



## PROCEDURE

### School-based immunisation program

|                       |                            |
|-----------------------|----------------------------|
| <b>Scope (Staff):</b> | Community health           |
| <b>Scope (Area):</b>  | CACH Immunisation Services |

#### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

**This document should be read in conjunction with this [disclaimer](#)**

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## Aim

To support standardised practice in immunisation activities and service, consent and provision of the school-based immunisation program according to the [WA Immunisation Schedule](#)

## Risk

- Sub-optimal immunisation places individuals and the wider community at risk of vaccine preventable diseases.
- Failure to identify children with overdue immunisations will lead to missed opportunities for catch-up immunisation.
- Failure to obtain informed consent from clients increases the likelihood of legal action for negligence.
- Incomplete history and difficulties identifying a child's immunisation history resulting from inaccurate or incomplete recording of immunisation.
- Increased likelihood of adverse events related to vaccination due to appropriate alerts not being flagged.
- Increased likelihood of medication errors and associated harm to the client, due to incorrect verification of vaccines.

## Background

Immunisation is the safest and most effective way to protect children and the wider community from vaccine-preventable diseases.<sup>1</sup> Healthcare professionals play an important role in helping to promote and improve the immunisation status of WA children by providing opportunistic immunisations and catch-up programs for those children who may not have commenced or not completed the [WA Immunisation Schedule](#).

The School-based Immunisation Program (SBIP) provides scheduled vaccines to WA high school students at no cost, in accordance with the [West Australian Immunisation Schedule](#). The SBIP is a nurse-led program which administers vaccines under the [WA Structured Administration and Supply Arrangement \(SASA\) for the administration of vaccines by registered nurses](#) and the [WA Medicines and Poisons Regulations 2016](#).

The [Australian Immunisation Handbook](#) provides clinical guidelines for health professionals on the safest and most effective use of vaccines in their practice. Staff should administer vaccines and provide pre-and post-vaccination care in accordance with the handbook.

This document should be read in conjunction with the [CAHS Immunisation Service Policy](#). Vaccination providers may also refer to WA Department of Health's [Immunisation provider information and resources](#).

This document should be read in conjunction with the following CACH documents:

- [CACH SBIP Roles and responsibilities](#) work instruction
- [CACH School-based immunisation program – decanting, counting and reconciliation process work](#) instruction
- [Reconstitution of Vaccines – Meningococcal ACWY at a mass immunisation clinic](#) procedure.

### Key points

- Every vaccination encounter will be recorded on the Australian Immunisation Register (AIR).
- Immunisation must only be completed by nursing staff who have completed the Immunisation Certificate and been deemed competent in the related clinical skills.
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Community health nurses must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.

### Assessment of vaccination history

**Assessment of the child's/client's immunisation history and status must be made at every appointment** using all available electronic systems and paper-based records including:

- WinVacc
- VaccinateWA
- Provider Digital Access (PRODA) / Australian Immunisation Register (AIR)
- Personal Health Record
- Overseas Immunisation Record – (translated by external services)

All immunisation providers and administrators must be registered for Provider Digital Access (PRODA) with an individual account to access the Australian Immunisation Record (AIR) through Health Professional Online Service (HPOS). Access to these systems can be obtained by visiting the [Services Australia](#) website.

## Vaccination exemptions and contraindications

**There are only two absolute contraindications to all vaccines:**

- Anaphylaxis following a previous dose of the relevant vaccine
- Anaphylaxis following administration of any component of the relevant vaccine.

Live vaccines must not be administered to persons who are significantly immunocompromised, regardless of whether the immune compromise is caused by disease or treatment. Further information should be sought from a GP or the [PCH Infectious Diseases team](#).

### Equipment

- Anaphylaxis response kit
- Bag valve mask
- PPE pack
- Sharps containers
- Needles 23g x 32 mm (drawing up Meningococcal ACWY)
- Needles 23g x 25mm (blue safety for IM injection)
- Disinfectant wipes
- Facial tissues
- Alcohol-based hand rub
- Cotton balls
- Micropore tape
- Emesis (vomit) bags
- Rubbish bag
- Small Eskies®
- Large Eskies®
- Small tray for Eskies®
- Ice / gel blocks for Eskies®
- Clax trolleys and baskets
- Mobile phones

## Consent

See [CACH Consent for services](#)

