



Adolescent Immunisation Program Procedure

1. Purpose

This document supports standard practice in the delivery of adolescent immunisation program in country schools by WACHS immunisation providers. It guides staff in relation to partnering with schools, consent, client identification, records and documentation, managing critical incidents, and roles and responsibilities within immunisation teams.

2. Procedure

Immunisation is proven to be one of the safest and most effective means of protecting humans against infectious diseases. In Western Australia (WA), school and community immunisation programs protect children and adolescents against many diseases which can lead to significant morbidity and mortality.

The Adolescent Immunisation Program (AIP) is led by the Department of Health (DoH) Communicable Disease Control Directorate (CDCD), working in partnership with Community Health teams to offer a variety of vaccinations to young people during their secondary school years. The program currently includes vaccination for; human papillomavirus (HPV), diphtheria-tetanus-pertussis (dTpa) and meningococcal (MenACWY). Other vaccinations may be offered to address specific needs of population groups.

Information about management and administration of vaccines, including pre and post vaccination care and other clinical matters are not covered in this document: Refer to the [Australian Immunisation Handbook](#) and relevant standard operating procedures.

The adolescent program differs from other childhood immunisation programs in that parents are not usually in attendance when individuals receive the vaccines.

2.1 Training and qualification requirements

Immunisation providers of school-based programs must be Registered Nurses, Enrolled Nurses or Aboriginal Health Practitioners, and must complete the training approved by the Chief Health Officer:

- Immunisation: Understanding Vaccines and the National Immunisation Program (WIMMB EL2) or (previous) WA DoH program equivalent
- Immunisation: WA Health Immunisation Update (WIMM EL2) (Annual requirement)
- Note: the **VaccinateWA (VWA) education module** is **NOT** required for the use of VWA with AIP. The WA DoH Health Support Services (HSS) support team has stated that the [School Based Immunisation Handbook](#) has replaced this training package and requested that all AIP staff refer to this handbook to inform themselves of the most up to date guidance regards the use of VaccinateWA for AIP.

All registered nurses, enrolled nurses and Aboriginal Health Practitioners administering a vaccine in accordance with their respective SASAs must be:

- competent in cardiopulmonary resuscitation (CPR); and
- maintain CPR competency by completing an annual refresher course in CPR.

The two medication training modules listed below are also recommended for all clinical staff to highlight and reinforce the best medication practices:

- Medication: Get it right! Taking the Best Possible Medication History Declaration (MDGIR EL2)
- Medication: Safety Declaration (MDSWA EL2).

Registered Nurses providing vaccinations must meet all requirements of the [Structured Administration and Supply Arrangements](#): Administration of Vaccines by Registered Nurses.

Enrolled Nurses providing vaccinations must meet all requirements of the [Structured Administration and Supply Arrangements](#): Administration of Vaccines by Enrolled Nurses.

Aboriginal Health Practitioners providing vaccinations must meet all requirements of the [Structured Administration and Supply Arrangements](#): Administration of Vaccines by Aboriginal Health Practitioners.

All clinical and administration staff working on the AIP must be familiar with [VWA](#) and the [Australian Immunisation Register \(AIR\)](#).

All clinical and administration staff working on the AIP must have completed program orientation with the AIP Coordinator or the Regional Immunisation Coordinator.

VaccinateWA

[VWA](#) is the system that supports the delivery of multiple Vaccination Programs in WA. The AIP commenced transition to VaccinateWA in 2022.

The [VaccinateWA SharePoint](#) page, specifically the [School Based Immunisation Handbook](#), is the most current and comprehensive resource for training and daily use of the VaccinateWA platform for the School Based Immunisation Program. Users are advised to initially consult the [School Based Immunisation Handbook](#), and if further clarification is needed, they should reach out to a regional Super User for assistance in navigating this Handbook. A vaccination encounter should **not** be recorded in VWA until after the vaccination has been completed.

To prevent access to VWA being removed **all staff** are to log onto VWA within 90 days of their previous log in.

