Queensland School Immunisation Program

Resource kit for vaccine service providers

10th edition
Queensland School Immunisation Program – Resource kit for vaccine service providers

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An electronic version of this document is available at www.health.qld.gov.au

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Any person investigating any issues addressed in this publication should also seek their own independent legal and technical advice and consult their relevant public health unit. This resource kit must be read in conjunction with the current online edition of the Australian Immunisation Handbook. Every effort has been made to ensure that the content contained within this kit is correct at the time of printing.

Acknowledgements

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Introduction

The National Health and Medical Research Council (NHMRC) recommends vaccination for people of all ages, from infants through to older persons. Adolescent vaccinations are an important part of the National Immunisation Program Schedule. The School Immunisation Program (SIP) is a convenient and equitable way of delivering recommended vaccines to eligible adolescents who can otherwise be difficult to reach.

This resource kit is for vaccine service providers (VSPs) who provide a SIP. It provides procedures, checklists, tips, suggestions and materials for distribution to the school community to assist VSPs delivering the SIP. It's acknowledged that various circumstances, including geography and school size, may mean alternative approaches are needed to suit local situations.

It's recommended that VSPs develop their own policy and procedures for conducting a SIP using the kit as a guide.

The kit will be updated if program details change or if additional vaccines are included in the National Immunisation Program for school aged students.

For further information please refer to the online version of the Australian Immunisation Handbook available at https://immunisationhandbook.health.gov.au/
Section 1: Planning a school immunisation clinic

1.1 Eligibility

The Queensland School Immunisation Program (SIP), offers Year 7 students in state and non-state schools free vaccinations to protect against the following diseases:

- human papillomavirus
- diphtheria, tetanus, pertussis (whooping cough).

Year 10 students are offered free vaccination to protect against meningococcal A,C,W and Y disease.

Students can attend a catch-up session if offered by school immunisation provider during the eligible year of vaccination; or parents can take their child to their doctor or community immunisation clinic.

School staff are not eligible to receive vaccination/s as part of this program.

<table>
<thead>
<tr>
<th>School Year</th>
<th>Vaccine Description</th>
<th>Dose and administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 7</td>
<td>Human papillomavirus (HPV) GARDASIL®9</td>
<td>Two doses of human papillomavirus (HPV) vaccine GARDASIL®9 will be offered. The recommended interval for the two doses is 0, and (at least) 6 months but up to 12 months after first dose. Where variation to the recommended interval is unavoidable please discuss with your public health unit contact.</td>
</tr>
<tr>
<td></td>
<td>Diphtheria, tetanus, pertussis (dTpa)</td>
<td>One booster dose of adult/adolescent combined formulation dTpa vaccine will be offered. Most students would have received vaccination against diphtheria, tetanus and whooping cough when they were pre-school age. Adolescents who have completed a primary vaccination course with combined diphtheria and tetanus vaccine (CDT) or adult diphtheria and tetanus vaccine (ADT) are also eligible. An adolescent booster dose is recommended by the NHMRC to ensure they continue to have immunity against these diseases. A single dose of dTpa can be administered at any time after a dose of a vaccine containing tetanus and diphtheria toxoids. Long-term follow-up of adolescents showed a more rapid decline. Pertussis antibody levels decreased to, or approached, pre-vaccination levels after 10 years. The rate of decline in clinical protection is unknown, but some protection against clinical disease may persist for up to 10 years.</td>
</tr>
<tr>
<td>Year 10</td>
<td>Meningococcal ACWY</td>
<td>One dose of meningococcal ACWY vaccine will be offered.</td>
</tr>
</tbody>
</table>

For information about diseases and the side effects of vaccination, please see the online edition of the Australian Immunisation Handbook.

The Public Health Act 2005 requires school principals to disclose student and parent information to approved school immunisation providers, to allow them to:

- reconcile returned consent cards for the School Immunisation Program against eligible students
- follow-up with parents of students who have not returned a consent card to offer them the opportunity to participate in the School Immunisation Program, and
- assist families to resolve concerns about their child’s immunisation needs.
School principals are not required to disclose the information until Queensland Health advises them of their approved school immunisation provider. It is anticipated this will occur early in the school year or at the end of the previous school year.

Once the school principals are advised of the approved school immunisation provider, they are required to disclose the student and parent information to the approved school immunisation provider, if requested. This request should only occur once a year. The information should be disclosed within a reasonable period and in a format that is convenient to the school and usable by the school immunisation provider.

Further details about the process for disclosure of student and parent information is outlined in Section 1.3.

**Special school students**

Special school students who are 12 or 13 years of age are eligible for HPV vaccine (two doses at an interval of 0 and 6 months but up to 12 months after first dose) and dTpa (one dose). Students who are in Year 10 (or 15 years of age) are eligible for meningococcal ACWY vaccine (one dose).

**Students who are home schooled**

For students who are home schooled, the recommended vaccines offered in the school program are also available free in the age equivalent school year.

Parents who plan to have their child vaccinated by their doctor will need to advise the reception staff at the medical practice which vaccines are needed when calling for an appointment. This allows the practice time to order in the vaccines. These vaccines will be free, however, a consultation fee with the GP may apply.

### 1.2 Clinic dates and promotion

#### Setting a date and time

**Contact the school (previous year)**

- Speak to the principal/year coordinator of each school to discuss the program for the coming year and their preference for dates.
- Request that the school nominates a staff member as the primary contact.
- Discuss the process for the disclosure of student and parent information and agree on a date and format the information will be provided.
- Arrange dates and times for vaccination clinics with the school to ensure the program is accommodated within the school calendar year and within competing curriculum requirements.

**Confirm dates and provide resources**

- Once the school dates and times are set, it is recommended the vaccine service provider confirms in writing with the school when vaccination clinics are scheduled.
- Provide the nominated person with the *Information for Schools* booklet.
- Continue to liaise with the nominated staff member about conducting the program including distribution of consent packages, requirements and procedures for the vaccination days.

**Advise public health unit**

- Provide details of your school vaccination clinic dates to your public health unit contact, including updates should date/s change (see Appendix 2).

**Contact the school (vaccination year)**

- Approximately one month before the school vaccination clinic date, contact the nominated school staff member to confirm the agreed date for the clinic and class numbers; review procedure for clinic day and address any concerns.
- Confirm the date and format agreed for the disclosure of student and parent information.
Please consider the following when setting a date and time for your vaccination clinic:

- **School and educational institution terms:** allow adequate time for school staff to organise their calendar, distribute and collect returned consent cards and collate them into class groups.

- **Session timing and duration:** make sure you allow time for adequate post-vaccination observation. Clinics should finish at least 15 minutes before school closes in the afternoon. Where extensive travel is required, consider transport time and clinic set-up. Determine the duration of the session by estimating the number of students, number of staff, administration and logistic support at the school. This may vary depending on the system used to process each class or group of students.

- **Ensure minimum intervals between vaccination doses are met.**

**Tips**

- Allow for the scheduled time intervals between doses of HPV (0 and 6 months but up to 12 months after first dose) vaccine for eligible students.

- Initiate scheduling school vaccination clinic dates in August/September of the previous year.

**Promoting the vaccination clinic**

Parents/legal guardians/authorised carers and students should be informed about the availability of the SIP in the year prior to eligibility, where possible, and at the commencement of the eligible school year.

Parents/legal guardians/authorised carers and students need to be notified of all vaccination clinic dates well in advance of the first intended date and prior to all subsequent dates.

Queensland Health will send primary school principals a postcard to be distributed to all students in Year 6 to inform parents/legal guardians/authorised carers and students about the availability of the SIP in Year 7.

Additional ways to promote the SIP and school clinic dates include: school newsletter, flyers/posters, school website, QSchools app, SMS notifications, advertising boards located at the school entrance and local media. Materials to assist with this are included in the *Information for Schools* booklet.

### 1.3 Disclosure of student and parent information

The *Public Health Act 2005* requires a school principal, or their delegate, to disclose student and parent information including:

- the name and date of birth of a student
- the name, telephone number, email address and postal address of a parent or guardian of a student
- other information prescribed by regulation about a student, for example, the sex of the student and which class or group they are attached to.

The school immunisation provider may use this information to:

- match returned consent cards with student lists to determine those who have consented, those who haven’t consented and those who haven’t returned a consent card
- follow up with parents of students who haven’t returned a consent card to offer them the opportunity to have their child immunised and
- analyse the information to inform future strategies to improve consent card return rates.

Parents who return a consent card indicating ‘No to Vaccination’ for all vaccines are not to be contacted.
Figure 1 describes the process for request and disclosure of student and parent information; and the follow-up process of parents whose child does not return a consent card.

Information privacy

To protect disclosed information, the law binds school immunisation providers to comply with either the National Privacy Principles or Information Privacy Principles under the Queensland Information Privacy Act 2009. This Act stipulates the requirements for the secure collection, use, storage and disposal of personal information to be followed by school immunisation providers.

School immunisation providers must store and dispose of disclosed student information in accordance with the Queensland State Archive guidelines. The information should only be retained for the school year that those students are eligible for vaccination. The information is to be deleted by the school immunisation provider from any electronic system and hard copies of the information destroyed when no longer required.

Process

Once Queensland Health advises the school principals of the approved school immunisation provider, they are required to disclose the student and parent information to the approved school immunisation provider, if requested. It is anticipated this advice will occur early in the school year or at the end of the previous school year.

The request for disclosure of student and parent information should only occur once a year. The information should be disclosed within a reasonable period and in a format that is convenient to the school and usable by the school immunisation provider. There is no requirement to update the data set once the information has been provided to the school immunisation provider, i.e. if a new student is enrolled at the school. The timeframe and format for the disclosed information will need to be negotiated with the school immunisation provider in consideration of the volume of data to be provided, the school's administrative capacity to provide this information and the timing of the school immunisation program.

Unless it is not in the student’s best interest, student and parent information for all students must be disclosed to the school immunisation provider if requested. The principal's decision to not disclose a student's information is at the discretion of the school principal.

Examples why a principal may not disclose information are provided in Table 2. For reconciliation purposes, the principal must still advise the school immunisation provider of the number of students that have not been disclosed.

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student is under a Child Protection Order</td>
</tr>
<tr>
<td>Known domestic violence issues</td>
</tr>
<tr>
<td>Known custody issues</td>
</tr>
<tr>
<td>Family involved in a police matter</td>
</tr>
</tbody>
</table>

A parent may request that a principal does not disclose their information. In these instances, it is recommended that the principal work with the parent to ensure they are fully informed about the purpose of the information disclosure. **It is at the principal’s discretion whether they disclose information in these instances.** If they require further information they will contact their local public health unit (PHU).

Information for parents

Schools will need to take reasonable steps to ensure that their parents are aware of these new disclosure requirements. The Information for Schools booklet has information about the disclosure of information including sample text for the school to provide to parents via letters, email and/or newsletters as well as a Frequently Asked Questions document.

The School Immunisation Program consent pack provides information on the disclosure of information for parents.
Principal informs parents that information will be disclosed to school immunisation provider eg. in school newsletter, email, letter etc. (see appendices)

Chief Executive Hospital and Health Service (CE HHS) advises school principal of school immunisation provider (copy of letter to school immunisation provider)

Principal provides school immunisation provider with student information for eligible year cohort and advises of the number of students whose details have been withheld

School immunisation provider requests student information from school principal

School immunisation provider matches student information with returned consent cards

DISCLOSURE OF INFORMATION

STAGE 1

STAGE 2

STAGE 3

FOLLOW-UP OF CONSENT CARDS

Figure 1: Process for disclosure of student information and follow up of non-returned consent cards

YES to vaccination

Don't follow up, unless consent card information is incomplete, as per usual practice

NOT RETURNED

School immunisation provider contacts parent

Unable to contact

School immunisation provider to document on data collection template

YES to vaccination

School immunisation provider sends parent consent card or arranges alternative method to receive signed consent

NO to vaccination

School immunisation provider does not receive consent card. Provider to determine further course of action

School immunisation provider does not receive consent card. Provider follows up with parent

School immunisation provider receives consent card

Student vaccinated via SIP and/or catch-up options

School immunisation provider receives consent card

Student vaccinated via SIP and/or catch-up options

School immunisation provider to document final outcome on data collection template
1.4 Consent

Prior to vaccination occurring, valid consent must be obtained from a parent, legal guardian or authorised carer. For consent to be valid, VSPs must provide sufficient information about the benefits of the vaccine, common reactions to vaccinations and the more serious, but rare side effects or inherent risks of certain vaccines.