- **VaccinateWA will be the primary method of consent for parents/caregiver.** Parents/caregivers are encouraged to access VaccinateWA and provide digital consent on behalf of their child prior to the SBIP.
- Children in the care of Department of Communities must have consent completed by their case manager and the information uploaded via WinVacc to AIR.
- Where parents/caregivers provide consent via an alternative method e.g. paper form or verbal consent, nurses will be required to open a VaccinateWA account on the parent / carer's behalf. If the parent / carer does not wish for a VaccinateWA account to be created on their behalf,
  - The paper consent form will be used as consent for vaccination. The consent form must then be uploaded to WinVacc
  - It must also be documented on the paper consent form and on the class list
- If the parent/caregiver's details on a paper-based consent form do not match the parent/caregiver's details in VaccinateWA, the nurse should seek clarity from the parent/caregiver's via phone. Refer to [Appendix 1](#) for example consent scenarios.
  - Nurses should consult a line manager if they are unsure whether they have obtained valid consent in each scenario
  - Do not proceed with vaccination if valid consent has not been obtained
- If a parent/caregiver declines consent for vaccination, it must be documented in the client record.
- Some clients and their families may require language services, including but not limited to people who are deaf, from culturally and linguistically diverse backgrounds and Aboriginal Australians. Please refer to the [CAHS Immunisation Service](#) policy and the [CAHS Language Service](#) policy for further information on how and when to access these services.
- Students who identify as a mature minor are advised to consult with their GP to receive vaccinations.
- Students over the age of 18 can be vaccinated under the SBIP program and must provide *explicit signed consent* prior to receiving any vaccination.

MP 0097/18 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

## Disruptions to the vaccination process

Disruptions to the vaccination process may occur when a nurse is required to break from the vaccination episode. For example, where the nurse is required to provide assistance with:

- Fainting.
- Evacuation.
- Use of vaccines from other immunisers' Eskies®
- Changing from Year 7 to Year 10 vaccines.
- Immunising on the floor in response to a student fainting or vaccinating a student with a past history of fainting.
- Other emergency situations.

**If, at any point, there is a disruption to the process of immunising, the process must commence from the first step to ensure the vaccine being given is correct.**

This includes re-checking:

- Identity of the student being vaccinated.
- The vaccine being administered has been checked from the Esky®, against the consent – See step 4: Administer the vaccine.

If an immuniser requires additional vaccines and accesses them from another immunisers' Esky®, nurses should verify that it is the correct vaccination with another nurse.

## Procedure – pre-vaccination consent, identification and preparation

| Steps   | Additional Information  |
|---|---|
| <p><b>1. Add pre-verified students from call list to SBIP class list (24-48 hours prior to SBIP)</b></p> <p>Nursing team leader to:</p> <ul style="list-style-type: none"> <li>• Transfer names of all pre-verified student details from the call list (provided by administration team) to the class list</li> </ul> | <p>NOTE: Administration staff are responsible for conducting pre-verification checks both prior to SBIP and on the day of SBIP (as applicable), including:</p> <ul style="list-style-type: none"> <li>• Consent,</li> <li>• identification,</li> <li>• vaccination history and</li> </ul> |

| Steps  | Additional Information  |
|--|---|
| <ul style="list-style-type: none"> <li>• Contact any parent/caregiver where clarification of any details is required or issues have been identified e.g. consent, identification, ALERTS</li> <li>• If no consent form has been returned, document on the call list as 'no consent'</li> </ul>   | <ul style="list-style-type: none"> <li>• ALERTS</li> </ul> <p>For the procedure on adding a new alert to a client record, see <a href="#">Appendix 2: Adding an ALERT stamp</a></p> <p>Pre-verification checks are conducted via VaccinateWA, AIR and WinVacc before providing student details for addition to the class lists, as per the <a href="#">SBIP admin processes</a></p> |
| <p><b>2. Verify, check consent and ALERTS for students on class list (on the day of SBIP)</b></p> <p>If consent has been pre-verified on VaccinateWA, the student is sent to admin to check in.</p> <p>If paper-based form is returned on the day of SBIP, Nursing team leader to:</p> <ul style="list-style-type: none"> <li>• record the date next to the required vaccines against each student on the SBIP class list</li> <li>• confirm student identity</li> <li>• contact parent/caregiver to clarify any issues or where consent is not valid.</li> </ul> <p>For example:</p> <ul style="list-style-type: none"> <li>○ Parent /caregiver name on consent form does not match the VaccinateWA account</li> <li>○ Consent form is incomplete or unclear</li> </ul> <p>Two nurses are required when obtaining verbal consent from the parent / legal guardian:</p> <p><b>To protect confidentiality, do not use speaker phone</b></p> <ul style="list-style-type: none"> <li>• First nurse calls the parent/caregiver.</li> </ul> | <p>For further information, refer to <a href="#">CACH Consent for services</a></p> <p>See <a href="#">CAHS Language services</a> and consider the use of an interpreter where applicable</p> <p>See <a href="#">Appendix 1: Example consent scenarios</a></p>   |

