



PROCEDURE

School-Based Immunisation Program

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](#)

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Aim

This procedure aims to ensure:

- standardised vaccine administration in the School-Based Immunisation Program (SBIP) according to the [Western Australian Immunisation Schedule](#) and [Western Australian Aboriginal Immunisation Schedule](#) (including obtaining valid consent, accurate client identification and correct vaccine handling techniques)
- the accurate counting, management and reconciliation of vaccines in the SBIP.

Risk

- Sub-optimal immunisation places students and the wider community at risk of vaccine preventable diseases.
- Failing to identify students with overdue immunisations results in missed opportunities for catch-up immunisation plans.
- Not obtaining valid consent for a student’s immunisation increases the risk of legal action for negligence.
- Incomplete or inaccurate recording of a student’s immunisation history complicates the identification of their immunisation status.
- Failing to flag appropriate alerts increases the likelihood of adverse events following immunisation (AEFI).
- 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 student’s recommended immunisation schedule in one appointment.

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.

- **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.
- **Immunisation Team:** The Clinical Nurse Manager, SBIP Team Leaders, Vaccine Management Nurses, Immunisation Nurses and SBIP Administration Team.
- **School-Based Immunisation Program:** As a part of the [National Immunisation Program](#), the [SBIP](#) is a nurse-led program that provides free immunisations to students in Years 7 and 10 in line with the [Western Australian Immunisation Schedule](#) and [Western Australian Aboriginal Immunisation Schedule](#).
 - Year 7 students are eligible for the [Diphtheria-Tetanus-Pertussis](#) (dTpa) and [Human Papillomavirus](#) (HPV) vaccines.
 - Year 10 students are eligible for the [Meningococcal ACWY \(MenACWY\)](#) vaccine.
- **School immunisation clinic:** A dedicated immunisation clinic that administers vaccines to students directly on school premises as part of the SBIP.
- **VaccinateWA:** A Western Australian vaccination management system that supports the delivery of various immunisation programs, including the SBIP. It enables parents/guardians to register their child and provide or decline consent for immunisations.
- **WinVacc:** A vaccine data management system used by the SBIP Immunisation Team to record, track and report immunisation data, ensuring accurate updates to the [Australian Immunisation Register](#) (AIR).

Background

Immunisation is the safest and most effective way to protect students and the wider community from vaccine-preventable diseases.¹ Healthcare professionals play a key role in helping to promote and improve the immunisation status of Western Australian students by providing opportunistic immunisations and catch-up immunisation plans.

The SBIP operates under a [Memorandum of Understanding](#) between the Department of Education, Child and Adolescent Health Service (CAHS) and WA Country Health Service. CAHS delivers the SBIP in metropolitan Western Australian schools, aiming to provide students in these areas with their scheduled immunisations. See [School-aged health services](#) and [School-aged Health Services – Secondary](#) for more information.

The SBIP Immunisation Team administers vaccines under the [Structured Administration and Supply Arrangements for the Administration of Vaccines by Registered Nurses](#) and the [Western Australian Medicines and Poisons Regulations 2016](#).

Key points

- This procedure must be read alongside [The Australian Immunisation Handbook, Immunisation Service, Reconstitution of Vaccines – Meningococcal ACWY at a Mass Immunisation Clinic](#) and [Immunisation provider information and resources](#).
- 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](#) and the [Structured Administration and Supply Arrangements for the 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](#) and perform [Hand Hygiene](#) in accordance with WA Health guidelines at all appropriate stages of the procedure.
- 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.

School-Based Immunisation Program roles

- **Clinical Nurse Manager (CNM):** Senior clinical resource, oversees the SBIP Immunisation Team, coordinates staffing, handles escalated issues, ensures adherence to legislation, standards, policy, and guidelines.

- **Team Leader:** Collaborates with schools and the CNM to plan service delivery, coordinates team activities and staffing, liaises with the SBIP Administration Team, and ensures compliance with legislation, standards, policy, and guidelines.
- **Vaccine Management Nurse:** A specialist Immunisation Nurse role responsible for cold-chain management, vaccine reconciliation and reconstitution. Requires additional on-site training supervised by an allocated preceptor.
- **Immunisation Nurse:** Supports daily implementation of the SBIP by delivering immunisation services, ensures compliance with legislation, standards, policy, and guidelines.
- **Administration Team:** Supports daily implementation of the SBIP by managing data and recordkeeping systems, attends schools to assist service delivery, as needed. See [School-Based Immunisation Program \(SBIP\) Admin Processes](#) for more information.
- **School:** Appoints a School Immunisation Coordinator to liaise with the SBIP Immunisation Team, provides an enrolled student list, informs parents/guardians about consent, supports the consent process, collaborates with the Team Leader to plan and deliver clinic visits, ensures availability of school staff and resources for safe and effective service delivery.

[Appendix 1](#) outlines the responsibilities of the SBIP Immunisation Team members.

Assessment of immunisation history

At each school immunisation clinic, a student's immunisation history and status **must be assessed** prior to immunising using all available electronic systems and paper-based records, including:

- WinVacc
- [VaccinateWA](#)
- the [AIR](#) using [Provider Digital Access](#) (PRODA)
- Personal Health Record
- Overseas Immunisation Record (translated by external services, see [Foreign Language Terms](#)).

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

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 students who are significantly immunocompromised, whether due to disease or treatment. Students known or suspected to be significantly immunocompromised must be referred to their treating specialist or the [Perth Children's Hospital \(PCH\) Infectious Diseases Department](#).

Who can provide consent for student immunisation?

- Parents or legal guardians (hereafter: parent/guardian) **can** provide consent.
- Informal guardians without court orders, including kinship carers, **cannot** provide consent.
- Valid consent must be obtained from the parent/guardian and documented prior to immunising a student.
- Parents/guardians are encouraged to use [VaccinateWA](#) for digital consent.
- Students who identify as a mature minor must consult their doctor for immunisations.
- Students over 18 years must provide explicit signed consent for immunisations.
- Refer to [Immunisation Service](#), [Consent to Treatment](#) and [Consent for Services](#).
- See [Appendix 2](#) for example consent scenarios.

Vaccine storage and handling

- Vaccines are transported from the CACH clinic to the school and back after the clinic.
- For cold chain management instructions, see the [National Vaccine Storage Guidelines 'Strive for 5'](#) and [Medication Refrigerators and Freezers](#). Importantly:
 - use a sealable cooler (e.g. Esky™) for transporting vaccines
 - coolers are not suitable for vaccine storage for more than eight hours, or in extreme conditions (i.e. where the temperature of the storage environment is <0°C or >40°C)
 - for the cold chain breach action plan, see [Medication Refrigerators and Freezers](#).
- When preparing the cooler:
 - use 4-5 frozen ice packs/gel packs to reach the recommended temperature range
 - condition ice packs by removing them from the freezer, spacing them 5cm apart, and waiting up to one hour at +20°C until they sweat and slightly slush
 - condition gel packs as per the manufacturer's instructions

- pre-chill the cooler with frozen ice packs/gel packs and a temperature probe
- only pack vaccines once the temperature is between +2°C and +8°C.
- When packing vaccines, wrap the vaccine packaging in paper or bubble wrap to protect temperature-sensitive vaccines from direct contact with ice packs/gel packs.
- Monitor and record the temperature every 15 minutes for the first two hours, then at least hourly if temperatures are stable, using a battery-operated minimum/maximum digital thermometer and the [Daily vaccine fridge temperature log](#).
- When returning unused stock to a CAHS Immunisation Clinic fridge, rotate it to ensure it is used first in the next administration.

