



School Based Immunisation Program Guideline

1. Guiding Principles

This document supports standard practice in delivery of school based immunisation 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.

Detailed 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](#).

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. Programs aim to achieve 95% vaccination coverage.

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

School based programs differ from other childhood immunisation programs in that parents are not usually in attendance when children/adolescents receive the vaccines.

2. Guideline

Training and qualification requirements

Immunisation providers of WACHS school based programs must be Registered Nurses*, and must complete the training approved by the Chief Executive Officer of Health;

- Immunisation: Understanding Vaccines and the National Immunisation Program (WIMMB EL2) or (previous) WA Department of Health program equivalent, and;
- Immunisation: WA Health Immunisation Update (WIMM EL2) (Annual requirement).

The two medication training modules below are mandatory for all Nurses. If immunisation providers are involved in a clinical incident while delivering the program, they must repeat the two medications training modules:

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

- Medication Safety (MDSWA EL2)

Registered Nurses providing vaccinations must be familiar with the Structured Administration and Supply Arrangement: Administration of Vaccines by Registered Nurses. [SASA 001/1-2017](#)

* A specific, local SASA may be put in place to authorise other health workers (e.g. Enrolled Nurses) to become immunisation providers.

All clinical and administration staff working on the SBIP must be familiar with Community Health Information System (CHIS) and the Australian Immunisation Register (AIR).

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

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 school based immunisation.

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

School Level Agreements can include approximate vaccination day dates, room requirements and enlist support from the school staff for information provision to parents and students, access to year/class lists and for distributing and collecting forms.

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

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 waiting at the venue.

Staff resources and scheduling

In planning school vaccination days it is important to schedule enough time to ensure that administrative and clinical tasks are completed in environments that minimises pressure. This includes adequate time to enter data and complete documentation.

Allowing adequate time will assist in preventing errors, optimising program outcomes and enhancing client and staff safety.

Consent

Informed consent from a parent (or guardian) must be obtained prior to vaccinating children in school settings.

Individuals 16 years and older, who are deemed to be a mature minors, may provide their own informed consent (using the SBIP consent form). Support from school Principal must be confirmed before allowing mature minors to provide their own consent.

If an individual refuses to be vaccinated, s/he is not to be vaccinated. **Under no circumstance is an individual to be vaccinated against her or his will.**

Obtaining verbal consent

Written consent is desirable, however in cases where the SBIP consent form has not been returned or adequately completed, consent may be sought verbally (i.e. by phone).

This task is to be completed by an immunisation provider. If possible, a second person (health worker or school staff) may witness the verbal consent.

Appropriate notations are to be made on the individual's consent form.

Verbal consent must be informed. A brief explanation is to include;

- Vaccines to be given
- Benefit of each vaccine
- Common side effects
- Risk of each vaccine
- After care information will be sent home
- Encourage parents to go to the Immunisation – Healthy WA [website](#).

School Based Immunisation Program delivery

Administrative preparation

Thorough preparation is critical to smooth and safe running of school vaccinations days.

SBIP consent forms to be collated and checked at least a week prior to vaccination day.

It is recommended that AIR records are to be checked no more than one week before vaccination day, wherever possible. As a minimum, an AIR record is to be checked if parent (or child) expresses doubt about the child's immunisation status.

A master list (spreadsheet) is to be established for each school (or each class in large schools) to track students for whom consent has been confirmed. This list is to record:

- Individual's full name
- Date of birth
- School class
- Consent form returned
- Consent provided or not provided
- Alerts, allergy risk and contraindications to vaccines
- Attendance at vaccination day/clinic
- Vaccines given
- Catch-ups required
- Comments

Important

For individuals whose parents have not provided consent, clearly mark **No Consent** on the form and separate from the other forms. Make a note on the class list.

SBIP forms and master lists are to be checked by two Registered Nurses prior to vaccination day; at least one must be a current Immunisation Provider.

For students without an AIR record and/or Medicare number;

1. Check on AIR by using Name, Surname and DOB.
2. If not found, escalate to SBIP Coordinator (or as per local protocol) for follow up.
3. Coordinator (or other as per local protocol) to contact parents for Medicare card. If no Medicare card, check the Name, Surname and DOB on form. If different from initial form, re-check AIR.
4. If still not found on AIR, escalate to Regional Immunisation Coordinator (RIC) or SBIP Coordinator (as locally appropriate), to phone parents and request immunisation history and **create** record on AIR.
5. **If there is any uncertainty, the individual is NOT to be vaccinated at school.** Refer to appropriate immunisation clinic or GP for vaccinations.

