



## PROCEDURE

# Immunisation

<b>Scope (Staff):</b>	Community health nurses providing immunisation services
<b>Scope (Area):</b>	CAHS-CH

### 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](#)

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## Aim

To support standardised practice in immunisation activities and service, consent, provision of vaccination in the home, alerts, and labelling of injectable vaccines.

## Risk

When standardised immunisation practices are not followed, there is increased risk of

- Individuals not being protected against vaccine preventable diseases
- Clients not being informed of maternal risk inherent in a proposed treatment
- Clients not giving informed consent, which may increase the likelihood of legal action for negligence;
- Appropriate alerts not being flagged, which may increase the likelihood of adverse events related to vaccination
- Vaccines not being labelled appropriately, increasing 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.

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

A Structured Administration and Supply Arrangement (SASA) can be used to authorise a health practitioner (who is not a prescriber) to supply or administer a medicine. The [WA SASA for the Administration of Vaccines by Registered Nurses](#) states the conditions for eligibility for the administration of vaccines including courses to reach and maintain competency.

## Competency requirements

The CAHS-Community Health (CH) *Competency Assessment Guide* for delivering an immunisation service states that all staff recorded as immunisation providers must demonstrate both clinical competency and adeptness in vaccine data management including WinVacc 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.

Staff administering vaccines will maintain their competencies as outlined below:

- To administer vaccines, CAHS-CH Registered Nurses must complete an approved immunisation course and the *CAHS-CH Competency Assessment Guide*.
- CAHS-CH Registered Nurses must maintain competency by completing annual online updates and the annual Influenza Module by the end of April each year.
- Staff must provide evidence of completion of each to their Line Manager.
- Immunisation surveillance at schools is a Department of Education responsibility.

## Consent

Consent should be obtained in accordance with the:

- Australian Immunisation Handbook<sup>1</sup>
- CAHS Immunisation Service policy
- CAHS-CH Consent for Services policy
- Structured Administration and Supply Agreement ([Administration of vaccines by Registered Nurses](#))

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.

## Key points

- CAHS-CH staff must adhere to competency requirements outlined above.
- This document is to be read in conjunction with the [CAHS Immunisation Service Policy](#)
- 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 and WinVacc.

- 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 administering vaccines in the *Home and Community Visits Procedure*.
- 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.
- Community health nurses must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.

## Process

**Table 1: Process for Primary Schedule immunisation**

Steps	Additional Information
<p><b>Appointment booking</b></p> <p>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.</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Refer to the <i>CAHS Immunisation Service policy</i> for instructions for obtaining authorised consent for children not in attendance with a parent/legal guardian.</li> </ul>
<p><b>Identify client</b></p> <p>When obtaining consent, the immunisation provider will verify name, date of birth and address of the child at all encounters.</p>	<p>Refer to the <i>CAHS-CH Client Identification procedure</i>.</p>
<p><b>Enquire about contraindications</b></p> <p>At each service delivery contact the immunisation provider will establish there are no medical conditions which contraindicate vaccination.</p>	<p>Perform a <a href="#">pre-vaccination screening check</a></p>

Steps	Additional Information
<p><b>Obtain consent</b></p> <p>Obtain authorised written or verbal consent prior to administration of vaccination.</p> <p>If the parent/legal guardian is in attendance</p> <ol style="list-style-type: none"> <li>1. Provide the parent/legal guardian information about the proposed procedure, including risks and benefits</li> <li>2. Ensure the parent/legal guardian understands the information</li> <li>3. Seek the parent/legal guardian's consent for vaccination</li> <li>4. Record the parent/legal guardian's consent or refusal to consent in the client record.</li> </ol>	<ul style="list-style-type: none"> <li>• If the parent/legal guardian is not in attendance, refer to the <i>CAHS Consent for Services policy</i> regarding obtaining authorised consent.</li> </ul>

**Table 2: Consent for School Based Immunisation Program (SBIP)**

Steps	Additional Information
<p><b>Obtain consent</b></p> <ul style="list-style-type: none"> <li>• Consent forms and information relating to each vaccine must be sent home with each student to obtain parent/legal guardian consent for the SBIP. (SBIP nurses provide school with consent forms for circulation and collection).</li> <li>• SBIP Nurse receives returned forms prior to vaccination date.</li> </ul> <p>Consent form has been completed correctly and parent/legal guardian <u>consent is given</u> for one or more vaccines:</p> <ul style="list-style-type: none"> <li>• student details must be added to the school running sheet.</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to Appendix A: School Based Immunisation Program Consent Decision-Making Flowchart</li> <li>• 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.</li> <li>• Where verbal consent is to be obtained, nurses are to follow the steps outlined below.</li> <li>• Mature minors who wish to be immunised without parental consent must be directed to a GP.</li> </ul>