Staff resources and scheduling

Note: When planning school vaccination days, it is important to schedule enough time to complete administrative and clinical tasks. This includes adequate time to enter data and complete documentation. Allowing adequate time assists in preventing errors, optimising program outcomes and enhancing client and staff safety.

2.2 Partnership with schools

It is critical to establish a good working relationship with school leadership and administration staff for the effective planning and delivery of services in schools.

It is recommended that the AIP requirements are included in the School Level Agreements to ensure program requirements are negotiated in advance. School Level Agreements are recommended to describe the health services which are provided at individual schools. They are negotiated between the community health nurse assigned to the school, their manager and the School Principal.

A school may be enlisted to assist with follow-up of forms, including newsletter items, AIP promotion and other communication with parents and students.

If a school has **Aboriginal and Islander Education Officers (AIEO)** building a rapport with a school's AIEOs is a critical activity for making connections with Aboriginal families at the school.

While the health service is responsible for delivery of the immunisation program, school staff are required to supervise students and manage behaviour on the way to and from the immunisation venue and while at the venue.

2.3 Consent

Informed consent from a parent (or legal guardian) must be obtained prior to vaccinating children in school settings. Consent from parents/guardians can be provided either via VaccinateWA (online form) (the preferred method) or by using the appropriate hardcopy form. Once hardcopy consent forms are collected, the relevant information should be entered via the online consent form or entered directly into VWA.

Criteria for valid consent is outlined in the Australian Immunisation Handbook and information provided to parents/guardians should include but is not limited to:

- vaccines to be given
- benefit of each vaccine
- common side effects
- risk of each vaccine
- information provided is to be uploaded to VWA
- after care information is to be provided via email
- refer for more information on the Healthy WA website.

In certain circumstances, students who are deemed to be mature minors, **may** provide their own informed consent. Support from school must be documented before allowing mature minors to provide their own consent.

If a mature minor indicates they would like to be vaccinated but is unable to gain parental/guardian consent, additional support to access vaccination should be provided to the student if they are unable to be vaccinated at the school site.

If a student refuses to be vaccinated, despite their parents providing consent, they are not to be vaccinated. **Under no circumstance should a student be forced to be vaccinated against their will.**

Obtaining verbal consent

It is also acceptable to obtain verbal consent from parents/guardians. Information relevant to the consent should be entered directly into the online AIP consent form. If gaining verbal consent have a second person witness the verbal consent and then document their details

via the online consent form or on the hardcopy consent to be entered into the online consent form later.

Obtaining consent for children in care

Children in care **should not** be entered into VWA for AIP vaccines. These students are to only require a paper consent. Once consent is gained the details of vaccines provided are documented within CHIS and then directly entered onto AIR. It is acceptable to obtain this paper consent from the relevant Department of Communities caseworker.

2.4 Accessing AIR records

Young people 14 years and over control who can see their AIR records. Parents do not have access to their child's records after they turn 14 years, unless the young person chooses to share their records with their parents.

VWA does not send the AIR records of young people 14 years and over to their parents. A hard copy is given to the young person after their vaccination, which they may share with their parents or others if they choose to do so.

2.5 School-Based Immunisation Program delivery

Administrative Preparation

Proper preparation is crucial for the smooth and safe execution of school vaccination days.

Collecting and Uploading Class Lists

This involves:

- At the start of the school year, the AIP coordinator requests and collects class lists for year 7 and year 10 students.
- These class lists are then uploaded to the VWA system using the 'School Class List feature.' This allows the Site Coordinator to monitor the registration progress and match the names on the class lists against registrations in the VWA system.
- If you are running a catch-up program review and roll over last year's vaccinations: Filter the 'School Call List' to show registrations for the previous calendar year. Each registration should be individually reviewed to determine if it is still relevant. If a case is no longer applicable, cancel the case. If a case has vaccinations that should be followed up with in the current calendar, roll them over to the current year.
- Check for Child at Risk alerts and discuss any students of concern with the school assigned community health nurse.
- Identify students who may require additional support to access AIP.