In cases when the form is returned on vaccination day, the process described above is to be employed, including a check of AIR records.

Provision of additional vaccines is subject to staff capacity and vaccine availability, and is to be at the discretion of the Team Leader.

Completed SBIP forms must be available on vaccination day and given to the child when s/he presents for vaccination

Immunisation provider checks prior to delivery of vaccine

It is the **vaccinating nurse's responsibility to verify valid consent and check identification of individual** who is to be vaccinated, **for every vaccine.**

It is the **vaccinating nurse's responsibility to check there are no medical conditions which contraindicate vaccination.**

Immunisation providers must check the following for each individual immediately prior to giving a vaccine:

- First and last name
- Date of birth
- Address
- Name of and relationship to consenting person
- Vaccines to be given
- Alerts and comments
- The individual has not already received the vaccine
- If any details have changed since completion of the form
- Individual consent and readiness for vaccination. Ensure privacy before asking:
 - Are you feeling well today?
 - Do you have any allergies?
 - Have you had any vaccinations (needles) recently?
 - Risk of pregnancy (if appropriate)

If there are **any concerns about consent or identification of individual **do NOT immunise** the individual. Report to Immunisation Coordinator.**

If parental consent is received but the vaccination is not provided, the parent or guardian is to be contacted by phone or letter to be informed of alternative means for vaccination. Such situations include:

- The individual did not attend school on the vaccination day.
- The individual did not present for vaccination.
- The individual is deemed too unwell to have received the vaccination.
- The individual refuses vaccination.

Vaccination Day No. 2 (and school visits or clinic for missed vaccinations, if offered)

1. Notify school at least one month prior to the planned school vaccination day.
2. Enlist help of school to remind parents of second (or catch-up) vaccination day, by use of standard communications with parents.

3. All consent forms are to be rechecked at least one week prior to the vaccination event.
4. The AIR record is to be checked for each individual to avoid medication errors.
5. The school/class lists are to be updated to assist with efficient delivery of the program.

Note: The process outlined above is also to be used for school visits to follow-up on missed vaccination, if offered.

WACHS SBIP team roles

It is recommended that in schools where less than five students are to be vaccinated, only one immunisation provider is 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 forms and to provide support in case of emergency.

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) SBIP Coordinator is identified to plan, coordinate and oversee SBIP delivery across the region or district.

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.

Records and documentation

As forms are collected and collated, some information may be entered into CHIS, prior to the vaccination day. Refer to the CHIS guide for [SBIP data entry process](#).

As vaccines are given, the immunisation provider delivering the vaccine is to record injection site, batch number, date and anything of clinical relevance, and initials on the SPIP form. Full name and signature to be added in notes on SBIP form.

Any remarkable occurrences or communication with child/adolescent or parents (guardian), or refusal by the individual, is to be recorded on the SBIP form.

As soon as possible after provision of vaccines, the immunisation provider is to enter vaccinations on to CHIS as per the [SBIP data entry process](#).

School visits and staff rosters should be planned to enable data entry within 24 hours of vaccine administration.

All vaccines entered onto CHIS will be migrated to the AIR.

Clinical incidents

In the event of a clinical or other incident, documentation, reporting and communications processes are to be observed. **Refer to Appendix B for these requirements.**

Vaccines are medications, and therefore are subject to the [WACHS Medication Administration Policy](#). In the case of medication (vaccine) errors, nurses require individual performance review and may be required to repeat the medication training modules listed on page one of this document.

3. Definitions

Client identification	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.
Immunisation	The process by which humans become immune to disease by introducing a vaccine to the body to stimulate a natural defensive response.
Mature minor	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.
Vaccine	Natural or synthetic material which is introduced to the body to stimulate an immune response and consequently, protection against infectious disease.