Steps	Additional Information
<p>Consent form has been completed correctly and <u>consent is refused</u> for one or more vaccines,</p> <ul style="list-style-type: none"> <li>the rights of the parent/legal guardian to refuse consent must be respected</li> <li>no further attempt will be made to contact the parent/legal guardian to negotiate consent.</li> </ul> <p>Consent <u>form is not returned</u> to school by the requested date:</p> <ul style="list-style-type: none"> <li>where time permits, a second consent form and information sheet must be sent home with the student.</li> <li>Immunisation must not be completed until or unless consent is obtained.</li> </ul> <p>Consent form is <u>not returned</u> or is returned but is <u>incomplete or unclear</u>:</p> <ul style="list-style-type: none"> <li>verbal consent must be sought from a parent/legal guardian by telephone.</li> <li>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></li> </ul> <p>Consent has been obtained, but the <u>student is not present</u> at school to receive the vaccination</p> <ul style="list-style-type: none"> <li>The parent/legal guardian must be advised that vaccination was not administered, and the options available to proceed.</li> <li>If a student missed their vaccine on the school day and presents at the next vaccination day, SBIP staff must contact the parent/ legal guardian and check both AIR and WinVacc before administering a</li> </ul>	<p>Exceptions may be made where a current assessment of mature minor status has been made in consultation with the Principal and as per the <i>CAHS Consent for Services policy</i> and information in the <a href="#">Working With Youth resource</a> .</p>

Steps	Additional Information
<p>vaccine in case it has been done elsewhere</p> <ul style="list-style-type: none"> <li>If a student changes schools during the school year, SBIP staff must contact the parent / legal guardian to ascertain immunisation status, complete a double nurse verbal consent if required and check on AIR and WinVacc</li> </ul>	
<p><b>Obtaining verbal consent</b></p> <p>Two nurses are required to obtain consent:</p> <ul style="list-style-type: none"> <li>First nurse calls the parent/legal guardian. Read the entire consent form to the parent/legal guardian, complete details as required,</li> <li>Verbally request consent and record response for each vaccination as relevant.</li> <li>Second nurse reads through the completed form and confirms consent with the parent/legal guardian for each vaccination has been provided.</li> <li>Where consent has been obtained verbally, this must be clearly documented on the consent form (and school health record where relevant) and signed by both staff members.</li> </ul>	<ul style="list-style-type: none"> <li>Refer to the <i>CAHS Consent for Services policy</i> for more information</li> </ul>
<p><b>Mature minors outside the school setting</b></p> <ul style="list-style-type: none"> <li>Where an adolescent client presents, unaccompanied by parent/legal guardian at a CAHS-CH clinic, staff are to discuss action with their line manager.</li> </ul>	<ul style="list-style-type: none"> <li>Refer to the <i>CAHS Consent for Services policy</i> for more information on Mature Minors providing consent for receiving a vaccination.</li> <li>Mature minor status must first be determined prior to administering a vaccination without parent/legal guardian verbal consent.</li> <li>Assessment of a mature minor is not based on age and is determined</li> </ul>

Steps	Additional Information
	using clinical judgement on case by case basis, reassessed at each occasion of service. Refer to the <a href="#">Working With Youth resource</a> for more information
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• Where consent has been obtained verbally, this must be clearly documented on the consent form by two nurses.</li> <li>• All contact(s) and/or attempted contact(s) with the parent/legal guardian must be clearly documented on the consent form (including date/time).</li> </ul>	Consent forms are to be transported to and from the school in designated padlocked courier bags for security and confidentiality.

## Vaccination in the Home

Vaccination in the home is offered to improve the immunisation status of children. Criteria for vaccination in the home is largely based on clinical judgement and includes family circumstances that make it difficult to attend an immunisation site; such as

- families with multiple births
- those who due to personal, social or environmental circumstances, find transportation difficult
- families with members who have a physical or intellectual disability.

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 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.

