

LIST OF APPENDICES

Appendix 1: Principal's Kit

Appendix 2: Sample letter to school

Appendix 3: Consent forms

Appendix 4: Contact details for Population Health Units

Appendix 5: Equipment list

Appendix 6: SBVP Clinic Dates & Student Numbers form and Order form

Appendix 7: Anaphylaxis Treatment Record

Appendix 8: Adverse events following immunisation initial report form

Appendix 9: Resources

Appendix 10: Notice to parents of deferred vaccination

Appendix 11: Fainting form

Appendix 12: Incident form

Appendix 13: Feedback form for schools

APPENDIX 1 PRINCIPAL'S KIT

APPENDIX 2 SAMPLE LETTER TO SCHOOL

Dear [Principal]

Re: School Based Vaccination Program

Thank you for agreeing to participate in the School Based Vaccination Program for Year 8, Year 10, and female Year 11 and Year 12 students. This letter is to confirm arrangements for the vaccination clinic.

The vaccination clinic has been scheduled for [time, day and date].

To ensure a successful clinic, please provide the following to the vaccination team:

- A nominated staff member as a contact point for making arrangements
- Staff members to assist in keeping order among the students in the recovery area on the day
- A well-lit, well-ventilated room with a separate entry and exit, preferably on the ground floor (eg. school hall)
- An adjacent, shaded 'recovery' area where students can sit for at least 15 minutes after the vaccination
- One desk and two chairs per vaccinator, and a separate desk and chair for the administrative assistant, if applicable
- A few easy chairs and gym mats (for students who do not feel well and need to be observed by the vaccinator for a short time)
- An 'emergency' area separate from the 'recovery' area which is easily accessible and relatively private
- Some screens or some other method to keep students from directly viewing those being vaccinated
- A class list so the vaccinators can check off who has and has not been vaccinated.

Consent forms will be delivered to your school on [insert date]. There are different consent forms for each year level, according to the type of vaccine being offered. Please arrange for these to be given to every student and teacher in the relevant classes.

A member of the vaccination team will collect the signed consent forms from your school on [date]. It would be advantageous if you could send out regular reminders to return consent forms prior to this date. The Principal's Kit provided to you previously contains articles and letters which you may wish to use for this purpose.

To confirm your involvement in the clinic, please complete the attached form and fax it as soon as possible to:

[insert contact person's name and details including fax number]

Should you have any questions about the School Based Vaccination Program, please contact [name] on [phone].

Yours sincerely

[name]

School Based Vaccination Clinic Confirmation

Please complete this form and return it by fax to:

Attention: [name]
[contact details]

Name of school:

Number of Year 8 students:

Number of Year 10 students:

Number of female Year 11 students:

Number of female Year 12 students:

Date and time of clinic:

Nominated staff member:

Phone number:

The school can provide: (please tick)

- A well-lit, well-ventilated room** with a separate entry and exit, for vaccinations to take place in
- An adjacent, shaded 'recovery' area** where students can sit for at least 15 minutes after the vaccination
- One desk and two chairs per vaccinator**, and a separate desk and chair for the administrative assistant, if applicable
- A few easy **chairs and gym mats**
- An 'emergency' area** separate from the 'recovery' area which is easily accessible and relatively private
- Some **screens** or some other method to keep students from directly viewing those being vaccinated
- A class list** so the vaccinators can check off who has and has not been vaccinated
- Other.** Please provide details

.....
.....
.....

Other comments

.....
.....
.....

Thank you for your assistance.

[VSP name or branding]

APPENDIX 3 CONSENT FORMS

APPENDIX 4 CONTACT DETAILS FOR POPULATION HEALTH UNITS

Area SBVP Coordinators		
Northern Queensland	Carmel Bannon	4753 9034
Central Queensland	Karen Berry	3624 1103
Southern Queensland	Lynne Waters	5509 7238

Population Health Units		
Brisbane Southside 3000 9148	Brisbane Northside 3624 1111	Mackay 4968 6611
Gold Coast 5509 7222	Sunshine Coast 5409 6600	Townsville 4753 9000
Darling Downs 4631 9888	Wide Bay 4120 6000	Mount Isa 4744 4404
	Rockhampton 4920 6989	Cairns 4050 3600

APPENDIX 5 EQUIPMENT LIST

General

- Readily accessible telephone
- Emergency telephone numbers clearly displayed
- Hand washing facilities and/or alcoholic, antimicrobial lotion where hand washing facilities are limited
- Table cover