4. Roles and Responsibilities

All WACHS Registered Nurses providing school based immunisations are required to:

- Complete immunisation training approved by the Chief Executive Officer of Health;
- Be familiar with the Structured Administration and Supply Arrangement: Administration of Vaccines by Registered Nurses. [SASA 001/1-2017](#)
- Verify consent and identification prior to providing vaccines for each individual.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

This guideline is a mandatory requirement under the Public Health Act 2016. Failure to comply with this procedure 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 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS child and school health activity is recorded in the Community Health Information System (CHIS). Note CHIS guide for [SBIP data entry process](#).

7. Evaluation

Monitoring of compliance with this document is to be carried out by Population Health Director (or delegate), using the following:

- Immunisation provider competency standards recorded on the WACHS Learning Management System
- CHIS reports
- SBIP reports from CDCD
- DATIX CIMS reports for clinical incidents

8. Standards

[National Safety and Quality Health Service Standards](#) – 1.1, 1.6, 1.7, 1.8, 1.11, 1.16, 1.20, 1.23, 1.25, 1.27, 2.4, 2.10, 4.7, 4.8, 6.1, 6.3, 6.4, 6.5, 6.6, 6.9, 6.11, 8.1.

9. Legislation

[Public Health Act 2016](#) (WA)

[Medicines and Poisons Regulations 2016](#) (WA)

10. References

Australian Technical Advisory Group on Immunisation. *Australian Immunisation Handbook*. Australian Government Department of Health; Canberra, 2018.

Child and Adolescent Health Service. *Community Health Manual, Immunisation procedure*. Perth: December 2018.

[WACHS Healthy Country Kids Program: an integrated child health and development service strategy 2016-2019](#)

11. Related Forms

School based immunisation program [forms](#)
WACHS Community Health Services E-Referral form (CHIS)

12. Related Policy Documents

CAHS [Immunisation surveillance in schools guideline](#)
[CHIS Data Entry Standards, Clinical Item Guides and Document Naming Conventions](#)
WACHS [Medication Administration Policy](#)
WACHS [Patient Identification Policy](#)
WACHS [Occupational Safety and Health Policy](#)
WACHS [Open Disclosure policy](#)

13. Related WA Health System Policies

Structured Administration and Supply Arrangement: Administration of Vaccines by Registered Nurses. [SASA 001/1-2017](#)
[WA Health Clinical Incident Management Policy](#)
[WA Health Consent to Treatment policy](#)

14. Policy Framework

[Clinical Governance, Safety and Quality](#)
[Public Health](#)

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Appendix A Suggested SBIP team roles and responsibilities

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:

SBIP Coordinator - Responsible for overall planning and coordination of SBIP 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.
- Coordinate receipt and despatch SBIP forms to schools
- Coordinate collection and processing of completed SBIP forms
- Make (or oversee) necessary phone calls to parents/guardians/schools to access correct data
- Coordinate maintenance and updates to class/school lists
- Check students immunisation status on AIR (or delegate check)
- Roster nurses and administration staff
- Ensure vehicles are booked as necessary
- Coordinate ordering and maintenance of stock and vaccines
- Ensure collection of vaccines from hospital pharmacy
- Update regional/district SBIP processes and systems
- Attend relevant meetings
- Orientate new team members
- Assess required number of vaccines and coordinate preparation of vaccines for transportation maintaining cold chain at all times
- Ensure preparation all SBIP 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 CHIS

Vaccination day

- General organisation and trouble-shooting 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 Clerk – Provides administrative support for the SBIP

Preparation

- Liaise with Coordinator on booking vehicles for vaccination days
- Assist with despatching of immunisation packs to schools
- Maintain student lists from schools in Excel form

- Check and process consent forms
- Enter consent forms on CHIS
- Assist with preparation of vaccination records (slips) in preparation for clinic
- SMS roster information to immunisation nurses
- Collect vehicle on immunisation days when required
- Assist with packing and unpacking equipment into vehicles
- General organisation i.e. process relocation forms, answer administration queries

Vaccination day

- Process consent forms at schools
- Highlight comments at top of each form are used if there are any unusual circumstances the vaccinator needs to consider
- Greet students as they arrive at the school immunisation 'clinic'
- Identify individuals and give them their completed SBIP form
- Direct students to hold form and line up in queue and wait to be called for vaccination

After vaccination day

- Process letters to parents as required, (e.g. absentee or refusal)