| Steps  | Additional Information |
|--|------------------------|
| <ul style="list-style-type: none"> <li>• Nurse asks for parent/caregiver consent for an account to be created in VaccinateWA on their behalf and a VaccinateWA SMS confirmation to be sent from VaccinateWA and SmartVax</li> <li>• Read the entire consent form to the parent/legal caregiver, complete details as required</li> <li>• Date of birth for consenting parent/caregiver MUST be obtained (this is used for creating / verifying VaccinateWA account)</li> <li>• Verbally request consent and record response for each vaccination as relevant (response is to be recorded on the paper-based form or in VaccinateWA)</li> <li>• Second nurse reads through the completed form and confirms consent with the parent/caregiver for each vaccination that has been provided.</li> <li>• Clearly document on the consent form:               <ul style="list-style-type: none"> <li>○ The method for obtaining consent</li> <li>○ The time and date consent were taken</li> <li>○ Both staff members to sign the consent form.</li> </ul> </li> <li>• All attempted contacts (including the date and time) must be recorded on the consent form</li> <li>• If the parent/caregiver declines consent for vaccination, it must be documented on the class list</li> </ul> <p><b>Where consent has been obtained, but the <u>student is not present</u> at school to receive the vaccination:</b></p> |                        |



| Steps  | Additional Information |
|--|------------------------|
| <ul style="list-style-type: none"> <li>The parent/caregiver must be advised that vaccination was not administered, and the options available to proceed.</li> <li>If a student missed their vaccine on the school day and presents at the next vaccination day, SBIP staff must contact the parent/caregiver and check both AIR and WinVacc before administering a vaccine in case it has been given elsewhere</li> </ul> <p><b>Immunisation must not proceed until valid consent has been obtained.</b></p> |                        |
| <p><b>3. When consent and identification has been verified, the student can proceed to the vaccinator</b></p>  |                        |

## Procedure - vaccination

| Steps  | Additional Information   |
|--|--|
| <p><b>1. Complete pre vaccination screening</b></p> <p>Nurse vaccinator to check (using VaccinateWA, paper-based forms and class list as appropriate):</p> <ul style="list-style-type: none"> <li>Identity</li> <li>Consent</li> <li>Vaccines to be administered</li> <li>ALERTS (Listed under 'my health questions' section in VaccinateWA or on paper-based form)</li> </ul> | <p>See <a href="#">CAHS Patient/client identification</a> protocol</p> |
| <p><b>2. Enquire about contraindications with student</b></p> <p>Nurses should establish (verbally with student) that there are no medical conditions which contraindicate vaccination, for example:</p>   | <p>Use the <a href="#">Pre-vaccination screening checklist</a></p>     |

| Steps  | Additional Information  |
|--|---|
| <ul style="list-style-type: none"> <li>• Anaphylaxis / allergy</li> <li>• Severe reaction following any vaccine</li> <li>• Recent vaccination</li> <li>• Acute illness</li> <li>• History of fainting</li> <li>• Possibility of pregnancy (if appropriate)</li> </ul>  |   |
| <p><b>3. Prepare the student for vaccination</b></p> <p>Under no circumstances will a student be forcibly vaccinated against his or her will. If a student refuses vaccination, despite parent/caregiver consent, the student must not be vaccinated, and the parent/caregiver must be advised that the student has refused vaccination.</p> <p>Discuss:</p> <ul style="list-style-type: none"> <li>• Need to remain still</li> <li>• Location of the vaccination site</li> <li>• Possible side effects</li> </ul> <p>Assess:</p> <ul style="list-style-type: none"> <li>• Student’s readiness to receive the vaccine/s.</li> <li>• Use clinical judgement to proceed with immunising if safe to do so.</li> <li>• If student is visibly distressed and reluctant, stop and offer them to come back at a later time.</li> <li>• Contact parent/caregiver (via email, phone or in writing) if unable to vaccinate.</li> </ul> | <p>Provide the client with <a href="#">Useful information following a vaccine</a></p> <p>See <a href="#">Distraction techniques for vaccination of children</a></p>                                       |
| <p><b>4. Administer the vaccine</b></p> <ul style="list-style-type: none"> <li>• Remove vaccine from Esky®</li> <li>• Check vaccine against consent</li> </ul>   | <p>For further information regarding the vaccine administration, see the <a href="#">Australian Immunisation handbook</a></p> <p>See the <a href="#">Six rights of safe medication administration</a></p> |

