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Government of South Australia
SA Health

School Immunisation Program Protocols

Version 2.0
September 2024

Immunisation Section
Communicable Disease Control Branch



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of South Australia
SA Health

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INTRODUCTION

Immunisation has been demonstrated to be one of the most effective and cost-efficient public health interventions. The National Immunisation Program (NIP) is a major health protection program involving all levels of Australian government, healthcare providers, administrators, and researchers.

Immunisation programs in Australia have been vitally important in eradicating or minimising vaccine preventable disease in the community for the benefit of all Australians. The continued success of immunisation programs is dependent on maintaining and improving vaccination coverage rates for all Australians.

Immunisation delivery is an essential service and School Immunisation Program providers should maintain immunisation service delivery, incorporating the latest Commonwealth and State Government communicable disease recommendations as relevant and applicable. Continued delivery of a high-quality immunisation service is imperative in promoting and maintaining high immunisation coverage rates, community safety and public confidence.

The school program is delivered by a variety of service providers including local councils, local health networks (LHNs), general practice, community health services and Aboriginal health services. Students in South Australia enrolled in year levels 7 and 10 in 2025 are eligible to receive the recommended and funded adolescent vaccines delivered through the School Immunisation Program (SIP).

The 2025 adolescent School Immunisation Program provides:

- > diphtheria, tetanus, pertussis vaccine and human papillomavirus (HPV) vaccine to students enrolled in Year 7.
- > meningococcal B vaccine (state funded program) and meningococcal ACWY vaccine to students enrolled in Year 10.

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PURPOSE AND SCOPE OF THE PROTOCOLS

Community confidence in the immunisation program remains vital to its ongoing success. Improving or maintaining high immunisation coverage rates, effective governance of the program, ensuring an adequately skilled immunisation workforce, enhanced vaccine safety surveillance and education sector collaboration are priority areas to strengthen and support the South Australian Immunisation Program and the National Immunisation Program.

The School Immunisation Program Protocols (SIPP) are targeted towards School Immunisation Program (SIP) providers to:

1. Provide clinical governance to assist organisations and registered nurses delivering the SIP to meet their professional responsibilities;
2. Meet community expectations for a safe and high-quality immunisation service incorporating best practice and quality standards.

National standards, legislation, State and Commonwealth guidelines and strategies and the online Australian Immunisation Handbook have been used in the development of these protocols.

The protocols contain information, resources, and forms to assist immunisation service providers to enhance, develop, and implement clinical governance within their organisation. In addition, the employer needs to consider the existing national and state immunisation policy structures and legislation and any communicable disease recommendations as relevant and current at the time-of-service delivery. A list of relevant links pertaining to these protocols is available in Appendix 4.

There is a level of replication within these protocols due to the overlap of components for the effective management of an immunisation service and the complexities of delivering a School Immunisation Program.