Disruptions to the immunisation process

- Disruptions to the immunisation process may occur if a nurse needs to pause the school immunisation clinic. This can happen due to:
 - misidentification of students or issues with consent forms
 - assisting a student with an AEFI
 - administering vaccines on the floor due to fainting or immunising a student with a history of fainting
 - using vaccines from another immuniser's cooler
 - changing from Year 7 to Year 10 vaccines
 - handling an evacuation or other emergencies.
- If disrupted, restart from the first step in the [procedure](#) to ensure the correct vaccine is given. This includes re-checking the identity of the student being immunised and the vaccine from the cooler against the consent form.
- If the vaccine administration process is interrupted (e.g. due to syringe-needle disconnection) and it is estimated that less than half of the dose was given, a replacement dose should be administered as soon as possible. Notify the affected student's parent/guardian by phone, email, or letter.
- If a nurse needs additional vaccines from another nurse's cooler, they must verify with another nurse that the vaccine is correct and matches the consent form.

Equipment

Vaccine decanting, counting and reconciliation	Vaccine preparation and administration
<ul style="list-style-type: none"> ● Large paper envelopes ● Plastic ziplock bags ● Tape and markers 	<ul style="list-style-type: none"> ● Anaphylaxis response kit ● Bag valve mask

Vaccine decanting, counting and reconciliation	Vaccine preparation and administration
<ul style="list-style-type: none"> • Disinfectant wipes • Dental bibs • Counting basket or tray • Cooler • Forms: <ul style="list-style-type: none"> ○ School-Based Immunisation Program: Team Leader Daily Record (CHS515) ○ School-Based Immunisation Program: Vaccine Management Nurse Daily Record (CHS516) ○ School-Based Immunisation Program: Immunisation Nurse Daily Record (CHS517) ○ <i>Running Total of Immunisations in SBIP Fridge:</i> <ul style="list-style-type: none"> - HPV (CHS518) - Meningococcal ACWY (CHS519) - dTpa (CHS520) 	<ul style="list-style-type: none"> • Personal protective equipment, as required • Cooler • Needles: 21g x 38mm (drawing up Meningococcal ACWY) • Needles: 23g x 25mm (blue safety for intramuscular injection) • Sharps disposal containers • Disinfectant wipes • Facial tissues • Alcohol-based hand rub • Cotton balls • Micropore tape • Emesis (vomit) bags • Rubbish bags • Small and large cooler • Small tray for cooler • Ice packs/gel packs for cooler • Clax trolleys and baskets • Mobile phones

Procedures for the School-Based Immunisation Program

This section details the procedures that the SBIP Immunisation Team must follow for:

- [Consent and student identification](#)
- [Screening, vaccine administration and post-immunisation care](#)
- [Vaccine decanting and reconstitution](#)
- [Independent two-nurse vaccine counting](#)
- [Vaccine distribution and management at school immunisation clinics](#)
- [Vaccine reconciliation](#)

The responsibilities of the SBIP Immunisation Team for planning, implementing and managing a school immunisation clinic are detailed in [Appendix 1](#).

Consent and student identification

Steps	Additional information
<p>1. 24 to 48 hours prior to the school immunisation clinic</p> <ul style="list-style-type: none"> • Team Leader to: <ul style="list-style-type: none"> ○ transfer pre-verified student names from the call list (provided by the SBIP Administration Team) to the class list ○ contact parents/guardians for clarification of issues (e.g. consent, identification, ALERTS) ○ note 'consent not received' on the call list if no consent form has been returned. 	<ul style="list-style-type: none"> • Timely assessment of each student's vaccination history and status before they are vaccinated is critical. • The SBIP Administration Team will conduct pre-verification checks before and on the day of the school immunisation clinic, including valid consent, identification, vaccination history and ALERTS. <ul style="list-style-type: none"> ○ Pre-verification checks are completed through VaccinateWA, the AIR and WinVacc before providing student details to the SBIP Immunisation Team for addition to the class lists. ○ See School-Based Immunisation Program (SBIP) Admin Processes. ○ For instructions on adding a new ALERT to a client record, see Appendix 3: Adding an ALERT stamp. • For more information, refer to: <ul style="list-style-type: none"> ○ Patient/Client Identification ○ Consent to Treatment ○ Consent for Services
<p>2. On the day of the school immunisation clinic</p> <ul style="list-style-type: none"> • Check and verify valid consent and ALERTS for students on the SBIP class list. <p>Pre-verified consent</p> <ul style="list-style-type: none"> • If valid consent is pre-verified on VaccinateWA, direct the student to the SBIP Administration Team for check-in. 	<ul style="list-style-type: none"> • If consent is verbal or on a paper consent form, the consent is registered into the VaccinateWA system (usually by the SBIP Administration Team). • If the parent/guardian declines a VaccinateWA account, use the paper consent form and document this decision on the form and the class list. • Immunisation must not proceed until valid consent has been obtained. • Refer to:

Steps	Additional information
<p>Paper consent form returned on the day</p> <ul style="list-style-type: none"> • Team Leader will: <ul style="list-style-type: none"> ○ confirm the student’s identity ○ check vaccination status on the AIR ○ contact the parent/guardian to resolve any issues or invalid consent (e.g. unclear/incomplete consent form, mismatched names on the consent form and VaccinateWA account). <p>Obtaining verbal consent from a parent/guardian</p> <ul style="list-style-type: none"> • Two nurses are required. • To protect confidentiality, do not use a speaker phone. • First nurse calls the parent/guardian. <ul style="list-style-type: none"> ○ Request consent for student vaccination. Advise that a VaccinateWA account will be created and they will receive an SMS confirmation from VaccinateWA. ○ Inform that they may receive a text message from SmartVax after the student has been vaccinated. ○ Read the entire consent form to the parent/guardian and document their responses. ○ Obtain the parent’s/guardian's date of birth for account creation/ verification. ○ Verbally request and record consent for each vaccination (on the paper form or in VaccinateWA). 	<ul style="list-style-type: none"> ○ Patient/Client Identification ○ Consent to Treatment ○ Consent for Services ○ Appendix 2: Example consent scenarios • Provide language services as needed, including for deaf, culturally and linguistically diverse, and Aboriginal Australians. <ul style="list-style-type: none"> ○ See Immunisation Service and Language Services. • SmartVax is a surveillance system that monitors vaccine safety by sending follow-up text messages to clients after immunisation to check for any adverse reactions. It plays a crucial role in Australia's vaccine safety monitoring network, AusVaxSafety.