The following elements are necessary for valid consent:

- Consent is given freely and voluntarily.
- Consent covers the specific procedure (vaccination) to be performed.
- The person giving consent has the legal capacity to give such consent and
- the person giving consent has been informed of the risks and benefits of the procedure.

Please note:
The Child Protection Act 1999 (Section 97) authorises delegated officers to make immunisation arrangements for children and young people subject to child protection orders granting custody or guardianship to the chief executive (Child Safety). To authorise immunisation for a child subject to a custody order, a Consent for childhood immunisation form; and a School Immunisation Program consent form must be completed. This form is to be signed by either the delegated officer, Child Safety, or the child’s parent if consent is obtained. Please see the Child Safety Practice Manual for further information or contact your SIP Coordinator.

Additionally, approved carers and care services of children and young people subject to orders granting guardianship to the chief executive (Child Safety), are authorised to provide consent for immunisations. The parents’ consent to immunisation is not required. The carer is to supply a copy of the Authority to Care – Guardianship to the Chief Executive form and a completed School Immunisation Program consent form.

The Queensland SIP consent package contains an information sheet and a consent card. The consent card has a section to provide a ‘No to Vaccination’ response and all parents/legal guardians/authorised persons should be strongly encouraged to return a consent card even if they are declining vaccination for their child.

Note, only those students who have returned completed signed consent cards are to be vaccinated on the day of the vaccination clinic.

Information about the disease/s and the vaccine/s to be administered is contained in the information sheet within the consent package. Further information is also available at www.qld.gov.au/health/conditions/immunisation/adolescents/index.html

Consent cards completed in pencil must not be accepted. If further clarification is required of incomplete details, then the vaccinator should contact the parent/legal guardian/authorised carer (preferably before the clinic date) to clarify any issues. Please note any actions taken on the consent card. If there are any problems with the information provided on the consent card, the vaccine should not be administered.

As part of the pre-vaccination procedure, the vaccinator must make efforts to check the identity of the student. Special effort needs to be made to ensure that the correct student has the correct signed consent card and is given the correct vaccine. A teacher may be able to assist with identifying students.

Consent packs distribution and collection

- The SIP consent card must be used to ensure consistency across the state.
- It is the responsibility of VSPs to ensure there are adequate numbers of consent packs provided to each school at the beginning of the school year or as appropriate. Please note: Boarding schools may require consent packs prior to the end of the previous school year.
• Extra consent packs should be provided to the school for distribution to students who have lost or misplaced their consent card/s.
• Ask school staff to distribute the Year 7 and Year 10 consent packages to every student in those years prior to the clinic date.
• Signed consent cards should be returned to the school within one week of distribution or as per local arrangements.
• At least 10 days before the scheduled vaccination clinic, all consent cards should be collected from the school and checked for irregularities. Sufficient time should be allocated to review all consent cards. Further contact may be required with the parent/legal guardian/authorised person to clarify the information given on the consent card/s. This is an ideal time to sort the consent cards into a logical order, such as class groups.
• Where it is not practical to collect the consent cards prior to the vaccination clinic, the teacher or nominated staff member should retain the consent cards. The VSPs will then need to carefully check each consent card prior to vaccination.

Tip

• Suggest that each class teacher attach a class list to the back of a large envelope. As consent cards are returned, the student’s name can be marked off the list. This also makes it easier for teachers or school administration to remind students who have not returned consent cards. (Please refer to Section 3.1)

Telephone consent

On occasions, a VSP may have to seek verbal consent from a parent, legal guardian or authorised person over the phone. The best person to obtain verbal consent for a procedure is the person providing the vaccination. To reduce the likelihood of a claim that consent was not lawfully given, VSPs need to have a system to ensure that:

• the person giving the consent is legally authorised to make decisions about the student’s treatment
• consent is validly obtained
• there is a record of the discussions that take place over the phone regardless of whether consent is obtained or not.

It is suggested that VSPs use the following checklist to obtain verbal consent:

• Consent should be obtained prior to treatment being provided.
• The vaccinator should be the person to obtain valid verbal consent.
• A series of questions should be asked to confirm that the person at the other end of the phone is the student’s parent/legal guardian/authorised person and has legal capacity to provide consent.
• Ask the parent/legal guardian/authorised person if they received and read the consent pack and if they understood all the information, including the benefits and risks of vaccination.
• The vaccinator should also gather information about the student’s general health and any pre-existing conditions prior to obtaining verbal consent to be able to warn of specific risks.
• Provide the parent/legal guardian/authorised person with the opportunity to ask questions and whether or not they require any further information.
• The vaccinator and another staff member should hear consent been given.
• The following should be documented on the consent card:
  – name of parent/legal guardian or authorised person contacted
  – time and date contacted
  – the student to be vaccinated
  – what the consent is for
that valid consent was obtained by phone
- signature of both staff members and details of any relevant discussions.

- If consent is obtained verbally, it is recommended that the VSP follow up with a hard copy/faxed consent card for the parent/legal guardian to sign.
- Verbal consent should also be documented.

Withdrawal of consent

If the student withdraws their consent or refuses to be vaccinated, vaccination should not proceed even if prior written/verbal consent has been obtained from the parent/legal guardian/authorised person.

As soon as possible notify the parent/legal guardian/authorised carer in writing that the student has withdrawn consent. Use the Notice to parents of deferred vaccination (Appendix 3) indicating the reason vaccination did not occur.

A parent, legal guardian or authorised person has the right to withdraw their consent. It is recommended that withdrawal be provided in writing to the VSP and within a reasonable timeframe before the day of vaccination. If withdrawal is obtained verbally, discussions that take place between the VSP and the parent, legal guardian or authorised carer should be documented on the consent card. If a parent/legal guardian/authorised person advises a school staff member of consent withdrawal, the staff member must advise the parent, legal guardian or authorised person that they need to provide consent withdrawal in writing to the school provider. You may like to consider providing a template letter to schools for parents to complete and send to the VSP.

It is highly recommended that the VSP establish a clear process for a parent, legal guardian or authorised person and schools to ensure withdrawal from consent to vaccination is appropriately managed.

1.5 Staffing requirements

Ensure you have adequate staff allocated for each clinic. The required numbers will depend on the anticipated size of the sessions. The staffing should be sufficient to allow for appropriate management of unforeseen events or emergencies.

Provision must be made to have back-up staff available at short notice in the event of illness or other unforeseen circumstances. This may mean having a designated list of casual staff or appropriate agency contacts to assist at short notice.

It is desirable that all staff providing services at school premises on a regular basis have a current Positive Notice Blue Card for Child Related Employment (Blue Card). For further information about Blue Card requirements and a risk management strategy see www.bluecard.qld.gov.au

Other SIP staff

In more densely populated locations with larger schools, administrative or other staff members may be required as part of the team to efficiently plan the SIP and ensure smooth running of the clinics.

Please note: If administrative or other staff are employed to work at school clinics they will require a Blue Card and the service provider is required by law to have a risk management plan in place.

In less populated areas with smaller and fewer educational or institutional facilities to organise, a member of the vaccination team or another staff person may be able to complete the administrative duties.

Medical Officer/Registered Nurse

The vaccinator may be an Immunisation Program Nurse (who also has current registration as a general nurse with the Australian Health Practitioner Regulation Agency (AHPRA), a Registered Nurse acting under a Medical Officer’s written or verbal order, or a Medical Officer.

Under an immunisation program, an Immunisation Program Nurse is authorised to administer a vaccine or other restricted drug under a drug therapy protocol1.

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1 The current Drug Therapy Protocol can be viewed at www.health.qld.gov.au/__data/assets/pdf_file/0028/443287/dtp-immunisation.pdf
Under Queensland’s Health (Drug and Poisons) Regulation 1996, an Immunisation Program means:

a) An immunisation program carried out by the department; or
b) An immunisation program carried out by a local government; or
c) A certified immunisation program.

An Immunisation Program Nurse means a Registered Nurse who:

a) Immediately before 1 July 2010, held an annual licence certificate endorsed under the Nursing Act 1992 that authorised the Registered Nurse to practise in an immunisation program; or
b) Has obtained a qualification in immunisation approved by the chief executive

Immunisation Program Nurses are required to practice in accordance with the Current Health (Drug and Poisons) Regulation 1996. The Drug Therapy Protocol Immunisation Program Registered Nurses requires the employer to have a current Health Management Protocol (HMP)\(^2\). The HMP outlines the standard vaccination procedures for Registered Nurses with an Immunisation Drug Therapy Protocol Endorsement to practice in an approved immunisation program.

Immunisation Program Nurses need to:

- have access to the online version of the Australian Immunisation Handbook
- carry a current copy of the Drug Therapy Protocol Immunisation Program
- carry a copy of their employer’s Health Management Protocol
- carry a current copy or have online access to the Australian Prescription Product Guide and/or a current MIMS Annual and Australian Medicines Handbook
- copy of the Health (Drugs and Poisons) Regulations 1996.

Continuing professional development for Immunisation Program Nurses

Continuing professional development (CPD) is both an individual responsibility and the responsibility of the VSP. All Immunisation Program Nurses must be provided with CPD opportunities relevant to their context of practice, and must be able to participate in CPD and lifelong learning opportunities. Employers, including governments at all levels, benefit from CPD of their Immunisation Program Nurses and should contribute both financially and in kind to provide access to CPD.

All Immunisation Program Nurses must meet the CPD standards of the Nursing and Midwifery Board of Australia (NMBA). This standard applies to registered and enrolled nurses, registered nurses endorsed as nurse practitioners, registered midwives, and registered midwives endorsed as midwife practitioners.

All nurses registered with AHPRA will participate in at least 20 hours of continuing nursing professional development per year. Immunisation Program Nurses must keep written documentation of CPD that demonstrates evidence of completion of a minimum of 20 hours of CPD per year. The NMBA’s role includes monitoring the competence of nurses and midwives; the board will therefore conduct an annual audit of a number of nurses and midwives registered in Australia.

1.6 Documentation

Clinic/organisational records

It is essential that records can be easily recalled and VSPs meet legislative requirements for the length of time records are kept (see Section 1.6).

In Queensland, some VSPs use a computerised database for the generation of their vaccination records. It is necessary that staff using these systems undergo adequate training in their use and are familiar with legislative requirements relevant to the records. Computerised databases should have a backup system in place.

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2 SIP Coordinators located in public health units can assist in the development of a Health Management Protocol. Appendix 2 provides contact details of the SIP coordinators and public health units.
Record of vaccination

A record of vaccination card must be completed and given to each student at the time of vaccination. The record of vaccination card contains details of the vaccine/s administered along with the potential side effects and how to care for them.

Parents/legal guardians or authorised carers requesting evidence that their child was vaccinated as part of the SIP can request this information from the VSP. Such requests should be made in writing in order to adhere to privacy legislation. The request letter should include the following details:

- student’s full name
- date of birth
- address
- student’s school and year
- date of vaccination (or estimate), and
- vaccination requested.

Data collection for the School Immunisation Program

The Clinic dates and student numbers form (Appendix 4) should be submitted to your PHU contact at the beginning of each semester.

Please note: The above form does not generate a vaccine order. An up-to-date SIP vaccine request form (Appendix 5) is to be used to order vaccines.