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GLOSSARY OF TERMS

Australian Health Practitioner Regulation Agency (AHPRA)	The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the implementation of the national registration and accreditation scheme across Australia.
Australian Immunisation Register (AIR)	A national register that records all vaccines given to all people in Australia, including vaccines given under the National Immunisation Program (NIP), through school programs and privately, such as for flu or travel.
Authorisation (to administer)	A term used to describe a registered health practitioner who is authorised to administer specified vaccines without a medical order if the administration is in accordance with the Vaccine Administration Code (VAC).
Authorised registered nurse	A term used to describe a registered health practitioner of a class determined by the Minister to administer an S4 drug if the administration is in accordance with the requirements of the Vaccine Administration Code (VAC).
Clinical audits	A method of evaluating and improving clinical practice. Clinical audits analyse the quality of clinical care outcomes, including techniques and procedures, using relevant resources and best practice guidelines.
Clinical indicators	Measures or benchmarks that enable the organisation to compare themselves against other immunisation providers or against National or State indicators.
Clinical standards	Incorporates relevant standards, codes, clinical guidelines, pathways and organisational clinical practice protocols.
Clinical governance	The systems through which governing bodies and organisations ensure the delivery of safe, high quality, and effective health care.
Consumer	Person who is a current, past or potential user of the health service.
Continuing Professional Development (CPD)	The means by which nurses maintain, improve, and broaden their knowledge, expertise, and competence, and develop the personal and professional qualities required throughout their professional lives. <i>(NBMA, Registration Standard: Continuing professional development, June 2016, accessed July 2024)</i>
Department of Human Services (DHS) Working with children check (WWCC)	An assessment by the DHS Screening Unit introduced to help keep children safe in our community. The WWCC is an assessment of prior behaviour that can assist an organisation to determine whether a potential employee or volunteer could pose a risk to the safety of children, based on information from a range of databases. These checks are valid for five years and are continuously monitored. A WWCC is required for individuals who work as employees or volunteer in a child related area. From 1 July 2019 the WWCC replaces all other types of child-related employment screening checks. Under transitional arrangements, all current, valid DHS/DCSI child-related employment screening clearances will be recognised as valid WWCC until expiry.

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Direct supervision	When the supervisor takes direct and principal responsibility for the nursing or midwifery care provided and is physically present at the workplace, observing at all times, when the supervisee is providing clinical care according to the supervised practice plan. Direct supervision is the highest level of supervision. <i>(NMBA; Supervision guidelines for nursing and midwifery, Updated March 2021, accessed July 2024)</i>
Framework	A set of principles and long-term goals that form the basis of making rules and guidelines, and to give overall direction to planning and development.
Immunisation Provider Network (IPN)	A forum for the provision of professional development to support health professionals involved in immunisation services.
Immunisation Records and Inventory System (IRIS)	Immunisation database developed, owned and maintained by the Immunisation Section, Department for Health and Wellbeing (DHW) and made available to State and Local Government operated immunisation services in SA.
Medical order	A written or verbal instruction from a recognised prescriber (such as a medical practitioner) to a non-prescriber health professional which allows the non-prescriber to provide and/or administer a classified substance to a specified patient or group of patients. The medical order may be in the form of a standing order.
Nursing and Midwifery Board of Australia (NMBA)	The Nursing and Midwifery Board of Australia (NMBA) is the national body responsible for the regulation of nurses and midwives.
Professional standards	Professional standards define the practice and behaviour of nurses and include codes of conduct, standards for practice and codes of ethics. <i>(NBMA webpage, Professional Standards; accessed July 2024)</i>
Registered Nurse (RN)	A person who has completed the prescribed education preparation, demonstrates competence to practice and is registered under the Health Practitioner Regulation National Law as a registered nurse in Australia. <i>(NBMA, Registered nurse standards for practice, June 2016; accessed July 2024)</i>
Scope of practice	The scope of practice is the limit of knowledge, skills and experience made up of activities carried out within a professional role. <i>(Health and Care Professionals Council, March 2021)</i> <i>(NBMA, Scope of practice and capabilities of nurses, May 2024, accessed July 2024)</i>
School Immunisation program (SIP) school year	A School Immunisation Program year commences 1 February of the current year to 31 January the following year.
Standing medication order /standing order	A written instruction issued by a medical practitioner, in accordance with the regulations, authorising any specified health practitioners (within their scope of practice) to document and administer (not prescribe) a specified medication in circumstances specified within the instruction, without a medication order or prescription. <i>Standing Medication Order (SMO); Clinical Guideline, V 2.0 Approved 02/09/2020.</i>

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Valid Consent	<p>'The voluntary agreement by an individual to a proposed procedure, which is given after sufficient, appropriate, and reliable information about the procedure, including potential risks and benefits has been conveyed to the individual.'</p> <p><i>(Australian Immunisation Handbook, online; Preparing for immunisation, Valid consent; accessed July 2024)</i></p>
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CLINICAL GOVERNANCE

Delivery of a School Immunisation Program (SIP) is complex and to achieve clinical effectiveness and program safety, multiple integrated components must be incorporated and operate effectively together. These include legislative frameworks and structures, policies, protocols and clinical guidelines, effective collaboration with education sectors, a trained and effective workforce, educational and training opportunities, effective management of vaccines and cold chain, and availability and use of appropriate facilities, equipment, information, and resources to support immunisation service planning, delivery, and post care processes.