| Steps  | Additional Information   |
|--|--|
| <ul style="list-style-type: none"> <li>• Check vaccine name is correct i.e. Gardasil® 9 or dTpa</li> <li>• Check expiry date</li> </ul> <p>If both dTpa and Gardasil® 9 are being administered, <b>administer dTpa first.</b></p> <p>For dTpa vaccine:</p> <ul style="list-style-type: none"> <li>• Administer in right deltoid muscle</li> </ul> <p>For Gardasil® 9:</p> <ul style="list-style-type: none"> <li>• Administer in left deltoid muscle</li> </ul> <p>If receiving second vaccine, prepare to give the next vaccine following the above process</p> <ul style="list-style-type: none"> <li>• Engage safety needle and dispose in sharps container in accordance with CAHS procedure</li> </ul> <p>If you observe or an adolescent discloses family or domestic violence (FDV) or adolescent intimate partner violence (AIPV), nurses must take the following action:</p> <ul style="list-style-type: none"> <li>• Communicate the observation / disclosure to the relevant CNM</li> <li>• Document in CDIS</li> </ul> | <p>See <a href="#"><u>CAHS Waste Management Policy</u></a></p> <p>See <a href="#"><u>CAHS Sharps Management Policy</u></a></p><br><br><br><br><br><br><p>See <a href="#"><u>CACH Family and domestic violence – child and school health</u></a> for background information on FDV and AIPV.</p>  |
| <p><b>5. Provide post-vaccination care</b></p> <p>Observe students 15 minutes in close proximity to SBIP team and emergency equipment / anaphylaxis response kit.</p> <p>Adolescents are prone to fainting and should sit on the floor during post-vaccination care.</p> <ul style="list-style-type: none"> <li>• If an Adverse Event Following Immunisation (AEFI) occurs:                         <ul style="list-style-type: none"> <li>○ Distinguish between anaphylaxis or hypotonic-hyporesponsive episode or vaso-vagal episode – confer observations with the nursing team leader / clinical nurse</li> </ul> </li> </ul>  | <p>See <a href="#"><u>CAHS Recognising and Responding to Acute Deterioration</u></a> policy</p> <p>See <a href="#"><u>Disruptions to the vaccination procedure</u></a></p> <p>See the <a href="#"><u>Australian Immunisation Handbook</u></a></p> <ul style="list-style-type: none"> <li>• <a href="#"><u>Managing anaphylaxis</u></a></li> <li>• <a href="#"><u>Recognition and treatment of anaphylaxis</u></a></li> <li>• <a href="#"><u>Doses of intramuscular adrenaline (epinephrine)</u></a></li> </ul> |

| Steps  | Additional Information  |
|--|---|
| <ul style="list-style-type: none"> <li>○ Administer First Aid / adrenaline (epinephrine) if required (for anaphylaxis)</li> <li>○ Initiate Danger, Response, Airway, Breathing and Circulation (DRABC) process</li> <li>○ Provide verbal clinical handover to ambulance staff in ISOBAR format</li> <li>● Inform the following parties in a timely manner and provide regular updates as necessary: <ul style="list-style-type: none"> <li>○ Parent/caregiver</li> <li>○ School principal</li> <li>○ CNM</li> </ul> </li> <li>● Report the AEFI online via WAVSS. Include: <ul style="list-style-type: none"> <li>○ Date of vaccine</li> <li>○ Batch number</li> <li>○ Vaccine name / brand</li> <li>○ Vaccinator name and initials</li> <li>○ Parent/caregiver consent</li> </ul> </li> <li>● <a href="#">Record on Anaphylaxis event record (CHS510)</a></li> <li>● Complete the <a href="#">CAHS Adverse Drug Reaction e-form</a></li> <li>● If the incident meets the criteria for a clinical alert (specified in the <a href="#">PCH Clinical Alerts Policy</a>) the Community CACH Medication Safety Pharmacist should be notified.</li> <li>● Report a clinical incident in DATIX CIMS</li> </ul> | <p><a href="#">1:1000 (1 mg/mL) for anaphylaxis</a></p> <ul style="list-style-type: none"> <li>● <a href="#">Preparing an anaphylaxis response kit</a></li> </ul> <p>For further information regarding reporting an AEFI to WAVSS, see <a href="#">SafeVac reporter guide</a></p> |
| <p><b>6. Document the vaccination in client records, VaccinateWA and WinVacc as appropriate:</b></p> <p><b>If consent is electronic:</b></p>   |   |