Steps	Additional information
<ul style="list-style-type: none"> • Second nurse reads the completed form and confirms consent with the parent/guardian for each vaccination. • Document on the consent form: <ul style="list-style-type: none"> ○ method for obtaining consent ○ time and date consent were given. • Both nurses must sign the consent form. • Record all attempted contacts on the consent form and in the Community Health Progress Notes (CHS800c). • If consent is declined, document it on the class list and client record. <p>Valid consent obtained but student absent for vaccination</p> <ul style="list-style-type: none"> • Notify the parent/guardian by phone, email, or letter that the vaccination was not given and explain the options. • If a student misses their vaccination and returns on the next vaccination day: <ul style="list-style-type: none"> ○ contact the parent/guardian by phone to: <ul style="list-style-type: none"> - confirm the student has not been vaccinated elsewhere - check for contraindications ○ check the AIR and WinVacc to confirm the vaccine(s) has not been administered elsewhere before proceeding. <p>Students in the care of the Department of Communities</p> <ul style="list-style-type: none"> • Consent must be completed by the student's case manager and uploaded via WinVacc to the AIR. 	

Steps	Additional information
<p>3. Once valid consent and student identification are verified, the student may proceed to the Immunisation Nurse.</p>	

Screening, vaccine administration and post-vaccination care

Steps	Additional information
<p>1. Complete pre-vaccination screening</p> <ul style="list-style-type: none"> • Immunisation Nurse to use VaccinateWA to check paper forms and class list for: <ul style="list-style-type: none"> ○ student identity ○ valid consent ○ vaccines to be administered ○ ALERTS (listed under ‘My health questions’ section in VaccinateWA or on paper form). 	<ul style="list-style-type: none"> • Ensure each student’s vaccination history and status have been checked prior to vaccination. • Refer to Patient/Client Identification • To reduce the risk of a vaccine error, pay close attention to students with the same or similar names. • See The Australian Immunisation Handbook: Preparing for vaccination • Use the Pre-vaccination screening checklist
<p>2. Enquire about contraindications</p> <ul style="list-style-type: none"> • Immunisation Nurse must verbally confirm with the student that there are no medical conditions that contraindicate vaccination. Examples include: <ul style="list-style-type: none"> ○ anaphylaxis/allergy ○ any reaction following any vaccine ○ recent vaccination ○ acute illness ○ history of fainting ○ possibility of pregnancy (if appropriate). 	
<p>3. Prepare the student for vaccination</p>	<ul style="list-style-type: none"> • Refer to:

Steps	Additional information
<p>For students proceeding to vaccination:</p> <ul style="list-style-type: none"> • Discuss the need to remain still, vaccination site, and possible side effects. • Assess the student’s readiness for vaccination. <ul style="list-style-type: none"> ○ Use clinical judgement to proceed. ○ If the student is visibly distressed and reluctant, pause and suggest they return later. ○ If unable to vaccinate, inform the parent/guardian by phone, email, or letter as soon as practical and outline the options. <p>Students who refuse vaccination</p> <ul style="list-style-type: none"> • Students will not be vaccinated against their will. • If a student refuses vaccination, even with parent/guardian consent, they must not be vaccinated. • Inform the parent/guardian by phone, email, or letter as soon as practical and outline the options. 	<ul style="list-style-type: none"> ○ <i>The Australian Immunisation Handbook: Preparing for vaccination</i> ○ <i>Distraction techniques for vaccination of children</i> • For consent information, see: <ul style="list-style-type: none"> ○ <i>Consent to Treatment</i> ○ <i>Consent for Services</i>
<p>4. Administer the vaccine(s)</p> <ul style="list-style-type: none"> • Perform hand hygiene. • Remove vaccine from the cooler. • Verify the vaccine against consent. • Check the vaccine name and expiry date. • Perform hand hygiene. • If dTpa <u>and</u> HPV are being administered, administer dTpa first. <ul style="list-style-type: none"> ○ dTpa: Administer in right deltoid muscle. 	<ul style="list-style-type: none"> • For further information, see: <ul style="list-style-type: none"> ○ <i>The Australian Immunisation Handbook: Administration of vaccines</i> ○ <i>Six Rights of Safe Medication Administration in Immunisation</i> (CAH-001692) ○ <i>Hand Hygiene</i> ○ <i>Waste Management</i> ○ <i>Sharps Management</i> ○ <i>Useful information following vaccination</i>

Steps	Additional information
<ul style="list-style-type: none"> ○ HPV: Administer in left deltoid muscle. ● Engage the safety needle and dispose of it in the sharps container per CAHS policy. ● Perform hand hygiene. ● If relevant, prepare and administer the second vaccine following the same steps. <p>Vaccine error</p> <ul style="list-style-type: none"> ● Advise management of the error: <ul style="list-style-type: none"> ○ SBIP clinic staff: Advise the Team Leader as soon as you are aware, and the Clinical Nurse Manager/Clinical Nurse Consultant as soon as practical. ○ SBIP Team Leaders: Advise the Clinical Nurse Manager/Clinical Nurse Consultant as soon as you are aware. ● 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. ○ Explain that the error has been discussed with PCH or WAVSS and communicate their advice. ○ Provide a clear and honest explanation of the incident and how it occurred. 	<ul style="list-style-type: none"> ○ Distraction techniques for vaccination of children ● If there is a disruption to the vaccination procedure, see Disruptions to the vaccination procedure. ● 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. ● For more information relating to vaccine error, refer to: <ul style="list-style-type: none"> ○ Take 5 – Vaccine error information ○ Clinical Incident Management ○ Medication Safety ● Family and domestic violence (FDV) or adult intimate partner violence (AIPV) <ul style="list-style-type: none"> ○ If there are any signs or concerns about FDV or AIPV (observed or disclosed by a student), 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
<ul style="list-style-type: none"> ○ 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>5. Provide post-vaccination care</p> <p>Adverse events following immunisation</p> <ul style="list-style-type: none"> ● AEFIs are classed 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). These reactions usually last for 1-2 days. <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"> ● Observe students for a minimum of 15 minutes in a designated area near the Immunisation Team and emergency equipment, including an anaphylaxis response kit. 	<ul style="list-style-type: none"> ● For more information on AEFIs, see: <ul style="list-style-type: none"> ○ The Australian Immunisation Handbook: After vaccination ○ Possible side effects of vaccination ● See related CAHS policies: <ul style="list-style-type: none"> ○ Allergy and Adverse Drug Reaction Management ○ Clinical Handover - Nursing ○ Clinical Incident Management ○ Recognising and Responding to Acute Deterioration ● For more information about fainting, see Fainting. ● For more information about managing anaphylaxis, see: <ul style="list-style-type: none"> ○ Preparing an anaphylaxis response kit ○ Managing anaphylaxis after vaccination ○ Doses of intramuscular 1:1000 adrenaline for anaphylaxis (adrenaline 1:1000 contains adrenaline 1mg in 1mL)

Steps	Additional information
<ul style="list-style-type: none"> • Advise students to sit on the floor during post-vaccination care. <p>Fainting response</p> <ul style="list-style-type: none"> • Initiate the DRSABCD protocol as required: <i>Danger, Response, Send for Help, Airway, Breathing, Circulation and Defibrillation.</i> • Gently lay the student on their back with their legs raised and supported, if safe. • Monitor 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 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 student alone. ○ Reassure the student until the ambulance arrives. • If unconscious, gently lie the student on their side and position to keep the airway clear. • If conscious, gently lie the student on their back (or let them sit up if lying down restricts their breathing). • Administer adrenaline (epinephrine) by intramuscular injection, as per Managing anaphylaxis after vaccination. 	