Your PHU contact will be able to provide the latest SIP vaccine request form to order vaccines. This form should include stock on hand (if applicable), expiry date of vaccines and vaccine requirements.

Management of disclosed student and parent information

VSPs must ensure the secure transfer, storage, management and disposal of student and parent information in accordance with the Queensland State Archive guidelines.

Student and parent information is only to be used for the purposes that the law allows ie. to offer and gain consent for the delivery of the Queensland School Immunisation Program.

To protect disclosed information, the law binds school immunisation providers to comply with either the National Privacy Principles or Information Privacy Principles under the Queensland Information Privacy Act 2009. This Act stipulates the requirements for the secure collection, use, storage and disposal of personal information to be followed by school health program providers:

- School immunisation providers must store and dispose of disclosed student information.
- The information should only be retained for the school year that those students are eligible for vaccination.
- The information is to be deleted by the school immunisation provider from any electronic system and hard copies of the information destroyed when no longer required.

1.7 Privacy

The Department of Health is committed to safeguarding the privacy of client information in accordance with the National Privacy Principles set out in Information Standard 42A: Information Privacy for the Queensland Department of Health. Further information regarding the legislation can be obtained at www.health.qld.gov.au/privacy

VSPs should also have their own privacy policy, and should be mindful of students’ privacy when conducting administrative procedures, collecting personal information and administering vaccines. It is recommended that as part of the clinic setup, a specific area is available for use to conduct private discussions with students if required.
Privacy notification

Parents/legal guardians or authorised carers should be given appropriate notice regarding the use of health information collected as part of the school program. Information about Queensland Health's role is provided on the information sheet and is outlined below:

The Information Privacy Act 2009 sets out the rules for collection and handling of personal information contained in the School Immunisation Program vaccination consent card.

As part of participation in the School Immunisation Program, Queensland Health collects details such as the student's name, contact information, Medicare number and relevant health information. Contact details for the parent/legal guardian or authorised person of the student are also collected. This information is needed to correctly deliver vaccinations and to record vaccination details on Queensland Health's immunisation database (Vaccination Information and Vaccination Administration System).

Your child's vaccination details will also be recorded on the Australian Immunisation Register (AIR) and this information may be used by Queensland Health for recall, reminders, clinical follow up or disease prevention, control and monitoring. Your information will not be accessed by or given to any other person or organisation without your permission unless permitted or required by law.

For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.qld.gov.au

Accessing vaccination information

Access to the Queensland Health's VIVAS records and use of the data must comply with the Privacy Act 1998 (Commonwealth).

Information about students and their immunisation status may be released to a recognised VSP where the information is sought for a purpose relating to the immunisation or health of the student.

As routine practice, parents/legal guardians or authorised persons should be advised that vaccination information will be released to VIVAS and under what circumstances this information may be released.

Vaccination information is available from the Australian Immunisation Register (AIR) at www.humanservices.gov.au/individuals/services/medicare/australian-immunisation-register

Retaining and disposing of immunisation records

Following completion of each annual SIP, the VSP is required to store completed consent cards, in confidential storage, for:

- 10 years from the patient/client attaining 18 years of age
- 10 years after last patient/client service provision or medicolegal action.

SIP administrative records held by VSPs may be destroyed after three years.

If you are a Hospital Health Service go to https://qheps.health.qld.gov.au/srmt for further information about records management.

However, permission is not given to destroy:

- Permanent records
- Records subject to a current disposal freeze
- Original paper records created before 1950, until advice has been sought from QSA.

QSA have produced documents to support public agencies to meet their requirements under the Public Records Act 2002 (QLD), Queensland Government Information Standards 40 (Recordkeeping) and 31 (Retention and Disposal of Public Records) when digitising records into an electronic format. The Digitisation Disposal Policy has links to further toolkits for the implementation of a digitised record and can be found at http://www.archives.qld.gov.au/Recordkeeping/destroy/Pages/destroy.aspx.”
1.8 Resources

VSPs should ensure that online access to the *Australian Immunisation Handbook* is available and that the vaccination team is fully conversant with accessing information from this valuable resource, including checking for updates of the handbook online.

A list of resource material can be accessed from your PHU contact for use by both VSPs and parents/legal guardians or authorised persons. Appendix 6 also lists a number of useful websites.

1.9 Other preparation

Your PHU SIP coordinator contact (Appendix 2) is able to provide advice on the latest immunisation recommendations and can assist in the planning and development of new SIPs.

In planning, implementing and managing a SIP, VSPs should ensure they comply with current legislation, professional standards and codes of practice. Staff should be aware of their occupational health and safety (OH&S) obligations and the program should be conducted in a way that conforms to OH&S requirements.

Ongoing education of staff is a central aspect of quality assurance and it is recommended that all VSPs provide the vaccination team access to a continuous quality education program to ensure appropriate skills and current knowledge.

VSPs should conduct a regular review of vaccination services as part of their yearly planning exercise and make appropriate alterations as necessary in order to ensure optimal quality of vaccination services.

Your Queensland Health SIP coordinator may conduct quality improvement reviews of the VSP to ensure optimal clinical and vaccine management practices are being followed.
Section 2: Conducting a school immunisation clinic

2.1 Setting up and conducting the clinic

Transport to clinic

All equipment, except the vaccines, should be packed in easy to carry containers prior to the day of the clinic. The vaccines should be packed meeting cold chain requirements immediately prior to leaving the workplace for the clinic. Refer to Section 4 Vaccine management.

Ensure all SIP staff are familiar with the estimated travel time associated with the location of the venue and the site of the vaccination clinic within the school.

The clinic environment

<table>
<thead>
<tr>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Arrive approximately half an hour before the first class is due to arrive for vaccination.</td>
</tr>
<tr>
<td>• For security reasons schools require you to sign in and collect a visitor badge.</td>
</tr>
<tr>
<td>• Collect any late consent cards or withdrawal of consent from from the school office or nominated school staff member.</td>
</tr>
</tbody>
</table>

Adequate time should be allowed to prepare the clinic area and set up relevant equipment. School staff involved in the clinic can be briefed during this time. When setting up, care should be taken to organise for a direct flow of students through the clinic, thereby preventing congestion and confusion. Students should not be amassed in large groups and kept waiting for long periods of time and should be sheltered from the sun.

Only students with signed consent cards should come to the vaccination clinic.

Time should be kept to a minimum between the completion of one group and the arrival of the next. Adequate supervision must be provided prior to vaccination and during the 15 minutes following vaccination.

The flow of students through the vaccination clinic should be controlled to ensure an efficient process and to minimise disruption to the school and its students. Each situation needs to be assessed based on factors such as school size, venue considerations, climatic conditions, staff skills and availability when planning how to conduct each clinic.

One class should be assembled at a time and sent into the administrative area. Students then move to the vaccination area one at a time, so that a steady stream of students is being presented to the vaccinator/s.

Administrative area

The VSP should hand the returned consent cards to the class teacher. The teacher then identifies the student and hands each student their consent card.

The VSP then checks the student’s name against the vaccination list and the consent card is returned to the student who then proceeds to the vaccinator.

Late consent cards may have been returned on the day of the vaccination clinic. The VSP should read the consent card and draw the vaccinator’s attention to any discrepancies or contraindications.

Please note: It is the vaccinator’s responsibility to check the consent card prior to administering the vaccine.
Tips

• Ask students to remove jumpers and roll up sleeves to expose the deltoid muscle.
• Encourage students who have not had breakfast to have something to eat and drink prior to vaccination (this reduces the possibility of fainting episodes).
• Ask each student their full name and date of birth (without prompting). This avoids mix up of students with same or similar names.

Vaccination area

The vaccinators are responsible for setting up the vaccination area and ensuring the emergency equipment has been checked and is ready for use. An adequate sized table is to be provided to allow the vaccinator to set up administration and waste disposal equipment.

The vaccinators should ensure sharps disposal and other clinical waste bins are positioned close to the vaccinator, but out of reach of the students.

Adequate hand washing facilities should be nearby. However, if these facilities are not available, antimicrobial hand rub will be required.

The vaccination area should have a separate entry and exit point so students arriving for vaccination do not cross paths with students leaving following vaccination.

If possible, the vaccination area should be free of stairs and concrete as these areas can contribute to injury following a fainting episode.

Recovery area

Students who have been vaccinated must be observed for 15 minutes to ensure they do not experience an immediate adverse event. **This timeline is not negotiable** as most life threatening adverse events begin within 10 minutes of vaccination. Students who state they are unwell or dizzy should be observed for a longer period or transferred under supervision to the school’s first aid officer/sick bay.

The recovery area should be sheltered and readily accessible to the immunisation staff in the event of fainting or an adverse event. All vaccinated students should be requested to sit down during the recovery period.

Teaching staff and if possible a clinical staff member must supervise the students post vaccination. Ensure the recovery area supervisor has been made aware of the signs and symptoms of an adverse reaction. This person should be in verbal contact with the vaccination team so that they can be called upon if assistance is required. The assistance of a qualified health professional should be sought immediately if there are any concerns. If possible, stairs, concrete and sharp surfaces in this area should be avoided as they can be hazardous if a student faints.

Once the observation period is over, the students may return to their normal activities; however, strenuous activity should be avoided for at least 30 minutes following vaccination.

Privacy area

It is suggested that an area is available for private discussions and/or vaccination with students if required. This area should be separated from the general area and screened for privacy.

Completion of the vaccination clinic

• Vaccinators must remain at the school for at least 15 minutes after the last student has been vaccinated.
• The status of any student taken to the school’s first aid officer/sick bay following vaccination needs to be checked.
• All stock need to be repacked and sharps containers must be sealed.
• The clinic area should be left clean and tidy with all clinical waste removed.
• A contact phone number for the vaccination team should be left with the relevant school contact person.
At the end of the session, any names not checked off the vaccination list should be queried with the school contact person to confirm non-attendees. Parents/legal guardians or authorised persons of absentees or students whose vaccination has been deferred should be advised in writing using the Notice to parents of deferred vaccination (Appendix 3).

For students who have not received vaccinations at this clinic, advice on alternative arrangements available for catch-up vaccination should be given. Finally, the VSP should check all vaccine doses, noting the correct number of doses has been administered and any discarded vaccines have been accounted for.

2.2 Vaccine preparation and administration

Depending on organisational requirements, VSPs may wish to order consumable stock on either a clinic-by-clinic or total program basis ensuring adequate time is allocated for ordering and supply. For a list of recommended equipment refer to Appendix 7.

Tips

- Have dedicated containers (preferably on wheels) or trolleys pre-packed with equipment.
- Have an equipment checklist available so staff can indicate when supply is low.
- Restock at the completion of each vaccination clinic.

Preparing vaccines

- Each individual dose must be checked to see that the expiry date has not lapsed.
- Aseptic technique must be used to draw up all vaccines.
- Needles should be changed after drawing up from a vial.
- Vaccinators need to ensure there is no particulate matter or colour change in the vaccine.
- The recommended dose should always be drawn up and given regardless of the amount contained within the vial.
- Preparing reconstituted vaccines:
  - Only diluent supplied with the vaccine by the manufacturer should be used.
  - Vaccinators must ensure that the diluent and vaccine are completely mixed.
  - All reconstituted vaccines should be protected from light.
  - The vaccinator should check product information regarding the maximum time for discarding reconstituted vaccines.
- When manufacturer prefilled syringes are not supplied with needles, the needles should be attached just before administration. If a needle is attached to a sealed manufacturer prefilled syringe, the syringe should be used or discarded at the end of the clinic day because the sterile seal has been broken.
### Best practice

- Vaccines should be drawn up at the time of vaccination. **Pre-drawn doses not used are wasteful.**
- Store vaccines in original packaging until ready for use.
- Some vaccines are highly sensitive to light and should not be exposed until administered.