| Steps   | Additional Information |
|---|------------------------|
| <ul style="list-style-type: none"> <li>Document in VaccinateWA</li> </ul> <p><b>If consent is paper-based and parent/caregiver consented to VaccinateWA account:</b></p> <ul style="list-style-type: none"> <li>Document on paper consent form and upload to VaccinateWA</li> </ul> <p><b>If client is a child in care (Department of Communities) student OR parent/caregiver has not consented to VaccinateWA account:</b></p> <ul style="list-style-type: none"> <li>Document via paper consent and in WinVacc</li> </ul> <p>Nursing team leader to:</p> <ul style="list-style-type: none"> <li>record the date against the vaccine administered on the SBIP class list</li> </ul> |                        |

## Procedure – Vaccine preparation and reconciliation (before, during and after SBIP)

See [SBIP roles and responsibilities](#) and [School-based Immunisation Program – decanting, counting and reconciliation](#) process work instructions for full procedure

| Steps  | Additional Information   |
|--|--|
| <p><b>1. Decant and reconstitute vaccines (at SBIP site)</b></p> <p>Decant and reconstitute vaccines in accordance with the following work instructions:</p> <ul style="list-style-type: none"> <li>• <a href="#">SBIP roles and responsibilities</a></li> <li>• School-based Immunisation program – decanting, counting and reconciliation process</li> </ul> <p><b>Designated nurse to prepare, pack and manage the Esky® (on the morning of the SBIP)</b></p> <ul style="list-style-type: none"> <li>• Use the class list to determine the number and types of vaccines required</li> <li>• Place required vaccines into the pre-prepared Esky® (on the morning of the SBIP)</li> <li>• Perform vaccine reconciliation before leaving the clinic – see School-based Immunisation program – decanting, counting and reconciliation process</li> </ul> <p><b>Designated nurse to record the removal of vaccines throughout the day</b></p> <ul style="list-style-type: none"> <li>• Complete the daily activity running sheet throughout the day</li> <li>• Advise clinic leads and vaccinators if there is a batch number change during the session</li> </ul> | <p>See the <a href="#">National Vaccine storage Guidelines ‘Strive for 5’</a></p> <p>See <a href="#">School-based immunisation program – decanting, counting and reconciliation process</a> work instruction</p> <p>See <a href="#">SBIP roles and responsibilities</a> work instruction</p> <p>See <a href="#">CACH Reconstitution of vaccines – Meningococcal ACWY at a mass vaccination clinic</a></p> <p>Vaccine temperature should be recorded and maintained throughout the day in accordance with the <a href="#">National vaccine storage guidelines ‘Strive for 5’</a></p> <p>Perform hand hygiene before decanting/reconstituting vaccines</p> <p>See <a href="#">Appendix 3: Labelling of injectable vaccines</a></p> |
| <p><b>2. Designated nurse to perform vaccine reconciliation</b></p> <p>Reconciliation should be performed:</p>   | <p>Vaccine reconciliation should also be performed where a team leader has requested it e.g. due to a discrepancy</p>  |

| Steps   | Additional Information   |
|---|--|
| <ul style="list-style-type: none"> <li>In accordance with School-based Immunisation program – decanting, counting and reconciliation process</li> <li>When changing vaccines from year 7 to year 10 during the day or for catch-ups</li> <li>Before leaving the school AND</li> <li>At the end of the day upon returning to base AND</li> </ul> <p>Report and record any wasted vaccines and the reason for the wastage.</p> <p>Transfer unused vaccines from the Esky® to the fridge.</p> <ul style="list-style-type: none"> <li>Report any discrepancies to the CN</li> </ul> | <p>See <a href="#">School-based immunisation program – decanting, counting and reconciliation process</a> work instruction</p> <p>See <a href="#">SBIP roles and responsibilities</a> work instruction</p> |

## Documentation

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CACH and WACHS processes.

## Compliance monitoring

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 the [Health Services Act 2016](#) (WA) and is binding on all CAHS and WACHS staff as per section 27 of the same act.

