the current appointment and which will require follow-up visit(s). ● Refer to: <ul style="list-style-type: none"> ○ Immunisation schedule and catch-up vaccines ○ The Australian Immunisation Handbook: Catch-up vaccination
<p>4. Perform pre-immunisation screening for indications and contraindications</p>	<ul style="list-style-type: none"> ● See: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook: Fundamentals of immunisation (vaccine contraindications and precautions)

Steps	Additional information
<ul style="list-style-type: none"> • Provide parents/guardians with a laminated copy of the Pre-vaccination screening checklist to review. • In relation to the client, consider: <ul style="list-style-type: none"> ○ Aboriginal status ○ gestation and birth weight ○ anaphylaxis/allergy ○ any reaction following any vaccine (not only severe reactions) ○ acute illness ○ recent immunisation(s) ○ the need for additional vaccines (e.g. seasonal vaccines such as Respiratory Syncytial Virus and influenza). • Identify any contraindications specific to the vaccine(s) to be administered. • Add an ALERT stamp, where required (see Appendix 1). • Determine if supportive medication (e.g. paracetamol) is required (see Appendix 2). 	<ul style="list-style-type: none"> ○ The Australian Immunisation Handbook: Preparing for vaccination
<p>5. Obtain valid consent</p> <ul style="list-style-type: none"> • Obtain valid consent from the parent/guardian before administering a vaccine(s). <ul style="list-style-type: none"> ○ Only parents/guardians with legal authority can provide consent. ○ Informal guardians without Court orders are not authorised to consent. • Discuss the planned vaccines to be given with the client/parent/guardian and provide advice from Useful information following vaccination. 	<ul style="list-style-type: none"> • Consent from one parent/guardian is usually sufficient (unless a Court order has specified otherwise). • If the parent/guardian is not present to consent, refer to Immunisation Service. <ul style="list-style-type: none"> ○ For example, if the client is under the care of the Department of Communities, has a family or children’s court order, is under informal care arrangements, or is accompanied by a carer without legal authority to consent.

Steps	Additional information
<ul style="list-style-type: none"> ○ Address any concerns raised. ● Document consent by having the parent/guardian sign the relevant box on the Western Australia Childhood Immunisation Record Card. ● Document consent in WinVacc. <ul style="list-style-type: none"> ○ Document verbal consent in WinVacc. ○ Refusal to consent must be documented in WinVacc. 	<ul style="list-style-type: none"> ● Clients under 18 years of age who identify as a mature minor must be advised to consult their general practitioner for immunisations. ● Refer to: <ul style="list-style-type: none"> ○ Consent for Services ○ Consent to Treatment ○ The Australian Immunisation Handbook: Preparing for vaccination (valid consent) ● If required, use an interpreter to obtain valid consent from a parent/guardian. See: <ul style="list-style-type: none"> ○ Immunisation Service ○ Language Services ○ Vaccine side effects
<p>6. Prepare the client for immunisation</p> <ul style="list-style-type: none"> ● Ensure access to emergency adrenaline (epinephrine) and a sealed bag valve mask. ● Discuss with the parent/guardian: <ul style="list-style-type: none"> ○ safe positioning of the client ○ the need for the client to remain still ○ all clients are at risk of falling and must be closely supervised ○ order of vaccine administration (e.g. oral followed by injection) ○ age-appropriate distraction techniques ○ potential side effects. <p>Prepare the vaccine(s) in accordance with Aseptic Technique.</p> <p>Note: Prepare vaccines only when ready for administration.</p>	<ul style="list-style-type: none"> ● See: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook: Preparing for vaccination ○ Preparing an anaphylaxis response kit ○ Distraction techniques for vaccination of children ○ Pre-vaccination screening checklist (for information about the side effects of vaccines)

Steps	Additional information
<ul style="list-style-type: none"> • Perform hand hygiene. • Ensure the vaccine refrigerator displays temperatures within the +2°C to +8°C range. • Select the correct vaccine(s) according to the client's age against the Western Australian Immunisation Schedule or Western Australian Aboriginal Immunisation Schedule or catch-up immunisation plan. <ul style="list-style-type: none"> ○ Check the vaccine expiry date(s). • Prepare the immunisation equipment. <ul style="list-style-type: none"> ○ Use a separate syringe and needle for each vaccine. ○ Label each syringe with the vaccine name if preparing multiple vaccines. Refer to Appendix 3. 	
<p>7. Administer the vaccine(s)</p> <p>Note: Aseptic Technique must be adhered to.</p> <ul style="list-style-type: none"> • Perform hand hygiene. • Position the client comfortably (or securely held by the parent/guardian). • Use distraction techniques to help the client remain calm. • Select the correct injection site for the vaccine. If multiple vaccines are to be given, choose the correct injection sites and administration order. <ul style="list-style-type: none"> ○ The most painful vaccine (if known) is to be given last at each visit. • Administer the vaccine(s) in line with The Australian Immunisation Handbook: Administration of vaccines. 	<ul style="list-style-type: none"> • Refer to: <ul style="list-style-type: none"> ○ Six Rights of Safe Medication Administration in Immunisation ○ Exposure to Blood or Bodily Fluids <p>Vaccine error</p> <ul style="list-style-type: none"> • Vaccine errors include administering: <ul style="list-style-type: none"> ○ an expired vaccine ○ doses at incorrect intervals ○ a vaccine compromised by a cold chain breach ○ a diluent only component of a vaccine ○ a vaccine that is contraindicated for an individual or outside the recommended age range. • If there are concerns about the possible effects of the vaccine error,

Steps	Additional information
<ul style="list-style-type: none"> • Dispose of the labelled syringe and needle in line with Waste Management and Sharps Management. • Perform hand hygiene. <p>Vaccine error procedure</p> <ul style="list-style-type: none"> • Discuss the error as soon as identified/practical with an experienced Registered Nurse (RN)/Clinical Nurse (CN)/Clinic Coordinator and the CNM. • Depending on the nature of the vaccine error, seek medical guidance from the Western Australian Vaccine Safety Surveillance System (WAVSS team) or the PCH Infectious Diseases Department. • Commence the Open Disclosure procedure and promptly notify the parent/guardian of the error. <ul style="list-style-type: none"> ○ Offer a sincere apology. ○ Inform that the error has been discussed with the CNM, and if needed, with PCH or WAVSS and communicate their advice. ○ Provide a clear and honest explanation of the incident and how it occurred. ○ Show empathy and reassure the parent/caregiver that the issue will be investigated. • Document the error in the client record. • Complete a Datix Clinical Incident Management System (CIMS) entry. • Report the error via WAVSS. <ul style="list-style-type: none"> ○ WAVSS can provide further advice/support for the client and the parent/guardian. 	<p>contact WAVSS or the PCH Infectious Diseases Department for advice.</p> <ul style="list-style-type: none"> • For more information on vaccine error, see: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook ○ Clinical Incident Management ○ Medication Safety ○ Take 5 – Vaccine error information <p>Family and domestic violence (FDV)</p> <ul style="list-style-type: none"> • If there are any signs of or concerns about FDV (e.g. unexplained or patterned bruising, other injuries, emotional state, body language or developmental concerns), refer to Family and domestic violence – child and school health for appropriate actions. • For more information, see: <ul style="list-style-type: none"> ○ Child Safeguarding and Protection ○ Guidelines for Protecting Children 2020