These elements are essential to delivery of a high quality and safe immunisation program and involve clinical governance principles and expectations that apply to SA Health, as well as all organisations and individuals involved in delivery of the SIP.

An effective system of clinical governance incorporating quality and safety management, leadership, accountability, and risk management requires commitment and ongoing evaluation of all aspects of the service and program delivery by SA Health, organisations, and individuals, with a focus on safety, quality of care and continuous improvement.

It is the accountability and responsibility of SA Health to ensure systems are in place for the delivery of a well-managed, high quality immunisation service that responds to the needs of the South Australian community and is recognised for its high standards and commitment to continual review and delivery of evidence-based practice.

It is the accountability and responsibility of the organisation to ensure that clinical governance systems and structures are in place for the safe and high-quality delivery of the School Immunisation Program. This applies to local councils, community health, general practice, Aboriginal health, private health organisations, and other SA Health organisations.

It is the accountability and responsibility of the individual to ensure that the clinical governance systems are implemented for the delivery of a safe, high quality, and effective School Immunisation Program.

SA HEALTH

Legislation, Protocols, Policies

Establish and maintain the School Immunisation Program (SIP) Service Agreement and contract variation agreements to define the specific requirements, milestones, and key performance indicators for School Immunisation Program delivery.

Maintain the relevant legislative requirements under the current Controlled Substances Act, the Vaccine Administration Code (VAC), current work setting vaccine requirements, School Immunisation Program Protocols (SIPP) and other relevant framework documents, and a vaccine standing medication order (SMO) template to support delivery of the SIP.

Communicate updates to SIP providers as required.

Immunisation resources

Develop, review, and evaluate immunisation resources and protocols to support safe and cost-effective delivery of the SIP incorporating evidence-based practice, applicable reference sources, Commonwealth and State Government vaccine service delivery recommendations, including any communicable disease recommendations as relevant and applicable, and provider and consumer feedback.

Promote use of clinical resources that support safe and effective administration of vaccines in accordance with the Australian Immunisation Handbook and other relevant clinical guidelines.

Provide advice and support to providers in relation to delivery of the SIP and clinical advice with immunisation catch-ups, queries, and concerns.

Immunisation database and data management

Maintain the Immunisation Records & Inventory System (IRIS). Provide a user guide, technical support and administrator access to a nominated organisational individual to ensure that organisations have a mechanism to manage staff access and organisational contact details, client data, transfer of data to the Australian Immunisation Register (AIR) and vaccine inventory and have access to specific functionalities and coverage reports to support, monitor and evaluate delivery of the SIP.

Provide a mechanism for organisations that are not using IRIS to record individual immunisation encounters to submit de-identified aggregate SIP data via IRIS to support monitoring and evaluation of SIP delivery, milestones and coverage.

Vaccines and Cold Chain Management

Provide SIP vaccines to approved providers who meet the SA Health requirements for access to government funded vaccines including compliance with the National Vaccine Storage Guidelines, *Strive for 5* and any SA Health specific cold chain recommendations.

Provide cold chain information and resources to support safe and effective use, management, storage and transport of vaccines, including support and advice for management of any confirmed or suspected cold chain breach.

Education and workforce

Maintain an appropriate evidence-based immunisation education course to support availability of a trained and effective immunisation workforce eligible to work in accordance with the Vaccine Administration Code (VAC).

Maintain list of approved training programs on the SA Health website.

SA HEALTH

Risk Management

Promote a culture that takes a positive and proactive approach to clinical risk minimisation and responds to incidents and hazards with strategies to avoid or minimise risk and promote staff and consumer safety.