Compliance monitoring methods may include observation of clinical practice, clinical incident review, client health record documentation audit and/or attendance at identified training sessions.

| References  |
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| <p>1. Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook [Internet]. Canberra: Australian Government Department of Health; 2020 [cited 2021 March 12]. Available from: <a href="https://immunisationhandbook.health.gov.au/">https://immunisationhandbook.health.gov.au/</a></p> |

| Related internal policies, procedures and guidelines   |
|--|
| The following documents can be accessed in the CH Clinical Nursing Manual:                         |
| <a href="#">Aboriginal child health policy</a>   |
| <a href="#">Child health services policy</a>   |
| <a href="#">Clinical handover - nursing</a>  |
| <a href="#">Reconstitution of vaccines – Meningococcal ACWY at a mass immunisation clinic</a>      |
| <a href="#">SBIP roles and responsibilities</a>  |
| <a href="#">School-based immunisation program – decanting, counting and reconciliation process</a> |
| <a href="#">School-aged health services</a>  |
| <a href="#">School aged health services - secondary</a>  |
| The following documents can be accessed in the <a href="#">CACH Operational Policy Manual</a>      |
| <a href="#">Consent for services</a>   |
| The following documents can be accessed in the <a href="#">CAHS Policy Manual</a>                  |
| <a href="#">Allergy and adverse drug reaction management</a>                                       |
| <a href="#">Clinical incident management</a>   |
| <a href="#">Distraction techniques for vaccination of children</a>                                 |
| <a href="#">Exposures to blood and bodily fluids</a>   |
| <a href="#">Hand hygiene</a>   |
| <a href="#">Immunisation service</a>   |



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|---|
| <a href="#">Language services</a>                                 |
| <a href="#">Medication safety</a>                                 |
| <a href="#">Patient/client identification protocol</a>            |
| <a href="#">Recognising and responding to acute deterioration</a> |
| <a href="#">Sharps management</a>                                 |
| <a href="#">Waste management</a>                                  |

|  |
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| <b>Related external legislation, policies, and guidelines <i>(if required)</i></b> |
| <a href="#">Australian immunisation handbook</a>                                   |
| <a href="#">WA medication and poisons regulations 2016</a>                         |
| <a href="#">WA SASA for the administration of vaccines by registered nurses</a>    |
| <a href="#">West Australian immunisation schedule</a>                              |

|  |
|--|
| <b>Related internal resources (including related forms) <i>(if required)</i></b> |
| <a href="#">Anaphylaxis event record (CHS510)</a>                                |

|  |
|--|
| <b>Related external resources (including related forms)</b>                          |
| <a href="#">Communicable diseases</a>  |
| <a href="#">Immunisation provider information and resources</a>                      |
| <a href="#">Pre-vaccination screening checklist</a>                                  |
| <a href="#">School-based immunisation program</a>                                    |
| <a href="#">Services Australia</a>   |
| <a href="#">Six rights of medication safety administration</a>                       |
| <a href="#">Useful information following a vaccine</a>                               |
| <a href="#">Foreign Language Terms Tables 1 and 2 Disease, Vaccine and Tradename</a> |

This document can be made available in alternative formats on request.

|                       |   |                   |             |
|-----------------------|---|-------------------|-------------|
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| Standards Applicable: | NSQHS Standards: <br>Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 |                   |             |

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## Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

Neonatology | Community Health | Mental Health | Perth Children’s Hospital

## Appendix 1: Example consent scenarios

The following example scenarios regarding parent/caregiver consent have been provided as a guide. It is not an exhaustive list and various scenarios where consent is unclear may arise. Please consult your line manager if you encounter a difficult scenario and you are unsure how to proceed.

**Do not proceed with vaccination if valid consent has not been obtained.**

### Scenario 1

Two parent/caregivers (same address) provide consent for the student in VaccinateWA, consent is identical.

- One account will be used.
- Contact parent/caregiver to discuss the duplication and keep the account the parent/caregiver chooses.
- Email DOH, immunisation data [DOH.immunisationdata@health.wa.gov.au](mailto:DOH.immunisationdata@health.wa.gov.au) to have the second account merged.

### Scenario 2

Consent is completed for a student in VaccinateWA for a prior vaccine. A paper-based consent form is returned and has a different parent/caregiver giving consent. The addresses are the same

- Contact parent/caregiver who has consented on the form to discuss that there is a pre-existing account in VaccinateWA.
- Advise the parent/caregiver to consent in VaccinateWA if possible to avoid creating a duplication of accounts.

### Scenario 3

A student has an account in VaccinateWA for a prior vaccine. A paper-based consent form is returned and has a different parent/caregiver giving consent. The addresses are ***different***.