Steps	Additional information
<p>8. Provide post-immunisation care</p> <ul style="list-style-type: none"> Adverse events following immunisation (AEFIs) are classified as <i>very common</i>, <i>common</i>, <i>uncommon</i>, <i>rare</i> or <i>very rare</i>. Common AEFIs include local reactions (e.g. low-grade fever, tiredness, pain, redness, itching, swelling, nodules and burning), usually lasting for 1-2 days. The most common immediate AEFI in older children is a vasovagal episode (fainting). Anaphylaxis is the most serious, immediate AEFI. It is very rare but can be fatal. <p>Managing AEFIs</p> <ul style="list-style-type: none"> Ask the parent/guardian to remain in the clinic area with the client for 15 minutes post-immunisation, near staff and emergency equipment, including an anaphylaxis response kit. <p>Fainting response</p> <ul style="list-style-type: none"> Initiate the DRSABCD emergency action protocol, as required: <i>Danger</i>, <i>Response</i>, <i>Send for Help</i>, <i>Airway</i>, <i>Breathing</i>, <i>Circulation</i> and <i>Defibrillation</i>. Gently lay the client on their back with their legs raised and supported, if safe. Monitor the client's vital signs (breathing and pulse). If required, provide a verbal clinical handover to ambulance staff in ISOBAR format. 	<ul style="list-style-type: none"> For information on AEFIs, see: <ul style="list-style-type: none"> The Australian Immunisation Handbook: After vaccination Possible side effects of vaccination For more information about fainting, see Fainting. For more information about managing anaphylaxis, see: <ul style="list-style-type: none"> Managing anaphylaxis after vaccination Doses of intramuscular 1:1000 adrenaline for anaphylaxis (adrenaline 1:1000 contains adrenaline 1mg in 1mL) See related CAHS policies: <ul style="list-style-type: none"> Recognising and Responding to Acute Deterioration Clinical Incident Management Allergy and Adverse Drug Reaction Management

Steps	Additional information
<p>Anaphylaxis response</p> <ul style="list-style-type: none"> • Initiate the DRSABCD emergency action protocol, as required: <i>Danger, Response, Send for Help, Airway, Breathing, Circulation and Defibrillation.</i> • Dial 000 for an ambulance. <ul style="list-style-type: none"> ○ Do not leave the client alone. • If unconscious, gently lay the client on their side and position to keep the airway open. • If conscious, gently lay the client on their back, or let them sit up if lying down restricts their breathing. <ul style="list-style-type: none"> ○ Offer reassurance until the ambulance arrives. • Administer adrenaline (epinephrine) by intramuscular injection, as per Managing anaphylaxis after vaccination. • Additional adrenaline doses may be needed every five minutes if there is no improvement. • Provide a verbal clinical handover to ambulance staff in ISOBAR format. • Complete an Immunisation Anaphylaxis Event Record. <p>Communication</p> <ul style="list-style-type: none"> • Reassure the parent/guardian. • Notify the CNM about the AEFI in a timely manner and provide regular updates, as necessary. <p>Documentation</p> <ul style="list-style-type: none"> • Document the AEFI in the client record and WinVacc. 	

Steps	Additional information
<ul style="list-style-type: none"> • Add an ALERT stamp to the client record (see Appendix 1). • Report the AEFI online via WAVSS. See SAFEVAC Reporter Guide WA. Include: <ul style="list-style-type: none"> ○ reporter, vaccinee and immunisation provider details ○ immunisation details (date, time, vaccine, dose, type, batch number, injection site) ○ event details (time between immunisation and symptoms onset, description, treatment, outcome) ○ reporter and vaccinee consent. • Complete the Adverse Drug Reactions e-form. • If the incident meets the criteria for a clinical alert (specified in Clinical Alerts), the Community CACH Medication Safety Pharmacist must be notified. Email: communitycahs.medicationsafetypharmacist@health.wa.gov.au • Report a clinical incident in DATIX CIMS. 	
<p>9. Discuss the next immunisation date</p> <ul style="list-style-type: none"> • Inform the parent/guardian of the next scheduled vaccines. • For a catch-up immunisation plan, complete Immunisation Catch-Up Plan and file it with the client record. <ul style="list-style-type: none"> ○ All catch-up immunisation plans must be checked by an experienced RN/CN. 	<ul style="list-style-type: none"> • For more information, see: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook – Catch-up vaccination ○ The Australian Immunisation Handbook - Catch-up Calculator ○ How to get immunisation history statements ○ Overseas immunisations ○ Templates: Aboriginal child and non-Aboriginal child – Catch up plan

Steps	Additional information
<ul style="list-style-type: none"> ○ If there is a delay or the client has a birthday, create (and check) a new catch-up immunisation plan. ● Document the catch-up immunisation plan in: <ul style="list-style-type: none"> ○ WinVacc (notes section) ○ the AIR (if requested by the parent/guardian). <ul style="list-style-type: none"> - If the client receives up to six vaccines at an appointment, these can be recorded in WinVacc and uploaded to the AIR. ● Do not initiate a complex catch-up immunisation plan on the same day. <ul style="list-style-type: none"> ○ Two nurses must collaborate to calculate the plan. ○ Inform the parent/guardian and Administration to schedule an appointment to start the plan at a later date. 	<ul style="list-style-type: none"> ● Ticking the catch-up immunisation plan in the AIR can occur only once. It cannot be reversed and must be completed within six-months.
<p>10. Document the immunisation(s)</p> <ul style="list-style-type: none"> ● Where possible, place the batch number sticker from the vaccine vial into the Personal Health Record and the Western Australia Childhood Immunisation Record Card. ● Record the vaccine(s) given in WinVacc and upload to the AIR: <ul style="list-style-type: none"> ○ for clinics with on-site support, Administration staff will record the vaccine(s) given in WinVacc and upload to the AIR ○ if no Administration staff are available, nurses will record the vaccine(s) given in WinVacc and upload to the AIR. 	<ul style="list-style-type: none"> ● See Australian Immunisation Register (AIR): Submitting to the AIR

Immunisation in a CACH outreach clinic or other community settings

Steps	Additional information
<p>1. Confirm client bookings</p> <ul style="list-style-type: none"> • CNM advises the nurse(s) whether Administration support will be available on the day of the outreach clinic. • Use the booking calendar to determine the number and types of vaccines required. 	<ul style="list-style-type: none"> • If needed, order vaccines.
<p>2. Prepare for the outreach clinic</p> <p>24 to 48 hours before the clinic</p> <ul style="list-style-type: none"> • Pre-chill the cooler in line with the National Vaccine Storage Guidelines 'Strive for 5'. • Check and restock the required equipment and consumables. <p>Morning of the clinic</p> <ul style="list-style-type: none"> • Check emergency equipment (e.g. adrenaline expiry date and sealed bag valve mask). • Start the cold chain process and document, as required. <ul style="list-style-type: none"> ○ Check the cooler alarms are set between +2°C and +8°C. • Condition the ice packs/gel packs as per the National Vaccine Storage Guidelines 'Strive for 5'. • Determine and count the required vaccines, recording them on CAHS Immunisation Batch Number Log – Outreach. • Pack the cooler once the temperature is within the range of +2°C and +8°C. • Load all equipment into the vehicle. 	<ul style="list-style-type: none"> • See: <ul style="list-style-type: none"> ○ Home and Community Visits ○ Risk Management (Clinical and Corporate) ○ Incident and Hazard Reporting ○ Speaking Up for Safety ○ Risk Management of Hazardous Manual Tasks • For information about cold chain management, see the National Vaccine Storage Guidelines 'Strive for 5'. • For cold chain breaches, see Medication Refrigerators and Freezers.