Steps	Additional information
<ul style="list-style-type: none"> • 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 (CHS510). <p>Communication</p> <ul style="list-style-type: none"> • Inform the following parties about the AEFI in a timely manner and provide regular updates, as necessary: <ul style="list-style-type: none"> ○ parent/guardian ○ school principal ○ CNM. <p>Documentation</p> <ul style="list-style-type: none"> • Report the AEFI online via WAVSS. See SAFEVAC Reporter Guide (WA). Include: <ul style="list-style-type: none"> ○ reporter, vaccinee and immunisation provider details ○ details of vaccine(s) administered (vaccination date, vaccination time, vaccine administered, dose, type, batch number [if known], injection site) ○ event details (time between vaccination and onset of symptoms, description of the event, 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 	

Steps	Additional information
<p>Medication Safety Pharmacist must be notified.</p> <ul style="list-style-type: none"> ○ Email: <ul style="list-style-type: none"> communitycahs.medicationsafetypharmacist@health.wa.gov.au ● Report a clinical incident in DATIX CIMS. 	
<p>6. Document the vaccination(s)</p> <ul style="list-style-type: none"> ● If consent is digital, record the vaccination(s) in VaccinateWA. ● If consent is paper-based and no VaccinateWA account exists, record on a paper consent form for entry into VaccinateWA by the SBIP Administration Team. ● For students in the care of the Department of Communities or if the parent/guardian has not consented to a VaccinateWA account, document on a paper consent form and in WinVacc. ● The Team Leader must record the vaccination date against the vaccine administered on the SBIP class list. 	

Vaccine decanting and reconstitution

Steps	Additional information
<p>1. Preparation</p> <ul style="list-style-type: none"> ● Perform hand hygiene. ● Remove vaccines from the refrigerator. ● Clean the area with disinfectant wipes. ● Use a dental bib as a clean work surface. 	<ul style="list-style-type: none"> ● See: <ul style="list-style-type: none"> ○ Hand Hygiene ○ National Vaccine Storage Guidelines 'Strive for 5'

Steps	Additional information
<ul style="list-style-type: none"> • Perform hand hygiene. • Check vaccine name and expiry date. 	
<p>2. Instructions for dTpa (Boostrix®) and HPV (Gardasil®)</p> <ul style="list-style-type: none"> • Step 1: Perform hand hygiene and remove pre-filled syringes from packaging in batches of 50. • Step 2: Retain a cardboard box from the packaging <u>or</u> use a plastic ziplock bag placed inside a labelled, light-protective envelope. • Step 3: Label the box/envelope with the vaccine brand name and formulation, batch number, expiry date and number of vaccines (usually 50, see Additional information). • Step 4: Complete an independent two-nurse check (see Independent two-nurse vaccine counting). • Step 5: When the totals match, place the vaccines in the cardboard box, or a labelled ziplock bag and paper envelope. <p>Note: See information below for Meningococcal ACWY (Nimenrix®).</p> <ul style="list-style-type: none"> • Step 6: Tape the box or envelope closed. • Step 7: Both nurses must sign across the seal to verify the double count. • Step 8: Update the relevant <i>Running Total of Immunisations in SBIP Fridge</i> 	<ul style="list-style-type: none"> • See Hand Hygiene • Sealed, decanted bags of SBIP vaccines usually contain 50 vaccines. • If an issue arises (e.g. a vaccine is damaged in transport or a delivery contains an unexpected quantity), record the actual number of vaccines in the bag. • See Appendix 4: Labelling of injectable vaccines

Steps	Additional information
<p>form with the vaccine, batch number and number received/decanted:</p> <ul style="list-style-type: none"> ○ HPV (CHS518) ○ dTpa (CHS520) <ul style="list-style-type: none"> ● Step 9: Return the vaccines to the refrigerator. 	
<p>3. Instructions for Meningococcal ACWY (Nimenrix®)</p> <ul style="list-style-type: none"> ● Follow Steps 1 to 4, as per dTpa and HPV. ● At Step 5: <ul style="list-style-type: none"> ○ Store equal amounts of vaccine vials and prefilled diluent syringes in two separate ziplock bags. ○ Place the two sealed ziplock bags in the same paper envelope to protect from light. ● Follow Steps 6 and 7. ● At Step 8, update <i>Running Total of Immunisations in SBIP Fridge</i> Meningococcal ACWY (CHS519) with the vaccine, batch number and number received/decanted. ● Return the vaccines to the refrigerator. 	<ul style="list-style-type: none"> ● See Reconstitution of Vaccines – Meningococcal ACWY at a Mass Immunisation Clinic ● Where expiry dates differ from vaccine vial to diluent, use the earlier of the two dates. ● If an issue arises (e.g. a vaccine is damaged in transport or a delivery contains an unexpected quantity), record the actual number of vaccines in the bag. ● See Appendix 4: Labelling of injectable vaccines

Independent two-nurse vaccine counting

Independent two-nurse counting of vaccines must occur when [decanting vaccines](#), before every clinic, when opening a sealed bag of vaccines for use, and at every [reconciliation](#).

Steps	Additional information
<p>1. For each type of vaccine being used/counted:</p> <p>Nurse 1</p> <p>1. Perform hand hygiene.</p>	<ul style="list-style-type: none"> ● Repeat this two-nurse counting process for each type of vaccine being used/counted.

Steps	Additional information
<p>2. Remove vaccine from the refrigerator/ cooler.</p> <p>3. Clean the area with disinfectant wipes.</p> <p>4. Place a dental bib on the work surface.</p> <p>5. Perform hand hygiene.</p> <p>6. Check vaccine name and expiry date.</p> <p>7. Remove vaccines from the cardboard box, or ziplock bag and envelope, and place them on the dental bib in batches of 5 or 10.</p> <p>Nurse 2</p> <p>1. Perform hand hygiene.</p> <p>2. Count the number of vaccines on the dental bib.</p> <p>3. Report the number of vaccines to Nurse 1.</p> <p>Nurses 1 and 2</p> <p>1. When nurse 1 and nurse 2 agree the vaccine count, perform hand hygiene, and carefully return the vaccines to the cardboard box, or ziplock bag and envelope.</p> <p>2. Record the number of vaccines on the cardboard box or envelope. Both nurses must sign the box or envelope to verify the double count.</p> <p>3. Record the number of vaccines on the:</p> <ul style="list-style-type: none"> • School-Based Immunisation Program: Vaccine Management Nurse Daily Record (CHS516) • <i>Running Total of Immunisations in SBIP</i> Fridge: HPV (CHS518), Meningococcal ACWY (CHS519), dTpa (CHS520). 	<ul style="list-style-type: none"> • Using counting trays or baskets can help prevent vaccines from falling off the work surface. • See Hand Hygiene