- Contact the parent/caregiver who has completed the paper-based consent form to discuss and ascertain the situation.
- Consult with CNM if there are concerns.
- Document outcome.

### Scenario 4

Two paper-based consents or accounts in VaccinateWA are created / returned with different addresses and parent/caregiver. The consents are not identical.

- Both parents/caregivers should be contacted and advised that immunisation can't occur within the SBIP.
- Options provided.
- Document in both cases on VWA or paper-based forms.

### Scenario 5

A student in the care of Department of Communities has been consented online by the foster carer.

- This is not a valid consent as consent must be provided by the caseworker.
- Call the carer to obtain caseworker contact details.
- Email DOH to delete account?
- A paper-based consent is provided to case worker to complete,
- AIR, VWA and WinVacc are checked to ascertain the vaccine is required.
  - After vaccination student is entered into WinVacc and uploaded to AIR.

## Appendix 2: Adding an ALERT stamp

| Steps  | Additional Information   |
|--|--|
| <p><b>Identify client requiring an ALERT stamp</b></p> <p>The standard ALERT Stamp will be used when issues which preclude vaccination, or affect the schedule, are known to the immunisation provider.</p>  | <p>The ALERT stamp will be used when:</p> <ul style="list-style-type: none"> <li>• The child has an identified medical condition that is contraindicated with scheduled vaccines and cannot be given;</li> <li>• The child has a medical issue, e.g. fainting, allergies, and requires caution when administering vaccines;</li> <li>• The child has a medical condition under specialist paediatric care and requires review prior to administration of vaccines;</li> <li>• The child is undergoing a complex catch-up program; or,</li> <li>• Consent has not been given to one or all scheduled vaccines.</li> </ul> |
| <p><b>Place ALERT stamp on relevant documents</b></p> <p>When an ALERT stamp is required, it must be placed appropriately:</p> <p>On both sides of the School Based consent form</p> <p><b>OR</b></p> <p>On both sides of the immunisation provider cards.</p> |  |

### Appendix 3: Labelling of injectable vaccines

Where not provided in a pre-filled syringe, injectable vaccines must be labelled in compliance with the [National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines](#) to minimise preventable vaccine administration errors and to improve safe vaccine use. All immunisation providers are responsible for ensuring that vaccine syringes are appropriately labelled prior to administering vaccines to clients.

Labelling requirements depend on whether the vaccine will be administered in a closed or open practice environment:

- **Open-Practice Environment:** Any clinical area where there may be more than one client present (e.g. School Based Immunisation Program [SBIP]). Patient information is not required to be included on the label however all other requirements as per the national standard must be included on relevant labels (Refer to Appendix 4).
- **Closed-Practice Environment:** An interventional area in which the identity of the client is known beyond doubt, and where medication is prepared in the presence of the client (e.g. CAHS CH immunisation clinic). Pre-printed abbreviated container labels may be used without client identifiers where the identity of the client care team is recorded in a closed-practice environment.

**Table 1: Labelling and disposal of injectable vaccines**

| Steps  | Additional Information  |
|--|---|
| <p><b>Label vaccines appropriately</b></p> <ul style="list-style-type: none"> <li>• All vaccines removed from the manufacturer’s original packaging must be identifiable. Any vaccine or container (e.g., syringe or vial) that cannot be identified will be considered unsafe and discarded immediately.</li> <li>• If multiple syringes are required, they must be prepared, labelled and administered sequentially as independent operations.</li> <li>• If more than one sibling is receiving vaccines, each child will be treated individually (nurses are not to draw up both lots of vaccines at the same time).</li> </ul> | <p>Labels are provided to each CACH immunisation service in pre-organised boxes for administration in open-label environments:</p> <ul style="list-style-type: none"> <li>• <i>Hepatitis B</i> <ul style="list-style-type: none"> <li>○ <b>H-B-Vax II® Paediatric Vial</b></li> <li>○ <b>H-B-Vax II® Adult Vial</b></li> </ul> </li> <li>• <i>Measles, mumps, rubella</i> <ul style="list-style-type: none"> <li>○ <b>Priorix® &amp; Solvent</b></li> <li>○ <b>M-M-R II® &amp; Diluent</b></li> </ul> </li> <li>• <i>Measles, mumps, rubella + varicella</i></li> </ul> |