Steps	Additional information
<p>3. Set-up the outreach clinic</p> <ul style="list-style-type: none"> • Assess the location for any safety hazards, ensuring there is adequate lighting and space for immunisations. <ul style="list-style-type: none"> ○ Report unresolved issues to the CNM. • Prepare a clean, safe and private area for immunisations. • Ensure all equipment and supplies are available. 	<ul style="list-style-type: none"> • See: <ul style="list-style-type: none"> ○ Home and Community Visits ○ Risk Management (Clinical and Corporate) ○ Incident and Hazard Reporting ○ Speaking Up for Safety • Maintain the cold chain (see the National Vaccine Storage Guidelines 'Strive for 5') • For cold chain breaches, see Medication Refrigerators and Freezers
Commence delivery of the outreach clinic	
<p>4. Identify the client</p> <ul style="list-style-type: none"> • At all encounters, verify with the parent/guardian the client's: <ul style="list-style-type: none"> ○ name ○ date of birth ○ address ○ Aboriginal status <ul style="list-style-type: none"> - Ask the parent/guardian "Is your child of Aboriginal or Torres Strait Islander origin?" 	<ul style="list-style-type: none"> • Confirm the client's identity with the parent/guardian. • To reduce the risk of a vaccine error, pay close attention to clients with the same or similar names. • See Patient/Client Identification • Refer to Take 5: Identifying Aboriginal and Torres Strait Islander Clients in Community Health
<p>5. Obtain the client's immunisation history</p> <ul style="list-style-type: none"> • Obtain the client's immunisation history by consulting the parent/guardian and reviewing: <ul style="list-style-type: none"> ○ WinVacc ○ VaccinateWA ○ the AIR using PRODA ○ Personal Health Record ○ Overseas Immunisation Record – translated (see Foreign Language 	<ul style="list-style-type: none"> • Reviewing the client's immunisation history and status on the AIR and WinVacc must be done no more than one business day before the immunisation, and must be included in every immunisation appointment. • Nurses may not be able to obtain a client's complete immunisation history if: <ul style="list-style-type: none"> ○ parents/guardians do not bring the client's Personal Health Record to the clinic

Steps	Additional information
<p>Terms: Aids to Translating Foreign Immunization Records).</p> <ul style="list-style-type: none"> Record on the Western Australia Childhood Immunisation Record Card. 	<ul style="list-style-type: none"> the client has received immunisations overseas. Thoroughly check all available online and paper-based records to reduce the chance of a vaccine error. Refer to Assessment of immunisation history for more information.
<p>6. Identify any missed or overdue vaccines in the client's immunisation history</p> <ul style="list-style-type: none"> Review the client's immunisation history to identify any gaps or missing doses. <ul style="list-style-type: none"> Consider the client's: <ul style="list-style-type: none"> age country of birth Aboriginal status date of last immunisation (check the interval between doses). Develop a catch-up immunisation plan, ensuring minimum intervals between doses are maintained. Complex catch-up immunisation plans must not be initiated on the same day. See Step 12. 	<ul style="list-style-type: none"> Medically at risk and/or Aboriginal clients are eligible for additional vaccines. Since these vaccines do not show up as overdue on the AIR, it is not a reliable source for identifying overdue vaccines for these clients. For missed/overdue immunisation(s), explain the importance of a catch-up immunisation plan to the parent/guardian. <ul style="list-style-type: none"> Detail the catch-up immunisation plan, indicating which vaccines can be given during the current appointment and which will require follow-up visit(s). Refer to: <ul style="list-style-type: none"> Immunisation schedule and catch-up vaccines The Australian Immunisation Handbook: Catch-up vaccination
<p>7. Perform pre-immunisation screening for indications and contraindications</p> <ul style="list-style-type: none"> Provide parents/guardians with a laminated copy of the Pre-vaccination screening checklist to review. In relation to the client, consider: <ul style="list-style-type: none"> Aboriginal status gestation and birth weight anaphylaxis/allergy 	

Steps	Additional information
<ul style="list-style-type: none"> ○ any reaction following any vaccine (not only severe reactions) ○ acute illness ○ recent immunisation(s) ○ the need for additional vaccines (e.g. seasonal vaccines such as Respiratory Syncytial Virus and influenza). ● Identify any contraindications specific to the vaccine(s) to be administered. ● Add an ALERT stamp, where required (see Appendix 1). ● Determine if supportive medication (e.g. paracetamol) is required (Appendix 2). 	
<p>8. Obtain valid consent</p> <ul style="list-style-type: none"> ● Obtain valid consent from the parent/guardian before administering a vaccine(s). <ul style="list-style-type: none"> ○ Only parents/guardians with legal authority can provide consent. ○ Informal guardians without Court orders are not authorised to consent. ● Discuss the planned vaccines to be given with the client/parent/guardian and provide advice from Useful information following vaccination. <ul style="list-style-type: none"> ○ Address any concerns raised. ● Document consent by having the parent/guardian sign the relevant box in the Western Australia Childhood Immunisation Record Card. ● Document consent in WinVacc. <ul style="list-style-type: none"> ○ Document verbal consent in WinVacc. 	<ul style="list-style-type: none"> ● Consent from one parent/guardian is usually sufficient (unless a Court order has specified otherwise). ● If the parent/guardian is not present to consent, refer to Immunisation Service. <ul style="list-style-type: none"> ○ For example, if the client is under the care of the Department of Communities, has a family or children’s court order, is under informal care arrangements, or is accompanied by a carer without legal authority to consent. ● Clients under 18 years of age who identify as a mature minor must be advised to consult their general practitioner for immunisations. ● Refer to: <ul style="list-style-type: none"> ○ Consent for Services ○ Consent to Treatment

Steps	Additional information
<ul style="list-style-type: none"> ○ Refusal to consent must be documented in WinVacc. 	<ul style="list-style-type: none"> ○ The Australian Immunisation Handbook: Preparing for vaccination (valid consent) ● If required, use an interpreter to obtain valid consent from a parent/guardian. See: <ul style="list-style-type: none"> ○ Immunisation Service ○ Language Services ○ Vaccine side effects
<p>9. Prepare the client for immunisation</p> <ul style="list-style-type: none"> ● Ensure access to emergency adrenaline (epinephrine) and a sealed bag valve mask. ● Discuss with parent/guardian: <ul style="list-style-type: none"> ○ safe positioning of the client ○ the need for the client to remain still ○ that all clients are at risk of falling and must be closely supervised ○ order of vaccine administration (e.g. oral followed by injection) ○ age-appropriate distraction techniques ○ potential side effects. <p>Prepare the vaccine(s) in accordance with Aseptic Technique</p> <p>Note: Prepare vaccines only when ready for administration.</p> <ul style="list-style-type: none"> ● Perform hand hygiene. ● Ensure the cooler displays temperatures within the +2°C to +8°C range. ● Select the correct vaccine(s) according to the client's age against the Western Australian Immunisation Schedule or Western Australian Aboriginal 	<ul style="list-style-type: none"> ● See: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook: Preparing for vaccination ○ Preparing an anaphylaxis response kit ○ Distraction techniques for vaccination of children ○ Pre-vaccination screening checklist (for information about the side effects of vaccines)

Steps	Additional information
<p>Immunisation Schedule or catch-up immunisation plan.</p> <ul style="list-style-type: none"> ○ Check the vaccine expiry date(s). ● Prepare the immunisation equipment. <ul style="list-style-type: none"> ○ Use a separate syringe and needle for each vaccine. ○ Label each syringe with the vaccine name if preparing multiple vaccines. <p>Refer to Appendix 3.</p>	
<p>10. Administer the vaccine(s)</p> <p>Note: Aseptic Technique must be adhered to.</p> <ul style="list-style-type: none"> ● Perform hand hygiene. ● Position the client comfortably (or securely held by the parent/guardian). ● Use distraction techniques to help the client remain calm. ● Select the correct injection site for the vaccine. If multiple vaccines are to be given, choose the correct injection sites and administration order. <ul style="list-style-type: none"> ○ The most painful vaccine (if known) is to be given last at each visit. ● Administer the vaccine(s) in line with The Australian Immunisation Handbook: Administration of vaccines. ● Dispose of the labelled syringe and needle in line with Waste Management and Sharps Management. ● Perform hand hygiene. <p>Vaccine error procedure</p> <ul style="list-style-type: none"> ● Discuss the error as soon as identified/practical with an experienced 	<ul style="list-style-type: none"> ● Refer to: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook: Administration of vaccines ○ Six Rights of Safe Medication Administration in Immunisation ○ Exposure to Blood or Bodily Fluids <p>Vaccine error</p> <ul style="list-style-type: none"> ● Vaccine errors include administering: <ul style="list-style-type: none"> ○ an expired vaccine ○ doses at incorrect intervals ○ a vaccine compromised by a cold chain breach ○ a diluent only component of a vaccine ○ a vaccine that is contraindicated for an individual or outside the recommended age range. ● If there are concerns about the possible effects of the vaccine error, contact WAVSS or the PCH Infectious Diseases Department for advice. ● For more information on vaccine error, see: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook

Steps	Additional information
<p>RN/CN/Clinic Coordinator and the CNM.</p> <ul style="list-style-type: none"> • Depending on the nature of the vaccine error, seek medical guidance from the Western Australian Vaccine Safety Surveillance System (WAVSS team) or the PCH Infectious Diseases Department. • Commence the Open Disclosure procedure and promptly notify the parent/guardian of the error. <ul style="list-style-type: none"> ○ Offer a sincere apology. ○ Inform that the error has been discussed with the CNM, and if needed, with PCH or WAVSS and communicate their advice. ○ Provide a clear and honest explanation of the incident and how it occurred. ○ Show empathy and reassure the parent/caregiver that the issue will be investigated. • Document the error in the client record. • Complete a Datix Clinical Incident Management System (CIMS) entry. • Report the error via WAVSS. <ul style="list-style-type: none"> ○ WAVSS can provide further advice/support for the client and the parent/guardian. 	<ul style="list-style-type: none"> ○ Clinical Incident Management ○ Medication Safety ○ Take 5 – Vaccine error information <p>Family and domestic violence (FDV)</p> <ul style="list-style-type: none"> • If there are any signs of or concerns about FDV (e.g. unexplained or patterned bruising, other injuries, emotional state, body language or developmental concerns), refer to Family and domestic violence – child and school health for appropriate actions. • For more information, see: <ul style="list-style-type: none"> ○ Child Safeguarding and Protection ○ Guidelines for Protecting Children 2020
<p>11. Provide post-immunisation care</p> <ul style="list-style-type: none"> • AEFIs are classified as <i>very common</i>, <i>common</i>, <i>uncommon</i>, <i>rare</i> or <i>very rare</i>. • Common AEFIs include local reactions (e.g. low-grade fever, tiredness, pain, 	<ul style="list-style-type: none"> • For information on AEFIs, see: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook: After vaccination ○ Possible side effects of vaccination • For more information about fainting, see Fainting.

Steps	Additional information
<p>redness, itching, swelling, nodules and burning), usually lasting for 1-2 days.</p> <ul style="list-style-type: none"> The most common immediate AEFI in older children is a vasovagal episode (fainting). Anaphylaxis is the most serious, immediate AEFI. It is very rare but can be fatal. <p>Managing AEFIs</p> <ul style="list-style-type: none"> Ask the parent/guardian to remain in the clinic area with the client for 15 minutes after immunisation, near staff and emergency equipment, including an anaphylaxis response kit. <p>Fainting response</p> <ul style="list-style-type: none"> Initiate the DRSABCD emergency action protocol, as required: <i>Danger, Response, Send for Help, Airway, Breathing, Circulation and Defibrillation</i>. Gently lay the client on their back with their legs raised and supported, if safe. Monitor the client's vital signs (breathing and pulse). If required, provide a verbal clinical handover to ambulance staff in ISOBAR format. <p>Anaphylaxis response</p> <ul style="list-style-type: none"> Initiate the DRSABCD emergency action protocol, as required: <i>Danger, Response, Send for Help, Airway, Breathing, Circulation and Defibrillation</i>. Dial 000 for an ambulance. <ul style="list-style-type: none"> Do not leave the client alone. 	<ul style="list-style-type: none"> For more information about managing anaphylaxis, see: <ul style="list-style-type: none"> Managing anaphylaxis after vaccination Doses of intramuscular 1:1000 adrenaline for anaphylaxis (adrenaline 1:1000 contains adrenaline 1mg in 1mL) See related CAHS policies: <ul style="list-style-type: none"> Recognising and Responding to Acute Deterioration Clinical Incident Management Allergy and Adverse Drug Reaction Management

Steps	Additional information
<ul style="list-style-type: none"> • If unconscious, gently lay the client on their side and position to keep the airway open. • If conscious, gently lay the client on their back, or let them sit up if lying down restricts their breathing. <ul style="list-style-type: none"> ○ Offer reassurance until the ambulance arrives. • Administer adrenaline (epinephrine) by intramuscular injection, as per Managing anaphylaxis after vaccination. • Additional adrenaline doses may be needed every five minutes if there is no improvement. • Provide a verbal clinical handover to ambulance staff in ISOBAR format. • Complete an Immunisation Anaphylaxis Event Record. <p>Communication</p> <ul style="list-style-type: none"> • Reassure the parent/guardian. • Notify the CNM about the AEFI in a timely manner and provide regular updates, as necessary. <p>Documentation</p> <ul style="list-style-type: none"> • Document the AEFI in the client record and WinVacc. • Add an ALERT stamp to the client record (see Appendix 1). • Report the AEFI online via WAVSS. See SAFEVAC Reporter Guide WA. Include: <ul style="list-style-type: none"> ○ reporter, vaccinee and immunisation provider details 	

Steps	Additional information
<ul style="list-style-type: none"> ○ immunisation details (date, time, vaccine, dose, type, batch number, injection site) ○ event details (time between immunisation and symptoms onset, description, treatment, outcome) ○ reporter and vaccinee consent. ● Complete the Adverse Drug Reactions e-form. ● If the incident meets the criteria for a clinical alert (specified in Clinical Alerts), the Community CACH Medication Safety Pharmacist must be notified. <ul style="list-style-type: none"> ○ Email: communitycahs.medicationsafetypharmacist@health.wa.gov.au ● Report a clinical incident in DATIX CIMS. 	
<p>12. Discuss the next immunisation date</p> <ul style="list-style-type: none"> ● Inform the parent/guardian of the next scheduled vaccines. ● For a catch-up immunisation plan, complete Immunisation Catch-Up Plan and file it with the client record. <ul style="list-style-type: none"> ○ All catch-up immunisation plans must be checked by an experienced RN/CN. ○ If there is a delay or the client has a birthday, create (and check) a new catch-up immunisation plan. ● Document the catch-up immunisation plan in: <ul style="list-style-type: none"> ○ WinVacc (notes section) 	<ul style="list-style-type: none"> ● For more information, see: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook – Catch-up vaccination ○ The Australian Immunisation Handbook - Catch-up Calculator ○ Immunisation Catch-Up Plan ○ Templates: Aboriginal child and non-Aboriginal child – Catch up plans ● Ticking the catch-up immunisation plan in the AIR can occur only once. It cannot be reversed and must be completed within six-months.

Steps	Additional information
<ul style="list-style-type: none"> ○ the AIR (if requested by parent/guardian). <ul style="list-style-type: none"> - If the client receives up to six vaccines at an appointment, these can be recorded in WinVacc and uploaded to the AIR. ● Do not initiate complex catch-up immunisation plans on the same day. <ul style="list-style-type: none"> ○ Two nurses must collaborate to calculate the plan. ○ Inform the parent/guardian and Admin to schedule an appointment to start the plan at a later date. 	
<p>13. Document the immunisation(s)</p> <ul style="list-style-type: none"> ● Where possible, place the batch number sticker from the vaccine vial into the Personal Health Record and the Western Australia Childhood Immunisation Record Card. ● Record the vaccine(s) given in WinVacc and upload to the AIR: <ul style="list-style-type: none"> ○ for clinics with on-site support, Administration staff will record the vaccine(s) given in WinVacc and upload to the AIR ○ if no Administration staff are available, nurses will record the vaccine(s) given in WinVacc and upload to the AIR. 	<ul style="list-style-type: none"> ● See Australian Immunisation Register (AIR): Submitting to the AIR
Clinic pack-down and return to base	
<p>14. Clinic pack-down</p> <ul style="list-style-type: none"> ● Clean and pack away re-usable items and consumables. 	<ul style="list-style-type: none"> ● See: <ul style="list-style-type: none"> ○ Home and Community Visits ○ Risk Management of Hazardous Manual Tasks

Steps	Additional information
<ul style="list-style-type: none"> • Secure the sharps containers with the front lock. • Bag all rubbish to take back to base. • Transport and load equipment into the vehicle. <p>Back at base</p> <ul style="list-style-type: none"> • Unpack the vehicle. • Complete the final temperature reading. • Unpack the cooler. • Return unused vaccines to the refrigerator(s). • Return ice packs/gel packs to freezer storage. • Restock equipment to ensure readiness for the next clinic. 	<ul style="list-style-type: none"> • For cold chain maintenance and breach information, see: <ul style="list-style-type: none"> ○ National Vaccine Storage Guidelines 'Strive for 5' ○ Medication Refrigerators and Freezers

Immunisation in the home

The criteria for immunisation in the home are primarily based on clinical judgement and consideration of family circumstances that make it challenging to visit an immunisation clinic, such as:

- families with multiple births
- those facing personal, social or environmental barriers to transportation
- families with members who have a physical or intellectual disability.