Cold chain

- Precooled eskies
- Frozen ice packs
- Wrapping for vaccines or ice packs: newspaper or bubble plastic (small bubbles)
- Minimum/maximum thermometer(s)
- Coldmark indicators

Vaccine administration equipment

- Adequate stocks of unexpired vaccines (and diluent if applicable)
- 2mL syringes
- Needles:
 - standard vaccination needles (23 gauge, 25mm in length)
 - drawing up needles (18, 19 or 21 gauge)
- Cotton wool balls
- Band-aids
- Kidney dish or other suitable container for drawn up vaccine
- Disposable gloves in appropriate sizes
- Thermometers
- Optional - rewards; stickers, stamps etc

Waste disposal

- Sharps containers
- Containers for infectious waste (non sharps)
- Containers for general waste

Essential documents

- Class lists
- Signed consent forms and pre-vaccination check list
- Post vaccination information
- Adverse event following immunisation initial report forms

MIMS

Immunisation Program Nurses need to carry:

- NHMRC Australian Immunisation Handbook current edition
- copy of the Drug Therapy Protocol - Immunisation Program
- copy of their employer's Health Management Protocol

Emergency Equipment

Resuscitation Kit – Contents:

- 5 x 1 mL adrenaline 1:1000 (one in one thousand)
- Tuberculin syringes x 5, with needles 23g x 25 mm & 32 mm
- Paediatric and adult size airways
- Laerdal resuscitator with paediatric and adult mask sizes
- Stethoscope
- Sphygmomanometer
- Guidelines for treatment of anaphylaxis (current NHMRC Immunisation Handbook and wall charts displaying treatment of anaphylaxis and adrenaline doses)
- Pens and paper for recording treatment of anaphylaxis, etc.
- O₂ cylinder if available, and appropriate size mask/s

APPENDIX 7 ANAPHYLAXIS TREATMENT RECORD

Name:

Next of Kin:

Date of Birth: .../.../... School:

Vaccination Received:

Adrenaline administration

Adrenaline 1:1000 = 0.01mL/kg of body weight (equivalent to 0.01mg/kg) up to a maximum of 0.5mL or 0.5mg, given by deep intramuscular injection.

13 years and over	0.4-0.5mL
-------------------	-----------

The dose of 1:1000 adrenaline for adults is 0.5 mL (0.5mg). Repeat every 5 minutes as necessary until there is clinical improvement.

Two adrenaline packs should be provided for each team. If nurses are called away from the clinic to review a student in another part of the school, they should take one pack and a mobile phone with them to the student.

Treatment Received

Drug:	Route:
1st Dose:	Time:
2nd Dose:	Time:
3rd Dose:	Time:

Notes:

.....
.....
.....
.....
.....
.....

Vaccinator:

Signature:

Organisation:

Date: .../.../...

Please note: The Queensland Health Adverse Event Following Immunisation – Part A: Initial Report Form must also be completed for any case of anaphylaxis following immunisation.

APPENDIX 8 ADVERSE EVENTS FOLLOWING IMMUNISATION INITIAL REPORT FORM

APPENDIX 9 RESOURCES

The following resources are available from the Queensland Health Immunisation Program:

- School Based Vaccination Program vaccine order forms
- Extra consent forms
- Quality Improvement Guidelines for Public Immunisation Providers

Please contact your Area School Based Vaccination Coordinator for:

- Principal's Kits
- Consent forms
- Adverse Event Following Immunisation Initial Report Forms
- Additional copies of the School Based Vaccination Program Resource Kit for Vaccine Service Providers

Other useful resources include:

- The Queensland Health Immunisation Program Drug Therapy Protocol (DTP), available from Environmental Health Unit, GPO Box 48, BRISBANE 4001 or phone (07) 3234 0938

Resources available online include:

- The Queensland Health Infection Control Guidelines:
<http://www.health.qld.gov.au/infectioncontrol/guidelines.html>
- Information on waste management:
http://www.epa.qld.gov.au/environmental_management/waste/waste_management/

The Immunise Australia Program also produces a variety of valuable resources, including:

- National Immunisation Program Schedule
- The Australian Immunisation Handbook
- Understanding Childhood Immunisation
- National Vaccine Storage Guidelines
- Myths and Realities – responding to arguments against immunisation: a guide for providers