**Table 3: Process for vaccination in the home**

Steps	Additional Information
<p><b>Identify the need for vaccination in the home</b></p> <p>Community health nurse identifies a family for vaccination in the home</p>	



Steps	Additional Information
<p><b>Obtain management approval to provide vaccination in the home</b></p> <ol style="list-style-type: none"> <li>1. The Nurse emails their CNM, with the client details and requests an age appropriate vaccination for a child in the home.</li> <li>2. CNM to forward email request to relevant Immunisation CNM in either North or South Zone</li> <li>3. Immunisation CNM contacts appropriate immunisation team and allocates family for vaccination in the home, ensuring appropriate staffing levels will be available for appointment.</li> </ol>	
<p><b>Schedule a home visit</b></p> <p>Local team contact family in a timely manner and schedule a home visit.</p>	<ul style="list-style-type: none"> <li>• Home visit is recorded in the local clinic calendar and two immunisation-competent nurses are allocated to undertake the visit.</li> </ul>
<p><b>Administer the immunisation/s</b></p> <ul style="list-style-type: none"> <li>• The immunisation nurses conduct the home visit</li> <li>• Nurses must obtain consent for immunisation (as described above)</li> <li>• Nurse administers the immunisation/s</li> </ul>	<ul style="list-style-type: none"> <li>• Nurses are required to comply with the <i>CAHS-CH Home and Community Visits procedure</i>.</li> <li>• Nurses must ensure process compliance in accordance with the <i>Australian Immunisation Handbook</i><sup>1</sup> (ie maintenance of the cold chain, and access to an anaphylaxis response kit).</li> <li>• Immunisations are administered in line with procedures for outreach clinics.</li> </ul>
<p><b>Follow-up</b></p> <p>Nurses provide appropriate post-vaccination care and follow-up.</p>	
<p><b>Documentation</b></p> <ul style="list-style-type: none"> <li>• Immunisation nurse completes all documentation and plans any further home vaccinations or clinic visits.</li> </ul>	

Steps	Additional Information
<ul style="list-style-type: none"> <li>• Immunisation nurse emails referring community health nurse and line manager to:               <ul style="list-style-type: none"> <li>• advise that immunisation has been given</li> <li>• request the CDIS client record be updated.</li> </ul> </li> <li>• Immunisation nurse enters the immunisation details into Win-Vacc (CAHS-CH immunisation reporting system)</li> <li>• Immunisation nurse to upload details to the Australian Immunisation Register (AIR).</li> </ul>	

### 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 SBIP.

**Table 4: Process for adding an alert stamp**

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

Steps	Additional Information
<p><b>Place ALERT stamp on relevant documents</b></p> <p>When an <b>ALERT</b> stamp is required, it must be placed appropriately:</p> <p>On both sides of the School Based consent form</p> <p><b>OR</b></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.

Labelling requirements depend if 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, and where there may be risk of error if an intended medication does not have client identification (e.g. SBIP). Patient information is not required to be included on the label however all other requirements as per national standards listed in this policy must be included on relevant labels (Refer to Appendix B).
- **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. CAHS CH 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.

**Table 5: Labelling and disposal of injectable vaccines**

Steps	Additional Information
<p><b>Label vaccines appropriately</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Labels are provided to each CAHS-CH immunisation service in pre-organised boxes for administration in open-label environments:</li> </ul>

Steps	Additional Information
<ul style="list-style-type: none"> <li>• Vaccines that do not come as a pre-filled syringe should ideally be administered immediately after reconstitution in the presence of the client if it is in a closed-practice environment</li> <li>• A vaccine that is required to be reconstituted into a syringe in an open label environment must be labelled (see Appendix B for example)</li> <li>• In a closed practice environment, only one vaccine at a time should be prepared and labelled before preparation and labelling of subsequent vaccines.</li> <li>• If multiple syringes are required, they must be prepared, labelled and administered sequentially as independent operations.</li> <li>• If more than one sibling is receiving vaccines, each child will be treated individually (nurses are not to draw up both lots of vaccines at the same time).</li> <li>• Attach the label to the top of the syringe in a butterflyed configuration</li> </ul>	<ul style="list-style-type: none"> <li>• Adacel</li> <li>• H-B VAX11</li> <li>• MMR &amp; Diluent</li> <li>• Pneumovax</li> <li>• Quadracel</li> <li>• Vaqta</li> <li>• Varicella</li> <li>• MenVevo</li> <li>• Tripacel</li> </ul> <p>See Appendix B for template.</p>
<p><b>Disposal of syringe and needle</b></p> <p>The syringe and needle, with label attached, will be disposed of in accordance with the <i>CAHS Waste Management policy</i> and <i>CAHS Sharps Management policy</i>.</p>	

## Supportive medications

As per [Australian Immunisation Handbook](#), clients receiving Bexxero® are recommended to receive paracetamol to help manage pain and fever. Paracetamol requirements depend on client's age as outlined below.