Registration and Consent Process

This involves:

- Registration Drive: the following steps should be performed at least once before vaccination day. Where possible, completing these steps several times in the lead up to vaccination day may help drive registration numbers.
- Collect paper forms that have been returned to the schools.

- Pre-register paper forms collected in the VWA system. Doing this prior to the vaccination day ensures that students are registered in the VWA system, priming them for the Vaccine Administration Process only.
- Check registration progress against the School Class List in the VWA system.
- Request the school follow up with parents / guardians who have yet to provide / decline consent with further reminders.

Verification and Preparation

This involves:

- Following Online Form submission or direct registration, dependants are to appear on the 'School Call List', ready for Registration Verification activities by the AIP coordinator.
- The AIP coordinator verifies the registrations and prepares for the actual Vaccine Administration by staff during school visits.
- Checking AIR History: Check name, DOB and Medicare number using the Medicare verification. Staff should review the previous immunisations (AIR) to ensure that the Vaccine Recipient has not already received the vaccinations for which they are registered. Based on this review, staff can take actions such as cancelling the case, updating the vaccination plan, or progressing to reviewing the medical history.
- Verifying Registrations: This step involves reviewing the answers to the health questionnaire, checking for any medical conditions that may be contraindicated, and verifying the need for any additional doses for immunocompromised individuals. If necessary, staff may need to follow up with the parent/guardian for clarification and ensure that any required additional doses are added to the Vaccination Plan.
- It's important to note that if consent is changed after the registration is verified or if the selected vaccination plan is changed, the registration verification tick is to be removed to ensure that any changes made are reviewed.
- Check Vaccine Registration Numbers: Run the Immunisations Registered report or School call list to identify how many registrations have been consented to at the school for each specific vaccine type. This is to help inform teams how much inventory should be taken to the school on vaccination day. Be sure to filter the report to the correct school and vaccination year.
- AIP team lead to ensure that batch and dose number has been entered into the VWA inventory by the AIP coordinator.

Checking Internet Connectivity

Some schools may have issues with internet connectivity which may negatively impact the use of the VWA system on the vaccination day. When collecting paper forms from schools, it may be a worthwhile activity to take a device with you and check connectivity prior to the school visit. If connectivity is found / known to be insufficient, it is recommended that clinicians speak with the school about potentially using their WIFI to connect to the internet and access the VWA system.

Testing Login and School Access

In a setting where you have internet connectivity, log into the tablet or device that is to be available for use on the vaccination day. Ensure that:

- the supported devices and browsers are being used, and that desktop mode is enabled when using an android device

- access to the school that is to be visited has been set up and contact your Site Coordinator if you encounter any issues accessing a particular school.

Conducting School Clinic Days

On the scheduled school clinic days, the AIP coordinator, along with staff, administers the vaccinations to the registered students. This involves recording the administration of vaccinations in the VWA system.

Prepare the Offline Report:

- Before heading to the school, run, filter, and export a copy of the Consent and Activity Report for the school being visited.
- This report is to contain a list of those students for whom consent has been provided, along with the immunisations due. Be sure to amend the exported excel format to include columns for Batch, Vaccinator, and Injection Site.
- If VWA is unavailable for any reason on vaccination day, immunisations can be recorded on the above-mentioned consent and activity report as a downtime process for later entry into VaccinateWA.

