Queensland School Immunisation Program

Resource kit for vaccine service providers

Queensland Government

Queensland School Immunisation Program – Resource kit for vaccination service providers

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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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The National Health and Medical Research Council (NHMRC) recommends vaccination for individuals of all ages, starting from infancy and continuing throughout life. Adolescent vaccinations are an important part of the National Immunisation Program Schedule (NIP). The School Immunisation Program (SIP) is a convenient and equitable way of delivering recommended vaccines to eligible adolescents who may otherwise lack access to immunisation services outside of school.

This resource kit is for vaccination service providers (VSPs) involved in administering the SIP. It serves as a guide for developing specific service policies and procedures. The kit offers suggestions, checklists, tips, and materials for dissemination within the school community, assisting VSPs in executing the SIP. Recognising varying circumstances such as geography and school size, it is recommended that VSPs tailor approaches to suit local situations while using this kit as a foundation for developing their own policies and procedures.

Updates to the kit will be made in line with changes to the Queensland SIP.

For more detailed information about vaccines, please refer to the online version of the *Australian Immunisation Handbook*.

Section 1: Planning a school immunisation clinic

1.1 Eligibility

The Queensland School Immunisation Program (SIP) provides state and non-state school students with publicly-funded vaccinations to protect against several diseases.

Year 7 students are offered vaccination against:

- human papillomavirus (HPV)
- diphtheria, tetanus, pertussis (whooping cough) (dTpa)

Year 10 students are offered vaccination against:

- meningococcal ACWY
- meningococcal B

Catch-up sessions may be available through school VSPs or via parents/legal guardians/authorised persons taking their child to a doctor or community immunisation clinic. Eligible individuals up to and including 19 years old can receive meningococcal ACWY, meningococcal B, and dTpa catch-up vaccines at no cost. The HPV vaccine is free for eligible individuals up to and including 25 years old.

Those who begin meningococcal B vaccination within their eligibility period can complete the course with funded vaccine.

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

Table 1: Vaccines offered in the Queensland School Immunisation Program

School Year	Antigens	Vaccine dose and administration
Year 7	Human papillomavirus (HPV)	**One dose** of human papillomavirus (HPV) vaccine will be offered. A three-dose schedule of HPV vaccine is recommended for people with severely immunocompromising conditions, regardless of their age when they started vaccination (refer to the *Australian Immunisation Handbook* for more information).
	Diphtheria, tetanus, pertussis (dTpa)	**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.
Year 10	Meningococcal ACWY	One dose of conjugate meningococcal ACWY vaccine will be offered.
	Meningococcal B	Two doses of meningococcal B vaccine (Bexsero®) will be offered with a minimum of eight weeks between doses.

Meningococcal ACWY and meningococcal B vaccines are also funded through the National Immunisation Program for all people with certain medical conditions that increase their risk of invasive meningococcal disease. For details refer to the National Immunisation Program Schedule.

For more information about the vaccines please see the online edition of the *Australian Immunisation Handbook*.

Special school students

Special school students are eligible to receive the recommended vaccines either in the school setting or via a different vaccination provider.

Students who attend distance or home education, or who are not attending school

Individuals undertaking distance/home education or not attending school can access recommended vaccines corresponding to their age year, free of charge. Meningococcal ACWY, meningococcal B, and dTpa catch-up vaccines are free up to and including age 19 (and HPV vaccine up to age 25). Those who begin meningococcal B vaccination within their eligibility period can complete the course with funded vaccine.

For those opting for vaccination via a different healthcare provider, the provider should be advised of the required vaccines before the appointment.

1.2 Clinic considerations

Setting a date and time

When planning a vaccination clinic, consider:

- **The School Calendar:** Factor in public holidays, school breaks, and important school events.
- **School Term Timing:** Allow time for staff to manage calendars, distribute and collect consent forms, and organise them by class.
- **Session Logistics:** Plan for post-vaccination observation time and ensure clinics conclude at least 15 minutes before the school day ends. Consider travel and setup time and estimate session duration based on student and staff numbers, administrative needs, and logistics for each class or group.
- **Dose Intervals:** Ensure the required intervals between vaccine doses are met.

Tips

- Allow for the scheduled intervals between doses of meningococcal B vaccine (at least eight weeks between doses) for eligible students.
- Initiate scheduling school vaccination clinic dates in August/September of the previous year.

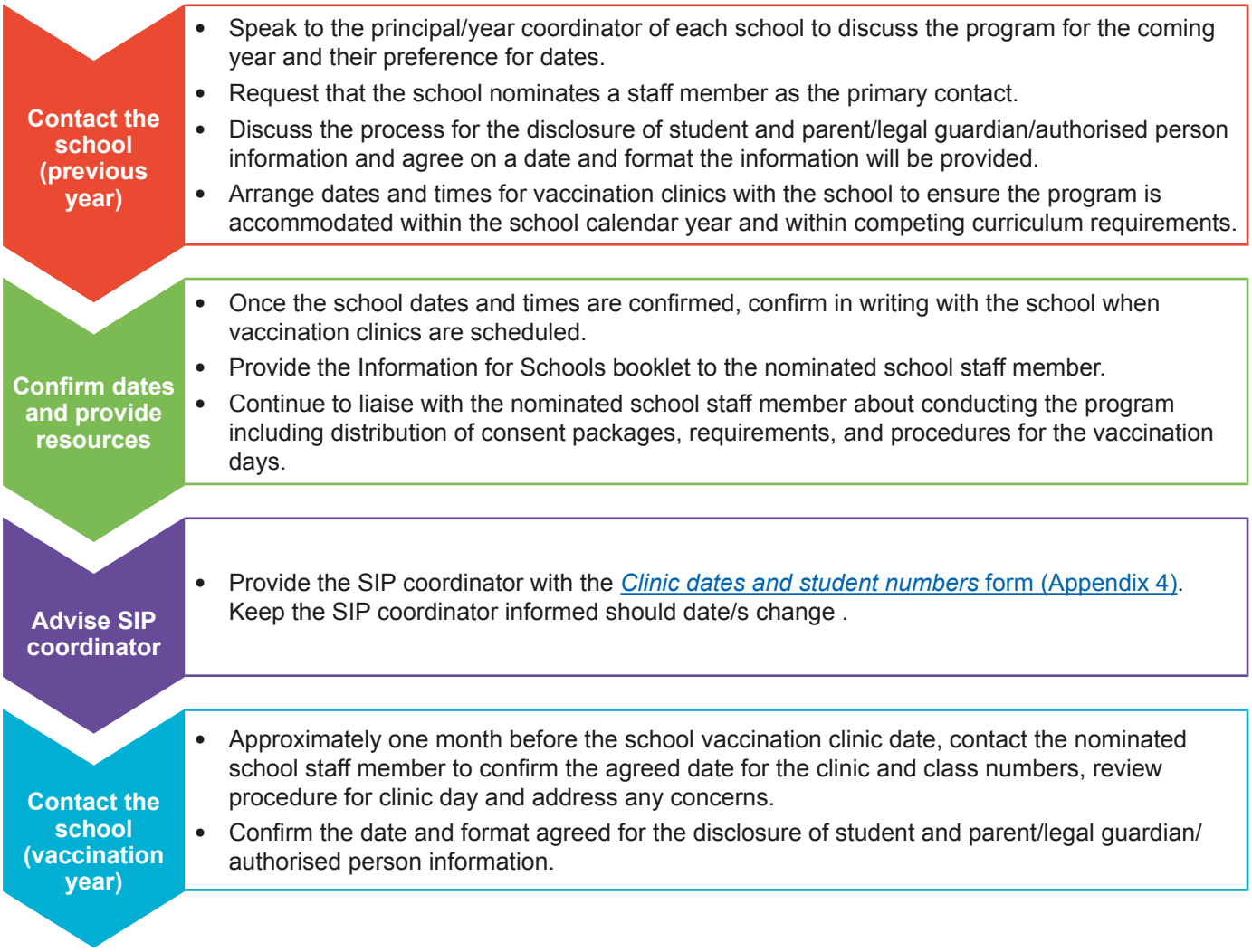
Promoting the vaccination clinic

Parents/legal guardians/authorised persons and students should receive early notification about the SIP, ideally in the year before eligibility and at the start of the eligible school year. Timely notification of all vaccination clinic dates, including initial and subsequent sessions, is essential.

Primary school principals will receive postcards from Queensland Health for distribution to all Year 6 students, informing them about the Year 7 SIP.

Other promotional avenues for the SIP includes school newsletters, flyers/posters, the school website, QSchools app, SMS alerts, entrance advertising boards, and local media. Resources for promoting the SIP are provided in the Information for Schools booklet.

Figure 1: Planning a school immunisation clinic



1.3 Disclosure of student and parent* information

**please note that in the following section, 'parent' includes the parent, legal guardian or authorised person for a student.*

The *Public Health Act 2005*, c 5, pt 4, states that school principals must share student and parent details with their school's approved immunisation provider for the purpose of administering the School Immunisation Program. Queensland Health will notify schools of their approved school immunisation provider.

When requested, school principals or their representatives are to disclose specific student and parent information including names, dates of birth, and contact details to the school immunisation provider. Disclosure should occur annually in a format convenient for both parties. While principals can update data (for example with newly enrolled students), there is not a requirement to do so.

This information aids the school immunisation provider in various ways:

- **Matching Consents:** Identifying students who consented, those who didn't, and those with outstanding consent forms.
- **Follow up:** Reaching out to parents with outstanding or incomplete consent forms (see Figure 2). Parents indicating 'No to Vaccination' on consent forms will not be contacted.
- **Data Analysis:** Utilising information to enhance future strategies for improving consent form returns.

Unless against a student's best interest, all student and parent information should be disclosed to the provider when requested. Reasons for non-disclosure are detailed in Table 2, but the principal must still inform the provider about non-disclosed student numbers for reconciliation. Such students remain eligible for SIP vaccines.