### Problems associated with pre-prepared vaccines

Vaccines should only be prepared onsite at the school clinic. In the event of large or frequent quantities of vaccine being wasted due to having been drawn up and not used, Queensland Health may seek reimbursement of associated costs.

The problems associated with pre-prepared vaccines are:

- Once seal has been broken on prefilled syringes the vaccine is only eligible to be used for the clinic on the day because the sterile seal has been broken. Pre-prepared vaccines can lead to vaccine wastage if excess amounts are drawn up, or if there is unexpected change in the number of students to be vaccinated; for example, a large number of students are on sick leave or the school organises an excursion and forgets to notify the VSP.
- Extra care should be taken toward the end of the clinic to ensure that excess doses are not over-prepared.
- Pre-prepared vaccines increase the risk of vaccine storage under inappropriate conditions; manufacturer supplied vaccine packaging acts as an insulating barrier and includes air pockets to help protect the vaccine from exposure to freezing temperatures and direct sunlight, UV or fluorescent light. Vaccine packaging also provides physical protection to vials/syringes during transport.
- Most plastic syringes are designed for immediate administration and not for vaccine storage. Vaccines supplied in manufacturer filled glass vials/syringes are prepared under sterile conditions that meet standards for proper handling and storage, and they are individually labelled. They have been specially designed by the manufacturers and thoroughly tested to assure vaccine potency and sterility over prolonged storage times. No stability data are available for vaccines stored in plastic syringes where the seal has been broken and needles attached.

### Sites and techniques

- Vaccine/s given in the SIP are intramuscular injections into the deltoid muscle.
- Intramuscular vaccines are:
  - dTpa
  - HPV (use student's dominant arm)
  - Meningococcal ACWY
- Blue 23G needle, 25 millimetres in length should be used for all intramuscular injections.
- Do not extrude small air bubbles through the needle for injection. However, in the rare instance of a large air bubble in a pre-filled syringe, first draw back on the needle to ensure no vaccine is expelled along with the air, and then expel the air through the needle, taking care not to prime the needle with any of the vaccine, as this can lead to increased local reaction. The needle should pierce the skin at a 90 degree angle.

### Administering vaccine/s

- When the primary course consists of more than one dose, check when the previous dose was given prior to administering the next dose. This is to ensure that the minimum intervals have been met as per the NHMRC guidelines.
- Ask the student to clearly state their first and last name and date of birth.
- Tick or initial the consent card as the student answers each question.
- Tick or initial that the parent/s/legal guardian’s or authorised carer’s signature is in the ‘Yes to consent’ section on the card.
Ask all students the pre-vaccination assessment questions and tick or initial this has been completed on the consent card. All students must be given privacy especially female students when asked ‘Could you be pregnant?’

It is recommended that students be seated when being vaccinated.

The ideal situation is to have the student sitting on a chair (swivel chair is preferable) so both arms can be easily accessed when administering two vaccines.

Provided the skin is visibly clean there is no need to clean it with an antiseptic wipe.

Indicate on the consent card which arm received which vaccine by ticking the correct box.

Batch numbers can be peeled from the vaccine vial or pre-filled syringe and placed onto the consent card (two stickers with batch numbers are supplied per vaccine). One for the consent card and one for the record of vaccination card given to the student.

As per the recommendation in the Australian Immunisation Handbook, it is not considered necessary to withdraw the syringe plunger before injecting the vaccine. However, if this is done and a flash of blood appears in the needle hub, it should be withdrawn and a new vaccine and injection site chosen.

Do not rush the process; however, be mindful of the school environment.

If you are uncertain about any of the above issues, do not vaccinate until further clarification has been sought and resolution achieved.

Post vaccination

- Cover injection site quickly with dry cotton ball (tape can be used to secure the cotton ball).
- Students should be advised to place used cotton balls in the appropriate waste receptacle.
- If the student is not allergic to band-aids, small dot band-aids can be used.
- Do not rub the site as this will encourage the vaccine to leak back up the needle track which can cause pain and may lead to local irritation.

Unused vaccines

Discard any unused reconstituted vaccines and any pre-prepared vaccines in accordance with clinical waste protocols (refer to Waste management in Section 2.7). Record all discards on the Vaccines to be discarded or transferred form available online at www.health.qld.gov.au/__data/assets/pdf_file/0021/443730/vaccine-discard-transfer-form.pdf

Return any other unused vaccine to the main vaccine fridge (after transporting them back under cold chain conditions). Place these vaccines in a separate ‘returns’ bin in the fridge and use them first at the next session.

2.3 Managing anxious students

It is important to remember when carrying out a SIP that students may become anxious or distressed. The vaccinator may alleviate this anxiety by:

- vaccinating anxious students prior to commencement of the main clinic
- maintaining a calm and reassuring manner with students
- conversing with student at eye level
- explaining to students what will happen at the vaccination clinic.

A pre-vaccination discussion should allow students to raise concerns before the vaccination, with assurance of confidentiality and privacy.

If the student continues to demonstrate anxiety and be obviously distressed, the vaccinator should not proceed with vaccination. Instead, a letter should be sent to the parent explaining the reason why the student was not immunised and recommending the student be offered a catch-up vaccination at a catch-up clinic or other clinic offered by the VSP, or by their family doctor as soon as possible (refer to example letter at Appendix 3).
2.4 Adverse event following immunisation (AEFI)

An adverse event following immunisation (AEFI) is a serious, uncommon or unexpected event following immunisation. Such an event may be caused by the vaccine or may occur by chance after vaccination (that is, it would have occurred regardless of vaccination). Any vaccination may be followed by an adverse event.

An AEFI falls into three categories that are not mutually exclusive:

- **local** – least severe and most common
- **systemic** – less common than local
- **allergic** – least common but the most severe.

As part of the pre-vaccination assessment, seek information from the student about any serious adverse events that may have occurred following previous vaccinations.

The most serious immediate AEFI is anaphylaxis. **Anaphylaxis following routine vaccination is very rare, but can be fatal.** However, in adults and older children, the most common immediate adverse event is a vasovagal episode (fainting), either immediately or soon after vaccination.

**Anaphylaxis**

Anaphylaxis following routine vaccination is very rare but can be fatal and is a true emergency. It occurs in approximately three cases per one million vaccinations. The onset is sudden and rapidly progresses. Severe cases of anaphylaxis are characterised by circulatory collapse.

Initially, there may be a feeling of impending doom and apprehension, followed by tingling of the mouth, a feeling of warmth, difficulty swallowing and chest tightness.

Anaphylaxis and anaphylactoid reactions can occur after exposure to the vaccine but the most severe cases occur up to 10–15 minutes after the vaccination.

Please note: It is important to ensure all vaccinated students remain in close proximity to medical attention within the first 15 minutes following vaccination.

In its less severe (and more common) form, early signs are generalised erythema and urticaria with upper and/or lower respiratory tract obstruction. In more severe cases, limpness, pallor, loss of consciousness and hypotension follow. Health professionals administering vaccines must be able to recognise all the signs and symptoms of anaphylaxis. See the online version of the *Australian Immunisation Handbook* for details.

**Emergency procedures**

Emergency procedures must be considered and planned for prior to each school vaccination clinic. The procedure and the roles of those involved may differ according to the venue, the number of people being immunised and the number of staff available to assist. All participating staff must be aware of the emergency plan and their own role in that plan.

The emergency plan should consider the following:

- At least one team member as well as the vaccinator should be trained in resuscitation and cardiopulmonary resuscitation (CPR) techniques and all members should receive annual training.
- Mobile telephones must be available at each venue, with emergency phone numbers prominently displayed.
- An anaphylaxis response kit must be at hand.
- Emergency equipment must be available (see Appendix 7 for an equipment list)
- VSP may wish to contact their local ambulance and/or hospital to advise that a school vaccination clinic will be conducted on a specified date and time.

**Preparing an anaphylaxis response kit**

The availability of protocols, equipment and drugs necessary for the management of anaphylaxis should be checked before each vaccination clinic. An anaphylaxis response kit should be on hand at all times and should contain:
• Adrenaline 1:1000 (minimum of 3 ampoules – check expiry dates)
• Minimum of 3 x 1 millilitres syringes (not insulin syringes)
• Minimum of 3 x 23G needles (for deep intramuscular injection administered into the thigh, not the deltoid region)
• Pen and paper to record time of administration of adrenaline on the Clinical sequence of events flow chart and form (Appendix 8)
• Laminated copy of Recognition and treatment of anaphylaxis (refer to the current Australian Immunisation Handbook).

Any student experiencing a significant adverse reaction is to be reported to Queensland Health by completing the Adverse Event Following Immunisation Reporting Form (Appendix 9). The form is available online at www.health.qld.gov.au/__data/assets/pdf_file/0033/442968/aefi-reporting-form.pdf

Management of anaphylaxis

Rapid intramuscular administration of adrenaline is the cornerstone of treatment of anaphylaxis. Adrenaline is lifesaving and must be used promptly. This is a S3 drug and as such it can be used by registered nurses immediately without requiring a doctor’s authorisation or prescription.

### 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 into the thigh (not the deltoid region).
- Adrenaline 1:1000 must not be administered intravenously.
- Adrenaline 1:1000 contains 1mg of adrenalin per mL of solution in a 1ml glass vial.
- The use of 1:1000 adrenaline is recommended because it is universally available.
- Use a 1mL syringe to improve the accuracy of measurement when drawing up small doses.

The following table lists the doses of 1:1000 adrenaline to be used if the exact weight of the individual is not known.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Adrenaline Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-12 years (approx 40kg)</td>
<td>0.4 mL</td>
</tr>
<tr>
<td>&gt;12 years and over (over 40kg)</td>
<td>0.5 mL</td>
</tr>
</tbody>
</table>

The dose of 1:1000 (one in one thousand) adrenaline may be repeated every five minutes as necessary until there is clinical improvement.

Anaphylaxis occurs without warning, usually within 15 minutes of giving a vaccine. A protocol for the management of anaphylaxis, adrenaline, and one millilitre syringes must always be immediately at hand whenever vaccines are given.

The following steps should be undertaken:

- If the student is unconscious place him/her on their left side and position the student to keep the airway clear.
- If the student is conscious, lie supine in ‘head down and feet up’ position (unless this results in breathing difficulties).
- If there are any respiratory and/or cardiovascular symptoms or signs of anaphylaxis, give adrenaline by intramuscular injection into the anterolateral thigh (see next page for dosage). Adrenaline is not required for generalised non-anaphylactic reactions (such as skin rash or angioedema). If in doubt, intramuscular adrenaline should be given. No serious or permanent harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis.
- Call for the assistance and the ambulance (dial triple zero – ‘000’). Never leave the student alone.
- If oxygen is available, administer by facemask at a high flow rate.
• If there is no improvement in the student’s condition within five minutes, repeat the dose of adrenaline every five minutes until improvement occurs.

• Check breathing: if absent, commence basic life support or appropriate cardiopulmonary resuscitation (CPR) as per the Australian Resuscitation Council guideline available at www.resus.org.au/policy/guidelines

• All cases should be admitted to hospital via ambulance for further observation and treatment.

• Complete full documentation of the event, including the time and dose(s) of adrenaline given.

• Experienced practitioners may choose to use an oral airway if the appropriate size is available, but its use is not routinely recommended unless the student is unconscious.

• Antihistamines and/or hydrocortisone are not recommended for the emergency management of anaphylaxis.

• Upon connection to triple zero (‘000’), you will be requested to provide the following information (you should prepare this information in advance on arrival at each school in case of emergencies):
  – name of school
  – exact street address (current UBD map reference is ideal) or nearest road
  – junction or cross street
  – location within the school
  – nature of problem
  – your contact phone number.

Provide comprehensive clinical information, including a completed Clinical sequence of events form (see Appendix 8), regarding the incident to the ambulance officers. If an ambulance is called, ensure ambulance officers are met on arrival and directed to the patient. The student’s parents must be contacted and informed of the student’s condition.