The Vaccine Administration Process is a sequence of steps that are followed on the day of vaccination, during school visits. Here is the process broken down into steps:

- **Check-In:** The process begins with the check-in of the students who are to be vaccinated. This is done by the Check-In staff. The Check-In staff verifies the identities of the students. Identity is confirmed by checking the student's name, date of birth and parent/guardian's name who provided the consent. Vaccinators also check the identity of student immediately after they arrive at their station by checking their name, date of birth and parent/guardian's name who provided the consent.
- **Review of Health:** A review of the students' health is conducted to ensure they are fit to receive the vaccine. Ensure privacy before asking:
 - Are you feeling well today?
 - Do you have any allergies?
 - Risk of pregnancy (if appropriate)
- **Viewing Registration Verification status:**
 - If the Registration Verified icon appears in Green, their record has already been checked and you can proceed to Vaccinate.
 - If the Registration Verified icon is Amber, Red (or does not exist), a careful check of their AIR History and Vaccination Plan is to be carried out during the Vaccination Administration Process.
 - If issues with internet connection inhibit the use of VWA on the day of school immunisations, ensure that Registration Verification has occurred in the last 3 days therefore being confident that you can proceed to vaccinate all people on the Offline Report.
- **Vaccine Administration:** Finally, the Vaccinators administer the vaccines to the students and capture the event in the VaccinateWA system.
- **Safeguarding children and young people:** Vaccinators are required to;
 - observe for signs that may indicate self-harm, child abuse or intimate partner violence
 - refer for an adolescent health assessment with a community health nurse in the school or an appropriate community setting, as appropriate
 - report observations and actions to a supervisor, and plan for an appropriate response to protect the health and wellbeing of the young person.

WACHS has a zero tolerance of any form of child abuse. All safety concerns must be treated seriously and consistently in line with legislation and policy.

Note: If there are **any concerns about consent or identification** of a student **do NOT immunise** the student. Report to team lead or AIP Coordinator

2.6 Post Vaccination

The post vaccination process is as follows:

- Vaccinators are to provide student with the DoH post vaccination paper slip that includes information on vaccine/s received.
- Students are to wait in the designated post vaccination site a minimum of 15 minutes post vaccination.
- If a planned vaccination is not provided to a student, the parent or guardian is to be contacted by phone or email to be informed of alternative means to access the vaccination. Such situations include:
 - the student did not attend school on the vaccination day
 - the student did not present for vaccination
 - the student is deemed too unwell to have received the vaccination
 - the student refuses vaccination
- Using the VWA functions to contact and record contact with the parent or guardian ensures all follow up activities are recorded in the same platform as the rest of the AIP data. For reasons of consistency all follow up contact with parents and guardians should be done and/or recorded via the VWA platform. Instructions for how this is done is outlined in the handbook in chapter 8 Notes and Comms.
- Cleaning Up the School Call List:
 - Ensure no students remain checked in by filtering the Student Call List. A student still checked in indicates they either did not receive their vaccine or the immunisation was not recorded. Site Coordinators can check a student out by navigating to their case.
 - Transfer any students missed on the day for whatever reason to an appropriate Catch-Up List.
- Tally Inventory Used: Run the Immunisations Administered report for the school visited to verify that the number of vaccines you administered tallies with the inventory used. Be sure to filter the Date Administered to today, and the Administration Location to the school visited.
- Capture any Paper Forms: Activities after the vaccination day is to vary depending on whether paper forms were used during the vaccine administration process. If paper forms were used on the vaccination day, these should be entered retrospectively into the VWA system via the Online consent form or CHIS for CHILDREN IN CARE.

2.7 Delivering immunisations for adolescents in WACHS community-based clinics

Ideally all immunisations provided under the AIP must be recorded in VWA or in CHIS, including those given in WACHS community-based clinics.

VWA consent must be supported by the parent or legal guardian by:

- attending the appointment; or
- providing the dependent with written consent to present at the clinic; or
- being available via the phone for confirmation.

Eligible individuals who are judged to be mature minors may provide their own consent for immunisations at WACHS community-based clinics.

2.8 Delivering immunisations for adolescents in community pharmacies

All adolescent immunisations can be provided in certain community pharmacies, ACCHO's?? and private medical centres across WACHS. Adolescent vaccines given at community pharmacies or private GPs is to be recorded into AIR either directly or via their service's electronic patient records.