If a parent requests non-disclosure, it is advisable for the principal to ensure they understand the disclosure's purpose and exercise discretion in sharing information. Further guidance can be sought from the SIP Coordinator if needed.

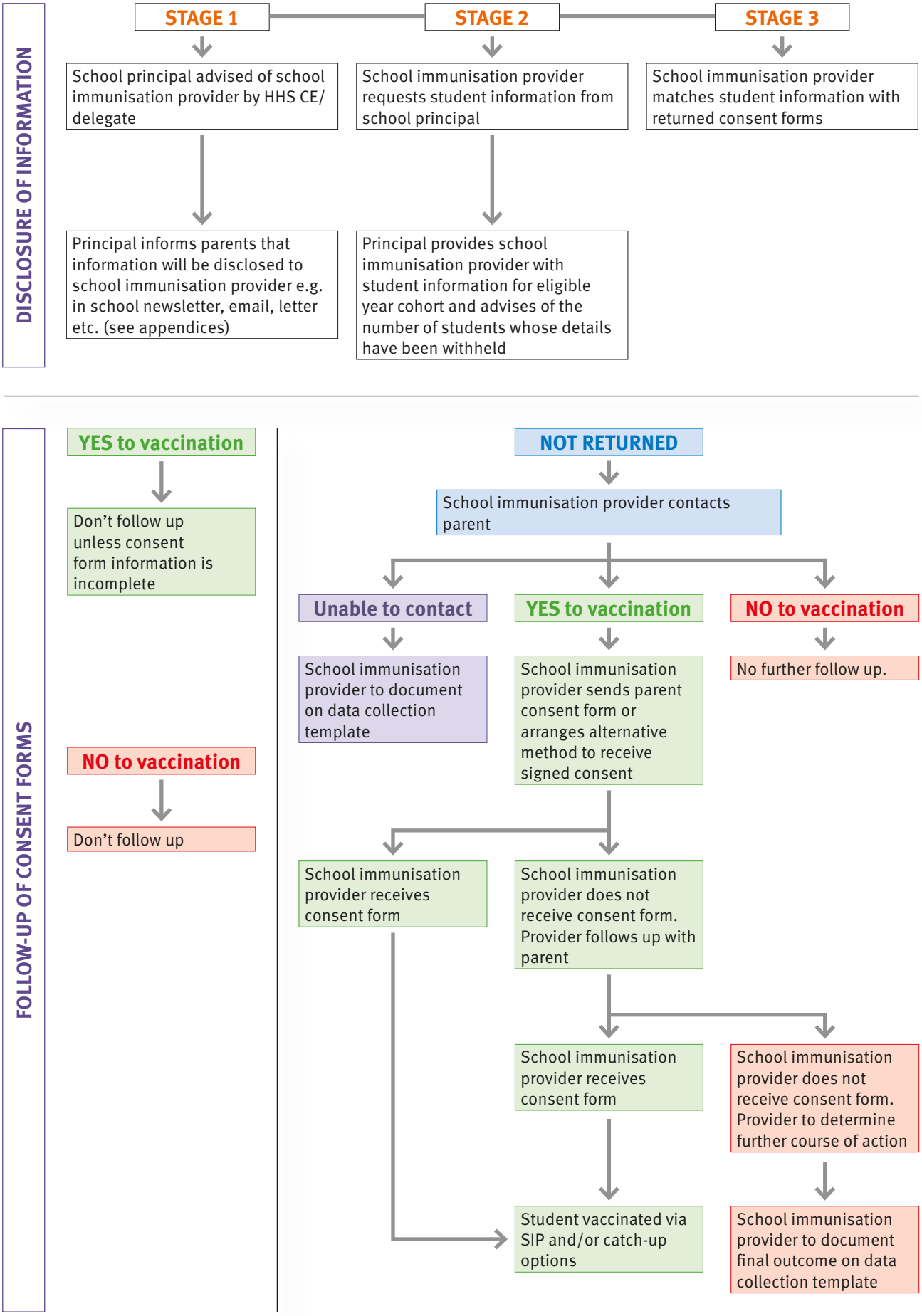
Schools should ensure parents are informed about these disclosure requirements, for example through provided sample communication materials in the *Information for Schools* booklet. The Queensland SIP consent pack also provides information about disclosure of information for parents.

School VSPs are bound by privacy laws, mandating compliance with either National Privacy Principles or Information Privacy Principles outlined in the *Queensland Information Privacy Act 2009*. This legislation specifies secure practices for collecting, using, storing, and disposing of personal information by school Immunisation providers.

Table 2: Reasons for not disclosing student and parent information

Reason
Student is under a Child Protection Order
Known domestic violence issues
Known custody issues
Family involved in a police matter

Figure 2: Process for disclosure of parent/student information and follow up of outstanding consent forms



1.4 Consent

**please note that in the following section, 'parent' includes the parent, legal guardian or authorised person for a student.*

Before administering vaccinations, obtaining valid consent from a parent is crucial. This consent must be freely given, cover the specific procedure (vaccination), and ensure the person giving consent is legally capable and informed about the procedure's risks and benefits.

Consent information for children in care

For children and young people subject to a child protection care agreement or a child protection order granting custody to the chief executive, consent must be sought from the parent. If the parent does not consent, Child Safety are able to discuss this with the child or young person's health practitioner who may immunise the child or young person under the authority of section 97 of the *Child Protection Act 1999*.

For children and young people subject to a child protection order granting their guardianship to the chief executive, parental consent is not required and the delegated officer, approved carer and care service are authorised to consent to the child or young person's immunisation. In these cases, the carer or care service are to provide a copy of the "Authority to care – guardianship to the chief executive" form as well as a completed School Immunisation Program consent form.

Consent forms provided in the SIP consent package contain essential information about diseases and vaccines to be administered. It is important to reject consent forms filled in pencil and clarify incomplete details before vaccination.

Special effort should be made to ensure that the correct student has the correct signed consent form and is given the correct vaccine. A teacher may be able to assist with identifying students.

Regarding consent pack distribution and collection:

- Standard SIP consent forms/information must be used.
- VSPs are responsible for providing enough consent packs to schools at the start of the year. Please note that boarding schools may require consent packs prior to the end of the previous school year.
- Extra packs should be available for students who misplace their cards.
- Schools must distribute Year 7 and Year 10 consent packages before the clinic date.
- Collected consent forms must be reviewed for accuracy at least 10 days before the clinic. Contact with parents may be necessary to clarify information.
- In cases where collecting cards before the clinic is not practical, the teacher or designated staff should retain the cards for VSPs to verify before vaccination.

Telephone consent

On occasion, a VSP may have to seek verbal consent from a parent over the phone. It is preferable for the person administering the vaccine to seek consent. To ensure the legitimacy of this consent, VSPs should establish via a structured system:

- **Legitimate Authority**: Verify that the person granting consent holds the legal authority to decide on the student's treatment.
- **Valid Consent**: Ensure the obtained consent meets validity standards and record all phone discussions, regardless of the outcome.

It is suggested that VSPs use the following checklist when securing verbal consent:

- ☐ Pre-Treatment Consent: Obtain consent before administering any treatment.
- ☐ Vaccinator's Role: The vaccinator should be the one acquiring valid verbal consent.
- ☐ Identity Confirmation: Confirm that the person on the call is indeed the student's parent, legal guardian, or authorised person with the legal capacity to provide consent.
- ☐ Information Confirmation: Enquire if they received and understood the contents of the consent pack, including vaccination benefits and risks.

- ☐ Health Information Gathering: Gather details about the student's general health and pre-existing conditions to highlight specific risks.
- ☐ Opportunity for Clarification: Allow the parent to ask questions or request further information.
- ☐ Dual Confirmation: Ensure both the vaccinator and another staff member witness the consent.
- ☐ Documentation on Consent form: Record key details on the consent form – contact information, date and time of contact, student's name, purpose of consent, acknowledgment of valid phone consent, and signatures of both staff members, including relevant discussions.
- ☐ Follow-Up Documentation: After verbal consent, provide a hard copy/emailed consent form for the parent to sign.
- ☐ Documentation of Verbal Consent: Maintain proper records of verbal consent.

A comprehensive record of phone consent helps ensure compliance, minimises risks, and provides a clear record of the consent process.

Withdrawal of consent

Vaccination should not proceed if a student withdraws consent, even if prior consent was obtained.

If withdrawal occurs, the parent should be notified in writing using the Notice to parents about deferred vaccination, documenting the reasons for the withdrawal.

Parents can withdraw consent at any time, ideally in writing and within a reasonable timeframe before vaccination. You may like to consider providing a template letter to schools for parents to complete and send to the VSP.

School front desk staff should be aware of their school's VSP contact details to assist parent in contacting their VSP regarding student immunisation needs.

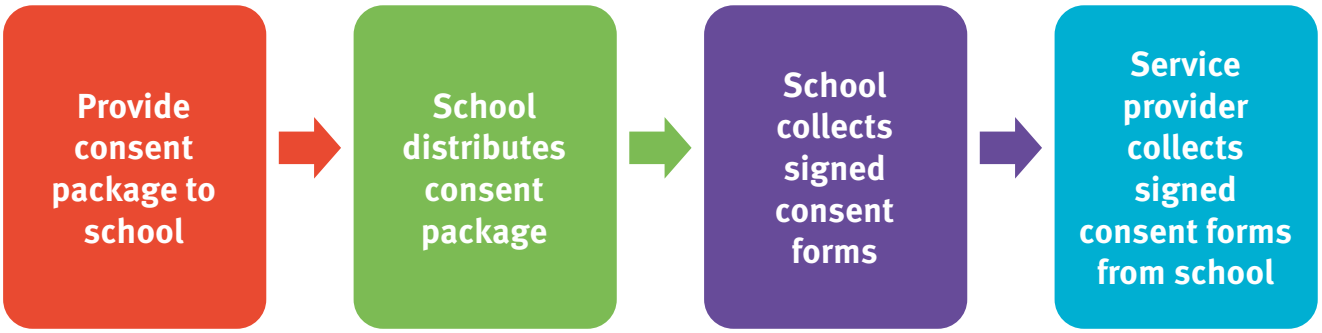
Any verbal withdrawal should be documented on the consent form.

It is advisable for VSPs to establish clear processes for managing consent withdrawal and ensure proper communication between parents, schools and the VSP for effective consent management.

Tips

- Only those students who have returned completed signed consent forms are to be vaccinated on the day of the vaccination clinic.
- Suggest that each class teacher attach a class list to the back of a large envelope. As consent forms 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 forms.

Consent packs distribution and collection



1.5 Staffing requirements

The successful management of vaccination clinics relies on adequate staffing and preparedness for unforeseen circumstances. Key considerations include:

- **Staff Allocation**: Ensure appropriate staffing based on anticipated clinic size, allowing for emergencies.
- **Back-Up Staff**: Have a pool of casual staff or agency contacts available for immediate backup in case of illness or unexpected situations.
- **Blue Card Requirement**: All non-registered health practitioners working regularly at school premises need a Blue Card for Child Related Employment. Check Blue Card Services for details.
- **Mandatory All-Staff Training**: Department of Education schools may require evidence that this annual requirement has been completed by all school visitors. More information can be found here.
- **Additional Staff in Densely Populated Areas**: Larger schools may need administrative staff for efficient clinic planning, requiring Blue Cards and a risk management plan.
- **Administrative Duties in Smaller Locations**: In less populated areas, a team member or other staff may handle administrative tasks.
- **Authority for Registered Nurses**: Registered nurses can administer specified vaccines upon completing approved immunisation training or equivalent courses as outlined by the *Medicines and Poisons Act 2019* and the *Extended Practice Authority 'Registered Nurses' (EPA-RN)* – Part D 'immunisation program services'.
- **Responsibilities of Registered Nurses**: Registered nurses must only administer a medicine that is a vaccine that contains any of the antigens listed in Appendix 4, Column 1 of the EPA-RN, be familiar with vaccine contra-indications and side effects, and have access to necessary guidelines and protocols (including the Australian Immunisation Handbook, the Immunisation Schedule Queensland, the National Vaccine Storage Guidelines, and any other relevant current guidelines, manuals or protocols adopted or established by their employer).
- **Continuing Professional Development (CPD) for Immunisation Program Nurses**: Continuing professional development is vital. Immunisation Program Nurses should engage in CPD relevant to their practice and meet the NMBA standards, documenting a minimum of 20 hours annually.

Maintaining adequate staffing levels, ensuring staff compliance with regulations, and prioritising ongoing professional development are crucial for effective vaccination clinic management.

1.6 Record management

Accessing vaccination information

It is recommended and best practice for VSPs to access the AIR before clinics to confirm students' immunisation status. Parents, legal guardians or authorised persons can access their child's immunisation history up to age 14 years through various methods:

- Online: Setting up a myGov account and accessing Medicare online.
- Via the Express Plus Medicare mobile app.
- By contacting the AIR enquiries line (allowing up to 10 business days for a statement).
- Requesting a printed copy from their doctor or immunisation provider.

Individuals aged 14 or older must acquire their own statement due to privacy laws. However, they can grant permission to the Department of Human Services for their parents to access their immunisation history statement.

Record of vaccination

Each vaccinated student must receive a record of vaccination card, detailing administered vaccines, potential side effects, and care instructions. Requests for vaccination evidence should be made in writing to the VSP, adhering to privacy laws. The response should include specific vaccination details including the student's name, date and time of vaccination, dose number, location/school where vaccination occurred, batch number of vaccine, and vaccinator details.

Management of immunisation information and records

VSPs must manage and dispose of student and parent/legal guardian/authorised person information according to Queensland State Archive guidelines. This information is only to be used for the purposes that the law allows, that is, to offer and gain consent for the delivery of the SIP.

VSPs using computerised databases for vaccination records must train staff adequately and ensure compliance with legislative guidelines. Backup systems for databases are essential.

Following completion of each annual SIP, the VSP is required to confidentially store completed consent forms (either physically, or scanned into an approved recordkeeping system in line with Department of Health Standard QH-IMP-467-3:2019 Digitisation disposal of corporate records) until:

- the patient/client reaches 28 years of age OR
- 10 years after last patient/client service provision or legal action, whichever is the later.

SIP administrative records (e.g. class lists) held by VSPs do not require formal destruction approval and may be destroyed in a secure manner after the business action is complete (e.g. follow up is complete).

Disposal of records must be undertaken in line with Department of Health Standard QH-IMP-467-5:2020 Disposal of corporate records. Records must be retained for at least the minimum retention period as per the relevant Retention and Disposal Schedule and disposal must be approved by the Chief Executive (or an approved delegate). More information about disposal of records can be found here.

Privacy of client information, aligned with National Privacy Principles and the *Information Privacy Act 2009*, is paramount. 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.

1.7 Other preparation

Maintaining compliance, providing ongoing education, and conducting regular reviews are essential for ensuring high-quality vaccination services. Accessing resources and collaborating with the SIP Coordinator can aid in staying updated and delivering optimal vaccination programs.

VSPs should consider:

- **Consulting the SIP Coordinator**: Seek guidance from the local SIP Coordinator (Appendix 2) for the latest immunisation recommendations and assistance in SIP planning and development.
- **Compliance and Standards**: Ensure compliance with current legislation, professional standards, and occupational health and safety (OH&S) regulations throughout the SIP process.
- **Staff Education and Training**: Implement continuous education programs for the vaccination team to maintain skills and stay updated with current knowledge.
- **Regular Service Review**: Conduct periodic reviews of vaccination services annually, making necessary adjustments for optimal service quality.
- **Quality Assurance**: Quality improvement reviews may be undertaken by the SIP Coordinator to ensure adherence to clinical and vaccine management best practices.
- **Accessing Resource Materials**: Obtain a list of resource materials from the SIP Coordinator, including useful website references.

Section 2: Conducting a school immunisation clinic

2.1 Setting up and conducting the clinic

It is recommended that VSPs adhere to the following steps to assist in conducting an organised, safe, and efficient school immunisation clinic, minimising disruptions and ensuring student safety and privacy.

- Transport and Preparation:
  - Pack non-vaccine equipment in portable containers prior to the day of the clinic,
  - Pack vaccines as per cold chain requirements.
  - Ensure SIP staff know travel times and clinic locations within the school.
  - For security reasons schools require visitors to sign in and collect a visitor badge.
  - Collect any late consent forms or withdrawal of consent from the school office or nominated school staff member.
- Clinic Setup:
  - Allocate ample time to prepare the clinic, organise equipment, and brief school staff (at least half an hour).
  - Arrange a smooth flow of students to prevent congestion, ensuring minimal wait times and shelter from the sun/weather.
  - Only students with signed consent forms should attend the clinic.
- Controlled Student Flow:
  - Supervise student groups, controlling their movement efficiently.
  - Assess factors like school size, venue, and staff availability for clinic planning.
  - Move one class at a time into the administrative and vaccination areas.
- Administrative Procedures:
  - Hand returned consent forms to the teacher for student identification.
  - Check and verify consent forms before vaccination, noting any discrepancies.
  - Ask each student to state their full name and date of birth (without prompting). This ensures the correct patient is vaccinated.
  - Ask students to remove jumpers and roll up sleeves to expose the deltoid muscle.
- Vaccination Area:
  - Set up the vaccination space with necessary emergency equipment and waste disposal facilities.
  - Ensure proximity to handwashing facilities or provide antimicrobial gel.
  - Have separate entry and exit points and avoid areas prone to injury.
- Recovery Area:
  - Monitor vaccinated students for 15 minutes, observing for immediate adverse reactions.
  - 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 staff. All vaccinated students should sit down during the recovery period. Ideally, gym mats should be placed in the recovery area should a student experience an adverse event.
  - Teaching staff and if possible, a clinical staff member, must supervise students following vaccination and must be trained to recognise adverse events.
  - 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.
  - Seek immediate health professional assistance if needed.
- Privacy Area:
  - Allocate a private space for confidential discussions or private vaccination if required.

- Clinic Completion:
  - Remain at the school for at least 15 minutes following the last vaccination.
  - Check the status of any students taken to first aid.
  - Pack remaining stock and reconcile vaccine doses.
  - Leave the clinic area clean with all clinical waste removed. Seal used sharps disposal containers.
  - Share a vaccination team contact number with the school.
  - Confirm a list of non-attendees with the school contact person and provide guidance for catch-up vaccinations.

2.2 Emergency procedures

In preparation for each school vaccination clinic, establish an emergency procedure tailored to the venue, number of people being immunised and available staff. Ensure all participating staff are familiar with the emergency plan and their role in that plan.

The emergency plan should consider:

- **Training:** At least one team member and the vaccinator should be CPR-trained, with all members receiving annual training.
- **Communication:** Mobile phones must be available at each venue, with emergency phone numbers prominently displayed.
- **Anaphylaxis Response Kit:** Maintain a readily accessible anaphylaxis response kit.
- **Equipment:** Ensure emergency equipment availability (refer to Appendix 6 for a list) following *Australian Immunisation Handbook* guidelines.
- **Notification:** Optionally, notify local ambulance and hospital authorities about the scheduled school vaccination clinic, including date and time.

Tips

- Ask students to remove jumpers and roll up sleeves to expose the deltoid muscle in advance.
- Encourage students who have not had breakfast to have something to eat and drink prior to vaccination (this reduces the risk of fainting episodes).
- Ask each student to state their full name and date of birth (without prompting). This ensures the correct patient is vaccinated.

2.3 Vaccine preparation and administration

Stock Ordering

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. Refer to Appendix 7 for a list of recommended equipment.

Vaccine Preparation

- Check individual doses for expiry dates.
- Use aseptic techniques for drawing up vaccines.
- Change needles after drawing up from a vial.
- Ensure no particulate matter or colour change in the vaccine.
- Always draw up and administer the recommended dose, regardless of the amount in the vial.
- For manufacturer prefilled syringes without needles, attach needles just before administration. Discard sealed syringes with attached needles at the clinic's end due to broken sterile seals.
- Follow specific steps for reconstituted vaccines, ensuring protection from light and using only diluent supplied by the provider. Refer to product information for discarding timelines.
- Prepare vaccines onsite at the school clinic to prevent wastage. Take extra care toward the clinic's end to avoid pre-preparing excess doses.

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 the sterile seal has been broken on prefilled syringes the vaccine is only eligible to be used for the clinic on the day. Pre-prepared vaccines can lead to vaccine wastage if excess numbers are drawn up, or if there is unexpected change in the number of students to be vaccinated; for example, students may be unexpectedly absent or the school organises an excursion and fails to notify the VSP.
- Extra care should be taken toward the end of the clinic to ensure excess doses are not pre-prepared.
- Pre-prepared vaccines increase the risk of inappropriate vaccine storage; 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.

Issues with pre-prepared vaccines

- Risks include potential wastage due to unused doses or unexpected changes in student numbers.
- Pre-prepared vaccines elevate the risk of improper storage, affecting vaccine integrity and potency.
- Most plastic syringes are designed for immediate administration and not for vaccine storage.

Administering Vaccines

- For multi-dose courses (i.e. meningococcal B), check intervals between doses meet Australian Immunisation Handbook guidelines.
- Ask student to verify identity (first name, last name, date of birth) and confirm consent.
- Complete pre-vaccination assessments, ensuring student privacy. Tick or initial the consent form as the student answers each question.
- Tick or initial that the parent's/legal guardian or authorised person's signature is in the 'Yes to consent' section on the card.
- 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.
- Indicate on the consent form 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 form (two stickers with batch numbers are supplied per vaccine). One sticker is for the consent form and one for the record of vaccination card given to the student.
- Ensure program efficiency without rushing, minimising disruption to student and staff time.

Site and Technique Specifics

- Vaccines given in the SIP are intramuscular vaccines into the deltoid muscle.
- Use a 23G, 25mm needle (blue).
- Consider administering dTpa and meningococcal B vaccines to the student's non-dominant arm.
- Provided the skin is visibly clean, there is no need to clean it with an antiseptic wipe.
- Handle air bubbles cautiously, avoiding extrusion of small bubbles and managing large ones carefully. 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.

- The Australian Immunisation Handbook suggests not withdrawing the syringe plunger before injecting. However, if blood appears in the needle hub, withdraw the needle, discard the vaccine, and use a new vaccine at a different site.

Post-vaccination Care

- Cover the injection site promptly with a dry cotton ball and dispose of used materials properly.
- If the student is not allergic to band-aids, small dot band-aids can be used.
- Avoid rubbing the site to prevent discomfort and potential leakage.

Unused Vaccines

- Dispose of unused reconstituted vaccines following clinical waste protocols (see Section 2.7).
- Record all discards on the *Vaccines discard or transfer form* (available online).
- Return other unused vaccines to the main fridge under cold chain conditions, prioritising their use at the next session.

Tips

- 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.
- 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.
- Gloves and protective eyewear are not routinely recommended for vaccinators. They should wear gloves if they have open lesions on their hands that cannot be covered with a band-aid.

2.4 Managing anxious students

It is important to remember when delivering 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.
- Allow students to discuss any worries in a confidential and private setting.

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/legal guardian or authorised person 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 doctor as soon as possible (refer to Appendix 3: *Notice to parents/ legal guardians/authorised persons about deferred vaccination*).

2.5 Adverse event following immunisation (AEFI)

An adverse event following immunisation (AEFI) is any negative reaction that follows vaccination. Such events do not necessarily have a causal relationship with the vaccine. All AEFIs and Vaccine Administration Errors (VAEs) must be reported to Qld Health using the *Adverse Events Following Immunisation Reporting Form*. As part of the pre-vaccination assessment checklist, students should be asked 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 if not managed properly**. 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 post-vaccination is extremely rare but can be fatal, occurring in about three cases per million vaccinations.

Signs and symptoms:

- Sudden onset with rapid progression.
- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking/hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse

Note:

- Anaphylaxis reactions can occur immediately or within 10–15 minutes post-vaccination.
- All vaccinated students must remain in close proximity to medical attention for 15 minutes post-vaccination.
- Health professionals administering vaccines must be able to recognise the signs and symptoms of anaphylaxis.
- See the online version of the Australian Immunisation Handbook for details.

Preparing an anaphylaxis response kit

- Check for the anaphylaxis response kit before each clinic.
- The kit should contain:

  ☐ Adrenaline 1:1000 (minimum 3 ampoules, check expiry dates)
  ☐ 3 x 1mL syringes (not insulin syringes)
  ☐ 3 x 23G needles (for intramuscular injection into the thigh)
  ☐ Pen and paper for recording adrenaline administration
  ☐ Laminated copy of anaphylaxis recognition and treatment guidelines.

Management of anaphylaxis

Rapid intramuscular administration of adrenaline is crucial for treating anaphylaxis. Registered nurses can administer this S3 drug immediately without needing a doctor's authorisation or prescription.

In the event of anaphylaxis:

- Position the student to keep their airway clear:
  - Unconscious: Place them on their left side.
  - Conscious: Lie them flat with feet elevated unless it hinders breathing.
- Administer intramuscular adrenaline into the anterolateral thigh if there are respiratory or cardiovascular symptoms of anaphylaxis. Adrenaline is not necessary for non-anaphylactic reactions like skin rashes.
- If uncertain, giving intramuscular adrenaline is low risk even if anaphylaxis is not present. Mistakenly administering adrenaline to someone not experiencing anaphylaxis is unlikely to cause serious harm.

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.
- Adrenaline1:1000 contains 1mg of adrenalin per mL of solution in a 1ml glass vial.
- 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.

10-12 years (approx 40kg)	0.4 mL
>12 years and adults (over 50kg)	0.5mL

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

- Call for help and an ambulance (dial triple zero – '000').
- If available, administer high-flow oxygen by facemask.
- If no improvement within five minutes, repeat adrenaline every five minutes.
- If breathing stops, start basic life support or CPR as per guidelines.
- Transport the case to the hospital via ambulance for further treatment.
- Document the event comprehensively, including adrenaline doses and times.
- Avoid using antihistamines or hydrocortisone for anaphylaxis.
- Provide detailed information to emergency services upon connection to '000' (you should prepare this information in advance on arrival at each school in case of emergencies):
  - name of school
  - exact street address (using Google maps or GPS coordinates) 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 7). to the ambulance officers. Ensure ambulance officers are met on arrival and directed to the patient.
- Contact the student's parents, legal guardian or authorised person and inform them of the student's condition.

Reporting an Adverse Event Following Immunisation (AEFI)

Under the *Public Health Act 2005*, VSPs must promptly report all AEFIs. This reporting is crucial for monitoring vaccine safety and facilitating timely corrective actions when needed.

Immediate same-day reporting is mandatory for specific acute AEFIs such as anaphylaxis, general allergic reactions, or conditions necessitating hospital referral on the vaccination day. This involves completion of the online *Adverse Event Following Immunisation Reporting Form* and the *Clinical Sequence of Events Form* (see Appendix 7) immediately after the incident.

Timely reporting, using both forms, is also essential for other serious or unexpected post-vaccination reactions.

When a student is transferred to a hospital or doctor, a copy of the *Clinical Sequence of Events Form* should be sent with the student and a copy sent to the Public Health Unit. The VSP should retain the original documentation.

The online *Adverse Event Following Immunisation Reporting Form* should be submitted electronically. This transmits the form to Queensland Health which subsequently notifies the Therapeutic Goods Administration (TGA).

Fainting (vasovagal episode)

Fainting is a common occurrence post-vaccination among adults and adolescents.

A distinct feature distinguishing fainting from anaphylaxis is the maintenance of a strong central pulse (e.g. carotid) during fainting episodes.

It is crucial for staff education to include awareness of fainting, its prevention, identification of warning signs, swift intervention to avert additional issues, and proper management to minimise consequences.

Preceding signs of fainting include paleness, unsteadiness, visible sweat on the upper lip, and a clammy appearance, culminating in a collapse to restore blood supply to the brain.

Staff involved in vaccination programs should be vigilant for warning signs like pallor, visible lip sweat, or clamminess. If a student feels unwell or faint, lie them down and elevate their 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 vaccine has been administered and the pulse is weak and thready, suspect anaphylaxis and continue to observe.

Providing cold fluids and simple carbohydrates (e.g. sweet biscuits) can be beneficial for these instances, and any fainting post-immunisation should be reported as an AEFI.

Clinical features that may help differentiate between a vasovagal episode and anaphylaxis are presented in Table 3 (reproduced from the *Australian Immunisation Handbook*).

Table 3: Differentiation between a vasovagal episode and anaphylaxis

Clinical feature	Vasovagal episode	Anaphylaxis
Onset	• Immediate, usually within minutes of, or during, vaccine administration	• Usually within 15 minutes of vaccine administration, but can occur within hours
Respiratory symptoms or signs	• Normal breathing; may be shallow, but not laboured	• Cough • Wheeze • Hoarseness • Stridor • Signs of respiratory distress, such as abnormally rapid breathing (tachypnoea), cyanosis or rib recession • Upper airway swelling (eg lip, tongue, throat, uvula, larynx)
Cardiovascular symptoms or signs	• Bradycardia • Weak/absent peripheral pulse • Strong carotid pulse • Hypotension — usually transient and corrects in supine position • Loss of consciousness - improves once in a lateral recumbent position	• Tachycardia • Weak/absent carotid pulse • Hypotension — sustained and no improvement without specific treatment (Note: In infants and young children, limpness and pallor are signs of hypotension) • Loss of consciousness - no improvement once in a lateral recumbent position
Skin symptoms or signs	• Generalised pallor • Cool, clammy skin	• Pruritus (skin itchiness) • Generalised skin erythema (redness) • Urticaria (weals) • Angioedema (localised or general swelling of the deeper layers of the skin or subcutaneous tissues)
Gastrointestinal symptoms or signs	• Nausea or vomiting	• Abdominal cramps • Diarrhoea • Nausea or vomiting
Neurologic symptoms or signs	• Person feels faint or light-headed	• Person has a sense of severe anxiety and distress
Note: Anaphylaxis features are modified from The Brighton Collaboration Case Definition Criteria for Anaphylaxis. Neurologic symptoms are not listed in this case definition. However, symptoms of anxiety and distress, including feelings of impending doom, are reported in people experiencing anaphylaxis.		

2.6 Clinical incident management

A clinical incident is any event or circumstance which has 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
- a needle stick injury
- a vaccine administration error such as:
  - administering an incorrect vaccine
  - administering a vaccine outside the recommended schedule
  - administering a vaccine without the parent/legal guardian or authorised person's consent, or
  - administering a vaccine twice to the same person.

All clinical incidents should be documented (refer to Appendix 9) and reported to the PHU. PHUs will document and report clinical incidents as per their protocol.

2.7 Infection control

VSPs must establish comprehensive infection control policies in line with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)*. These guidelines, applicable to healthcare workers across various settings, offer a risk management framework for infection prevention and control.

Needle stick injuries

Needle stick injuries are usually preventable by following standard precautions (e.g. not re-sheathing needles and having sharps disposal units immediately to hand).

Should a needle stick injury occur:

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

Waste management

Waste management in School Immunisation Programs involves categorising waste into clinical or general waste.

Clinical waste

Clinical waste encompasses sharps (regardless of if they have been contaminated with blood), partly used vaccine vials, vaccines past their shelf life, or items contaminated by free-flowing blood, require disposal in puncture-resistant and leak-proof containers meeting AS4031 and AS4261 standards (‘sharps bins’). Note that each vaccinator should have their own sharps bin.

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, and
- 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.

Sharps bins should be stored in a locked facility until they go to an approved disposal facility.

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

Disposal of vaccines falls under clinical waste guidelines, mandating treatment at approved facilities with incineration processes capable of reaching 900°C.

General waste

General waste is waste material that will not cause the transfer of infection (Refer to the *Environmental Protection Regulation 2019, Clinical and related waste*). 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.

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.

For further information on waste management in community settings, please refer to the *Environmental Protection Regulation 2019, Clinical and related waste*.

Section 3: After the school immunisation clinic

This section provides an overview of post-school immunisation clinics procedures.

Follow-Up for Unvaccinated Students

Parents, legal guardians or authorised persons of students unable to receive vaccination during the clinic should promptly receive written notification explaining the reasons for non-administration, such as absenteeism or withdrawal of consent. This should also include information about available vaccination sessions or catch-up alternatives (see appendix 3: Notice to parents/legal guardians/authorised persons about deferred vaccination).

Data Collection

VSPs must collect and transmit student vaccination details to the Australian Immunisation Register (AIR). Providers using WINVaccs software automatically forward data, while others must input data directly on AIR or via software that includes the school ID from the ACARA Australian Schools List. Further AIR information for health professionals can be found here.

The *SIP summary activity sheet* must be submitted to the SIP Coordinator within a month of the clinic.

The *HHS Annual Outcome Report* should be submitted by the SIP Coordinator to the Immunisation Unit by 28 February for the preceding year.

Evaluation of the School Immunisation Program

To enhance the quality of vaccination services, VSPs are encouraged to assess and refine their administrative and clinical procedures. This includes:

- **Clinic Staff Debriefing:** VSPs should offer regular opportunities for clinic staff to share feedback and debrief after school vaccination clinics. This practice aims to ensures efficient future clinics and to address any issues encountered.
- **School Debriefing**: Discussions with relevant school staff involved in the SIP are vital. These debriefs, held informally after the clinic, allow issues to be raised and suggestions for program enhancements to be proposed. For unresolved matters, refer to the SIP protocol for issue resolution (See Appendix 10).
- **School Feedback Form**: VSPs are advised to provide schools with a feedback form (See Appendix 11) to address encountered issues during the program. Schools should return these forms to their SIP VSP for resolution.

Section 4: Vaccine storage and management

All VSPs must adhere to strict guidelines for vaccine storage and management. The *National Vaccine Storage Guidelines: Strive for 5* serves as the essential reference for maintaining the 'cold chain' and preserving vaccine efficacy.

VSPs are responsible for ensuring vaccines are stored and transported between +2°C and +8°C. This adherence to temperature control is crucial, considering the financial value of vaccines and the need to prevent ineffective vaccinations.

Proper vaccine storage and management serves as a quality assurance measure for immunisation service providers. Adherence to these guidelines is crucial for maintaining the efficacy and integrity of vaccines within the SIP, underscoring the responsibility of VSPs in guaranteeing the quality of immunisation services.

- **Vaccine Management**: VSPs should check expiry dates of vaccines on hand and rotate vaccine stock using the shortest expiry date first. They should keep an accurate vaccine audit of 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°C to +8°C until the issue is reported to the Immunisation Unit and discussed with the SIP coordinator. At the time of discard, vaccines must be recorded on the *Vaccine discard or transfer form*. Please also refer to Section 2.3 Unused Vaccines.
- **Equipment Requirements**: SIP VSPs must use purpose-built vaccine refrigerators (PBVRs) that meet specific criteria outlined in the National vaccine storage guidelines, including the ability to:
  - alarm when temperatures outside +2°C to +8°C 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
- These refrigerators should have ample storage for SIP vaccines and other vaccination programs that the VSP may be involved with throughout the year.
- **Ordering Process**: Before initiating school vaccination clinics, VSPs need to complete two different forms. These are:
  - *Clinic dates and student numbers form* (e.g. Appendix 4). This information needs to be submitted to your SIP coordinator at the beginning of each semester. If clinic dates change, please advise your SIP coordinator.
  - *School Immunisation Program vaccine order form* (available online), Please remember:
    - Include information about vaccine stock on hand (if applicable) and the expiry date of these vaccines
    - Orders should be based on the number of expected eligible students, plus an additional 10 per cent to cover unexpected demand or wastage.
    - Orders must be placed at least a fortnight prior to the date the vaccine is required, noting that orders outside of the Brisbane metropolitan area are dispatched early in the week to minimise the risk of vaccine loss due to a cold chain breach over the weekend. In addition, deliveries in some areas may not be scheduled for a Monday or Friday.
    - The completed form should be emailed to QHIP.Sbvp@health.qld.gov.au. The Immunisation Unit will provide an order confirmation including the date the vaccines are expected to arrive.
    - Keep a copy of your order confirmation and ensure there is a responsible nominated staff member trained in vaccine management available to accept delivery of vaccines.
    - It is important to notify the Immunisation Unit and your SIP Coordinator immediately should your contact details change.
- **Follow-up and Monitoring**: Immunisation Unit staff may contact VSPs regarding SIP orders for clarification or in case of any issues. VSPs are required to maintain accurate vaccine audit records, manage expiry dates, and report any discrepancies or issues with vaccine deliveries promptly.
- **Receiving Vaccines**: Upon vaccine delivery, VSPs must immediately check for the integrity of the vaccines, ensure the cold chain has been maintained, and verify the quantity received against the order. Any deviations or discrepancies must be reported promptly to the Immunisation Unit. Staff receiving vaccines should be trained in handling vaccines and know the importance of storing vaccines appropriately.
- Vaccines must be checked immediately on arrival to ensure:
  - vaccines arrive in good condition
  - vaccine containers arrive intact with lids well sealed
  - the ColdMark monitor and bullseye heat monitor are checked at the time of delivery (if included).

- all vaccines were delivered between +2 and +8 °C.
- there is ice still present in the ice packs/gel packs (if applicable)
- vaccines are within their expiry date, and
- the number of vaccines received is the same as the number on the SIP *vaccine order form*. If there are any discrepancies between the consignment and the packing slip, notify the Immunisation Unit by email at QLD.Sbvp@health.qld.gov.au immediately following delivery of the vaccines.

Any variation from the recommendations should be reported by emailing the Immunisation Unit at QHIP-ADMIN@health.qld.gov.au. Also refer to Section 4.3 Cold Chain Breach.

Tips

- Submit the Clinic dates and student numbers form (Appendix 4) 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 Unit 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.
- Refrigerated trucks deliver vaccines in southeast Queensland. Therefore, packaging does not contain ice packs; a heat sensitive monitor (bullseye) and ColdMark monitor will be included. These must be checked as soon as the vaccines are unpacked and the vaccines must be placed in a purpose-built vaccine refrigerator IMMEDIATELY upon arrival to the clinic.
- A current Queensland Health vaccine management protocol (VMP) must be in place for all SIP providers. Please contact your local Public Health Unit regarding updating your VMP.
- Vaccines must be stored and transported within the recommended temperature range of +2°C to +8°C 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.

4.1 Purpose-built vaccine refrigerator

Purpose-built vaccine refrigerators (PBVRs) are specifically designed to store vaccines and are the best practice storage option. When using a vaccine refrigerator, it is important to consider:

Placement and Maintenance

- Position the refrigerator away from direct sunlight, ensuring proper air circulation per the manufacturer's instructions.
- Secure the refrigerator in an area accessible only to staff.
- Clearly mark the power source to prevent accidental disruption.

Temperature Monitoring:

- Record minimum and maximum refrigerator temperatures twice daily (before the refrigerator is used for the first time and at the end of the day).
- Use the Daily Temperature Log Book to record the temperatures. Extra books can be ordered from QLD.Sbvp@health.qld.gov.au
- Some refrigerators may require data logger downloads twice daily for temperature monitoring.
- If you are using a chart recorder, the chart recorder paper must be changed and stored every seven days.
- Test the refrigerator alarm weekly for temperatures outside the +2°C to +8°C range.

Refrigerator stocking:

- Avoid overstocking shelves to allow proper air circulation.
- Maintain at least a 4cm gap between vaccines and cooling plates if present.

- If there is a only a small amount of vaccine in a refrigerator, place bottles of water or refrigerated ice packs/gel packs to help stabilise the temperature.
- Keep refrigerator door openings to a minimum.
- All vaccines must be kept in their original packaging until administered.

Emergency Protocol for Power Failure:
PBVRs (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°C and +8°C 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 and ensure to:

- Immediately isolate vaccines and label them 'DO NOT USE'.
- Keep vaccines within the +2°C to +8°C temperature range.
- Contact the utility company for estimated power restoration time.
- Check and reset safety switches, calling an electrician if needed.
- Monitor the refrigerator temperature frequently.
- Consider keeping cooled water bottles or ice/gel packs in PBVRs in areas prone to power outages.
- Have a backup storage plan available as per Section 8 of the National Vaccine Storage Guidelines.

Transferring Vaccines:
- Monitor the temperature closely if transferring vaccines to a portable cooler.
- Use a thermometer probe inside the cooler every 15 minutes for the first two hours and then hourly thereafter to prevent freezing.
- For more detailed information on packing a portable cooler, refer to Section 9 of the National Vaccine Storage Guidelines.

Tips

- 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.
- It is important to have your VMP in place and a plan to move vaccines in the event of a power failure.
- Organise an appropriate venue to move your vaccines where they are monitored and can be stored between +2°C to +8°C, e.g. hospital pharmacy refrigerator.

4.2 Vaccine transport and handling

VSPs should be aware that freezing episodes happen very easily in all coolers and they are generally not appropriate for prolonged storage of vaccines (more than eight hours). Longer durations or extreme conditions might require specialized vaccine cold boxes.

When using portable coolers for vaccine storage or transport, VSPs should consider the following key points:

Cooler Selection
- Choose coolers based on clinic type and size, duration of storage, and expected ambient temperatures.
- Refer to the National Vaccine Storage Guidelines (Section 9) and manufacturer specifications for selecting appropriate coolers.

Equipment and packing procedure
Necessary equipment includes:

- Insulated cooler of adequate size for transport and storage equipped with a tight-fitting lid
- Sufficient ice/gel packs to maintain the required temperature
- Insulation material (e.g. bubble wrap) 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
- A *Temperature Log Book for Outreach Clinics*. Each portable cooler of vaccines must have its own thermometer and temperature log book.

Two packing options are detailed in Section 9 of the National Vaccine Storage Guidelines.

Condition ice/gel packs appropriately before use; the risk of freezing vaccines increases if the ice packs/gel packs are not conditioned correctly. The National Vaccine Storage Guidelines provide steps for conditioning.

Clinic Preparation and Procedures
School immunisation clinics involve careful preparation and selection of the correct equipment to ensure that the cold chain is maintained.

- Ensure strict adherence to cold chain requirements while packing and unpacking the vaccines.
- Pack the portable cooler immediately prior to leaving for the clinic.
- Ensure the contents of the cooler are packed securely so that they cannot move around during transport.
- Record vaccine temperatures before leaving, during transport, on arrival, prior to administering, regularly during vaccination, and upon return.
- Upon arrival at the clinic, place the cooler in the coolest area and out of direct sunlight.
- Keep vaccines in a cooler with a tightly closed lid until clinic preparations are complete.
- Draw vaccines only immediately before use.
- For day-long clinics, carry an additional cooler with only ice/gel packs to replace melting ones.

Tips

- Incorrect conditioning of ice/gel packs may cause vaccines to freeze.
- 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.
- A *Temperature Log Book for Outreach Clinics* is required for school immunisation clinics. Replacement log books can be obtained from the Immunisation Unit by email QHIP.Sbvp@health.qld.gov.au.

4.3 Cold chain breach

Report all vaccine temperatures below +2°C or above +8°C using the Cold Chain Breach Reporting Form (excluding brief excursions up to +12°C for 15 minutes during stocking or restocking).

Undetected breaches can result in ineffective vaccines, necessitating informing guardians and revaccination.

If there is any doubt about a potential cold chain breaches, contact your SIP Coordinator or the Immunisation Unit by email at QLD.Sbvp@health.qld.gov.au and take following steps:

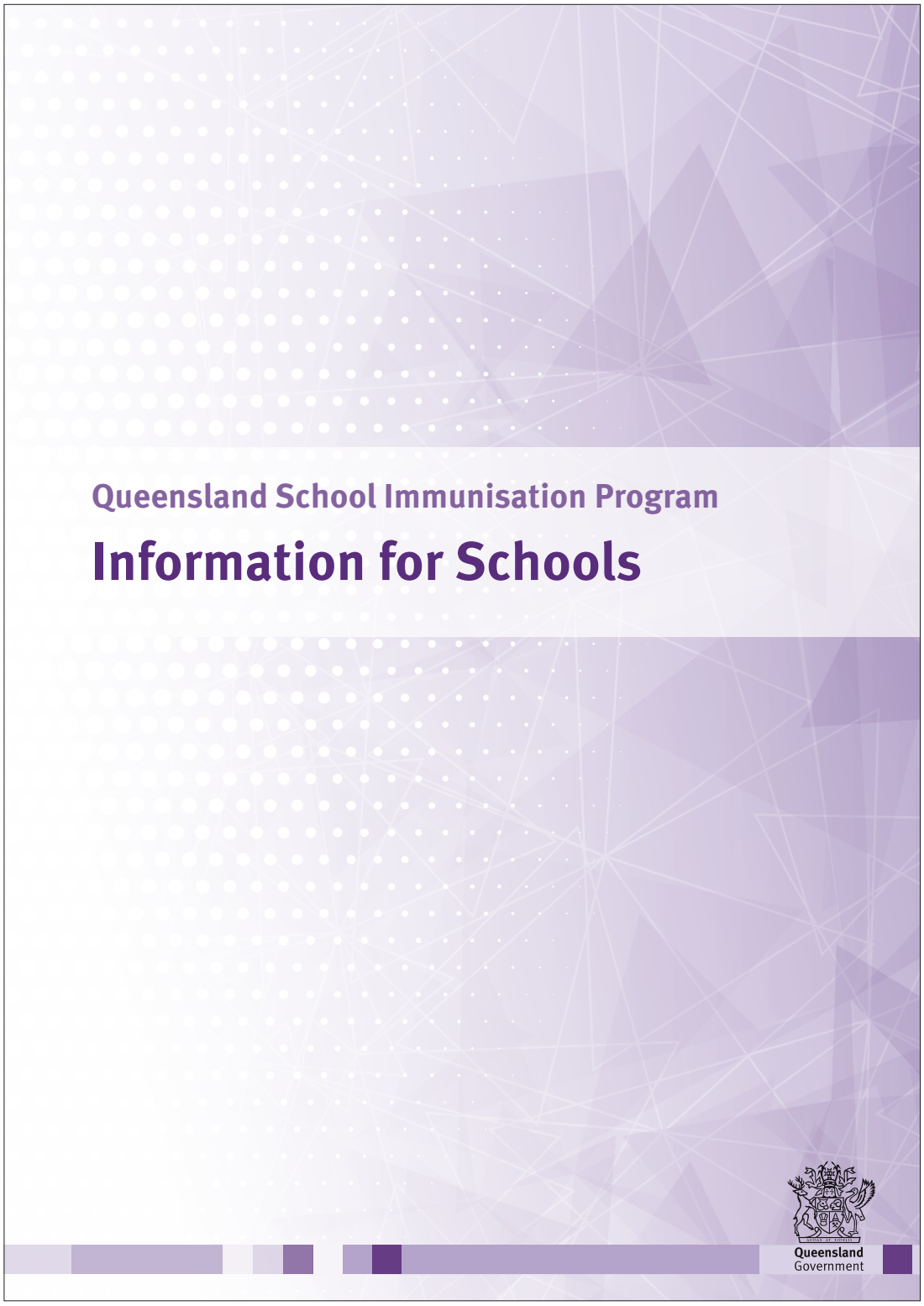
- Isolate the vaccines immediately to prevent further use (e.g. sign on the refrigerator door) and notify relevant staff.
- Keep vaccines refrigerated between +2°C to +8°C.
- Include all relevant details when reporting a cold chain breach:
  - your vaccine service provider number
  - date of the breach
  - the minimum and maximum temperature readings
  - when the thermometer/temperature recording was last reset
  - how long you think the temperature was outside +2°C to +8°C
  - the cause of the cold chain breach, and

- 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.

Appendix 1

Information for schools booklet



Booklet available here

Appendix 2

Contact details for public health units

Queensland Health Public Health Unit Contact Numbers			
Metro South	(07) 3156 4000	Wide Bay	(07) 4303 7500
Darling Downs	(07) 4699 8240	Sunshine Coast	1300 017 190
Gold Coast	1800 940 750	Townsville / Cairns / Mackay / North West / Torres & Cape area	(07) 4433 6934
Metro North	(07) 3624 1111	West Moreton	(07) 3818 4700
Central Queensland	(07) 4920 6989		

Contact details for Public Health Units are also available online.

Notice to parents/legal guardian/authorised person of deferred vaccination

Queensland Government

Notice to parents/legal guardian/authorised person 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

Planned school clinic dates	Number of students eligible to be vaccinated	Office use only
/ / 20		
/ / 20		
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Appendix 5

Useful websites

Retention and disposal of records

Recordkeeping and information management

Queensland State Archives

Clinical and related waste

Clinical and related waste

Australian Immunisation Handbook

Australian Immunisation Handbook

National vaccine storage guidelines

National vaccine storage guidelines

Immunisation, Australian Government

Immunisation – Australian Government, Department of Health

Australian Immunisation Register (AIR)

Australian Immunisation Register

National Centre for Immunisation Research & Surveillance (NCIRS)

NCIRS

Sharing Information about Immunisation

SKAI

Immunisation Coalition

Immunisation coalition

Appendix 6

Equipment list

General

- ☐ Mobile phone
- ☐ Emergency telephone numbers clearly displayed, ideally already in the mobile phone contacts.
- ☐ Hand washing facilities and/or alcoholic, antimicrobial lotion where hand washing facilities are limited
- ☐ Wet wipes
- ☐ 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
- ☐ Minimum/maximum thermometer/s
- ☐ *Temperature Log Book for Outreach Clinics* (Blue Book)

Vaccine administration equipment

- ☐ Adequate stocks of in-date vaccines (and 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 e.g. 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 forms
- ☐ Extra blank consent forms
- ☐ Record of Vaccination cards
- ☐ Pre-Vaccination Assessment Questions card
- ☐ *Adverse Event Following Immunisation (AEFI) Forms (ideally submitted online)*
- ☐ *Clinical Sequence of Events Form*

Emergency Equipment

☐ Anaphylaxis response kit:

- adrenaline 1:1000 (at least 3 to 5 x 1 mL ampoules — check expiry dates)
- at least 3 to 5 drawing-up needles
- at least 3 to 5 x 1 mL syringes and 25 mm needles (22 or 23 gauge) for intramuscular injection
- cottonwool swabs
- pen and paper to record the time the adrenaline was administered

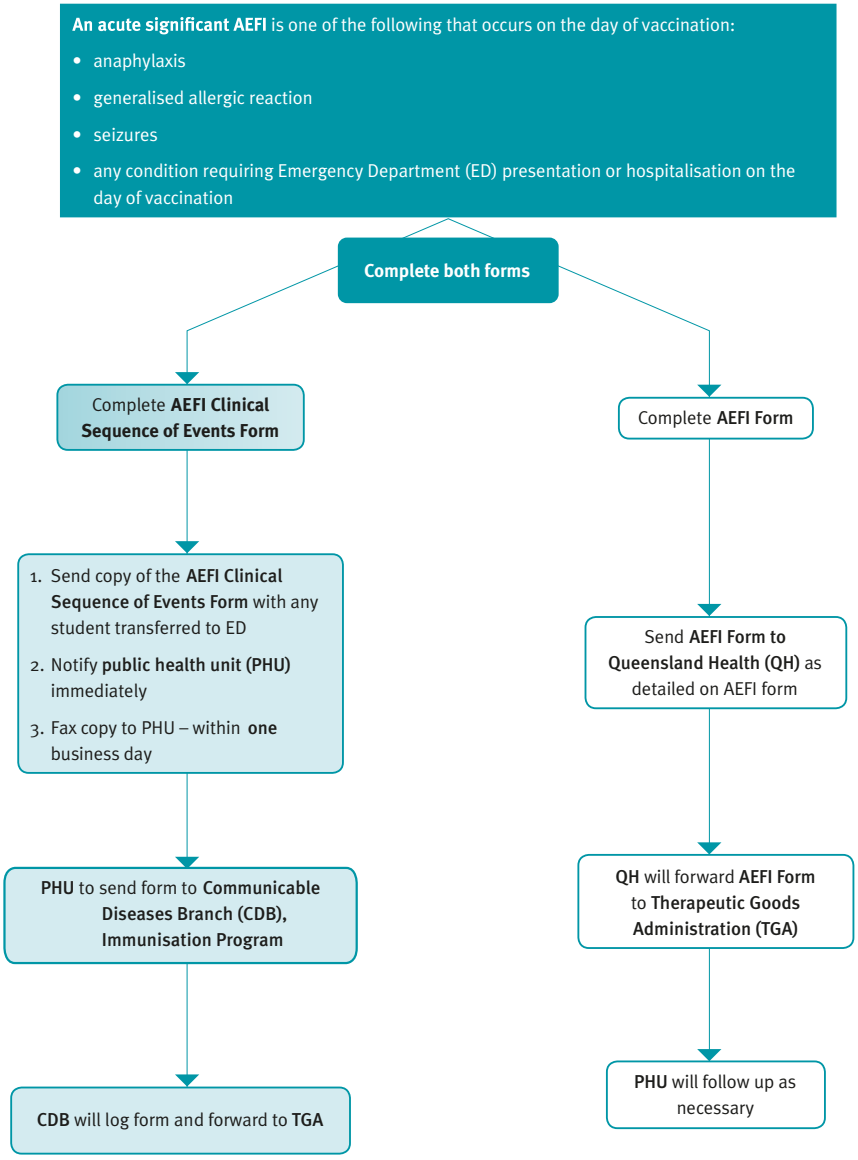
☐ Laminated copy of tables and infographics.

- Clinical features that may help differentiate between a vasovagal episode and anaphylaxis
- Recognition and treatment of anaphylaxis
- Doses of intramuscular 1:1000 adrenaline for anaphylaxis
- IM injection
- Managing AEFIs
- Anaphylaxis infographic
- Preparing an anaphylaxis response kit

Appendix 7

Flow chart and AEFI Clinical Sequence of Events Form

Reporting of acute significant Adverse Event Following Immunisation (AEFI) in the School Immunisation Program*



* 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

SIP Clinical Sequence of Events Form

Queensland Government

School Immunisation 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**)				
Gardasil	Time given:	Batch no.:	Dose no.: 1 2	Site LA RA
Boostrix	Time given:	Batch no.:	Dose no.: 1	Site LA RA
Nimenrix	Time given:	Batch no.:	Dose no.: 1	Site LA RA
	Time given:	Batch no.:	Dose no.: 1 2	Site LA RA

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

.....

.....

.....

INITIAL ASSESSMENT	**Time Commenced:**			
AIRWAY	**Swelling of lips/tongue/throat/neck:** Y / N	**Wheeze:** Y / N	**Stridor:** Y / N	**Cyanosis:** Y / N
BREATHING	**Spontaneous:** Y / N	**Resp Rate:**		**Increased resp. effort:*** Y / N
CIRCULATION	**Pulse (carotid):**	**Character:** Strong / Weak		**Pallor:** Y / N
Capillary refill:**	‹2 sec, ›2 sec	**Systolic BP (if available):**		
ANY RASH: Y / N	**URTICARIA:** Y / N	**FLUSHING/ERYTHEMA:** Y / N	**SITE/EXTENT:**	
LEVEL OF CONSCIOUSNESS:***	**A V P U**			

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

** Test at chest *** **A** – alert **V** – responds to verbal stimuli **P** – responds to painful stimuli **U** – unresponsive

ACTION TAKEN: **Positioning:** Supine / Recovery / Other:	**Adrenaline:** Y / N

Provisional Diagnosis:

ADRENALINE CHART ***NB: Rotate site for multiple doses***

Time administered	Dose	Site	RN Signature

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

Time	Pulse	Resp. Rate	Level of Consciousness (A,V,P,U)	Conditions: Worse/ Same/Improved	Management/Comments

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 – complete online

Queensland Government

Adverse Event Following Immunisation Reporting Form
January 2025

Office Use Only
Date Report Received
QH ID no.
TGA ID no.

Vaccinated person details

Surname | First name

Gender ☐ Male ☐ Female
☐ Other, please specify

Date of Birth

Street Address

Suburb | State | Postcode

Name of parent/guardian/substitute decision maker (if relevant)

Phone Home | Mobile

Email

Indigenous status

Is the person of Aboriginal or Torres Strait Islander origin?

☐ Aboriginal ☐ Torres Strait Islander
☐ Aboriginal and Torres Strait Islander
☐ Not Aboriginal or Torres Strait Islander ☐ Not Stated/Unknown

Important medical history **(e.g. requires regular medical follow up)**

Allergies

Was the person ill at the time of vaccination?

☐ No ☐ Yes - please specify

Has the vaccinated person had previous reactions to vaccinations?

☐ No ☐ Yes - please specify
☐ Unknown

Vaccination provider details

Surname | First name

Practice/clinic/provider name:

Street Address

Suburb | State | Postcode

Phone Office | Mobile

Email

Fax

Profession

☐ Medical practitioner ☐ Registered Nurse ☐ Pharmacist
☐ Other, please specify

Clinical setting

☐ GP practice ☐ Aged care facility ☐ School Immunisation Program
☐ Hospital ☐ Community Clinic ☐ Pharmacy
☐ Other, please specify

Address of service where vaccine was administered

☐ As for vaccination provider (above) or

Name of practice/clinic/provider

Street Address

Suburb | State | Postcode

Phone Office | Mobile

Email

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

☐ As per vaccination provider details (above) OR ☐ As per vaccinated person's details (above) OR

Surname | First name | Practice Name (if relevant)

Street Address | Suburb | State | Postcode

Phone landline (incl. area code) | Phone mobile

Email | Date of report

Reporter type

☐ Medical practitioner ☐ Registered nurse ☐ Pharmacist ☐ Vaccinated person ☐ Parent/guardian/substitute decision maker
☐ Public Health Unit ☐ Other, please specify

If you require further information following an adverse event, please contact your local Public Health Unit.

Consent statement

I, the reporter, agree to be contacted for futher follow up regarding this adverse event if necessary. ☐ Yes ☐ No

Name | Date

Please advise the person/parent/guardian/substitute decision maker that contact details will be used to follow up if information is needed.

Vaccine details

Vaccine (brand name)	Dose number (e.g. 1 or 2)	Batch Number	Date given	Time given	Route of administration	Injection site
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA
					☐ O ☐ IM ☐ SC ☐ ID ☐ IN ☐ U	☐ RA ☐ LA ☐ U ☐ RL ☐ LL ☐ NA

Adverse event details: (Please tick a box) ☐ Adverse Event ☐ Vaccine Administration Error

Onset of event: Date ____ Time ____

Description of events, including timeline of occurrences (please provide separate page if needed):

All adverse events

Symptom(s)	Onset date	Onset time	Resolved date (leave blank if ongoing)	Resolved time
☐ Injection site reation*				
☐ Generalised itch*				
☐ Fatigue*				
☐ Muscle and joint pain*				
☐ Fever*				
☐ Rash*				
☐ Enlarged lymph nodes*				
☐ Anaphylaxis or anaphylactic shock*				
☐ Demyelination events*				
☐ Neurological events*				
☐ Facial tingling*				
☐ Facial drooping*				
☐ Death*#				
☐ Thrombosis*				
☐ Others, specify*				

Additional description of an adverse reaction/s:

* All adverse event reports are referred to a Public Health Unit for further assessment and review.
# All Fatal AEFI must be reported to the Queensland Coroner. This does not replace the requirement of a death to be reported to Queensand Health using the AEFI reporting process under the *Public Health Act 2005*.

Management of event: (tick as many as apply)

☐ Nurse assessment ☐ Medical assessment ☐ GP assessment ☐ Hospital emergency department ☐ Pharmacist

☐ Hospital admission Date of admission Date of discharge

☐ Self ☐ Unknown ☐ None ☐ Other, please specify

Please specify the treatment/care provided (e.g. antibiotics, adrenaline, advice, counselling, etc.):

Office use only - Public Health Unit

Is follow-up of the person required? ☐ No ☐ Yes —Timeframe for follow up ☐ Same day ☐ Next working day ☐ Next 60 days

Details:

Signature Date

Once you have completed this form, you can either:

1. **Click 'Save As' button to save the form for your records. Attach to an email for sending to CDIS-NOCS-Support@health.qld.gov.au**
   OR
2. **Click the 'Print' button, scan the form and then attach it to an email for sending to CDIS-NOCS-Support @health.qld.gov.au**
   OR
3. **Open the form in Acrobat desktop and click 'Email' button to send to CDIS-NOCS-Support@health.qld.gov.au**
   (Note: This requires the latest version of Adobe Acrobat and does not save the form for your records)
   OR
4. **Fax the form to (07) 3328 9434**

Save As Print Email

Privacy statement

The *Information Privacy Act 2009* sets out ways in which a health agency can collect personal information for the purpose of reporting Adverse Events Following Immunisation (AEFI). *The Public Health Act 2005* requires the AEFI to be reported to Queensland Health for inclusion on the Notifiable Conditions Register (NoCS). If further follow up is required following an adverse event, the information stored on the Notifiable Conditions Register will be used. AEFI reports and collects details such as the vaccinated person's name, contact information and relevent health information. Details pertaining to the adverse event, important medical history relevant for follow up following the adverse event, details of the provider who administered the vaccine, reporter details and vaccination details are requested and recorded for each AEFI report. Authorised Queensland Health staff may access the information for the purpose of clinical follow up and monitoring. Personal information will not be accessed by or given to any other person or organisation without permission unless permitted or required by law. For information about how Queensland Health protects personal information, or to learn about the right to access your own personal information, please see our website at www.health.qld.gov.au/system-governance/records-privacy
All reports are provided to the Therapeutic Goods Administration (TGA) to be entered into the TGA's Australian Adverse Drugs Reactions System (the ADRS). Information about how the TGA uses adverse event information that is reported is available at www.tga.gov.au/safety/problem.htm

Reset Partial Clicking the 'Reset Partial' button will maintain the data entered in the Vaccination Provider Details and Reporter Details sections. However, all the other information in the form will be removed.

Reset All Clicking the 'Reset All' button will remove all the information from this form.

END OF FORM

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 (eg. student falls in recovery area)
- A student sustains an injury while being vaccinated (eg. student moves and needle grazes arm of student)
- A staff member of the vaccination clinic sustains an injury
- A needlestick injury
- Any other incident that is not a reaction to vaccine

PLEASE USE A SEPARATE FORM FOR EACH INCIDENT.
Attach additional information as required. Please notify your Area SIP Coordinator of the incident on the same day.

DATE:		SCHOOL:	

VSP DETAILS		
VSP:	VACCINATOR:	CONTACT NUMBER:

STUDENT/PERSON DETAILS		
NAME:	DOB:	CONTACT NUMBER:

VACCINATION DETAILS	INCIDENT DETAILS	OUTCOME OF INCIDENT
VACCINE: ☐ Human Papillomavirus (HPV) ☐ Diphtheria-tetanus-pertussis (dTpa) ☐ Meningococcal ACWY ☐ Meningococcal B ☐ N/A	TIME OF INCIDENT: am pm WHAT OCCURRED? ☐ Student vaccinated without consent ☐ Student vaccinated twice ☐ Student injured pre-vaccination ☐ Student injured during vaccination ☐ Student injured post-vaccination ☐ Injury to vaccinating staff ☐ Needlestick injury ☐ Other (please specify)	Insert Details: Parent/Guardian NOTIFIED ☐ YES ☐ NO ☐ N/A If NO, why not?
VACCINATION SITE: ☐ Left upper arm ☐ Right upper arm ☐ Multiple sites (please specify) ☐ Other (please specify) ☐ N/A		

Queensland Government

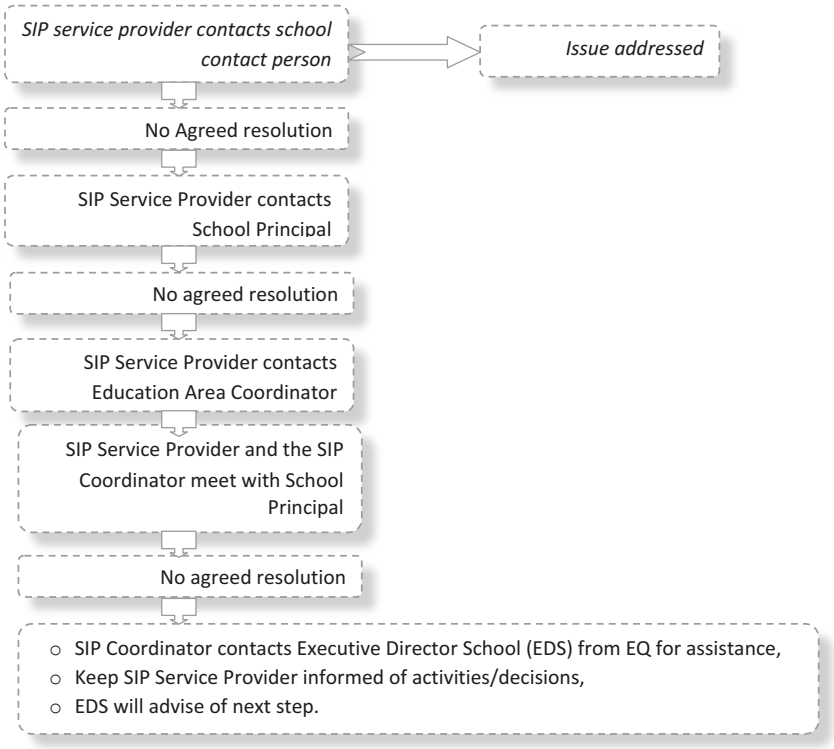
SIP protocol for addressing issues in schools

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.

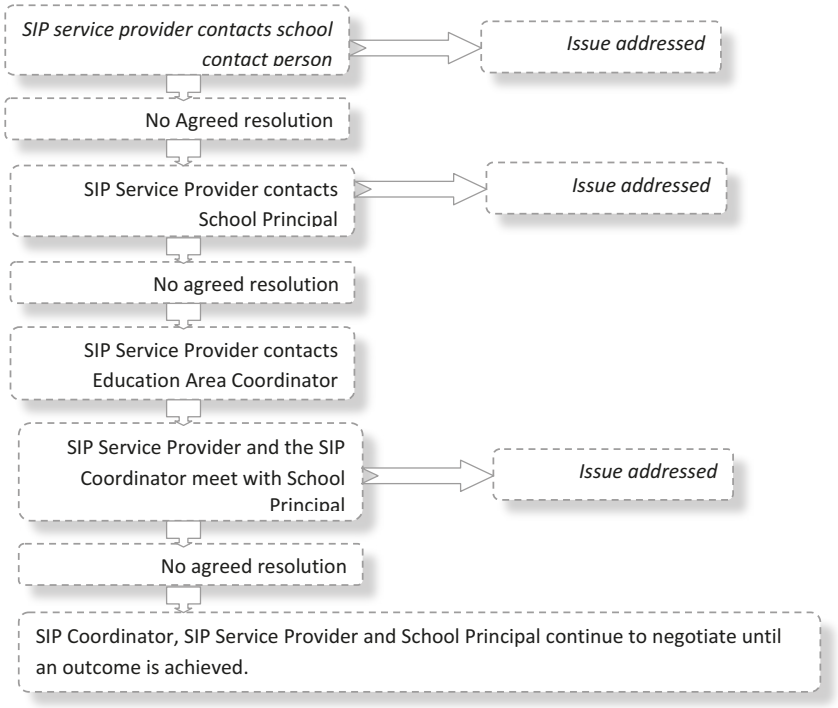
Process
A resolution process for state schools has been agreed by Education Queensland (EQ) and Queensland Health (QH) as per Figure 1 below.

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



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

Figure 2: Suggested process for addressing issues that arise between a vaccine service provider and a non-state school in the SIP.



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

Queensland Government

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 schools 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