Provide a reporting mechanism as well as clinical guidance and advice regarding any SIP related incidents or errors and review provider responses and management of any incidents and program errors.

Vaccine Safety

Support the SA Vaccine Safety Surveillance System (SAVSSS) and any other relevant surveillance systems.

Provide clinical guidance and advice to immunisation providers and members of the public in relation to reported Adverse Events Following Immunisation (AEFI) and Program Errors.

Program feedback

Review and respond accordingly to feedback received via SA Health or from SIP providers and other stakeholders including education sector and consumers with a focus on continuous improvement.

EXPECTATIONS OF THE ORGANISATION

Legislation, Protocols and Policies

Deliver all aspects of the SIP program and meet all milestones and key performance indicators in accordance with the current School Immunisation Program (SIP) Service Agreement and any contract variation agreements that define the specific requirements for SIP delivery.

Develop and implement organisational policies and processes that are in accordance with all legislative requirements, the Vaccine Administration Code (VAC), current work setting vaccine mandates, the SIPP and other relevant framework documents and guidelines that support delivery of the SIP. This includes Commonwealth and State Government vaccine service delivery recommendations, including communicable disease recommendations as relevant and applicable, and provider and consumer feedback.

Have mechanisms in place to demonstrate that all staff involved with the SIP are aware of and understand the legislative requirements, the Vaccine Administration Code (VAC) and related documents, clinical guidelines, and other framework documents under which they practice.

At least annually and whenever updates occur, review these requirements, and update organisational polices and processes as required to ensure they remain current and ensure updates are promptly communicated to all staff involved with the SIP.

Immunisation Resources

Provide adequate immunisation equipment and resources to deliver the SIP safely and effectively.

Implement policies and processes to support appropriate use of the equipment, resources and specialised information and advice as required for the safe and effective delivery of the SIP.

Policies must include use of clinical resources that support safe and effective administration of vaccines in accordance with the Australian Immunisation Handbook and other relevant clinical guidelines.

Support and encourage staff to seek advice and support from SA Health when required for any concerns in relation to delivery of the SIP and for clinical advice with immunisation catch-ups, queries, and concerns.

Involve immunisation staff with any review and evaluation of resources and equipment to help ensure that equipment and resources provided are of sufficient quality, quantity and suitable to support safe and effective delivery of the SIP.

Immunisation database and data management

Nominate two organisational IRIS Super Users to manage access for all relevant staff, maintain current organisational contact details and access the IRIS User guide and technical support when needed.

Demonstrate accurate and proficient organisational use of IRIS, making effective use of the system's client data management features, ensure accurate vaccine inventory, and effectively use the specific functionalities and coverage reports designed to support, monitor and evaluate delivery of the SIP.

Promote accurate and timely data entry of client consent data and vaccine administration data as specified in the School Immunisation Program (SIP) Service Agreement, Schedule 2 (as updated annually) and the SIPP, to meet milestones and key performance indicators, support program safety and ensure timely transfer of data to the AIR to reduce the risk of program errors.

Promote the use of IRIS reports with immunisation staff to regularly evaluate the organisational SIP coverage and endorse and promote strategies as required to maximise coverage.

EXPECTATIONS OF THE ORGANISATION

If agreed and arranged with SA Health, organisations not using IRIS to record individual immunisation encounters are to submit de-identified aggregate data via IRIS to support monitoring and evaluation of SIP delivery, milestones, and SIP coverage.

Vaccines and Cold Chain management

Meet the SA Health requirements for access to government funded vaccines and manage these effectively to ensure appropriate use and minimise wastage.

Ensure organisational cold chain policies, processes, equipment and resources are compliant with the current National Vaccine Storage guidelines ‘Strive for 5’, including the annual vaccine self-storage audit, and any other SA Health specific cold chain requirements to support safe and effective receipt, use, management, storage and transport of vaccines.