Vaccine distribution and management at school immunisation clinics

Steps	Additional information
<p>Step 1: Vaccine Management Nurse</p> <ul style="list-style-type: none"> Independently count the number of vaccines to be distributed to the Immunisation Nurses. Distribute the vaccines to the correctly labelled tabletop cooler. <p>Step 2: Immunisation Nurse</p> <ul style="list-style-type: none"> Independently count the number of vaccines to be added to the cooler. Report the number of vaccines counted to the Vaccine Management Nurse. <p>Step 3: Vaccine Management Nurse</p> <ul style="list-style-type: none"> When both nurses agree the number of vaccines counted, the Vaccine Management Nurse must record the number of vaccines added to the cooler on the School-Based Immunisation Program: Immunisation Nurse Daily Record (CHS517). 	<ul style="list-style-type: none"> For counting instructions, refer to Independent two-nurse vaccine counting. The Vaccine Management Nurse can determine how many vaccines have been administered to students at any point by counting the vaccines present at the site (in both the main cooler and tabletop cooler) and subtracting this number from the total number of vaccines brought to site. Account for any wastage. <ul style="list-style-type: none"> Each time this occurs, it must be recorded on the School-Based Immunisation Program: Vaccine Management Nurse Daily Record (CHS516).
<p>Change in vaccine</p> <ul style="list-style-type: none"> When changing vaccines, both nurses must count unused vaccines in the tabletop cooler before returning them to the Vaccine Management Nurse. Record on the School-Based Immunisation Program: Immunisation Nurse Daily Record (CHS517). 	<ul style="list-style-type: none"> See Independent two-nurse vaccine counting

Vaccine reconciliation

Reconciliation must be performed:

- for batch changes

- when changing vaccinations between year groups (i.e. from Year 7 to Year 10)
- before leaving the school at the end of the clinic and upon returning to base
- if a discrepancy is suspected
- if there are any disruptions to the vaccination process
- whenever requested by the Team Leader.

Steps	Additional information
<p>Team Leader – Manual process</p> <ul style="list-style-type: none"> • Count the documented administered vaccines from the class list and/or the completed paper consent forms. <p>Team Leader – VaccinateWA process</p> <ul style="list-style-type: none"> • Review the administered vaccines from the VaccinateWA report. <ul style="list-style-type: none"> ○ Compare the documented vaccines with the School-Based Immunisation Program: Vaccine Management Nurse Daily Record (CHS516). ○ Ensure the totals for each vaccine match. ○ Double check any discrepancies for administrative cause. ○ Report any wasted vaccines and the reasons for the wastage. ○ If a discrepancy still exists, escalate it to the CNM. 	<ul style="list-style-type: none"> • If all student consent has been provided via VaccinateWA, the number of vaccines must align with entries on the School-based immunisation program: Vaccine Management Nurse Daily Record (CHS516). • When there have been mixed methods of consent, the totals must be added together and equal (less any wastage) the entries on the School-Based Immunisation Program: Vaccine Management Nurse Daily Record (CHS516). • See Appendix 1.
<p>Vaccine Management Nurse</p> <ul style="list-style-type: none"> • Support the Team Leader with the provision of details from the School-Based Immunisation Program: Vaccine Management Nurse Daily Record (CHS516). 	<ul style="list-style-type: none"> • See Appendix 1.

Documentation

The SBIP Immunisation Team maintains 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](#) (Western Australia) 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](#)

[Reconstitution of Vaccines – Meningococcal ACWY at a Mass Immunisation Clinic](#)

[School-aged health services](#)

[School aged Health Services - Secondary](#)

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 <u>CAHS Policy Manual</u>
Allergy and Adverse Drug Reaction Management
Clinical Incident Management
Consent to Treatment
Hand Hygiene
Immunisation Service
Infection Prevention and Control Policies
Language Services
Medication Refrigerators and Freezers
Medication Safety
Open Disclosure
Patient/Client Identification
Sharps Management
Waste Management
The following documents can be accessed in the <u>PCH Operational Manual</u>
Clinical Alerts

Related external legislation, policies, and guidelines
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 for the Administration of Vaccines by Registered Nurses

<u>The Australian Immunisation Handbook</u>
<u>Western Australian Aboriginal Immunisation Schedule</u>
<u>Western Australian Immunisation Schedule</u>
<u>Western Australian Medication and Poisons Regulations 2016</u>


Related internal resources (including related forms)
<u>Adverse Drug Reactions (e-form)</u>
<u>CACH – Practice Framework for Community Health Nurses</u>
<u>Immunisation Anaphylaxis Event Record</u> (CHS510)
<u>Running Total of Immunisations in SBIP Fridge - HPV</u> (CHS518)
<u>Running Total of Immunisations in SBIP Fridge – Meningococcal ACWY</u> (CHS519)
<u>Running Total of Immunisations in SBIP Fridge – dTpa</u> (CHS520)
<u>School-Based Immunisation Program: Vaccine Management Nurse Daily Record</u> (CHS516)
<u>School-Based Immunisation Program (SBIP) Admin Processes</u>
<u>School-Based Immunisation Program: Immunisation Nurse Daily Record</u> (CHS517)
<u>SBIP Principal Letter and Minimum Requirements Guide for Schools</u> (CAH-001766)
<u>School-Based Immunisation Program: Team Leader Daily Record</u> (CHS515)
<u>Six Rights of Safe Medication Administration in Immunisation</u> (CAH-001692)

Related external resources
Forms
<u>Daily vaccine fridge temperature log</u>
Resources
<u>Australian Immunisation Register</u>
<u>AusVaxSafety</u>

<u>ACSQHC Recommendations for terminology, abbreviations and symbols used in medicines documentation</u>
<u>Diphtheria vaccine</u>
<u>Distraction techniques for vaccination of children</u>
<u>Doses of intramuscular 1:1000 adrenaline for anaphylaxis</u>
<u>Fainting</u>
<u>Foreign Language Terms: Aids to Translating Foreign Immunization Records</u>
<u>Health Professional Online Services</u>
<u>Human Papillomavirus (HPV) vaccine</u>
<u>Immunisation provider information and resources</u>
<u>Managing anaphylaxis after vaccination</u>
<u>Meningococcal ACWY (MenACWY) vaccine</u>
<u>Pertussis vaccine</u>
<u>Possible side effects of vaccination</u>
<u>Preparing an anaphylaxis response kit</u>
<u>Pre-vaccination screening checklist</u>
<u>Provider Digital Access</u>
<u>Recognition and treatment of anaphylaxis</u>
<u>SAFEVAC Reporter Guide WA</u>
<u>School-Based Immunisation Program</u>
<u>Services Australia</u>
<u>SmartVax</u>
<u>PCH Infectious Diseases Department</u>
<u>Useful information following vaccination</u>
<u>VaccinateWA</u>
<u>Vaccine Label Templates – Open Practice Environment</u>

WAVSS team
WA Health Education Requirements for Immunisation Provision

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:	19 March 2025
Amendment Dates:	27 August 2025	Next Review Date:	4 June 2028
Approved by:	Community Health Nursing Leadership Group	Date:	19 March 2025
	CACH Medication Safety Committee	Date:	8 April 2025
Endorsed by:	Executive Director, Community Health	Date:	9 April 2025
	CAHS Drug & Therapeutics Committee	Date:	4 June 2025
Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10		

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Appendix 1: SBIP Immunisation Team roles and responsibilities

Team Leader	Vaccine Management Nurse	Immunisation Nurse
Tasks: Term 4 of the year before the school immunisation clinic		
<ul style="list-style-type: none"> • Send a copy of the completed SBIP Principal Letter and Minimum Requirements Guide for Schools (CAH-001766) to plan next year's immunisation clinic. • If needed, coordinate with the School Immunisation Coordinator to set a clinic date(s). 		
Tasks: Two-weeks prior to the school immunisation clinic		
<ul style="list-style-type: none"> • Confirm the immunisation clinic with the School Immunisation Coordinator. • Provide written confirmation of the plan from the SBIP Principal Letter and Minimum Requirements Guide for Schools (CHS-001766). • Oversee or delegate the following tasks: <ul style="list-style-type: none"> ○ update the class list with details of all consented students from VaccinateWA, including health risks/allergies/ALERTS ○ contact parents/guardians for clarification or confirmation of details, or if issues are identified (e.g. consent, identification, 	<ul style="list-style-type: none"> • Ensure adequate vaccine stock levels. <ul style="list-style-type: none"> ○ Complete stock orders, as needed. • Update the relevant <i>Running Total of Immunisations in SBIP Fridge</i> form to ensure accurate vaccine stock levels: <ul style="list-style-type: none"> ○ HPV (CHS518) ○ Meningococcal ACWY (CHS519) ○ dTpa (CHS520) 	<ul style="list-style-type: none"> • Perform tasks as delegated by the Team Leader, including verifying all consents. • Check and order equipment and consumables, as required. • Contact parents/guardians for clarification or confirmation of details, or if issues are identified (e.g. consent, identification, ALERTS, health questionnaire, vaccination plan).

Team Leader	Vaccine Management Nurse	Immunisation Nurse
<p>ALERTS, health questionnaire, vaccination plan)</p> <ul style="list-style-type: none"> document any declined consents as 'consent not received' on the call list. 		
Tasks: 24 to 48 hours prior to the school immunisation clinic		
<ul style="list-style-type: none"> Assess staffing needs and assign the Vaccine Management Nurse role. Repeat above steps to ensure currency of the class list. Note: VaccinateWA registrations cut-off 48 hours prior to the school immunisation clinic. 	<ul style="list-style-type: none"> Pre-chill the cooler. For detailed instructions, see the National Vaccine Storage Guidelines 'Strive for 5'. 	<ul style="list-style-type: none"> Check and order equipment and consumables, as required.
Tasks: Morning of the school immunisation clinic (at base)		
<ul style="list-style-type: none"> Prepare and pack consumables, equipment, documentation, electronic devices and vaccines. Start the School-Based Immunisation Program: Team Leader Daily Record (CHS515). See: <ul style="list-style-type: none"> Vaccine decanting and reconstitution Independent two-nurse vaccine counting Vaccine reconciliation Check VaccinateWA vaccination inventory. Load and remove vaccine batch numbers as needed. Ensure only current batch numbers are available (unless a batch change is expected). 	<ul style="list-style-type: none"> Condition ice packs/gel packs according to the National Vaccine Storage Guidelines 'Strive for 5'. With the Team Leader, determine the required vaccines. Complete the count. See Independent two-nurse vaccine counting. Start pages 1 and 2 of the School-Based Immunisation Program: Vaccine Management Nurse Daily Record Form (CHS516). 	<ul style="list-style-type: none"> Check emergency equipment (e.g. adrenaline expiry date, sealed bag valve mask). Complete the vaccine count. Pack and ensure availability of the School-Based Immunisation Program: Immunisation Nurse Daily Record (CHS517). Ensure adequate stocks of consumables are packed.

Team Leader	Vaccine Management Nurse	Immunisation Nurse
<ul style="list-style-type: none"> • Check the CACH SBIP general email inbox for school or parent/guardian correspondence. • Check VaccinateWA for any consent withdrawals (using the report provided by the SBIP Administration Team). • Ensure new/casual or visiting staff are added to the VaccinateWA site. • Ensure new staff sign the Staff Signature Register. • Verify the packed items before departure. 	<ul style="list-style-type: none"> • Begin and document the cold chain management process as per the National Vaccine Storage Guidelines 'Strive for 5'. • Pack the cooler following the National Vaccine Storage Guidelines 'Strive for 5' using a portable digital thermometer with the alarms set between +2°C and +8°C. • Load all equipment into the government vehicle. See Manual Tasks. 	<ul style="list-style-type: none"> • Load all equipment into government vehicle. See Manual Tasks.
Tasks: On arrival at the school		
<ul style="list-style-type: none"> • Sign-in at school administration as per the visitor policy. <ul style="list-style-type: none"> ○ Staff must always carry their Working with Children, Criminal Record Screening and CACH staff identification cards. • Meet with the School Immunisation Coordinator to discuss the day's plan. • Obtain the list of absent students from School Immunisation Coordinator. • Review any parent/guardian communication to the school regarding consent changes. 	<ul style="list-style-type: none"> • Sign-in at school administration as per the visitor policy. <ul style="list-style-type: none"> ○ Staff must always carry their Working with Children, Criminal Record Screening and CACH staff identification cards. • Check the cooler and portable thermometer readings. <ul style="list-style-type: none"> ○ Alert Team Leader to any cold-chain breach. 	<ul style="list-style-type: none"> • Sign-in at school administration as per the visitor policy. <ul style="list-style-type: none"> ○ Staff must always carry their Working with Children, Criminal Record Screening and CACH staff identification cards.

Team Leader	Vaccine Management Nurse	Immunisation Nurse
<ul style="list-style-type: none"> • Provide laminated information to relevant school staff on when to contact members of the School Immunisation Team. See Appendix A in SBIP Principal Letter and Minimum Requirements Guide for Schools (CAH-001766). 	<ul style="list-style-type: none"> ○ See Medication Refrigerators and Freezers for the cold chain breach action plan. ○ See National Vaccine Storage Guidelines 'Strive for 5'. 	
Tasks: Set-up the vaccination area		
<ul style="list-style-type: none"> • Ensure school staff supervision for student movement to/from classrooms and the post-vaccination recovery area. • Students with prior consent are to be vaccinated before processing any new paper consent forms. This will ensure the flow of students is uninterrupted. • Conduct a final check to confirm staff roles and readiness to commence the clinic. 	<ul style="list-style-type: none"> • Set-up the vaccine management space. • Check the cooler and portable thermometer readings. <ul style="list-style-type: none"> ○ Alert the Team Leader to any cold-chain breaches. ○ See Medication Refrigerators and Freezers for the cold chain breach action plan. ○ See National Vaccine Storage Guidelines 'Strive for 5'. • Set up the individual workspace in preparation to vaccinate. <ul style="list-style-type: none"> ○ See Appendix 6 (Guiding principles for vaccine safety). 	<ul style="list-style-type: none"> • Set-up the vaccine delivery space. • Set-up the individual workspace, including: <ul style="list-style-type: none"> ○ Clean the workspace with disinfectant wipes ○ Chairs (3x for Year 7 students, 2x for Year 10 students) ○ Sharps container ○ White bib (in front of sharps container) ○ Cotton wool balls ○ Safety needles ○ Tape ○ Required stamps ○ Alcohol-based hand rub

Team Leader	Vaccine Management Nurse	Immunisation Nurse
	<ul style="list-style-type: none"> ○ Distribute vaccines to the Immunisation Nurses. See Vaccine distribution and management. ○ Place vaccines in the provided, labelled cooler. 	<ul style="list-style-type: none"> ○ Plastic rubbish bag ○ Labelled cooler for vaccines. Place on either side of the sharps container (2x for Year 7 vaccines and 1x for Year 10 vaccines). ○ See Six Rights of Safe Medication Administration in Immunisation (CAH-001692). ● Log-in and set-up a tablet for verifying student identity. ● Continue completing the School-Based Immunisation Program: Immunisation Nurse Daily Record (CHS517). ○ See Independent two-nurse vaccine counting and Vaccine reconciliation. ● Distribute the correct batch number stamps to the correct tables. <ul style="list-style-type: none"> ○ Only have the Year 7 stamps at the Year 7 tables. ○ Only have the Year 10 stamps at the Year 10 tables.

Team Leader	Vaccine Management Nurse	Immunisation Nurse
		<ul style="list-style-type: none"> ○ Ensure stamps NOT IN USE are removed from the vaccinating tables to reduce the risk of an incorrect stamp being used.
Tasks: Perform huddle		
<ul style="list-style-type: none"> ● Review the plan for the day and communicate the likely flow of students to other members of the Immunisation Team. ● Alert the team to any potential issues. ● Reinforce medication safety strategies. For example: <ul style="list-style-type: none"> ○ No interruptions to the Vaccine Management Nurse. ○ When to perform a two-nurse check. See Independent two-nurse vaccine counting. ● Ensure team members/new/casual staff have an allocated support person and delegated role. ● Raise any concerns for the day and escalate issues to the CNM if unable to resolve onsite. <ul style="list-style-type: none"> ○ See CAHS Speaking Up For Safety. 	<ul style="list-style-type: none"> ● Alert the team if there will be a batch change and if there is more than one batch number in VaccinateWA. ● Confirm batch numbers for the day and check the batch number in VaccinateWA is correct. Confirm that stamp batch numbers are correct. ● Raise any concerns for the day and escalate any issues to the CNM if unable to resolve onsite. <ul style="list-style-type: none"> ○ See CAHS Speaking Up For Safety. 	<ul style="list-style-type: none"> ● Raise any concerns for the day and escalate any issues to the CNM if unable to resolve onsite. <ul style="list-style-type: none"> ○ See CAHS Speaking Up For Safety.

Team Leader	Vaccine Management Nurse	Immunisation Nurse
Tasks: Commence delivery of the school immunisation clinic		
<ul style="list-style-type: none"> Oversee the student check-in process and management of the class list. 	<ul style="list-style-type: none"> Manage and distribute vaccines to the Immunisation Nurses. Maintain records as per: <ul style="list-style-type: none"> Independent two-nurse vaccine counting Vaccine decanting and reconstitution Vaccine distribution and management Vaccine reconciliation Maintain cold chain as per National Vaccine Storage Guidelines 'Strive for 5'. Vaccinate students as per the SBIP procedure (see Screening, vaccine administration and post-vaccination care). Adhere to Six Rights of Safe Medication Administration in Immunisation (CAH-001692). 	<ul style="list-style-type: none"> Vaccinate students as per the SBIP procedure (see Screening, vaccine administration and post-vaccination care). Adhere to Six Rights of Safe Medication Administration in Immunisation (CAH-001692). Contact parents/guardians if consent or health history require clarification.

Team Leader	Vaccine Management Nurse	Immunisation Nurse
Tasks: Batch number change (where applicable)		
<ul style="list-style-type: none"> • Oversee management of batch changes. <ul style="list-style-type: none"> ○ Pause the clinic and alert the team. ○ Communicate with the School Immunisation Coordinator to slow student flow during a batch change. ○ Upload the new batch number to VaccinateWA. ○ Instigate the reconciliation procedure (see Vaccine reconciliation). 	<ul style="list-style-type: none"> • Distribute the new batch and maintain records on School-Based Immunisation Program: Vaccine Management Nurse Daily Record (CHS516). 	<ul style="list-style-type: none"> • Change stamps to the new batch number. • Confirm that batch numbers match against VaccinateWA and the vaccines.
Tasks: Vaccine change (where applicable)		
<ul style="list-style-type: none"> • Oversee management of the vaccine change: <ul style="list-style-type: none"> ○ Pause the clinic and alert the team. ○ Communicate with the School Immunisation Coordinator to advise of the vaccine change for different year groups. ○ Instigate the reconciliation procedure (see Vaccine reconciliation). 	<ul style="list-style-type: none"> • Ensure all Year 7 vaccines are removed from the vaccinating area prior to distributing the Year 10 vaccines, or vice versa. • Complete a vaccine reconciliation. See Vaccine reconciliation. 	<ul style="list-style-type: none"> • Ensure all Year 7 stamps are removed prior to distributing the Year 10 stamps, or vice versa.
Tasks: School immunisation clinic pack down		
<ul style="list-style-type: none"> • Notify the team of the completion of the clinic. 	<ul style="list-style-type: none"> • Complete a vaccine count (see Independent two-nurse vaccine counting). 	<ul style="list-style-type: none"> • Count out the remaining vaccines and sign, as required (see Independent two-nurse vaccine counting).

Team Leader	Vaccine Management Nurse	Immunisation Nurse
	<ul style="list-style-type: none"> • Record the count on the School-Based Immunisation Program: Vaccine Management Nurse Daily Record (CHS516). • Report any discrepancy to the CNM. 	<ul style="list-style-type: none"> • Clean and pack away re-usable items. • Pack away unused consumables. • Close and secure the sharps containers with the front lock. <ul style="list-style-type: none"> ○ Only close the side locking-off tabs if the container is at least $\frac{3}{4}$ full. ○ Once the side locking tabs are closed, the container cannot be reopened. • Bag all rubbish and take it back to base. • Log-off VaccinateWA. • Return tablets and dongles to the SBIP Administration Team. • Transport equipment and load the car. See Manual Tasks.
Tasks: Back at base following completion of the school immunisation clinic		
<ul style="list-style-type: none"> • Identify students who have consent but were not vaccinated or were absent. 	<ul style="list-style-type: none"> • Unpack the car. See Manual Tasks. • Complete the final temperature reading. • Unpack the cooler. 	<ul style="list-style-type: none"> • Unpack the car. See Manual Tasks. • Restock the equipment used to ensure bags/equipment are

Team Leader	Vaccine Management Nurse	Immunisation Nurse
<ul style="list-style-type: none"> ○ Contact the parent/guardian and provide follow-up/catch-up immunisation plan information. ● Give the class list and paper consent forms to the SBIP Administration Team to process and upload to VaccinateWA. ● Prepare for the next school immunisation clinic. 	<ul style="list-style-type: none"> ● Return unused vaccines and the ice packs/gel packs to the fridge(s)/freezer(s). ● Adjust the number of vaccines used at the clinic against the <i>Running Total of Immunisations in SBIP Fridge</i> forms: <ul style="list-style-type: none"> ○ HPV (CHS518) ○ Meningococcal ACWY (CHS519) ○ dTpa (CHS520) ● File/upload School-Based Immunisation Program: Vaccine Management Nurse Daily Record (CHS516) in allocated folder. ● Verify fridge stock levels against the <i>Running Total of Immunisations in SBIP Fridge</i> forms. ● Inform the Team Leader if vaccine stock is low and requires ordering, or batch numbers change. ● Prepare for the next school immunisation clinic. 	<p>ready for the next school immunisation clinic.</p> <ul style="list-style-type: none"> ● Pack and stamp take home slips. ● Ink the stamps, if required. ● Complete the absentee process in consultation with the Team Leader. ● Prepare for the next school immunisation clinic.

Appendix 2: Example consent scenarios

The following example scenarios regarding parent/guardian consent have been provided as a guide. It is not an exhaustive list and various scenarios where consent is unclear may arise. Please consult your Line Manager if you encounter a difficult scenario and are unsure how to proceed.

Do not proceed with vaccination if valid consent has not been obtained.

Scenario 1

Two parents/guardians (same address) provide consent for the student in [VaccinateWA](#). Consent is identical.

- One account will be used.
- Contact parent/guardian to discuss the duplication and keep the account the parent/guardian chooses.
- Email DOH.immunisationdata@health.wa.gov.au to have the second account merged.

Scenario 2

Consent is completed for a student in [VaccinateWA](#) for a prior vaccine. A paper consent form is returned and has a different parent/guardian giving consent. The addresses are **the same**.

- Contact the parent/guardian who has consented on the form to discuss that there is a pre-existing account in [VaccinateWA](#).
- Advise the parent/guardian to consent in [VaccinateWA](#), if possible, to avoid creating a duplication of accounts.

Scenario 3

A student has an account in [VaccinateWA](#) for a prior vaccine. A paper consent form is returned and has a different parent/guardian giving consent. The addresses are **different**.

- Contact the parent/guardian who has completed the paper consent form to discuss and ascertain the situation.
- Consult with the CNM if there are concerns.
- Document the outcome.

Scenario 4

Two paper consents or accounts in [VaccinateWA](#) are created/returned with different addresses and parent/guardian. The consents are **not identical**.

- Both parents/guardians must be contacted and advised that immunisation cannot occur through the SBIP.
- Provide options.
- Document on [VaccinateWA](#) or paper forms.

Scenario 5

A foster carer has provided online consent for the vaccination of a student under the care of the Department of Communities.

- This is **not a valid consent** as consent must be provided by the case manager.
- Call the foster carer to obtain the case manager's contact details.
- Email DOH.immunisationdata@ghealth.wa.gov.au to remove the registration and consent.
- A paper-based consent is provided to the case manager for their completion.
- Check the [AIR](#), [VaccinateWA](#) and WinVacc to ascertain if the vaccine is required.
 - After vaccination, the student information is entered into WinVacc and uploaded to the [AIR](#).

Appendix 3: 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 vaccination.

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 vaccination, or affect the schedule, are known to the immunisation provider. 	<ul style="list-style-type: none"> The ALERT stamp will be used when: <ul style="list-style-type: none"> the child has an identified medical condition that is contraindicated with scheduled vaccines and cannot be vaccinated the child has a medical issue (e.g. fainting, allergies) and requires caution when administering vaccines the child has a medical condition under specialist paediatric care and requires review prior to the administration of vaccines the child 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 School Based consent form OR on both sides of the immunisation provider cards. 	

Appendix 4: 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 ensure 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. SBIP). 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 5](#)).
- **Closed practice environment:** An intervention 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 administered sequentially as independent operations. 	<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 minimum labelling requirements for administration of a reconstituted vaccine in an open practice environment in Appendix 5.

Steps	Additional information
<ul style="list-style-type: none"> • 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). • 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 5). • 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 5: 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 0.5mL Sodium Chloride</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](#)

Appendix 6: Guiding principles for vaccine safety

In a mass vaccination clinic, the repetitive nature of the work can lead to the risk of selecting the wrong vaccine.

- This risk increases with each student whose consent deviates from the standard immunisation schedule. For instance, a Year 7 student may consent to only one of the Year 7 vaccines, or a Year 10 student may consent to Year 7 catch-up vaccines.
- The risk also rises when there is a disruption to the Immunisation Nurse's usual routine, such as attending to a fainting student, being distracted or running out of vaccines in the tabletop cooler.

Strategies to reduce risk

Keep Year 7 and Year 10 groups distinct

- Whenever possible, prepare the vaccinating area for Year 7 vaccines **only after** completing the Year 10 vaccinations. Ensure all Year 10 vaccines are removed from the area before setting up for Year 7 vaccines. This helps prevent the risk of administering the wrong vaccine to students from different year groups.

Verify thoroughly when circumstances differ from the norm

- For Year 7 students receiving only one vaccine, verify the single vaccine against the consent form with two nurses before administration.

Catch-up immunisation plan sessions – when separation is not possible

- When students have consent for an immunisation plan that differs from the typical immunisation schedule, verify each vaccine and consent with two nurses.

There are several methods to organise the vaccinating space for school-based catch-up immunisation plan sessions to minimise the risk of errors.

- Remove the tabletop cooler and vaccines from the tables. Have the Immunisation Nurse obtain the specifically required catch-up immunisations from the Vaccine Management Nurse. This ensures a two-nurse verification for every student.
 - This approach is most effective in school-based clinics with numerous variable vaccine combinations, such as multiple Year 10 students on a catch-up immunisation plan for Year 7 and Year 10 vaccines (e.g. 1x HPV and 1x Meningococcal ACWY).
- Establish a dedicated Meningococcal ACWY vaccinating area with a specific waiting area, and a separate space for dTpa and HPV vaccinations with its own waiting area.

Direct students to the appropriate waiting area based on the vaccines they need to receive.

- This method is most effective for larger groups of students who are primarily receiving straightforward or expected vaccine combinations. For example, Year 8 and 9 students catching up on Year 7 vaccines, and Year 11 and 12 students receiving Year 10 vaccines.

Actions to avoid (high-risk actions)

- Never have Year 7 and Year 10 vaccines available at the same vaccinating table.
- Do not take vaccines from another nurse's tabletop cooler without completing a two-nurse consent and vaccine check, and updating both of the Immunisation Nurse's [School-Based Immunisation Program: Immunisation Nurse Daily Record](#) (CHS517).