Steps	Additional information
<p>1. Identify a client for immunisation in the home</p> <ul style="list-style-type: none"> • Community health nurse or Immunisation nurse identifies a client for immunisation in the home. <ul style="list-style-type: none"> ○ Clients who are overdue for immunisations are identified using lists generated from the AIR or by reviewing client record cards. 	<ul style="list-style-type: none"> • Immunisation history can be obtained by consulting with parents/guardians and viewing: <ul style="list-style-type: none"> ○ WinVacc ○ VaccinateWA ○ the AIR using PRODA ○ Personal Health Record ○ Overseas Immunisation Record – translated (see Foreign Language)

Steps	Additional information
	<p>Terms: Aids to Translating Foreign Immunization Records)</p> <ul style="list-style-type: none"> • Thoroughly check all available resources prior to vaccinating to reduce the chance of a vaccine error. • See Home and Community Visits
<p>2. Obtain management approval to provide immunisation in the home</p> <ul style="list-style-type: none"> • Submit an email request to the CNM detailing the need for a home visit, including the client's immunisation status and any barriers to clinic access. • CNM to forward the email request to relevant Immunisation CNM (north or south zone). • Immunisation CNM contacts the appropriate Immunisation Services Team and allocates them a client(s) for immunisation in the home. <p>Note:</p> <ul style="list-style-type: none"> ○ Two registered nurses must undertake the home visit, one which must be an immunisation-competent nurse (see High Risk Medicines - fully independent second check). ○ For situations where two immunisation competent nurses are not available, refer to the CNM and Home and Community Visits. <ul style="list-style-type: none"> • Document approval in the client record and proceed with planning the visit. 	<ul style="list-style-type: none"> • See Home and Community Visits

Steps	Additional information
<p>3. Contact the parent/guardian to schedule the home visit, and perform pre-immunisation screening for indications and contraindications</p> <ul style="list-style-type: none"> • Immunisation Nurse to contact the parent/guardian by telephone and schedule a home visit. • Provide summary information about the immunisation process. • Record the home visit in the local clinic calendar. • Obtain the client's immunisation history and record it on the Western Australia Childhood Immunisation Record Card. • In relation to the client, consider: <ul style="list-style-type: none"> ○ Aboriginal status ○ gestation and birth weight ○ anaphylaxis/allergy ○ any reaction following any vaccine (not only severe reactions) ○ acute illness ○ recent immunisation(s) ○ the need for additional vaccines (e.g. seasonal vaccines such as Respiratory Syncytial Virus and influenza). • Identify any contraindications specific to the vaccine(s) to be administered. • Determine if supportive medication (e.g. paracetamol) is required (see Appendix 2). 	<ul style="list-style-type: none"> • Reviewing the client's immunisation history and status on the AIR and WinVacc must be done no more than one business day before the immunisation, and must be included in every immunisation appointment. • Nurses may not be able to obtain a client's complete immunisation history if: <ul style="list-style-type: none"> ○ parents/guardians do not have the client's Personal Health Record ○ the client has received immunisations overseas. • Thoroughly check all available online and paper-based records to reduce the chance of a vaccine error. • For further information regarding indications and contraindications, see: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook: Fundamentals of immunisation (vaccine contraindications and precautions) ○ The Australian Immunisation Handbook: Preparing for vaccination
<p>4. Prepare for the home visit</p> <p>Risk assessment</p> <ul style="list-style-type: none"> • Conduct a risk assessment to evaluate the safety of the home visit. 	<ul style="list-style-type: none"> • See: <ul style="list-style-type: none"> ○ Home and Community Visits ○ Risk Management (Clinical and Corporate)

Steps	Additional information
<ul style="list-style-type: none"> ○ Complete Home and Community Visiting Checklist (Appendix 2). ○ If safety concerns are identified, consult the CNM. <p>24 to 48 hours prior to the home visit</p> <ul style="list-style-type: none"> ● Pre-chill the cooler as per the National Vaccine Storage Guidelines 'Strive for 5'. ● Check and re-stock the required equipment and consumables. <p>Morning of the home visit</p> <ul style="list-style-type: none"> ● Check the emergency equipment (e.g. adrenaline expiry date and sealed bag valve mask). ● Start the cold chain process and document, as required. <ul style="list-style-type: none"> ○ Check the cooler alarms are set between +2°C and +8°C. ○ See CAHS Immunisation Batch Number Log – Outreach. ● Condition the ice packs/gel packs (see National Vaccine Storage Guidelines 'Strive for 5'). ● Pack the cooler once the temperature is within the range of +2°C and +8°C. ● Load all equipment into the vehicle. 	<ul style="list-style-type: none"> ○ Incident and Hazard Reporting ○ Speaking Up for Safety ○ Risk Management of Hazardous Manual Tasks <ul style="list-style-type: none"> ● For information about cold chain management, see the National Vaccine Storage Guidelines 'Strive for 5'. ● For cold chain breaches, see Medication Refrigerators and Freezers.
<p>At the home visit</p> <p>Note: Two registered nurses, including one immunisation-competent nurse, must conduct the visit.</p>	
<p>5. Identify the client</p> <ul style="list-style-type: none"> ● At all encounters, verify with the parent/guardian the client's: <ul style="list-style-type: none"> ○ name ○ date of birth 	<ul style="list-style-type: none"> ● Confirm the client's identity with the parent/guardian. ● To reduce the risk of a vaccine error, pay close attention to clients with the same or similar names.

Steps	Additional information
<ul style="list-style-type: none"> ○ address ○ Aboriginal status <ul style="list-style-type: none"> - Ask the parent/guardian “Is your child of Aboriginal or Torres Strait Islander origin?” 	<ul style="list-style-type: none"> ● See Patient/Client Identification ● Refer to Take 5: Identifying Aboriginal and Torres Strait Islander Clients in Community Health
<p>6. Confirm the client’s immunisation history and identify any missed or overdue vaccines</p> <ul style="list-style-type: none"> ● Review the client’s vaccination history and, if required, update the Western Australia Childhood Immunisation Record Card. 	<ul style="list-style-type: none"> ● Medically at risk and/or Aboriginal clients are eligible for additional vaccines. Since these vaccines do not show up as overdue on the AIR, it is not a reliable source for identifying overdue vaccines for these clients. ● Nurses may not obtain a client’s complete immunisation history if: <ul style="list-style-type: none"> ○ parents/guardians do not have the client’s Personal Health Record ○ the client has received immunisations overseas. ● Thoroughly check all available online and paper-based records prior to vaccinating to reduce the chance of a vaccine error. ● For missed/overdue immunisation(s), explain the importance of a catch-up immunisation plan to the parent/guardian. <ul style="list-style-type: none"> ○ Detail the catch-up immunisation plan, indicating which vaccines can be given during the current appointment and which will require follow-up visit(s). ● Refer to: <ul style="list-style-type: none"> ○ Immunisation schedule and catch-up vaccines ○ The Australian Immunisation Handbook: Catch-up vaccination