**Reporting an adverse event following immunisation (AEFI)**

Under the Public Health Act 2005, VSPs are required to report any adverse events following immunisation directly to Queensland Health. Prompt reporting of an AEFI is an essential part of surveillance to monitor vaccine and immunisation program safety and to allow for timely corrective action when needed.

Any serious or unexpected reaction following vaccination should be reported to Queensland Health by completing the Adverse Event Following Immunisation Reporting Form (Appendix 9), which is also available at www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/aefi-reporting-form.pdf

Forward the Adverse Event Following Immunisation Reporting Form within 24 hours of the incident to Queensland Health by:

Email: CDIS-NOCS-Support@health.qld.gov.au OR
Fax: 3328 9434

Enhanced surveillance will be required for implementation of the expanded National HPV Program. Regardless of the vaccine provided, immediate same-day reporting is required for the following AEFIs of acute significance:

• anaphylaxis
• generalised allergic reaction
• any condition requiring referral to hospital or Emergency Department on the same day of vaccination.

This information will be collected by completing the Clinical sequence of events flow chart and form (Appendix 8) as well as the AEFI reporting form (Appendix 9). The Clinical sequence of events form should be completed at the time of the incident. A copy of the form should accompany any student who is referred to hospital, an Emergency Department, or a General Practitioner, and a copy should be faxed immediately after the incident to the nearest PHU. PHUs will then assess each AEFI and will contact you to follow up on the reported AEFI.
2.5 Fainting (vasovagal episode)

Fainting is relatively common after vaccination of adults and adolescents. A strong central pulse (e.g. carotid) persists during a faint or convulsion.

The difference between fainting and anaphylaxis is that central pulses (e.g. carotid) remain strong during a faint.

Staff education must include:

- awareness about its possibility and ways of avoiding it, especially as fainting has a contagious element to it among students
- recognition of premonitory signs and symptoms
- the swift intervention to prevent additional problems such as trauma
- proper management of faints to minimise their consequences.

Fainting is often preceded by paleness and unsteadiness with sweat visible on top of lip. The student may be clammy to touch and appear to be ‘a bit out of it’. The collapse (or faint) that follows is the body’s mechanism of restoring the blood supply to the brain.

Managing the warning signs of fainting

All staff involved in the vaccination program should observe students carefully for the following warning signs:

- pallor (especially lip pallor)
- sweating (observe upper lip for early signs)
- clamminess (during vaccination the arm may feel cold and clammy).

If a student indicates he/she is feeling sick or faint, lie the student down immediately on a gym mat (if possible) or on the floor. Make sure you elevate the student’s legs. Stay with the student and observe them until you are satisfied that their condition has improved. If physical signs are satisfactory, administer the vaccine if not yet given.

Feel for the student’s pulse. In most cases, this will feel normal or will rapidly return to normal once the person is lying down with their legs elevated. If the pulse is weak and thready, suspect anaphylaxis and continue to observe.

Faints should be reported to the local SIP coordinator as per local protocol.

2.6 Clinical incident management

A clinical incident is any event or circumstance which has actually, or could potentially, lead to unintended and/or unnecessary mental or physical harm to a student.

Clinical incidents may include, but are not limited to, the following:

- student sustains an injury while being vaccinated, e.g. student moves and needle grazes his/her arm
- student sustains an injury but not as the direct result of vaccination, e.g. student falls in recovery area
- administering an incorrect vaccine
- administering a vaccine outside the recommended schedule
- administering a vaccine without the parent’s/legal guardian’s or authorised carer’s consent
- administering a vaccine twice to the same person
- needle stick injury.

All clinical incidents should be documented (refer to Appendix 10) and reported to the PHU. Hospital and Health Services (HHSs) will document and report clinical incidents as per their HHS protocol.
2.7 Infection control

VSPs must have infection control policies and protocols in place. Infection control programs allow health services to meet legislative and accreditation requirements for safety and quality in healthcare provision. The National Health and Medical Research Council (NHMRC) – Infection Control in the Health Care Setting Guidelines for the Prevention of Transmission of Infectious Diseases can be accessed at www.nhmrc.gov.au/guidelines/publications/cd33. By applying generic infection control principles, the risk of infection is minimised.

Needle stick injury

Needle stick injuries are usually preventable by following standard precautions (e.g. not re-sheathing needles and having needle disposal units immediately to hand). A needle stick injury involving a needle, which has not yet penetrated anybody else’s skin, carries little risk of serious infection.

The risk of blood borne virus infection following a needle stick injury involving a needle that has already accidentally penetrated another person’s skin depends upon a variety of factors. Seek medical advice promptly should such a needle stick injury occur.

Should a needle stick injury occur:

- seek medical advice promptly
- follow standard first aid measures
- report the incident and document as per usual workplace arrangements.

Waste management

Waste generated through School Immunisation Programs can be categorised into two groups:

- clinical or related waste, including sharps
- general waste.


Infectious waste is defined as waste that may or will cause the transfer of infection, including:

- sharps (regardless of whether they have been contaminated with blood)
- vaccine waste which may arise from used and partly used vials, or from vaccines that have passed their recommended shelf life
- waste consisting of items contaminated by free flowing blood.

Cotton wool balls, tissues, bandages and band-aids with no free flowing blood are not classified as clinical waste and can go into the general waste stream.

Disposal of clinical waste

Sharps and vaccine vials must be disposed of appropriately in a rigid wall, puncture-resistant and leak proof container. The standard container must meet the AS4031 - Non-reusable container and the AS4261 - Reusable container requirements.

Sharps bins should be stored in a locked facility until they go to an approved disposal facility. They must also be secured for transport to and from the school vaccination clinics.

Note, each vaccinator should have their own sharps disposal container.

Other infectious (contaminated) waste is to be disposed of in opaque containers or appropriate thick walled bags. Household garbage bags are not acceptable.

When transporting waste from clinics:

- use rigid-walled, leak-proof, puncture-resistant containers
- do not use plastic bags
- fit secure lids to containers
- ensure reusable containers are in good condition
- keep the passenger area segregated use a vehicle that is easy to load and clean, and is fitted with a method of securing containers to prevent containers falling in transit.

**Disposal of vaccine**

According to the Environmental Protection (Waste Management) Regulation 2000, vaccines are classed as a restricted S4 drug under the Health (Drugs and Poisons) Regulation 1996 and are therefore considered to be pharmaceutical waste.

High temperature incineration (ERA76(e)) is currently the only option for the treatment of pharmaceutical waste. The incineration process renders the waste inactive and unrecognisable.

**Disposal of general waste**

General waste is waste material that will not cause the transfer of infection. There are no specified requirements for the disposal of general waste. Clear bags are recommended for easy identification of inappropriately segregated materials. Opaque bags may be a secondary option.


It is an expectation that all waste generated in vaccination clinics is removed from the school or institution and disposed of by the VSP.
Section 3: After the school immunisation clinic

3.1 Following up unvaccinated students
If a student was unable to be vaccinated during the school immunisation clinic, the parents/legal guardian/authorised person should be notified as soon as possible. This should be in writing and include the reason/s why the vaccine was not administered. These reasons may include absenteeism, withdrawal of consent or illness on the day. A follow-up letter should be forwarded to parents/legal guardians/authorised persons with details of available vaccination sessions for catch-up (see Appendix 3 for an example letter).

3.2 Data collection
VSPs are required under their service provider agreement to collect and forward the vaccination details of students vaccinated in the SIP.

Data for the Vaccination Information and Vaccination Administration System
The Vaccination Information and Vaccination Administration System (VIVAS) is an electronic register operated by the Department of Health that has been recording vaccination details in Queensland since January 1996. VIVAS has developed a SIP data module which allows Hospital Health Service (HHS) providers to enter SIP vaccinations directly into a VIVAS SIP module. A training package is available, for more information contact your PHU.

SIP providers currently using WINVaccs software to record their school data are currently forwarding their data to the Australian Immunisation Register (AIR).

Vaccination data is transmitted electronically to the AIR within one month after the vaccination clinic OR data is being provided to Queensland Health in a format agreed to by the SIP Coordinator and a process is in place to transmit electronically to the AIR by 31 December 2019.

SIP summary activity sheet
Vaccination data and activity reports are provided to the SIP Coordinator within one month after the school vaccination clinic. All data are due by 31 January for the preceding year.

Data collected should be from the main school clinics that are conducted and not the catch-up clinics. Contact your PHU contact for a copy of the SIP summary activity sheet.

Australian Immunisation Register (AIR)
The Australian Immunisation Register (AIR) records all vaccines administered throughout a person’s life (birth to death) by all registered service providers. This includes all vaccines funded under the National Immunisation Program, as well as private vaccines given through general practice. Information about a students vaccine history is available from AIR.

3.3 Evaluation of the School Immunisation Program
To ensure optimal quality of vaccination services VSPs are encouraged to evaluate their administrative and clinical procedures and processes.

Clinic staff debriefing
VSPs are encouraged to provide regular opportunities for clinic staff to provide feedback and debrief following school vaccination clinic/s. By doing this, future clinics will become more efficient.
School debriefing

It is important that debriefing discussions are also held with the relevant school staff involved in the SIP. This may be an informal debrief at the conclusion of the clinic. Any issues can be raised and suggestions made as to how improvements can be implemented into future programs. For issues that cannot be readily resolved refer to the SIP protocol for addressing issues in schools (Appendix 11).

School feedback form

It is also suggested that VSPs provide each school with a feedback form (refer to Appendix 12) to assist with addressing any issues encountered when conducting the program. Schools should send their feedback form back to their SIP VSP.
**Section 4: Vaccine management**

All SIP VSPs must store SIP vaccines in a purpose-built vaccine refrigerator. A current vaccine management protocol must be in place for all SIP VSPs. Please refer to the current *National Vaccine Storage Guidelines: Strive for 5* available at www.health.gov.au/internet/immunise/publishing.nsf/content/IMM77-cnt

### 4.1 Vaccine supply

Vaccines listed on the recommended National Immunisation Program Schedule are available to registered VSPs free of charge for the purposes of implementing the SIP.

**Principles of safe vaccine storage management**

- Store vaccines in a purpose-built vaccine refrigerator.
- Nominate a staff member to be responsible for vaccine management, and a back-up staff member to take responsibility in their absence.
- Ensure policies, procedures and protocols are in place for vaccine management in each facility.
- Ensure all people involved in vaccine transport, storage and administration are trained in vaccine management to ensure the vaccines remain effective and potent.
- Perform vaccine storage self-audits at least annually.
- Perform temperature monitoring of vaccine refrigerators twice daily.
- Ensure plans are in place for responses to cold chain breaches and power failures in each facility.
- Report temperatures outside the +2 degrees Celsius to +8 degrees Celsius range to Queensland Health. Do not use or discard vaccine until advice is given.
- Follow the guidelines for using ice packs/gel packs and monitoring vaccines in coolers and cold boxes.

**Why is vaccine storage management important?**

- Health professionals have a responsibility to ensure that clients receive effective health products (i.e. vaccines that have not been adversely affected by heat or cold).
- Vaccines are expensive and can be in short supply. The total financial value of the vaccines contained within one vaccine refrigerator can be significant.
- Good vaccine management precludes the need to revaccinate clients who may, under circumstances of poor vaccine management, receive an ineffective vaccine.
- Cold chain breaches can occur due to technical malfunctions, even in well-designed and well-managed systems. If there are effective procedures in place, problems will be detected and managed *before* an ineffective vaccine is used.
- Efficient vaccine storage management is a good quality assurance measure of an immunisation service provider.
- Exposure to heat or freezing temperatures has a cumulative effect on vaccine viability.
Tips

- A current vaccine management protocol must be in place for all SIP providers.
- Vaccines must be stored and transported within the recommended temperature range of +2 degrees Celsius to +8 degrees Celsius at all times. Most vaccines are destroyed by freezing and some vaccines are also particularly heat sensitive.
- The vaccines must be stored in their original packaging from the manufacturer as this helps protect them from temperature fluctuations and ultraviolet (UV) light until they are ready for use at the school clinic.
- Some vaccines are destroyed if exposed to light.