Access support and advice from SA Health for management of any confirmed or suspected cold chain breach.

Education and workforce

Implement and regularly review organisational recruitment, selection and performance management policies and guidelines to ensure an appropriately qualified, skilled and trained workforce with clearly defined roles, responsibilities, accountabilities and scope of practice.

Policies and processes must include relevant child related employment screening for all immunisation staff, new staff induction, training and orientation processes, AHPRA registration verification for clinical staff and support for clinical staff to work within their scope of practice at all times and to comply with all relevant NMBA and AHPRA professional standards of practice, codes of conduct and Continuing Professional Development (CPD).

Support staff to complete an approved immunisation course to enable registered nurses to work under the Vaccine Administration Code (VAC).

Implement a correctly endorsed Standing Medication Order (SMO) in accordance with the SA Health ‘Standing Medication Order (SMO), Clinical Guideline to support the administration of vaccines by registered nurses who are not authorised under the VAC.

Support staff to complete annual Cardiopulmonary Resuscitation (CPR) or Basic Life Support (BLS).

Encourage staff to attend IPN meetings and access other in-service and external immunisation education opportunities to maintain skills and comply with CPD requirements under the AHPRA and NMBA.

Risk management

Implement a documented risk management system and regularly review policies and procedures for management of Workplace Health and Safety (WHS), hazard identification and incident reporting.

Promote an organisational culture that takes a positive and proactive approach to clinical risk minimisation, responds to incidents and hazards with thorough and effective investigation and strategies to avoid or minimise risk to staff and consumers, encourage safety, and accountability at all levels and supports all staff that identify any work-related safety concerns.

Risk minimisation and staff and consumer safety considerations must be incorporated within all aspects of planning and delivery of the immunisation service. This includes provision of safe and appropriate equipment, infrastructure and work environment, compliance with latest communicable disease recommendations as relevant and applicable, adequate resources, safe and appropriate staffing levels,

EXPECTATIONS OF THE ORGANISATION

use of best practice clinical processes and data and records management.

Organisational policies and processes must support all strategies and processes within these SIPP to minimise the risk of a SIP vaccine incident or error.

Ensure prompt reporting of any incident that does occur to SA Health using the Program Error Report (Appendix 4), and implement effective investigation, management and documentation of any incident in accordance with organisational incident management processes and the SIPP.

Vaccine Safety

Implement policies and procedures to support use of the online SA Vaccine Safety Surveillance System (SAVSSS) and any other relevant surveillance systems.

Ensure that all clinical staff have the skills and training to provide clinical advice to members of the public regarding Adverse Events Following Immunisation (AEFI) and are able to competently identify, manage and report any serious or unexpected AEFI.

Program feedback

Promote a culture that focuses on continuous improvement.

Liaise with and encourage feedback between consumers and other stakeholders to ensure a successful and accessible immunisation program that meets the diverse needs of the target population.

Accept and respond accordingly to feedback received from consumers, staff, SA Health, and other stakeholders including the education sector and provide constructive feedback as required.

EXPECTATIONS OF THE INDIVIDUAL

Legislation, Protocols and Policies

Review the SIPP and other relevant framework documents and organisational policies and procedures at least annually and whenever updates occur.

Demonstrate sound knowledge and understanding of, and practice in accordance with all aspects of the SIPP and other relevant framework documents, standards and organisational policies. This includes Commonwealth and State Government communicable disease recommendations as relevant and applicable.

Maintain eligibility to vaccinate under the requirements of the Vaccine Administration Code and related documents and practice in accordance with these and other professional practice requirements.

Immunisation Resources

Access and appropriately use all relevant immunisation equipment, resources and specialised information and advice available to support safe and effective delivery of the SIP in accordance with organisational policies and procedures.

Contribute to any review and evaluation of resources, equipment and related organisational policies and processes and provide constructive feedback to the organisation to assist in ensuring that resources provided are suitable and sufficient to support safe and effective delivery of the SIP.