Steps	Additional information
<p>7. Obtain valid consent</p> <ul style="list-style-type: none"> • Obtain valid consent from the parent/guardian before administering a vaccine(s). <ul style="list-style-type: none"> ○ Only parents or guardians with legal authority can provide consent. ○ Informal guardians without Court orders are not authorised to consent. • Discuss the planned vaccines to be given with the client/parent/guardian and provide advice from Useful information following vaccination. <ul style="list-style-type: none"> ○ Address any concerns raised. • Document consent by having the parent/guardian sign the relevant box in the Western Australia Childhood Immunisation Record Card. • Document consent in WinVacc. <ul style="list-style-type: none"> ○ Document verbal consent in WinVacc. ○ Refusal to consent must be documented in WinVacc. 	<ul style="list-style-type: none"> • Consent from one parent/guardian is usually sufficient (unless a Court order has specified otherwise). • If the parent/guardian is not present to consent, refer to Immunisation Service. <ul style="list-style-type: none"> ○ For example, if the client is under the care of the Department of Communities, has a family or children’s court order, is under informal care arrangements, or is accompanied by a carer without legal authority to consent. • Clients under 18 years of age who identify as a mature minor must be advised to consult their general practitioner for immunisations. • Refer to: <ul style="list-style-type: none"> ○ Consent for Services ○ Consent to Treatment ○ The Australian Immunisation Handbook: Preparing for vaccination (valid consent) • If required, use an interpreter to obtain valid consent from a parent/guardian. See: <ul style="list-style-type: none"> ○ Immunisation Service ○ Language Services ○ Vaccine side effects
<p>8. Prepare the client for immunisation</p> <ul style="list-style-type: none"> • Ensure access to emergency adrenaline (epinephrine) and a sealed bag valve mask. • Discuss with the parent/guardian: <ul style="list-style-type: none"> ○ safe positioning of the client ○ the need for the client to remain still 	<ul style="list-style-type: none"> • See: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook: Preparing for vaccination ○ Preparing an anaphylaxis response kit ○ Distraction techniques for vaccination of children

Steps	Additional information
<ul style="list-style-type: none"> ○ all clients are at risk of falling and must be closely supervised ○ order of vaccine administration (e.g. oral followed by injection) ○ age-appropriate distraction techniques ○ potential side effects. <p>Prepare the vaccine(s) in accordance with Aseptic Technique</p> <p>Note: Prepare vaccines only when ready for administration.</p> <ul style="list-style-type: none"> ● Perform hand hygiene. ● Ensure the cooler displays temperatures within the +2°C to +8°C range. ● Select the correct vaccine(s) according to the client's age against the Western Australian Immunisation Schedule or Western Australian Aboriginal Immunisation Schedule or catch-up immunisation plan. <ul style="list-style-type: none"> ○ Check the vaccine expiry date(s). ● Prepare the immunisation equipment. <ul style="list-style-type: none"> ○ Use a separate syringe and needle for each vaccine. ○ Label each syringe with the vaccine name if preparing multiple vaccines. Refer to Appendix 3. 	<ul style="list-style-type: none"> ○ Pre-vaccination screening checklist (for information about the side effects of vaccines)
<p>9. Administer the vaccine(s)</p> <p>Note: Aseptic Technique must be adhered to.</p> <ul style="list-style-type: none"> ● Perform hand hygiene. 	<ul style="list-style-type: none"> ● Refer to: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook: Administration of vaccines ○ Six Rights of Safe Medication Administration in Immunisation

Steps	Additional information
<ul style="list-style-type: none"> • Position the client comfortably (or securely held by the parent/guardian). • Use distraction techniques to help the client remain calm. • Select the correct injection site for the vaccine. If multiple vaccines are to be given, choose the correct injection sites and administration order. <ul style="list-style-type: none"> ○ The most painful vaccine (if known) is to be given last at each visit. • Administer the vaccine(s) in line with The Australian Immunisation Handbook: Administration of vaccines. • Dispose of the labelled syringe and needle in line with Waste Management and Sharps Management. • Perform hand hygiene. <p>Vaccine error procedure</p> <ul style="list-style-type: none"> • If you identify a vaccine error during a home visit: <ul style="list-style-type: none"> ○ Do not discuss the error while at the home. ○ Upon returning to the clinic, discuss the error as soon as practical with the CNM. • Depending on the nature of the vaccine error, seek medical guidance from the Western Australian Vaccine Safety Surveillance System (WAVSS team) or the PCH Infectious Diseases Department. • Commence the Open Disclosure procedure and notify the parent/guardian of the error. <ul style="list-style-type: none"> ○ Offer a sincere apology. 	<ul style="list-style-type: none"> ○ Exposure to Blood or Bodily Fluids <p>Vaccine error</p> <ul style="list-style-type: none"> • Vaccine errors include administering: <ul style="list-style-type: none"> ○ an expired vaccine ○ doses at incorrect intervals ○ a vaccine compromised by a cold chain breach ○ a diluent only component of a vaccine ○ a vaccine that is contraindicated for an individual or outside the recommended age range. • If there are concerns about the possibility of the effects of the vaccine error, contact WAVSS or the PCH Infectious Diseases Department for advice. • For more information on vaccine error, see: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook ○ Clinical Incident Management ○ Medication Safety ○ Take 5 – Vaccine error information <p>Family and domestic violence (FDV)</p> <ul style="list-style-type: none"> • If there are any signs of or concerns about FDV (e.g. unexplained or patterned bruising, other injuries, emotional state, body language or developmental concerns), refer to Family and domestic violence – child and school health for appropriate actions. • For more information, see: <ul style="list-style-type: none"> ○ Child Safeguarding and Protection

Steps	Additional information
<ul style="list-style-type: none"> ○ Inform that the error has been discussed with the CNM, and if needed, with PCH or WAVSS and communicate their advice. ○ Provide a clear and honest explanation of the incident and how it occurred. ○ Show empathy and reassure the parent/caregiver that the issue will be investigated. ● Document the error in the client record. ● Complete a Datix Clinical Incident Management System (CIMS) entry. ● Report the error via WAVSS. <ul style="list-style-type: none"> ○ WAVSS can provide further advice/support for the client and the parent/guardian. 	<ul style="list-style-type: none"> ○ Guidelines for Protecting Children 2020
<p>10. Provide post-immunisation care</p> <ul style="list-style-type: none"> ● AEFIs are classified as <i>very common, common, uncommon, rare or very rare</i>. ● Common AEFIs include local reactions (e.g. low-grade fever, tiredness, pain, redness, itching, swelling, nodules and burning), usually lasting for 1-2 days. ● The most common immediate AEFI in older children is a vasovagal episode (fainting). ● Anaphylaxis is the most serious, immediate AEFI. It is very rare but can be fatal. <p>Managing AEFIs</p> <ul style="list-style-type: none"> ● Ask the parent/guardian to remain with the client for 15 minutes post-immunisation, near staff and 	<ul style="list-style-type: none"> ● For information on AEFIs, see: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook: After vaccination ○ Possible side effects of vaccination ● For more information about fainting, see Fainting. ● For more information about managing anaphylaxis, see: <ul style="list-style-type: none"> ○ Managing anaphylaxis after vaccination ○ Doses of intramuscular 1:1000 adrenaline for anaphylaxis (adrenaline 1:1000 contains adrenaline 1mg in 1mL) ● See related CAHS policies: <ul style="list-style-type: none"> ○ Recognising and Responding to Acute Deterioration

Steps	Additional information
<p>emergency equipment, including an anaphylaxis response kit.</p> <p>Fainting response</p> <ul style="list-style-type: none"> • Initiate the DRSABCD emergency action protocol, as required: <i>Danger, Response, Send for Help, Airway, Breathing, Circulation and Defibrillation.</i> • Gently lay the client on their back with their legs raised and supported, if safe. • Monitor the client's vital signs (breathing and pulse). • If required, provide a verbal clinical handover to ambulance staff in ISOBAR format. <p>Anaphylaxis response</p> <ul style="list-style-type: none"> • Initiate the DRSABCD emergency action protocol, as required: <i>Danger, Response, Send for Help, Airway, Breathing, Circulation and Defibrillation.</i> • Dial 000 for an ambulance. <ul style="list-style-type: none"> ○ Do not leave the client alone. • If unconscious, gently lay the client on their side and position to keep the airway open. • If conscious, gently lay the client on their back, or let them sit up if lying down restricts their breathing. <ul style="list-style-type: none"> ○ Offer reassurance until the ambulance arrives. • Administer adrenaline (epinephrine) by intramuscular injection, as per Managing anaphylaxis after vaccination. • Additional adrenaline doses may be needed every five minutes if there is no improvement. 	<ul style="list-style-type: none"> ○ Clinical Incident Management ○ Allergy and Adverse Drug Reaction Management