2.9 WACHS AIP team roles

In schools where **less than five students** are to be vaccinated, only one immunisation provider may be required to give vaccines and complete all tasks, **including observing recovery**. In such cases there must be a second person (school staff member) to assist with checking consent and to provide support in case of emergency. Access to emergency health support needs to be considered.

Note the following:

- At least two immunisation providers are to be present for school vaccination days where there are **five or more students**. One provider is to be designated as Team Leader.
- It is recommended that a regional (or district/sub-region) AIP Coordinator is identified to plan, coordinate and oversee AIP delivery across the region or district.
- Teams may include Aboriginal Health Workers or Aboriginal Liaison Officers to take on particular roles, including liaison with parents and guardians.
- Roles and responsibilities within immunisation teams are to be well established in the program planning stage. See [Appendix A](#) for recommended staff roles and responsibilities.

Clinical incidents

In the event of a clinical or other incident, documentation, reporting and communications processes are to be observed. Refer to [Appendix B](#).

Vaccines are medications, and therefore are subject to the WACHS [Medication Prescribing and Administration Policy](#).

3. Roles and Responsibilities

The suggested AIP team roles are listed below with responsibilities for each role outlined in [Appendix A](#):

The **Adolescent Immunisation Program (AIP) Coordinator** is responsible for overall planning and coordination of AIP and its activities, see [Appendix A](#) for more details.

The **Administration Clerk** is responsible for providing administrative support for the AIP, see [Appendix A](#) for more details.

The **Team Leader** is allocated for vaccination day at each school and is responsible for providing leadership on the vaccination day, see [Appendix A](#) for more details.

The **School Health Nurse** is responsible for assisting the AIP and liaising with school and AIP Coordinator. In some regions a School Health Nurse will be involved in the coordination and planning of AIP. see [Appendix A](#) for more details.

The **Immunisation Provider (Nurse)** is responsible for vaccinating adolescents, see [Appendix A](#) for more details.

The **recovery nurse/person** is responsible for monitoring students for 15 minutes post immunisation, see [Appendix A](#) for more details. **Note:** If school staff member is monitoring students post immunisations, then the recovery area **MUST** be in close proximity to immunisation provider.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Monitoring of compliance with this document is to be carried out by a Coordinator of Nursing or Community Nurse Manager (or delegate), using the following:

- consumer feedback, including school students and parents/guardians.
- immunisation provider competency standards recorded on the MyLearning
- AIP reports from CDCD
- DATIX CIMS reports for clinical incidents.

VaccinateWA is the system used for documentation of all AIP vaccination activity. VaccinateWA records are migrated to the AIR.

5. References

Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health and Aged Care, Canberra, 2024, <https://immunisationhandbook.health.gov.au>.

Child and Adolescent Health Service. [Community Health Clinical Nursing Manual, Immunisation procedure](#). Perth: November 2021.

WA Department of Health - Health Support Services. (2024, February 9). School Based Immunisation Program (AIP) VaccinateWA Handbook. Retrieved from WA Health department SharePoint: [VaccinateWA \(sharepoint.com\)](#)

[WA Department of Health - CEO of Health SASA - Structured Administration and Supply Arrangement: Administration of Vaccines by Registered Nurses.](#)

6. Definitions

Term	Definition
Student identification	Student identification is a legal requirement in health care to establish, maintain and check identity of an individual prior to treatment, including immunisations.
Consent	Consent refers to a client's decision whether to or not treatment is to take place. It must be freely and voluntarily given. A client must receive sufficient information so they can understand the proposed treatment, including potential risks and side-effects of the disease as well as the vaccination. Consent within the AIP is overwhelmingly provided by the child's guardian/parent.
Immunisation	Immunisation is the process by which humans become immune to disease by introducing a vaccine to the body to stimulate a natural immune response.
Mature minor	A mature minor is a child under the age of 18 years who is capable of giving effective consent. The individual is judged to fully comprehend the nature, consequences and risks of the proposed action, irrespective of whether the parent consents.
VaccinateWA	VaccinateWA is the system that supports the delivery of multiple Vaccination Programs in Western Australia.
Vaccine	A vaccine is a natural or synthetic material which is introduced to the body to stimulate an immune response and consequently, protection against infectious disease.
Child safeguarding	Child safeguarding is the action taken to promote the wellbeing of child/ren and protect them from harm.