These resources are available from:

The Immunise Australia Program

Australian Government Department of Health and Ageing

Phone: 1800 671 811 or order online at:

<http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/pubs-order>

APPENDIX 10 NOTICE TO PARENTS OF DEFERRED VACCINATION

[Today's Date]

Dear Parent/Guardian

Although we had received your consent to vaccinate

Name of student:

Your child was unable to be vaccinated at today's school immunisation program because:

- He / she is currently unwell and it is best to postpone vaccination until after this illness has passed
- He / she has in the past had a significant allergic reaction to the vaccine and you should seek further advice from your family doctor
- He / she was absent at the time of the vaccination session
- He / she refused to proceed with the vaccination when it was offered
- Other (specify):

As immunisation is such an important health matter, we strongly encourage you to seek a "catch up" vaccination for your child. This can be obtained through: [insert name and location of next clinic or school visit being organised by the vaccine service provider]

on [date, day and time]

Please contact [name] on [phone] if you have any queries, or if your child will be unable to attend this catch-up session.

Thank you

[Vaccine service provider]

APPENDIX 11 SCHOOL BASED VACCINATION PROGRAM FAINTING FORM

[Today's Date]

Dear Parent/Guardian

Name of student:

Your child was vaccinated with the vaccine/s today.

After the injection s/he:

- went pale and needed to lie down
- fainted and was attended to by the vaccination team

We are advising you of this reaction in case injections are needed in the future.

Vaccinator's signature:

If you have any further questions, please contact [name] on [phone].

Thank you

[Vaccine service provider]

APPENDIX 12 INCIDENT FORM

(Vaccination reactions are to be reported on the Adverse Events Following Immunisation – Part A: Initial Report Form)

The following are examples of, but not limited to, incidents to be reported on this form:

- A student is vaccinated without consent
- A student is vaccinated twice
- A student sustains an injury but not as a direct result of vaccination (eg. student falls in recovery area)
- A student sustains an injury while being vaccinated (eg. student moves and needle grazes arm of student)
- A staff member of the vaccination clinic sustains an injury
- A needlestick injury
- Any other incident that is not a reaction to vaccine

PLEASE USE A SEPARATE FORM FOR EACH INCIDENT.

Attach additional information as required. Please notify your Area SBVP Coordinator of the incident on the same day.

DATE:		SCHOOL:	
--------------	--	----------------	--

VSP DETAILS				
VSP:		VACCINATOR:	CONTACT NUMBER:	
STUDENT/PERSON DETAILS				
NAME:		DOB:	CONTACT NUMBER:	
VACCINATION DETAILS		INCIDENT DETAILS		OUTCOME OF INCIDENT
VACCINE:		TIME OF INCIDENT:	AM	Insert Details:
<input type="checkbox"/> Hepatitis B Dose 1			PM	
<input type="checkbox"/> Hepatitis B Dose 2		WHAT OCCURRED?		

<input type="checkbox"/> Varicella <input type="checkbox"/> Diphtheria-tetanus-pertussis (dTpa) <input type="checkbox"/> Human Papillomavirus (HPV) Dose 1 <input type="checkbox"/> Human Papillomavirus (HPV) Dose 2 <input type="checkbox"/> Human Papillomavirus (HPV) Dose 3 <input type="checkbox"/> N/A	<input type="checkbox"/> Student vaccinated without consent <input type="checkbox"/> Student vaccinated twice <input type="checkbox"/> Student injured pre-vaccination <input type="checkbox"/> Student injured during vaccination <input type="checkbox"/> Student injured post-vaccination <input type="checkbox"/> Injury to vaccinating staff <input type="checkbox"/> Needlestick injury <input type="checkbox"/> Other (please specify)		
VACCINATION SITE: <input type="checkbox"/> L upper arm <input type="checkbox"/> R upper arm <input type="checkbox"/> Multiple sites (please specify) <input type="checkbox"/> Other (please specify) <input type="checkbox"/> N/A		PARENT/GUARDIAN NOTIFIED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
		If NO, why not?	

Please fax this form to your Area SBVP Coordinator:

Northern Queensland	Carmel Bannon	Fax: (07) 4753 9034
Central Queensland	Karen Berry	Fax: (07) 3624 1103
Southern Queensland	Lynne Waters	Fax: (07) 5509 7238

APPENDIX 13 FEEDBACK FORM FOR SCHOOLS