Steps	Additional information
<ul style="list-style-type: none"> • Provide a verbal clinical handover to ambulance staff in ISOBAR format. • Complete an Immunisation Anaphylaxis Event Record. <p>Communication</p> <ul style="list-style-type: none"> • Reassure the parent/guardian. • Notify the CNM about the AEFI in a timely manner and provide regular updates, as necessary. <p>Documentation</p> <ul style="list-style-type: none"> • Document the AEFI in the client record and WinVacc. • Add an ALERT stamp to the client record (see Appendix 1). • Report the AEFI online via WAVSS. See SAFEVAC Reporter Guide WA. Include: <ul style="list-style-type: none"> ○ reporter, vaccinee and immunisation provider details ○ immunisation details (date, time, vaccine, dose, type, batch number, injection site) ○ event details (time between immunisation and symptoms onset, description, treatment, outcome) ○ reporter and vaccinee consent. • Complete the Adverse Drug Reactions e-form. • If the incident meets the criteria for a clinical alert (specified in Clinical Alerts), the Community CACH Medication Safety Pharmacist must be notified. Email: communitycahs.medicationsafetypharmacist@health.wa.gov.au 	

Steps	Additional information
<ul style="list-style-type: none"> Report a clinical incident in DATIX CIMS. 	
<p>11. Discuss the next immunisation date</p> <ul style="list-style-type: none"> Inform the parent/guardian of the next scheduled vaccines. For a catch-up immunisation plan, complete CAHS Immunisation Catch-Up Plan and file with the client record. <ul style="list-style-type: none"> All catch-up immunisation plans must be checked by an experienced RN/CN. If there is a delay or the client has a birthday, create (and check) a new catch-up immunisation plan. Document the catch-up immunisation plan in: <ul style="list-style-type: none"> WinVacc (notes section) the AIR (if requested by parent/guardian) <ul style="list-style-type: none"> If the client receives up to six vaccines at an appointment, these can be recorded in WinVacc and uploaded to the AIR. Do not initiate complex catch-up immunisation plans on the same day. <ul style="list-style-type: none"> Two nurses must collaborate to calculate the plan. Inform the parent/guardian and Admin to schedule an appointment to start the plan at a later date. 	<ul style="list-style-type: none"> For more information, see: <ul style="list-style-type: none"> The Australian Immunisation Handbook – Catch-up vaccination The Australian Immunisation Handbook - Catch-up Calculator How to get immunisation history statements Overseas immunisations Templates: Aboriginal child and non-Aboriginal child – Catch up plan Ticking the catch-up immunisation plan in the AIR can occur only once. It cannot be reversed and must be completed within six-months.
<p>12. Document the immunisation(s)</p> <ul style="list-style-type: none"> Where possible, place the batch number sticker from the vaccine vial into the Personal Health Record and 	<ul style="list-style-type: none"> See Australian Immunisation Register (AIR): Submitting to the AIR

Steps	Additional information
<p>the Western Australia Childhood Immunisation Record Card.</p> <ul style="list-style-type: none"> • Record the vaccine(s) given in WinVacc and upload to the AIR: <ul style="list-style-type: none"> ○ for clinics with on-site support, Administration staff will record the vaccine(s) given in WinVacc and upload to the AIR ○ if no Administration staff are available, nurses will record the vaccine(s) given in WinVacc and upload to the AIR. 	
<p>13. Pack up and return to base</p> <ul style="list-style-type: none"> • Clean and pack away re-usable items and consumables. • Secure the sharps containers with the front lock. • Bag all rubbish to take back to base. • Transport and load equipment into the vehicle. <p>Back at base</p> <ul style="list-style-type: none"> • Unpack the vehicle. • Complete the final temperature reading and unpack the cooler. • Return unused vaccines to the refrigerator(s). • Return ice packs/gel packs to freezer storage. • Restock equipment to ensure readiness for the next clinic. 	<ul style="list-style-type: none"> • See: <ul style="list-style-type: none"> ○ Home and Community Visits ○ Risk Management of Hazardous Manual Tasks • For cold chain maintenance and breach information, see: <ul style="list-style-type: none"> ○ National Vaccine Storage Guidelines 'Strive for 5' ○ Medication Refrigerators and Freezers

Documentation

CACH Immunisation Services will maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CACH processes.

Compliance monitoring

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 the [Health Services Act 2016](#) (WA) and is binding on all CAHS staff as per section 27 of the same Act. Compliance monitoring methods may include observation of clinical practice, clinical incident review, client health record documentation audit and/or attendance at identified training sessions.

References

1. Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook [Internet]. Canberra: Australian Government Department of Health; 2020 [cited 2021 March 12]. Available from: <https://immunisationhandbook.health.gov.au/>

Related internal policies, procedures and guidelines

The following documents can be accessed in the [CACH Clinical Nursing Manual](#)

[Clinical Handover - Nursing](#)

[Family and domestic violence – child and school health](#)

The following documents can be accessed in the [CACH Operational Policy Manual](#)

[Consent for Services](#)

[Recognising and Responding to Acute Deterioration](#)

The following documents can be accessed in the [CAHS Policy Manual](#)

[Allergy and Adverse Drug Reaction Management](#)

[Aseptic Technique](#)

[Child Safeguarding and Protection](#)

[Clinical Incident Management](#)

[Consent to Treatment](#)

[Exposure to Blood and Body Fluids](#)

[Hand Hygiene](#)

[High Risk Medicines](#)

Home and Community Visits
Immunisation Service
Incident and Hazard Reporting
Infection Prevention and Control Policies
Language Services
Manual Tasks
Medication Refrigerators and Freezers
Medication Safety
Open Disclosure
Patient/Client Identification
Risk Management (Clinical and Corporate)
Sharps Management
Waste Management
The following documents can be accessed in the PCH Operational Manual
Clinical Alerts



Related external legislation, policies, and guidelines
Guidelines for Protecting Children 2020
Health Services Act 2016
Integrity Policy Framework
National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines
National vaccine storage guidelines 'Strive for 5'
Nursing and Midwifery Board AHPRA Decision-making framework
Structured Administration and Supply Arrangements
The Australian Immunisation Handbook
Western Australian Aboriginal Immunisation Schedule
Western Australian Immunisation Schedule
Western Australian Medication and Poisons Regulations 2016

Related internal resources
Aboriginal child and non-Aboriginal child – Catch up plan templates
Adverse Drug Reaction e-form
CACH – Practice Framework for Community Health Nurses
Distribution log of paracetamol bottles (CHS680)
Expiry log check (CHS681)
Home and Community Visiting Checklist (Appendix 2)
Immunisation Anaphylaxis Event Record (CHS510)
Immunisation Batch Number Log – Outreach (CHS514)
Immunisation Catch-Up Plan (CHS511)
Personal Health Record - Purple Book (CAH-010029)
Six Rights of Safe Medication Administration in Immunisation (CAH-001692)
Stay close, stay alert (CAH-000995)
Take 5: Identifying Aboriginal and Torres Strait Islander Clients in Community Health
Vaccine Label Templates – Open Practice Environment
Western Australia Childhood Immunisation record (IMM-000148)

Related external resources
Resources
Australian Immunisation Register
Australian Immunisation Register (AIR): Submitting to the AIR
Communicable Diseases: Immunisation Resources
Distraction techniques for vaccination of children
Doses of intramuscular 1:1000 adrenaline for anaphylaxis
Foreign Language Terms: Aids to Translating Foreign Immunization Records
Health Professional Online Services
How to get immunisation history statements
Immunisation provider information and resources

Immunisation schedule and catch-up vaccines
Managing anaphylaxis
Overseas immunisations
PCH Infectious Diseases Department
PCH paracetamol monograph
Preparing an anaphylaxis response kit
Pre-vaccination screening checklist
Provider Digital Access
Recognition and treatment of anaphylaxis
Recommendations for terminology, abbreviations and symbols used in medicines documentation
SAFEVAC Reporter Guide WA
Services Australia
The Australian Immunisation Handbook
Useful information following vaccination
Vaccine side effects
VaccinateWA
WA Health Education Requirements for Immunisation Provision
WAVSS team

This document can be made available in alternative formats on request.