Equipment

VSPs participating in the SIP are required to use a purpose-built vaccine refrigerator in which to store their SIP vaccines, unless otherwise negotiated with the Immunisation Program. The purpose-built vaccine refrigerator should have the ability to:

- alarm when temperatures outside +2 degrees Celsius to +8 degrees Celsius are reached
- either display a digital minimum and maximum temperature that can be reset, or a data logger that continually monitors the temperature of the fridge and can be downloaded twice daily
- store the quantity of vaccines required by the VSP to administer during School Immunisation Program sessions as well as other vaccination programs that the VSP may be involved with throughout the year.

Ordering vaccine

Prior to commencing your school vaccination clinics, two forms need to be completed:

*Clinic dates and student numbers form (Appendix 4).*

- This form needs to be submitted to your PHU contact at the beginning of each semester.
  - Please note: The *Clinic dates and student numbers for the semester* form does not generate a vaccine order.
- SIP vaccine request form (Appendix 5).
  - An up-to-date SIP vaccine request form is to be used to order vaccines.
  - Your PHU contact will be able to provide the latest SIP vaccine order form to order vaccines. This form should include stock on hand (if applicable), expiry date of vaccines and vaccine requirements.
  - The form must be completed and emailed to QHIP.Sbvp@health.qld.gov.au or faxed to the Immunisation Program on 3328 9720 at least a fortnight prior to the date supply is required.
  - Once the Immunisation Program has received the form, an order confirmation will be emailed or faxed back to the VSP. This form will contain the following:
    a) *Order Date* – the date you provided the quantity on hand
    b) *Dispatch Date* – the date vaccines are packed by the vaccine distributor
    c) *Estimated Date of Arrival (EDA)* – the date you require your vaccines delivered (this date must be prior to your clinic date and NOT the date of the clinic).

Keep a hard copy of your order confirmation to refer to at a later date and ensure there is a responsible person available to accept delivery of vaccines on the nominated EDA.

Please note: No deliveries are made on Monday or Friday.
Tips

• Submit the Clinic dates and student numbers for the school year to your SIP Coordinator at the beginning of the year.

• If clinic dates change please advise your SIP Coordinator.

• The most up to date School Immunisation Program vaccine order form must be used to order vaccines.

• Orders should be based on the number of expected eligible students, plus an additional 10 per cent to cover unexpected demand or wastage.

• **Place your SIP order with the Immunisation Program at least a fortnight prior to the date the vaccine is required.**

• The VSP must identify and organise consumables, vaccines, equipment and alternative transport arrangements to be readily available prior to the commencement of the program.

Follow-up of School Immunisation Program vaccine orders

Immunisation Program staff may need to contact the VSP to clarify information provided for SIP orders. If there are any issues about the vaccine order or delivery of the order, you may be contacted by email or telephone.

Orders outside of the Brisbane metropolitan area are dispatched on Mondays, Tuesdays or Wednesdays to minimise the risk of vaccine loss due to a cold chain breach over the weekend.

Please note:

• It is important to notify the Immunisation Program and your SIP Coordinator immediately should your contact details change.

• **Refrigerated trucks deliver vaccines in southeast Queensland. Therefore, packaging does not contain ice packs (a heat sensitive monitor will be included and must be checked as soon as the vaccines are unpacked) so the vaccines need to be placed in a purpose-built vaccine fridge IMMEDIATELY upon arrival to your clinic. Staff receiving vaccines should be trained in handling vaccines and know the importance of storing vaccines appropriately.**

Check expiry dates of vaccines on hand and rotate vaccine stock using the shortest expiry date first. Keep an accurate vaccine audit of your stock, including recording the number of vials of each type of vaccine taken to each clinic.

Vaccines that may need to be discarded must continue to be refrigerated between +2 degrees Celsius and +8 degrees Celsius until the issue is reported to the Immunisation Program and discussed with your PHU. At the time of discard, vaccines must be recorded on the Vaccines to be discarded or transferred form, which is available at www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/vaccine-discard-transfer-form.pdf Please also refer to ‘Unused Vaccines’ in Section 2.2.

Receiving vaccines

Tips

• Queensland Health uses a distribution contractor to deliver vaccines to VSPs.

• It is the responsibility of the VSP to ensure vaccines are accepted and received by a responsible nominated staff member trained in vaccine management

Vaccines must be checked immediately on arrival to ensure:

• vaccines arrive in good condition
that vaccine containers arrive intact with lids well sealed

that the cold mark monitor (if included) and heat monitor are checked at the time of delivery.

any variations from the recommendations should be reported by calling the Immunisation Program on 3328 9888.

there is ice still present in the ice packs/gel packs (if applicable)

vaccines are within their expiry date

the number of vaccines received is the same as the number on the SIP vaccine order form contained in the order.

If there are any discrepancies between the consignment and the packing slip, notify the Immunisation Program by calling 3328 9888 immediately following delivery of the vaccines.

4.2 Purpose-built vaccine refrigerator

Purpose-built vaccine refrigerators are specifically designed to store vaccines and are the best practice storage option.

Using your purpose-built vaccine refrigerator

- Ensure the refrigerator is placed out of direct sunlight and follow the manufacturer’s instructions for air circulation around the back and sides.

- Ensure the refrigerator is in a secure area accessible to staff only.

- Ensure the power source is marked clearly in a way to prevent the refrigerator from being accidentally unplugged or turned off.

- Check and record the minimum and maximum temperature:
  - Check and record the vaccine refrigerator temperature (minimum and maximum) twice daily: before the refrigerator is used for the first time and at the end of each day.

- Use the red Daily Temperature Log Book to record the temperatures.

- Note: To order more books contact the Immunisation Program on 3328 9888. Be aware there are some purpose-built vaccine refrigerators that require twice daily data logger downloads to monitor minimum and maximum temperatures.

- Purpose-built vaccine refrigerators should alarm if temperatures outside +2 degrees Celsius and +8 degrees Celsius are reached. This alarm should be tested once a week.

- Do not overstock or crowd the vaccines by overfilling the shelves. Allow space between vaccine boxes for air circulation.

- Some purpose-built vaccine refrigerators have a cooling plate. If this is the case, ensure there is a gap of at least four centimetres between the vaccines and the back of the refrigerator.

- If there is a small amount of vaccine in a purpose-built vaccine refrigerator, place bottles of water or refrigerated ice packs/gel packs to help stabilise the temperature.

- Keep door openings to a minimum and ensure the refrigerator door is not left open for long periods.

- If you are using a chart recorder, the chart recorder paper must be changed and stored every seven days.

- All vaccines must be kept in their original packaging until administered.

Managing a power failure in a purpose-built vaccine refrigerator

Purpose-built vaccine refrigerators (particularly those with glass doors) may lose their chill quicker than a domestic refrigerator, often in as little as 20–30 minutes. VSPs should know how long their brand of purpose-built vaccine refrigerator will hold a temperature of +2 degrees Celsius and above +8 degrees Celsius in the event of a power failure by contacting the refrigerator’s manufacturer.

In the event of a power failure, refer to your vaccine management protocol:
• Immediately isolate the vaccines and label ‘DO NOT USE’.
• Keep vaccines refrigerated between +2 degrees Celsius and +8 degrees Celsius. Investigate the reason for the power failure.
• Phone the utility company to ascertain approximately how long the power will be interrupted.
• Check if safety switch has tripped and reset it. If it trips again contact an electrician.
• Frequently monitor the temperature of the refrigerator.
• Some purpose-built vaccine fridges warm quickly during a power failure. If the area is prone to power failures, consider adding cooled water bottles or refrigerated ice packs/gel packs to the vaccine refrigerator to help keep it cool during these periods.
• Always have a backup plan and an alternative means of vaccine storage available (refer to the current National Vaccine Storage Guidelines for Power Failure Procedure).
• If you do not have a digital minimum/maximum thermometer to monitor your vaccines during a cold chain breach/power failure, contact the Immunisation Program on 3328 9888 who will supply one thermometer for this purpose.
• If the vaccines are transferred to a portable cooler, continue to monitor the temperature of the vaccines by placing the thermometer probe inside a vaccine box inside the cooler. It is recommended that monitoring occurs every 15 minutes for the first two hours as freezing is most likely to occur during this period. Following the two-hour period, monitor the cooler every hour.

For further information on packing a portable cooler refer to the current National Vaccine Storage Guidelines: Strive for 5.

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<thead>
<tr>
<th>Tips</th>
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<tbody>
<tr>
<td>• Depending on the circumstances of a power failure, ice packs/gel packs may not be given adequate conditioning time prior to packing a portable cooler. In these instances, use additional insulating material to protect the vaccine and monitor the portable cooler closely.</td>
</tr>
<tr>
<td>• It is important to have your vaccine management protocol and a plan in place to move vaccines in the event of a power failure.</td>
</tr>
<tr>
<td>• Have equipment readily available and a check list in place.</td>
</tr>
<tr>
<td>• Organise an appropriate venue to move your vaccines where they are monitored and can be stored between +2 degrees Celsius and +8 degrees Celsius, e.g. hospital pharmacy refrigerator.</td>
</tr>
</tbody>
</table>

4.3 Vaccine storage and handling

Portable coolers

The type of coolers used by VSPs will depend on the type of clinics to be conducted, the length of time the vaccines will be stored in the box and the ambient temperatures to which the cooler is likely to be exposed. When selecting a cooler, please refer to the current National Vaccine Storage Guidelines: Strive for 5 and the manufacturer for technical specifications and performance of the cooler.

Portable coolers (such as an Esky™, Willow™ or Coleman) are a solid-wall insulated container with a tight fitting lid where a stable inside temperature can be maintained by ice packs or gel packs.

VSPs should be aware that freezing episodes happen very easily in all coolers (often soon after packing) and they are generally not appropriate for prolonged storage of vaccines (more than eight hours).

Equipment for a portable cooler

Equipment required for outreach clinics includes:

• solid-walled insulated container/s with a tight fitting lid (adequate size for transport and storage of vaccines)
• the number of ice packs or gel packs needed to maintain required temperature
• insulation material to ensure vaccines do not come in contact with ice/gel packs
• digital minimum/maximum thermometer to monitor the vaccines during transport and at the outreach clinics, and

**Packing a portable cooler**

There are two options for how to pack a cooler. Please also refer to the current *National Vaccine Storage Guidelines: Strive for 5*.

• Chill the inside of the cooler prior to use by placing ice/gel packs in it for a few hours.
• Place insulating material such as bubble wrap or polystyrene chips at the bottom of the container. However, if using bubble wrap avoid wrapping the vaccines tightly.
• Use a minimum/maximum thermometer to monitor the temperature inside the cooler. Place the temperature probe inside an empty vaccine box with product information leaflet.
• Surround the vaccines with more insulating material.
• If using a small cooler, place the conditioned ice/gel packs on top, close and seal the lid of the cooler.
• If using a large portable cooler, place conditioned ice/gel packs around the sides of the cooler as well as on top. Experiment to find the correct combination for the practice/clinic needs.
• Ensure vaccine is not in direct contact with the ice/gel packs to minimise risk of freezing.
• Ensure the cooler is secured and will not move around during transportation.

**Tip**

• Have you considered using a purpose-built portable vaccine refrigerator for your school immunisation clinics?

**Conditioning ice/gel packs**

Conditioning means leaving the ice/gel packs at room temperature to allow the ice or gel at the core to rise to about 0 degrees Celsius. This is also known as ‘sweating’. Please refer to the current *National Vaccine Storage Guidelines: Strive for 5*.

Ice/gel packs must be conditioned correctly before use as the risk of freezing vaccines increases if the ice packs/gel packs are not conditioned correctly. Please refer to the manufacturer’s instruction on conditioning ice and gel packs.

• Remove ice/gel packs from the freezer.
• Lay out in a single row on their sides (where possible) leaving five centimetres of space around each ice/gel pack to allow maximum air exposure to reduce conditioning time.
• Wait until ice packs begin to sweat. This will take up to one hour at +20 degrees Celsius.
• The ice pack is conditioned as soon as water begins to ‘slosh’ about slightly inside the ice pack.
• Conditioning time depends on the ambient temperature, type, size and weight of ice/gel pack.

However, in the event of a natural disaster, such as a cyclone, or a power failure ice/gel packs may not be given adequate conditioning time prior to packing a portable cooler. In these instances, use additional insulating material to protect the vaccine and monitor the portable cooler closely.
Tips

- **Danger:** Incorrect conditioning of ice/gel packs may cause vaccines to freeze easily because they may be too cold for safe vaccine storage.
- Ensure vaccines are not in direct contact with ice/gel packs.
- Coolers should not contain any other pharmaceuticals and must not contain food.
- Consider the ambient temperatures the cooler is exposed to, particularly in the summer months.
- Remember to place left-over vaccines transported for outreach clinics back into the vaccine refrigerator on return from the clinic.
- Vaccines returned after an outreach clinic should be used first at the next clinic.

**Temperature monitoring at school immunisation clinics**

School immunisation clinics involve careful preparation and selection of the correct equipment to ensure that the cold chain is maintained. Correct equipment for storing and transporting vaccine is dependent on the type of conditions (such as ambient temperature) and period of time they will be transported.

Portable coolers are adequate for the transport of vaccines for eight hours or less. For longer periods of time and in extreme conditions, a specialised vaccine cold box is recommended.

- Choose an adequately sized portable cooler or specialised vaccine cold box according to length of storage and transport time and type of conditions.
- Ensure sufficient stock of vaccine, diluents and adrenaline are taken.
- Ensure sufficient stock of ice/gel packs according to:
  - ambient temperature,
  - type and size of cooler,
  - number of vaccines,
  - cooler capacity, and
  - size and type of ice/gel packs.
- Condition the ice/gel packs.
- Pack the portable cooler according to cold chain requirements, immediately prior to leaving for the clinic.
- Monitor the temperature of the vaccines.
- Ensure the contents of the cooler are packed securely so that they cannot move around during transport.

Monitor the minimum and maximum temperature of your vaccines:

- before you leave
- during transport
- when you arrive
- prior to administering
- regularly throughout the vaccination session (at least hourly)
- when you return to base.

On arrival at the facility, place the portable cooler in the coolest place and out of the sun.

- Keep vaccines in the portable cooler with the lid tightly closed until all other preparation for the clinic has been completed.
- In a best practice clinic, vaccines should only be drawn up immediately prior to use.
• For all day clinics carry an extra portable cooler that contains only ice packs/gel packs and use these to replace those ice packs/gel packs as they melt.

**Tips**

- *Temperature Log Books for Outreach Clinics* are required for school immunisation clinics. Replacement log books can be obtained from the Immunisation Program by calling 3328 9888.
- Each portable cooler of vaccines must have its own thermometer and *Temperature Log Book for Outreach Clinics* (blue book).

### 4.4 Cold chain breach

Vaccines are affected by temperatures below +2 degrees Celsius and above +8 degrees Celsius. This does, however, not include temperature deviations or excursions up to +12 degrees Celsius lasting no longer than 15 minutes when stocktaking or restocking. Unexplained temperature deviations should be reported to the Immunisation Program by calling 3328 9888 between 9.00am and 3.00pm from Monday to Friday.

Cold chain breaches left unidentified and untreated can have serious implications, especially when it involves informing parents/legal guardians/authorised carers that their child may have received an ineffective vaccine and requires revaccination.

If there is any doubt about breaches of the cold chain, contact the Immunisation Program during office hours by calling 3328 9888 for further advice, and take following steps:

- Isolate the vaccines immediately to prevent further use (e.g. sign on the refrigerator door) and notify relevant staff.
- Keep vaccines refrigerated between +2 degrees Celsius and +8 degrees Celsius.
- Have important details on hand including:
  - your vaccine service provider number
  - date of the breach
  - the minimum and maximum temperature readings
  - when the thermometer/temperature recording was last reset
  - how long you think the temperature was outside +2 degrees Celsius and +8 degrees Celsius
  - the cause of the cold chain breach
  - circumstances surrounding the breach.
- Do not discard any vaccine unless advised by the PHU.
- Take active steps to correct the problem and prevent the problem from recurring.
- For privately purchased vaccines, contact the manufacturer for advice.
- Record notes on the temperature log or chart regarding what happened and how the problem was corrected.

### References

Information for schools booklet

Queensland School Immunisation Program

Information for Schools

Booklet available at
## Contact details for public health units

<table>
<thead>
<tr>
<th>Region</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Metro South</td>
<td>3176 4000</td>
</tr>
<tr>
<td>West Moreton</td>
<td>3818 4700</td>
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<tr>
<td>Darling Downs</td>
<td>4699 8240</td>
</tr>
<tr>
<td>Gold Coast</td>
<td>5687 9000</td>
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<tr>
<td>Metro North</td>
<td>3624 1111</td>
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<tr>
<td>Sunshine Coast</td>
<td>5409 6600</td>
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<tr>
<td>Wide Bay</td>
<td>4303 7500</td>
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<tr>
<td>Rockhampton</td>
<td>4920 6989</td>
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<tr>
<td>Townsville</td>
<td>4433 6934</td>
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</table>

*Townsville includes Mackay/Cairns/All areas west and north of these areas*
Notice to Parents of Deferred Vaccination

[insert today’s date]

Dear Parent/Legal Guardian/Authorised Person

Name of student: ……………………………………………………………………………………………

Although we received your consent to vaccinate, 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 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 [insert date, day and time].

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

Thank you

[Vaccine service provider]
Clinic dates and student numbers form

SCHOOL IMMUNISATION PROGRAM - CLINIC DATES AND STUDENT NUMBERS

VSP no.: ___________________________ Service provider name: ___________________________

Contact name: ___________________________ Telephone no.: ___________________________

- Record Year 7 and Year 10 school vaccination clinic dates at the beginning of each semester to ensure sufficient supplies are available for your school clinics
- Vaccine orders for school clinics need to be placed 2 weeks in advance of when you require the vaccines
- Email or fax completed form to your School Immunisation Program Co-ordinator

<table>
<thead>
<tr>
<th>Planned school clinic dates</th>
<th>Number of students eligible to be vaccinated</th>
<th>Office use only</th>
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**SIP vaccine order form**

School Immunisation Program
Vaccine Order Form

Ph: 3328 9888 Fax: 3328 9720

<table>
<thead>
<tr>
<th>PLEASE NOTE: Clinic Details must be completed – missing information may delay your vaccine order</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINIC DETAILS</strong> <em>(Please print all information)</em> Date:</td>
</tr>
<tr>
<td>VSP number:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Practice contact person:</td>
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<td>Telephone no:</td>
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</tbody>
</table>

Have your vaccine refrigerator temperatures been between +2°C and +8°C since your last vaccine order?

**YES ☐ or NO ☐**

☐ Email completed form to QHIP.Sbvp@health.qld.gov.au OR Fax to 3328 9720

☐ Complete the information below each fortnight to ensure vaccine delivery is not delayed

**School Immunisation Program (SIP) Vaccine Order**

- If you have any concerns regarding your SIP order, please contact the Immunisation Program immediately on 3328 9888
- The **EDA (Estimated Date of Arrival)** is the date you require your Vaccine Delivery and when the Immunisation Program expect you will receive your vaccines
- Please ensure there is a trained responsible person available to accept delivery of vaccines on your nominated **EDA**

<table>
<thead>
<tr>
<th>Vaccine/s required</th>
<th>Stock on hand (must be provided)</th>
<th>Expiry date of vaccine/s</th>
<th>Number of students to be vaccinated in the next 2 weeks, less Stock on Hand = <strong>VACCINE REQUIRED</strong></th>
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<tbody>
<tr>
<td>HPV</td>
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<tr>
<td>dTpa <em>(Boostrix)</em></td>
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<tr>
<td>MenACWY</td>
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**Department of Health use only – confirmation of SIP order**

<table>
<thead>
<tr>
<th>Order Date</th>
<th>Dispatch Date</th>
<th>EDA</th>
<th>HPV Order</th>
<th>dTpa Order</th>
<th>MenACWY</th>
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Appendix 6

Useful websites

Retention and disposal of records

Immunise Australia

Australian Immunisation Register (AIR)

National Centre for Immunisation Research & Surveillance (NCIRS)
www.ncirs.edu.au/

The Immunisation Advisory Centre (IMAC)
www.immune.org.nz/?t=563

The UK National Health Service (NHS)
www.nhs.uk/Planners/vaccinations/Pages/Landing.aspx

US Centers for Disease Control & Prevention (CDC)
www.cdc.gov/vaccines/

Immunisation Coalition
www.immunisationcoalition.org.au
Appendix 7

Equipment list

General
☐ Mobile telephone
☐ Emergency telephone numbers clearly displayed
☐ Hand washing facilities and/or alcoholic, antimicrobial lotion where hand washing facilities are limited
☐ Moist towelettes or "wet ones"
☐ Table cover
☐ Trolley preferably on wheels

Cold chain
☐ Portable cooler (larger coolers may have wheels for easy transportation)
☐ Frozen ice packs/gel packs
☐ Bubble wrap for vaccines or ice packs/gel packs
☐ Queensland Health minimum/maximum thermometer/s
☐ Temperature Log Book for Outreach Clinics (Blue Book)

Vaccine administration equipment
☐ Adequate stocks of unexpired vaccines (diluents if applicable)
☐ 2mL syringes
☐ Needles:
  - standard vaccination needles (23 gauge, 25mm in length)
  - drawing up needles (18 gauge)
☐ Cotton wool balls
☐ Band-aids
☐ Kidney dish or other suitable container for drawn up vaccine
☐ Disposable gloves in appropriate sizes
☐ Digital thermometers
☐ Optional rewards, i.e. stickers, stamps, etc.

Waste disposal
☐ Sharps containers (one per vaccinator)
☐ Containers for infectious waste (i.e. non sharps)
☐ Containers for general waste
☐ Rubbish bags

Essential documents
☐ Class lists
☐ Signed “Yes” consent cards
☐ Extra blank consent cards
☐ Record of Vaccination cards
☐ Pre Vaccination Assessment Questions card
☐ Adverse Event Following Immunisation (AEFI) Forms
☐ Clinical Sequence of Events Form

Emergency Equipment
☐ Resuscitation Kit, including:
  - 5 x 1 mL adrenaline 1:1000 (one in one thousand)
  - 5 x 1 mL ‘single use only’ Tuberculin syringes (not Insulin syringes), with needles 23 gauge x 25mm
  - Paediatric and adult size airways
  - Laerdal resuscitator with paediatric and adult masks
  - ‘Recognition and Treatment of Anaphylaxis’ (back page of current Australian Immunisation Handbook), and
  - Pens and paper for recording treatment of anaphylaxis, etc.
Reporting of acute significant Adverse Event Following Immunisation (AEFI) in the School Immunisation Program*

An acute significant AEFI is one of the following that occurs on the day of vaccination:
- anaphylaxis
- generalised allergic reaction
- seizures
- any condition requiring Emergency Department (ED) presentation or hospitalisation on the day of vaccination

Complete AEFI Clinical Sequence of Events Form

1. Send copy of the AEFI Clinical Sequence of Events Form with any student transferred to ED
2. Notify public health unit (PHU) immediately
3. Fax copy to PHU – within one business day

PHU to send form to Communicable Diseases Unit (CDU)

CDU will log form and forward to TGA

Complete AEFI Form

Send AEFI Form to Queensland Health (QH) as detailed on AEFI form

QH will forward AEFI Form to Therapeutic Goods Administration (TGA)

PHU will follow up as necessary

* This flow chart describes the required reporting in the event of a student experiencing an acute significant AEFI on the day of vaccination. The standard QH AEFI Form must be completed and forwarded to QH regardless of the type of AEFI.
**AEFI Clinical Sequence of Events Form**

**School Based Vaccination Program**

**AEFI Clinical Sequence of Events Form**

**Student Name:** .............................................................................................. **DOB:** ............ / ............/ ............. **Year level:** ......................

**Date:** .............../ .............. / ................ **School:** .....................................................................................................................................

**Treating RN/GP names:** .........................................................................................................................................................................

**Vaccines Administered:** (circle the vaccine administered, appropriate dose no. and site)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Time given</th>
<th>Batch no.</th>
<th>Dose no.:</th>
<th>Site</th>
<th>LA</th>
<th>RA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gardasil</td>
<td></td>
<td></td>
<td>1 2 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HBVaxx</td>
<td></td>
<td></td>
<td>1 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boostrix</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td>1 2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Time first symptom developed:** ............................................... **Description of event:**  ...........................................................................

**INITIAL ASSESSMENT**

<table>
<thead>
<tr>
<th>AIRWAY</th>
<th>Swelling of lips/tongue/throat/neck: Y / N</th>
<th>Wheeze: Y / N</th>
<th>Stridor: Y / N</th>
<th>Cyanosis: Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>BREATHING</td>
<td>Spontaneous: Y / N</td>
<td>Resp Rate:</td>
<td>Increased resp. effort:* Y / N</td>
<td></td>
</tr>
<tr>
<td>CIRCULATION</td>
<td>Pulse (carotid):</td>
<td>Character: Strong / Weak</td>
<td>Pallor: Y / N</td>
<td></td>
</tr>
<tr>
<td>Capillary refill:**</td>
<td>12 sec, 12 sec</td>
<td>Systolic BP (if available):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANY RASH:</td>
<td>Y / N</td>
<td>URTICARIA: Y / N</td>
<td>FLUSHING/ERYTHEMA: Y / N</td>
<td></td>
</tr>
<tr>
<td>LEVEL OF CONSCIOUSNESS:**</td>
<td>A V P U</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* As indicated by one or more of grunting, accessory muscle use (sternocleidomastoid, intercostal), intercostal recession or tracheal tug

** Provisional Diagnosis:**

**ADRENALINE CHART**

<table>
<thead>
<tr>
<th>Time administered</th>
<th>Dose</th>
<th>Site</th>
<th>RN Signature</th>
</tr>
</thead>
</table>

**ADRENALINE CHART**

<table>
<thead>
<tr>
<th>Time</th>
<th>Pulse</th>
<th>Resp. Rate</th>
<th>Level of Consciousness (A,K,P,U)</th>
<th>Conditions: Worse/ Same/Improved</th>
<th>Management/Comments</th>
</tr>
</thead>
</table>

**Periodic Review:** (at least every 5 minutes until recovered or transferred)

<table>
<thead>
<tr>
<th>Time</th>
<th>Pulse</th>
<th>Resp. Rate</th>
<th>Level of Consciousness (A,K,P,U)</th>
<th>Conditions: Worse/ Same/Improved</th>
<th>Management/Comments</th>
</tr>
</thead>
</table>

**Time help was summoned:** .................................................. **Type of help: Ambulance Y / N GP Y / N Other: **

**Time help arrived:** .................................................. **Transferred to hospital: Y / N Transfer time:**

**Other treatment / clinical notes:** ..................................................

**Completed by:** (please print name) **Signature:** **VSP No:** **Date:**

**ORIGINAL - send with any student requiring referral to hospital**
### Adverse Event Following Immunisation Reporting Form

**Immunisation Reporting Form**

#### Vaccinated person details

<table>
<thead>
<tr>
<th>Surname</th>
<th>First name</th>
</tr>
</thead>
</table>

**Gender:**
- Male
- Female
- Unknown

**Date of Birth:**
- Day
- Month
- Year

**Street Address:**
- ...

**Suburb:**
- ...

**State:**
- ...

**Postcode:**
- ...

**Name of parent/guardian (if relevant):**
- ...

**Phone:**
- Home: ...
- Mobile: ...

**Email:**
- ...

#### Indigenous status:
- Aboriginal
- Torres Strait Islander
- Not Aboriginal or TSI
- Not Stated/Unknown

#### Important medical history (e.g., requires regular medical follow-up):
- ...

**Allergies:**
- ...

#### Was the person ill at the time of vaccination?
- Yes
- No
- Unknown

#### Has the vaccinated person had previous reactions to vaccinations?
- Yes – please specify...
- No
- Unknown

#### Address of service where vaccine was administered:
- As for vaccination provider (above)
- Other, please specify...

**Clinical setting:**
- School vaccination program
- GP practice
- Council clinic
- Hospital
- Aged care facility
- Other, please specify...

#### Reporter details (if different from vaccinated person details or vaccination provider details)

**Surname:**
- ...

**First name:**
- ...

**Practice/clinic/provider name:**
- ...

**Street Address:**
- ...

**Suburb:**
- ...

**State:**
- ...

**Postcode:**
- ...

**Phone:**
- Landline (incl. area code): ...
- Mobile: ...

**Email:**
- ...

**Fax:**
- ...

**Date of report:**
- ...

**Consent statement:**
- I, the reporter, agree to be contacted for further follow up regarding this adverse event if necessary.
- Yes
- No

**Signature:**
- ...

**Date:**
- / ...

**Other, please specify:**
- ...

Please advise the parent/patient that contact details will be used to follow up if information is needed.
# SIP incident form

## School Immunisation Program Incident Form

*(Adverse Events Following Immunisation should be used to report all adverse events)*

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 (e.g., student falls in recovery area)
- A student sustains an injury while being vaccinated (e.g., 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 SIP Coordinator of the incident on the same day.

### VSP DETAILS

<table>
<thead>
<tr>
<th>VSP:</th>
<th>VACCINATOR:</th>
<th>CONTACT NUMBER:</th>
</tr>
</thead>
</table>

### STUDENT/PERSON DETAILS

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DOB:</th>
<th>CONTACT NUMBER:</th>
</tr>
</thead>
</table>

### VACCINATION DETAILS

<table>
<thead>
<tr>
<th>VACCINE:</th>
<th>VACCINATION SITE:</th>
<th>TIME OF INCIDENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Human Papillomavirus (HPV) Dose 1</td>
<td>□ Left upper arm</td>
<td>am</td>
</tr>
<tr>
<td>□ Human Papillomavirus (HPV) Dose 2</td>
<td>□ Right upper arm</td>
<td>pm</td>
</tr>
<tr>
<td>□ Diphtheria-tetanus-pertussis (dTpa)</td>
<td>□ Multiple sites (please specify)</td>
<td></td>
</tr>
<tr>
<td>□ Meningococcal ACWY</td>
<td>□ Other (please specify)</td>
<td></td>
</tr>
<tr>
<td>□ N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### INCIDENT DETAILS

<table>
<thead>
<tr>
<th>WHAT OCCURRED?</th>
<th>Insert Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Student vaccinated without consent</td>
<td></td>
</tr>
<tr>
<td>□ Student vaccinated twice</td>
<td></td>
</tr>
<tr>
<td>□ Student injured pre-vaccination</td>
<td></td>
</tr>
<tr>
<td>□ Student injured during vaccination</td>
<td></td>
</tr>
<tr>
<td>□ Student injured post-vaccination</td>
<td></td>
</tr>
<tr>
<td>□ Injury to vaccinating staff</td>
<td></td>
</tr>
<tr>
<td>□ Needlestick injury</td>
<td></td>
</tr>
<tr>
<td>□ Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

### OUTCOME OF INCIDENT

<table>
<thead>
<tr>
<th>Parent/Guardian NOTIFIED</th>
<th>□ YES</th>
<th>□ NO</th>
<th>□ N/A</th>
</tr>
</thead>
</table>

If NO, why not?
School Immunisation Program
Protocol for addressing issues in schools

Background
During the implementation of the School Immunisation Program (SIP) there are occasions when issues are identified by the SIP Vaccine Service Provider (VSP) that will have an impact on the administration of the program. These issues may include (but not be limited to) administrative issues such as process for distributing and collecting consent forms or workplace health and safety considerations such as location of the clinic within the school, equipment provided for the clinic, supervision of students, or student behaviour. These issues have the potential to reduce the effectiveness of the program, and in some situations, potentially increase the risk to student or vaccinator safety.

Process
A resolution process for state schools has been agreed by Education Queensland (EQ) and Queensland Health (QH) as per Figure 1 below.

Figure 1: Agreed QH-EQ process for addressing issues that arise between a vaccine service provider and a state school in the SIP.

- SIP service provider contacts school contact person
- No Agreed resolution
- SIP Service Provider contacts School Principal
- No agreed resolution
- SIP Service Provider contacts Education Area Coordinator
- SIP Coordinator meets with School Principal
- No agreed resolution
  - SIP Coordinator contacts Executive Director School (EDS) from EQ for assistance,
  - Keep SIP Service Provider informed of activities/decisions,
  - EDS will advise of next step.

Issue addressed

For non-State schools, a suggested resolution process for addressing issues is detailed in Figure 2.
Considerations

Relationships with schools are an important aspect of the SIP. Local resolution of issues is considered optimal. Every attempt should therefore be made by the vaccine service provider, in the first instance, to resolve the issue with the school staff member nominated to coordinate the SIP, followed by the School Principal if necessary.

Should these attempts be unsuccessful, the SIP Service Provider will contact the SIP Coordinator. All issues raised with the SIP Coordinator, including those raised at subsequent meetings, will be documented.

For state schools, at no time should contact be made by the SIP Service Provider directly to EDS. This contact is to be made by the SIP Coordinator only. This last step is to be taken in the rare situation that preceding steps have been unsuccessful.
School feedback form

School Immunisation Program feedback form for schools

We value your feedback! To assist Queensland Health to improve the School Immunisation Program (SIP) and address any issues encountered, please take the time to fill this form in and return it by fax to your SIP service provider:

Insert your SIP Service Provider contact details here

You may choose not to provide your contact details if you wish.

Name of school: 

Contact Name: 

Phone number:

Date of clinic: 

Are you happy for Queensland Health to contact you regarding this feedback?  

Yes  No

Leading up to the vaccination clinic

Was the Information for Schools booklet helpful for planning your school’s involvement in the SIP?

Did you have regular and informative communication with the SIP service provider?

On the clinic day

In the school’s perception, did the vaccination clinic proceed smoothly (consider set-up of venue, ‘flow’ of students through the clinic, impact on students and staff, communication with SIP service provider)?

What part of the vaccination clinic was done well?

Were there any areas that could be improved?
Following the vaccination clinic
Did you have follow-up contact with the SIP service provider after the vaccination clinic? (Please give details)
...........................................................................................................................................................................................
...........................................................................................................................................................................................
If so, were your queries/issues responded to satisfactorily?
...........................................................................................................................................................................................
...........................................................................................................................................................................................
General
Have you identified any additional information that you feel should be included in the Information for Schools booklet?
...........................................................................................................................................................................................
...........................................................................................................................................................................................
Are there any other issues that need to be addressed?
...........................................................................................................................................................................................
...........................................................................................................................................................................................
How could the School Immunisation Program be improved at your school?
...........................................................................................................................................................................................
...........................................................................................................................................................................................
Other comments ...............................................................................................................................................................
...........................................................................................................................................................................................
Thank you for providing your feedback.
Queensland Health School Immunisation Program