Team Leader (allocated for vaccination day at each school)

Preparation

- Attend briefing with SBIP Coordinator.
- Collate and check class lists and SBIP forms
- Ensure timely compliance with data management in CHIS

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 all class lists and SBIP forms (with consent) are brought to the school.
- Bring spare SBIP forms to school
- Ensure class lists are updated during the day.
- Contact parents by telephone during school visits, if needed
- General organisation and trouble-shooting

After vaccination day

- Report cold chain breaches
- Follow up adverse reactions
- Report any clinical or other incidents or administrative errors
- Organise absentee/refusal letters or SMS to parents.
- Conduct debriefing meeting for quality improvement and report to SBIP Coordinator. Involve staff school if appropriate.

School Health Nurses - Assists the SBIP and liaises with school and SBIP Coordinator

- Assist with distribution of SBIP forms.
- Liaise with school staff for information sessions for school community
- Send SMS reminders or reminder letters to parents
- If needed, assist with collection of school class lists
- Assist with collection of SBIP forms
- Return SBIP forms to Coordinator in timely manner.

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

Preparation

- Arrive on time as arranged by SBIP Coordinator and/or Team Leader
- Comply with Dress Code as per WACHS Policy, for example appropriate footwear etc.
- Wear Working With Children cards at all times on vaccination day

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 address
- Check for parent (guardian) consent.
- Check notes/comments **BEFORE administration of vaccines**
- 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” discuss with Team Leader
- Give all required vaccines to individual.
- Sign, stamp or print name, tick arm site on aftercare slip
- Advise student 15 min wait in recovery. Nurse to write time on back of hand or on aftercare slip.
- Advise student to read common side effects information on back of vaccination record while in recovery area.
- Give vaccination record to student to take home. Ensure telephone number is on back of slip for parents to contact either SBIP Coordinator or Regional Immunisation Coordinator
- Report any issues of clinical concerns to the appropriate Coordinator
- Record vaccination details on SBIP forms, and sign.
- Document any remarkable occurrences/conversations between parents/students in the space provide on SBIP form.
- Enter all vaccinations given on CHIS
- On return from school clinic, restock and check all equipment

Recovery Nurse - Monitor 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.

- 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 individuals 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 child. Call for help or send someone else to get help.**



APPENDIX B Reporting requirements for SBIP Incidents

Clinical Incident Response to vaccine	Clinical Incident Medication or administrative error	Clinical Incident Injury to client	Workplace incident Injury to health service staff
<ul style="list-style-type: none"> • Anaphylaxis • Other significant vaccine reaction 	<ul style="list-style-type: none"> • Medication errors e.g. dose error, repeat dose, cold chain breach with vaccines administered, etc. • Administrative errors e.g. consent error, delayed data entry, other admin error that may lead to medication error. 	<ul style="list-style-type: none"> • Needle stick injury • Fainting with injury • Other injury to client 	<ul style="list-style-type: none"> • Workplace injury
<ol style="list-style-type: none"> 1. Provide care as required 2. Report to team leader 3. Report to Coordinator and line manager 4. Plan communication with parent 5. Plan communication with Principal 6. Complete documentation on SBIP form and in CHIS. 7. Note on student spreadsheet 8. Organise debrief, as required 9. Make DATIX CIMS report 10. Make WAVSS report. 	<ol style="list-style-type: none"> 1. Provide care as required 2. Report to team leader 3. Report to Coordinator and line manager 4. Plan communication with parent 5. Consider communication with Principal 6. Complete documentation on SBIP form and in CHIS 7. Note on student spreadsheet 8. Organise debrief, as required 9. Make DATIX CIMS report <p>Note: Staff repeat medication competency as appropriate.</p>	<ol style="list-style-type: none"> 1. Provide care as required 2. Report to team leader 3. Report to Coordinator and line manager 4. Plan communication with parent 5. Consider communication with Principal 6. Complete documentation on SBIP form and in CHIS. 7. Note on student spreadsheet 8. Organise debrief, as required 9. Make DATIX CIMS report 	<ol style="list-style-type: none"> 1. Provide care as required 2. Report to team leader 3. Report to Coordinator and line manager 4. Consider communication with Principal 5. Complete documentation as per OSH reporting. 6. Organise debrief, as required