Document Owner:	Nurse Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	December 2023	Last Reviewed:	12 April 2025
Amendment Dates:	27 August 2025	Next Review Date:	6 June 2028
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	CACH Medication Safety Committee	Date:	7 May 2025
Endorsed by:	CAHS Drug & Therapeutics Committee	Date:	4 June 2025
	Executive Director - Community Health	Date:	6 June 2025
Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10		
Printed or personally saved electronic copies of this document are considered uncontrolled			
 Healthy kids, healthy communities Compassion Excellence Collaboration Accountability Equity Respe Neonatology Community Health Mental Health Perth Children's Hospital			

Appendix 1: Adding an 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 immunisation.

Process for adding an alert stamp

Steps	Additional Information
<p>1. Identify client requiring an ALERT stamp.</p> <ul style="list-style-type: none"> The standard ALERT Stamp will be used when issues which preclude immunisation, 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 client has an identified medical condition that is contraindicated with scheduled vaccines and cannot be administered the client has a medical issue (e.g. fainting, allergies) and requires caution when administering vaccines the client has a medical condition under specialist paediatric care and requires review prior to administration of vaccines the client is undergoing a complex catch-up immunisation plan valid consent has not been given to one or all scheduled vaccines.
<p>2. Place ALERT stamp on relevant documents.</p> <ul style="list-style-type: none"> When an ALERT stamp is required, it must be placed appropriately on both sides of the immunisation provider cards. 	

Appendix 2: Supportive medication

Paracetamol

As per [The Australian Immunisation Handbook](#), clients less than two years of age receiving meningococcal B vaccine (Bexsero®) are recommended to receive [paracetamol](#) within 30 minutes before, or as soon as practical after receiving the vaccine, to help manage pain and fever.

Refer to [The Australian Immunisation Handbook](#) and [SASA: Administration of Vaccines by Registered Nurses](#) for more details regarding paracetamol requirements.

Supply and administration of paracetamol in the community setting

Parents/guardians are to be encouraged to source and administer paracetamol using stock purchased privately (this may require a family to come back for the immunisation(s) at another time when they have been able to access paracetamol).

In instances where families cannot reasonably source paracetamol, a stat dose may be provided onsite at the clinic using clinic stock. Nurses will provide the stat dose to the parent/guardian to administer to the client.

- Imprest stock of paracetamol suspension 50 mg/mL must be used for the stat dose.
- Parents/guardians must be counselled appropriately with dosing advice taken from [Paracetamol \(PCH Monograph\)](#).
- A record of the dose administered must be entered into WinVacc.
- Paracetamol must be sourced centrally from Central immunisation Clinic (Rheola Street).
- A log of supply to relevant clinics must be kept with records for auditing purposes - see [Distribution Log of Paracetamol Bottles](#).
- Paracetamol bottles must be stored in a locked area that is only accessible by authorised staff. Expiry checks must be performed prior to administration, as well as every three months with records of this kept for auditing purposes – see [Expiry Log Check](#).
- Paracetamol **must not** be supplied to clients/parents/guardians for later use.

Appendix 3: 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](#) (i.e. National Standard) 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.

Labelling requirements depend on whether the vaccine will be administered in a closed or open practice environment:

- **Open practice environment:** Any clinical area where there may be more than one client present (e.g. School-Based Immunisation Program). Patient information is not required to be included on the label. However, all other requirements as per the [National Standard](#) must be included on relevant labels (refer to [Appendix 4](#)).
- **Closed practice environment:** An interventional area in which the identity of the client is known beyond doubt, and where medication is prepared in the presence of the client (e.g. CACH immunisation clinic). Pre-printed abbreviated container labels may be used without client identifiers where the identity of the client care team is recorded in a closed-practice environment.

Labelling and disposal of injectable vaccines

Steps	Additional information
<p>Label vaccines appropriately</p> <ul style="list-style-type: none"> • All vaccines removed from the manufacturer’s original packaging must be identifiable. <ul style="list-style-type: none"> ○ Any vaccine or container (e.g. syringe or vial) that cannot be identified will be considered unsafe and discarded immediately. • If multiple syringes are required, they must be prepared, labelled and 	<ul style="list-style-type: none"> • Labels are provided to each CACH Immunisation Service in pre-organised boxes for administration in open practice environments. • See the minimum labelling requirements for administration of a reconstituted vaccine in an open practice environment in Appendix 4.

Steps	Additional information
<p>administered sequentially as independent operations.</p> <ul style="list-style-type: none"> • If more than one sibling is receiving vaccines, each client will be treated individually (nurses are not to draw up both lots of vaccines at the same time). • In a closed practice environment: <ul style="list-style-type: none"> ○ Vaccines that do not come as a pre-filled syringe are ideally administered immediately after reconstitution in the presence of the client. ○ Only one vaccine at a time is to be prepared and labelled before preparation and labelling of subsequent vaccines. • In an open practice environment: <ul style="list-style-type: none"> ○ A vaccine that is required to be reconstituted into a syringe must be labelled (see Appendix 4). • Flag the label to the top of the syringe in, but not covering, the graduations. 	
<p>Disposal of the syringe and needle</p> <ul style="list-style-type: none"> • The syringe and needle, with the label attached, will be disposed of in accordance with Waste Management and Sharps Management. 	

Appendix 4: Minimum labelling requirements for administration of a reconstituted vaccine in an open-practice environment

The minimum labelling requirements for administration of a reconstituted vaccine in an open-practice environment applies to the following vaccines:

Hepatitis B	<ul style="list-style-type: none"> • H-B-Vax II® Paediatric Vial • H-B-Vax II® Adult Vial
Measles, mumps, rubella	<ul style="list-style-type: none"> • Priorix® & Solvent • M-M-R II® & Diluent
Measles, mumps, rubella + varicella	<ul style="list-style-type: none"> • Priorix-Tetra® & Diluent • ProQuad® & Diluent
Diphtheria, tetanus and pertussis	<ul style="list-style-type: none"> • Tripacel® Vial
Diphtheria, tetanus and pertussis + hepatitis B, Hib and polio	<ul style="list-style-type: none"> • Infanrix Hexa® & Diluent
Diphtheria, tetanus and pertussis + polio	<ul style="list-style-type: none"> • Quadracel® Vial
Hepatitis A	<ul style="list-style-type: none"> • VAQTA® Paediatric /Adolescent Vial
Varicella	<ul style="list-style-type: none"> • Varilrix HAS-Free® & Solvent • VarivaxV® & Solvent
Meningococcal ACWY	<ul style="list-style-type: none"> • Nimenrix® & Solvent • Menveo® & Solvent • MenQuadfi®

The CNM is responsible for ordering and maintaining the stock of vaccine labels needed for the clinic. See [Vaccine Label Templates – Open Practice Environment](#) for the templates to use when ordering new stock.

See an example template below.

<p>BRAND NAME</p> <p>INSERT DOSAGE of GENERIC NAME in 0.5 mL</p> <p>sodium chloride 0.9%</p> <p>For *INSERT ROUTE* use</p> <p>Store between +2°C and +8°C</p> <p>Protect from light</p>	<p>Prepared by: _____ Checked by: _____</p> <p>EXPIRY: ___/___/___ :___ am/pm</p> <p>Discard if not used within * hours of reconstitution</p>
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For more information, refer to:

- [National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines](#)
- [Recommendations for terminology, abbreviations and symbols used in medicines documentation](#)