Use in conjunction with doses of Meningococcal B vaccine (Bexxero®) for patients less than 2 years of age

Refer to the *Australian Immunisation Handbook* and SASA for more details regarding paracetamol requirements.

## Supply and administration of paracetamol in the community setting

Caregivers should be encouraged to source and administer Paracetamol using stock purchased privately (this may require a family to come back for the vaccination at another time when they have been able to access Paracetamol).

In instances where families cannot reasonably source Paracetamol, a stat dose may be administered by a Registered Nurse onsite at the clinic using clinic stock.

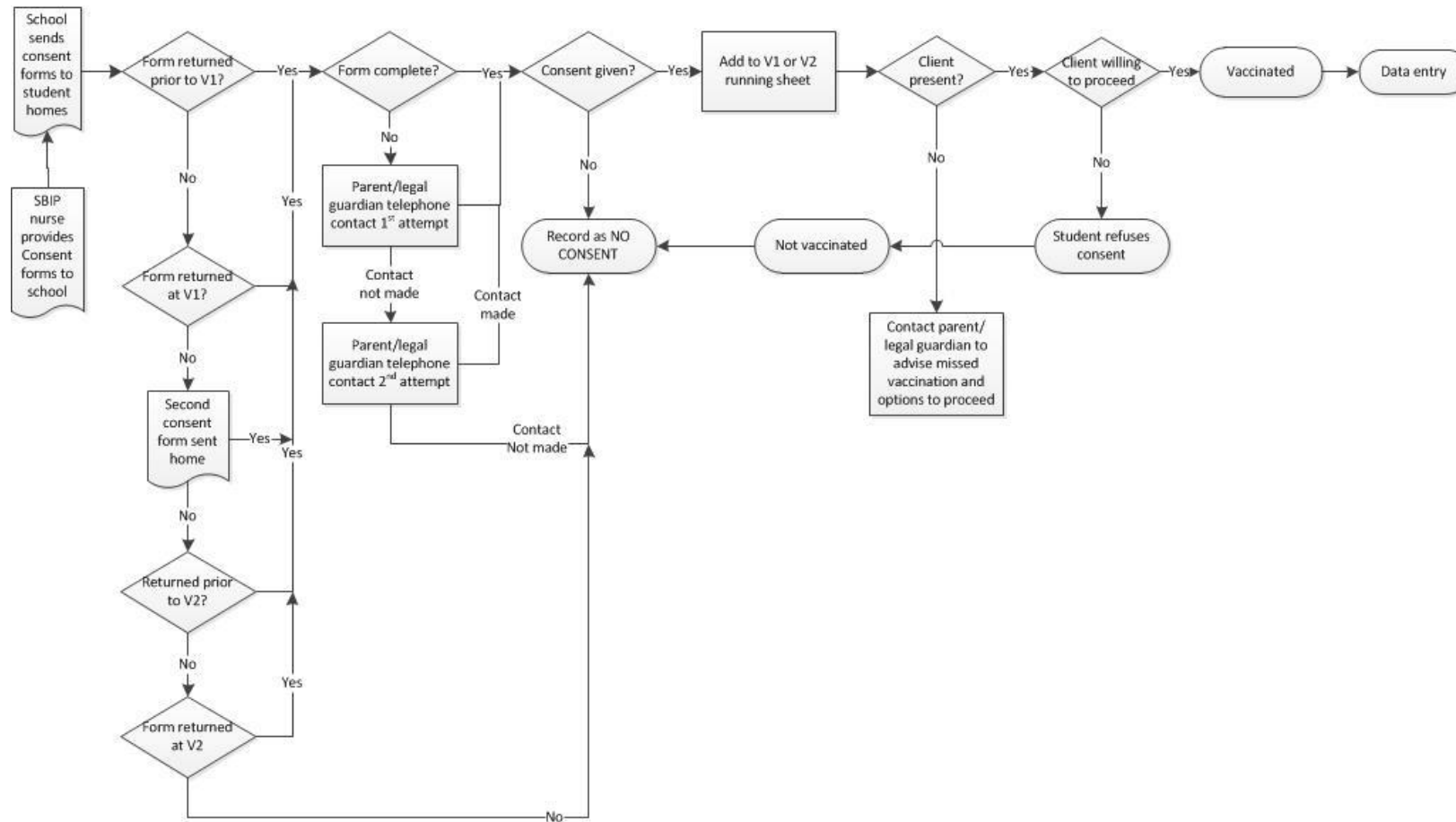
- **Imprest stock of Paracetamol suspension 50mg/ml must be used to dose**
- Caregivers should be counselled appropriately with dosing advice taken from the [PCH Paracetamol monograph](#)
- **A record of the dose administered must be entered into WinVacc**
- Paracetamol must be sourced centrally from Central immunisation Clinic (Rheola Street)
  - A log of supply to relevant clinics must be kept with records for auditing purposes (see Appendix C)
- 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 3 months with records of this kept for auditing purposes (See Appendix D)
- Paracetamol must not be supplied to patients and family for later use.