| Steps   | Additional Information  |
|---|---|
| <ul style="list-style-type: none"> <li>• In a Closed Practice Environment:                             <ul style="list-style-type: none"> <li>○ Vaccines that do not come as a pre-filled syringe should ideally be administered immediately after reconstitution in the presence of the client.</li> <li>○ Only one vaccine at a time should be prepared and labelled before preparation and labelling of subsequent vaccines.</li> </ul> </li> <li>• In an Open Label Environment:                             <ul style="list-style-type: none"> <li>○ A vaccine that is required to be reconstituted into a syringe must be labelled (see Appendix 4 for example)</li> </ul> </li> <li>• Flag the label to the top of the syringe in but not covering the graduations.</li> </ul> | <ul style="list-style-type: none"> <li>○ <b>Priorix-Tetra®</b> &amp; Diluent</li> <li>○ <b>ProQuad®</b> &amp; Diluent</li> <li>• <i>Diphtheria, tetanus and pertussis</i> <ul style="list-style-type: none"> <li>○ <b>Tripacel®</b> Vial</li> </ul> </li> <li>• <i>Diphtheria, tetanus and pertussis + hepatitis B, Hib and polio</i> <ul style="list-style-type: none"> <li>○ <b>Infanrix Hexa®</b> &amp; Diluent</li> </ul> </li> <li>• <i>Diphtheria, tetanus and pertussis + polio</i> <ul style="list-style-type: none"> <li>○ <b>Quadracel®</b> Vial</li> </ul> </li> <li>• <i>Hepatitis A</i> <ul style="list-style-type: none"> <li>○ <b>VAQTA® Paediatric /Adolescent</b> Vial</li> </ul> </li> <li>• <i>Varicella</i> <ul style="list-style-type: none"> <li>○ <b>Varilrix HAS-Free®</b> &amp; Solvent</li> <li>○ <b>VarivaxV®</b> &amp; Solvent</li> </ul> </li> <li>• <i>Meningococcal ACWY</i> <ul style="list-style-type: none"> <li>○ <b>Nimenrix®</b> &amp; Solvent</li> <li>○ <b>Menveo®</b> &amp; Solvent</li> <li>○ <b>MenQuadfi®</b> &amp; Solvent</li> </ul> </li> </ul> <p>See minimum labelling requirements for administration of a reconstituted vaccine in an open-practice environment in Appendix 4 below</p> |
| <p><b>Disposal of syringe and needle</b></p> <p>The syringe and needle, with label attached, will be disposed of in accordance with the <i>CAHS Waste</i></p>   |   |

| Steps   | Additional Information |
|---|------------------------|
| <i>Management policy and CAHS Sharps Management policy.</i> |                        |

#### Appendix 4: Minimum labelling requirements for administration of a reconstituted vaccine in an open-practice environment

The minimum labelling requirements for administration of a reconstituted vaccine in an open-practice environment applies to the following vaccines:

- *Hepatitis B*
  - **H-B-Vax II® Paediatric Vial**
  - **H-B-Vax II® Adult Vial**
- *Measles, mumps, rubella*
  - **Priorix® & Solvent**
  - **M-M-R II® & Diluent**
- *Measles, mumps, rubella + varicella*
  - **Priorix-Tetra® & Diluent**
  - **ProQuad® & Diluent**
- *Diphtheria, tetanus and pertussis*
  - **Tripacel® Vial**
- *Diphtheria, tetanus and pertussis + hepatitis B, Hib and polio*
  - **Infanrix Hexa® & Diluent**
- *Diphtheria, tetanus and pertussis + polio*
  - **Quadracel® Vial**
- *Hepatitis A*
  - **VAQTA® Paediatric /Adolescent Vial**
- *Varicella*
  - **Varilrix HAS-Free® & Solvent**
  - **VarivaxV® & Solvent**



- *Meningococcal ACWY*
  - **Nimenrix®** & Solvent
  - **Menveo®** & Solvent
  - **MenQuadfi®** & Solvent

The template below should be used for newly identified vaccines requiring labelling:

|  |   |
|--|---|
| <p><b>BRAND NAME</b></p> <p>INSERT DOSAGE of GENERIC NAME in 0.5mL<br/>Sodium Chloride</p> <p>For <b>*INSERT ROUTE*</b> use</p> <p>Store between 2°C and 8°C</p> <p>Protect from light</p> | <p>Prepared by: _____ Checked by: _____</p> <p><b>EXPIRY:</b> ___/___/___    ___:___ am/pm</p> <p>Discard if not used within <b>* hours</b> of reconstitution</p> |
|--|---|

Refer to [ACSQHC National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines](#) and [ACSQHC Recommendations for terminology, abbreviations and symbols used in medicines documentation](#) for more information.