7. Document Summary

Coverage	WACHS
Audience	WACHS AIP team, WACHS Public Health nurses
Records Management	Clinical: Health Record Management Policy
Related Legislation	Children and Community Services Act 2004 (WA) Public Health Act 2016 (WA) Medicines and Poisons Regulations 2016 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0122/19 Clinical Incident Management Policy 2019 • MP 0175/22 Consent to Treatment Policy • Clinical Governance, Safety and Quality Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Dress Code Policy • Medication Prescribing and Administration Policy • Open Disclosure Procedure • Patient Identification Policy • WebPAS Child at Risk Alert Procedure • Work Health and Safety Policy
Other Related Documents	<ul style="list-style-type: none"> • VaccinateWA downtime forms at Healthy WA School-based Immunisation Program
Related Forms	Nil
Related Training	Available from MyLearning : <ul style="list-style-type: none"> • Medication: Get it right! Taking the Best Possible Medication History Declaration (MDGIR EL2) • Medication: Safety Declaration (MDSWA EL2).
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3886
National Safety and Quality Health Service (NSQHS) Standards	1.06, 1.25, 2.04, 6.04
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards	Nil

8. Document Control

Version	Published date	Current from	Summary of changes
3.00	13 January 2025	13 January 2025	<ul style="list-style-type: none"> Change of name. Updated according to HSS School Based Immunisation Handbook regarding use of VaccinateWA platform.

9. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Executive Director Nursing and Midwifery
Contact	Senior Project and Portfolio Officer Population Health
Business Unit	Population Health
EDRMS #	ED-CO-20-21927
<p><i>Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.</i></p>	

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

Appendix A: List of Duties

Team structures, roles and titles may vary; however, tasks and responsibilities are to be defined and allocated as per local staffing arrangements. The following are suggested:

AIP Coordinator - responsible for overall planning and coordination of AIP and its activities

Planning and preparation:

- coordinate liaison with schools for collection of year or class lists, confirmation of vaccination day dates and room bookings. Including downloading the Consent and Activity Report and Class lists for relevant years from VaccinateWA (VWA)
- coordinate receipt and despatch hard-copy AIP forms to schools for students / parents that are unable to log into VWA
- coordinate collection and processing of completed hard-copy AIP forms
- make (or oversee) necessary phone calls to parents/guardians/schools to access correct data
- coordinate maintenance and updates to class/school lists
- viewing Registration Verification Statuses for all students eligible for AIP vaccines
- roster nurses and administration staff
- ensure vehicles are booked as necessary
- coordinate ordering and maintenance of stock and vaccines
- if applicable ensure the collection of vaccines from hospital pharmacy
- assess required number of vaccines and coordinate preparation of vaccines for transportation, maintaining cold chain at all times
- update regional/district AIP processes and systems
- attend relevant meetings
- orientate new team members
- ensure preparation all IT equipment, hard-copy AIP forms and class lists for vaccination day
- allocate Team Leaders for vaccinations days at each school
- brief team leaders
- ensure timely compliance with data management in VaccinateWA.

Vaccination day:

- general organisation and troubleshooting in collaboration with Team Leaders.

After vaccination day:

- check on any cold chain breaches or adverse reactions
- oversee restocking
- organise debriefing meeting for quality improvement

Administration person – provides administrative support for the AIP

Preparation:

- liaise with Coordinator on booking vehicles for vaccination days
- assist with despatching of immunisation packs to schools
- update class lists in VWA with changes received via paper consent forms, or phone or email messages
- check and process consent forms

- enter hard-copy consent forms into VWA via the online consent form
- assist with preparation of vaccination records (slips)
- SMS roster information to immunisation nurses
- collect vehicle on immunisation days when required
- assist with packing and unpacking equipment into vehicles
- general organisation as directed by the AIP Coordinator.