## Compliance and monitoring

Compliance against this policy will be measured against the CAHS-CH Immunisation audits and CAHS-CH Cold Chain audits.



Appendix A: SBIP consent decision-making flowchart



V1 = first visit to school  
V2 = second visit to school

## Appendix B: 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:

- MMR
- Proquad
- Vaqta
- Quadracel
- Tripacel
- Varivax
- Adacel
- Menveo

The template below should be used for newly identified vaccines requiring labelling:

<p><b>BRAND NAME</b></p> <p>_microgram of <b>GENERIC NAME</b> in 0.5mL Sodium Chloride</p> <p>For <b>*INSERT ROUTE*</b> use</p> <p>Store between 2°C and 8°C</p> <p>Protect from light</p>	<p>Prepared by:_____ Checked by:_____</p> <p><b>EXPIRY:</b> __/__/__    __:__ am/pm</p> <p>Discard if not used within <b>* hours</b> of reconstitution</p>
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Refer to ACSQHC National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines and ACSQHC Recommendations for terminology, abbreviations and symbols used in medicines documentation for more information.

### Appendix C: Distribution Log of Paracetamol bottles

The table below is a log of supply of Paracetamol to relevant sites. This must be kept with records for auditing purposes.

Date supplied	Clinic Supplied	Number of bottles supplied	Name	Sign



## Appendix D: Expiry Log Check

The table below is a log of expiry checks, which must be completed regularly. Records must be kept for auditing purposes.

Clinic:				
Date Expiry Check completed	Name	Sign	Stock required to be discarded?	Comment



## 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 [CAHS-CH Operational Manual](#)

Client identification

Consent for Services

Home and Community Visits procedure

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

Hand Hygiene

Sharps Management policy

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

Immunisation Service policy

Waste Management policy

The following documents can be accessed in the CAHS Medication Management Manual

CAHS Medication Refrigerators: Safe Use Policy

PCH Labelling of Injectable Medications and Fluids

CAHS Medication Safety Policy

The following documents can be accessed in the [Department of Health Policy Frameworks](#)


Clinical Governance, Safety and Quality

## Related internal resources

CAHS-CH Delivering and Immunisation Service – [Clinical Competency Assessment Guide](#)

<a href="#">CAHS Paracetamol Monograph</a>
<a href="#">Medicines for Children Paracetamol Leaflet</a>
<b>Additional Department of Health WA resources and policies</b>
<a href="#">Immunisation schedule and catch-up immunisation</a> - WA Immunisation Schedule
<a href="#">Pre-vaccination screening check</a>
<a href="#">National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines</a>
<b>Related external resources</b>
Australian Government – Department of Health Immunisation information and resources available at: <a href="https://beta.health.gov.au/health-topics/immunisation">https://beta.health.gov.au/health-topics/immunisation</a>
Department of Health <a href="#">Immunisation education</a> (including annual Influenza Module)
Government of Western Australia Medicines and Poisons Act 2014
Government of Western Australia Medicines and Poisons Regulations 2016
MP 139/20 Medicines Handling Policy
Government of Western Australia SASA – Administration of Vaccines by Registered Nurses
ACSQHC National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines

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

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## Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital