

# 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.

<b>Table 1: Vaccines offered in the Queensland School Immunisation Program</b>		
<b>School Year</b>	<b>Vaccine</b>	<b>Dose and administration</b>
<b>Year 7</b>	<b>Human papillomavirus (HPV) GARDASIL®9</b>	<b>Two doses</b> 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.
	<b>Diphtheria, tetanus, pertussis (dTpa)</b>	<b>One booster</b> 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.
<b>Year 10</b>	<b>Meningococcal ACWY</b>	One dose of meningococcal ACWY vaccine will be offered.

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).

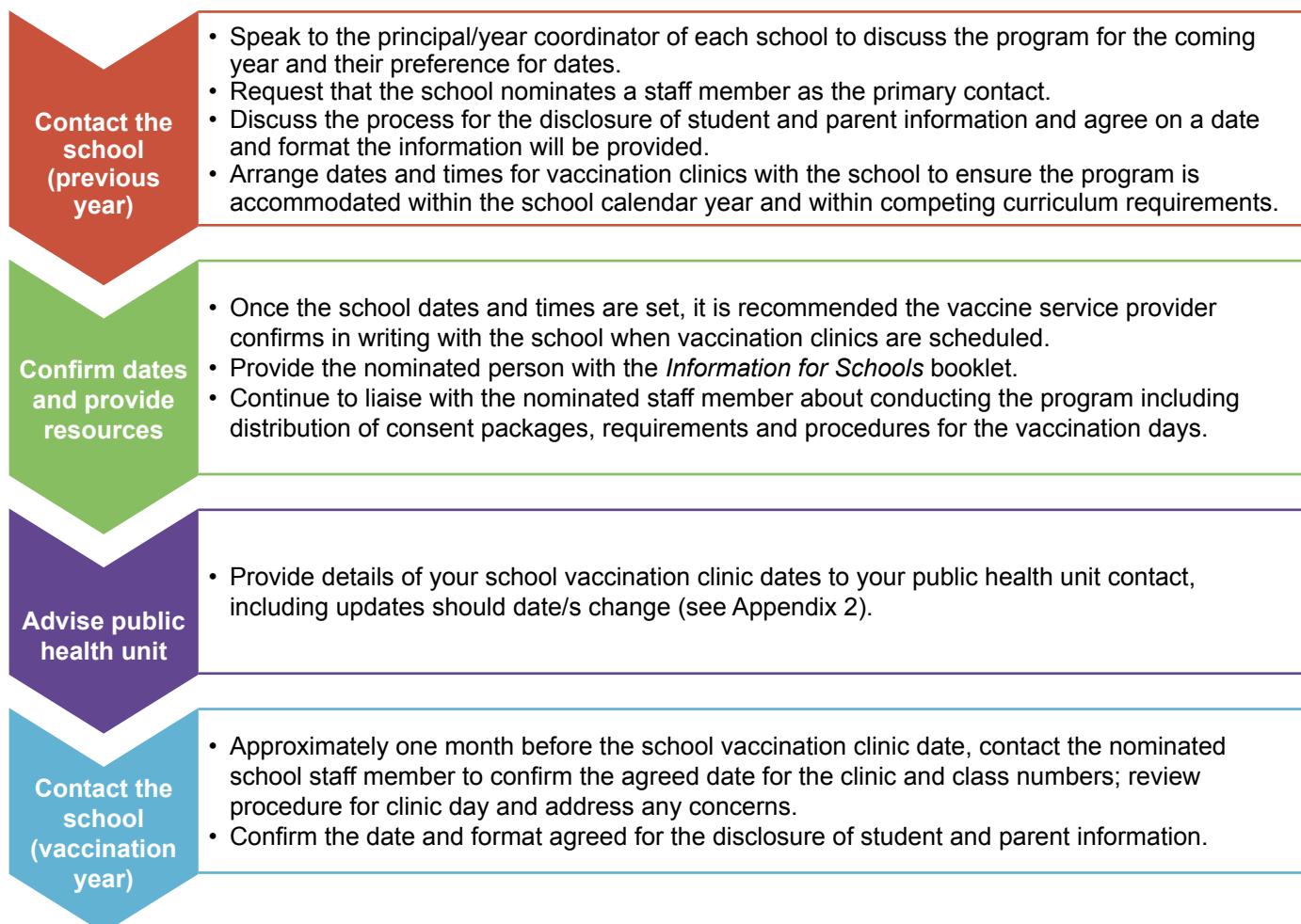
### Students who are home schooled

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



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, QS Schools 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 2: Examples 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

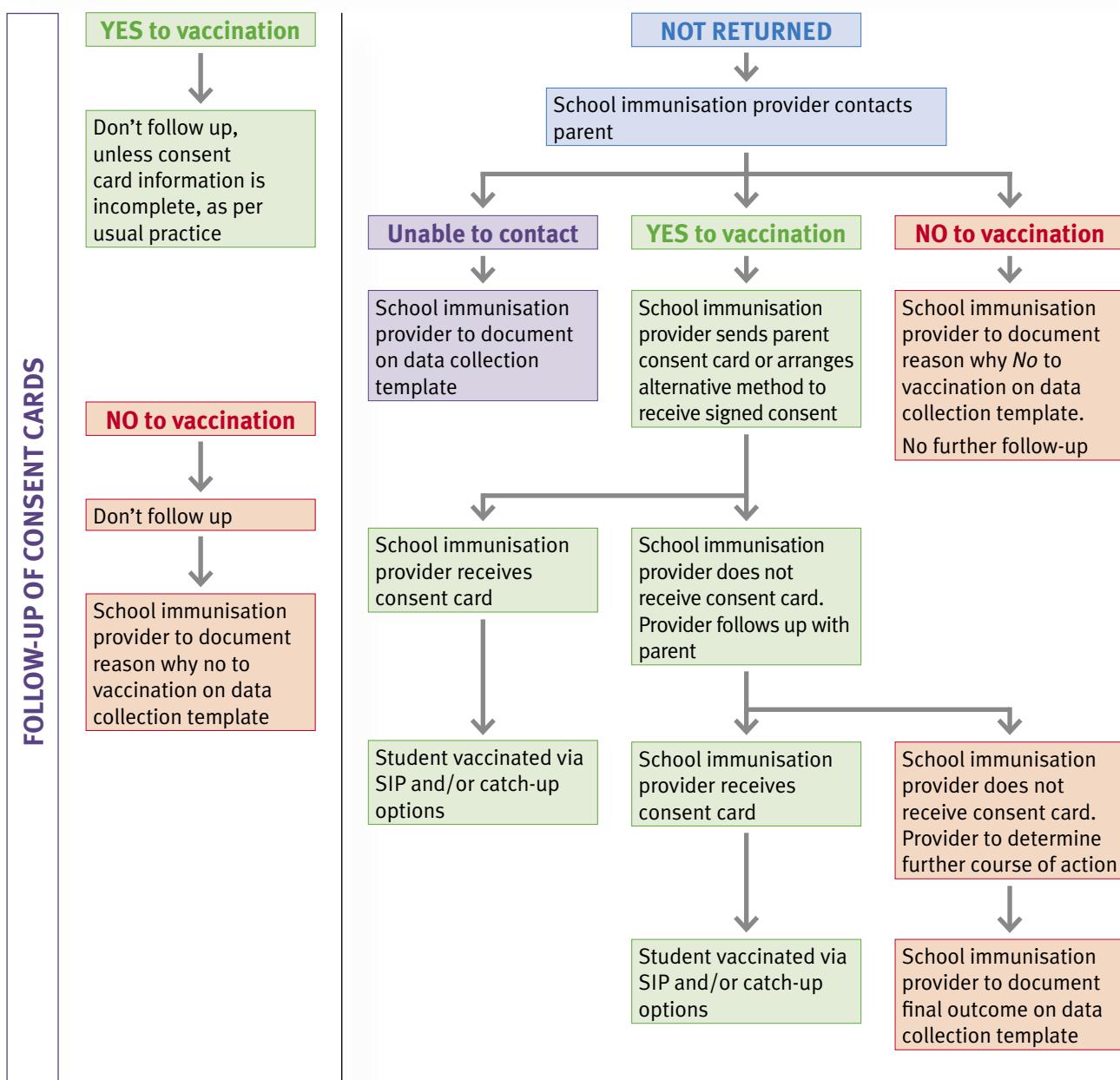
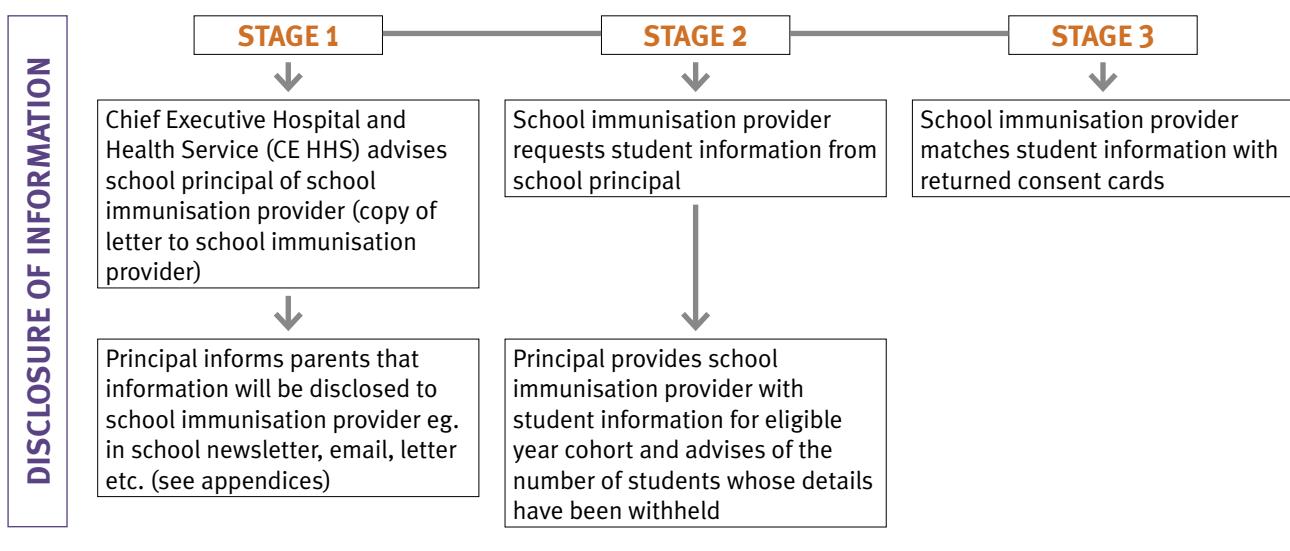
A parent may request that a principal does not disclose their information. In these instances, it is recommended that the principal work with the parent to ensure they are fully informed about the purpose of the information disclosure. **It is at the principal's discretion whether they disclose information 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.

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



## 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.

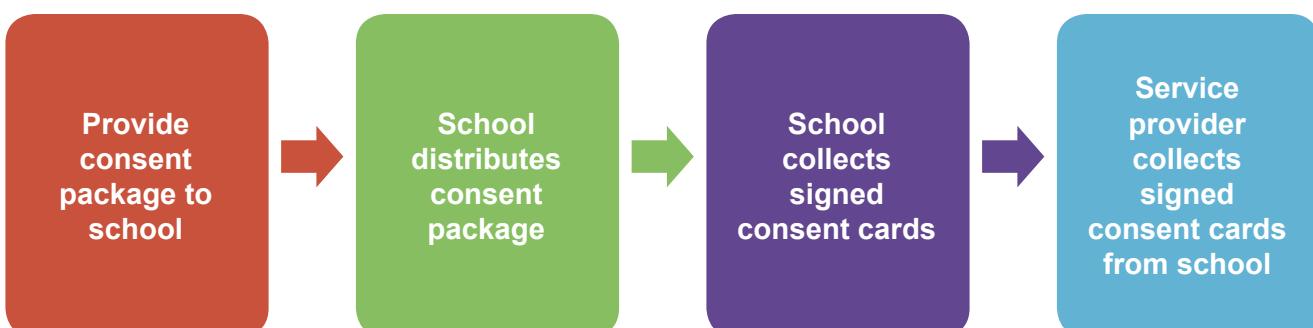
**Note, only those students who have returned completed signed consent cards are to be vaccinated on the day of the vaccination clinic.**

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](http://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](http://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 protocol<sup>1</sup>.

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<sup>1</sup> The current Drug Therapy Protocol can be viewed at [www.health.qld.gov.au/\\_\\_data/assets/pdf\\_file/0028/443287/dtp-immunisation.pdf](http://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)<sup>2</sup>. 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.

<sup>2</sup> 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](http://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](http://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](http://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.