Vaccination day

- greet and check in students as they arrive at the school immunisation 'clinic'
- bring spare hard-copy AIP forms to school
- direct students to line up in queue and wait to be called for vaccination.

After vaccination day:

- process emails to parents as required through VWA, (e.g. absentee or refusal)
- coordinate data entry into VWA for any hard copy AIP consent forms used via the online consent form.

Team Leader (allocated for vaccination day at each school)

Preparation:

- attend briefing with AIP Coordinator.
- upload and run matching reports for all class lists received from schools
- ensure timely compliance with data management in VWA
- check anaphylaxis kit and restock if needed.
- ensure team members discuss processes and roles in case of anaphylaxis.

Vaccination day:

- maintain vaccine cold chain during clinic and maintain adequate supply of vaccines, monitoring numbers to avoid overdrawing.
- coordinate team during school visits
- ensure class lists/individual client's records in VWA are updated during the day or if internet access is not available ensure the printed class lists are updated.
- contact parents by telephone during school visits, if needed
- general organisation and troubleshooting.

After vaccination day:

- report cold chain breaches to the [Public Health Unit](#)
- follow up adverse reactions
- report any clinical or other incidents or administrative errors
- conduct debriefing meeting for quality improvement and report to AIP Coordinator. Involve staff school if appropriate.
- coordinate data entry for any school clinic days where internet access was not available and therefore vaccinations were recorded on printed out, hard copy class lists.

School Health Nurses - assists the AIP and liaises with school and AIP Coordinator

Preparation:

- assist with promoting VWA distribution of hard-copy AIP forms when required
- liaise with school staff for information sessions for school community

- liaise with the school administration to send out SMS reminders that include links to the online consent form or reminder letters directing parents to the online consent form
- if needed, assist with collection of school class lists
- assist with collection of hard-copy AIP forms
- return hard-copy AIP forms to Coordinator in timely manner.

Immunisation Provider (Nurse) – responsible for vaccinating children/adolescents

Preparation:

- arrive on time as arranged by AIP Coordinator and/or Team Leader
- comply with WACHS Dress Code Policy
- wear Working with Children cards at all times on vaccination day
- check VaccinateWA access.

Vaccination day:

- introduce self to staff and students.
- give the client the pre-vaccination check list to read or ask verbally.
- identify student by name, DOB and the parent/guardian name providing the consent
- check students registration has been verified **BEFORE administration of vaccines and check what vaccines are in the students consented vaccination plan.**
- check if student well – do not vaccinate if acutely unwell i.e. temperature >38.5.
- check allergy status (absolute contraindication to all vaccines is anaphylaxis from any previous vaccination).
- if history of fainting – vaccinate lying down or refer to another clinic or service.
- ascertain if any recent vaccinations – if “yes” review the AIR portal
- give all required vaccines to a student
- advise student 15 min wait in recovery, nurse to write time on back of hand or note
- provide student with the DoH post vaccination paper slip that includes information on vaccine/s received
- advise student to read common side effects information on back of vaccination record while in recovery area
- report any issues of clinical concerns to the appropriate AIP Coordinator
- record vaccination details in VWA or on hard-copy AIP forms, and sign
- document any remarkable occurrences/conversations between parents/students in VWA.

Recovery Nurse - monitors students for 15 minutes post immunisations

Note: If school staff member is monitoring students post immunisations, then the recovery area **MUST** be in close proximity to immunisation provider.

Vaccination day:

- stay within the recovery area while students are recovering
- ensure students sit during the recovery period
- ensure students do not leave to go to toilet, get a drink or leave the recovery area for any reason.
- advise students to return directly to their classroom/teachers post recovery time.
- advise students who are feeling unwell or faint to lie down and elevate feet.
- monitor and follow guidelines in resuscitation kit.
- **in an emergency situation do not leave the student, call for help or send someone else to get help.**