Demonstrate sound and up to date knowledge and understanding of the resources and guidelines that support safe and effective administration of vaccines in accordance with SA Health requirements, the School Immunisation Program Protocols (SIPP), Australian Immunisation Handbook and other relevant guidelines.

Proactively seek advice and support from SA Health as needed in relation to all aspects of SIP delivery and clinical advice for immunisation catch-ups, queries, and concerns.

Immunisation database and data management

Organisational IRIS Super Users to manage access for all relevant staff, maintain current organisational contact details and access the IRIS User guide and technical support when needed.

All individual IRIS users to demonstrate accurate and proficient use of IRIS, access the IRIS User guide and technical support when needed, make efficient use of the system's client data management and vaccine inventory features, and effectively use the specific SIP functionalities, including class lists to support safe delivery of the SIP and reduce the risk of program errors.

Support timely data entry of client consent data and vaccine administration data to enable the organisation to meet milestones and key performance indicators, support program safety and ensure timely transfer of data to the AIR to reduce the risk of program errors.

Support submission of de-identified aggregate data via IRIS to support monitoring and evaluation of SIP delivery, milestones and SIP coverage if the organisation, in agreement with SA Heath, is not using IRIS to record individual immunisation encounters.

Support regular monitoring of the organisation's SIP coverage and participate in solution focused activities to maximise coverage.

EXPECTATIONS OF THE INDIVIDUAL

Vaccines and Cold Chain management

Order appropriate quantities of the correct government funded SIP vaccines in accordance with the SIPP and all SA Health vaccine distribution policies and requirements.

Support maintenance of accurate vaccine inventory of government funded vaccines and manage these effectively to ensure appropriate use and minimise wastage.

Demonstrate sound understanding and use of the current National Vaccine Storage guidelines 'Strive for 5' and organisational cold chain policies, processes, equipment and resources, including the annual vaccine self-storage audit, and any other SA health specific cold chain requirements that support safe and effective use, management, storage and transport of vaccines.

Promptly report and seek support and advice regarding any confirmed or suspected cold chain breach to the organisation and SA Health, as soon as possible and prior to using or discarding any potentially affected vaccines.

Education and workforce

Registered nurses to maintain current registration with the Australian Health Practitioner Regulation Agency (AHPRA).

Demonstrate sound understanding and compliance with all AHPRA and Nursing and Midwifery Board (NMBA) professional standards of practice, including codes of conduct and Continuing Professional Development (CPD) and scope of practice.

Practice within prescribed scope of practice at all times.

Understand and comply with all organisational recruitment policies that support delivery of immunisation programs, including defined roles, responsibilities and accountabilities, relevant child related employment screening, new staff induction, orientation and mentoring processes and relevant training and education.

Registered nurses to successfully complete an approved immunisation course to enable them to vaccinate under the Vaccine Administration Code (VAC) or they must operate under an endorsed organisational standing medication order if not authorised to vaccinate under the VAC.

Complete annual Cardiopulmonary Resuscitation (CPR) or Basic Life Support (BLS).

Actively seek to attend IPN meetings and access other in-service and external immunisation education opportunities to maintain immunisation skills and knowledge, be able to provide accurate immunisation information and comply with CPD requirements under the AHPRA and NMBA.

Risk management

Understand and comply with the organisational risk management system and policies and procedures for management of Workplace Health and Safety (WHS), hazard identification and incident reporting.

Promote an individual and organisational culture that takes a positive and proactive approach to clinical risk minimisation.

Report all incidents and hazards to the organisational management and to SA Health (if applicable).

Actively participate in thorough and effective investigation of all incidents and hazards and development of strategies and solutions to prevent or minimise recurrence.

EXPECTATIONS OF THE INDIVIDUAL

Incorporate risk minimisation and staff and consumer safety considerations within all aspects of the immunisation service. This includes a safe work environment and staffing levels, use of a documented Risk Assessment process where required, use of appropriate equipment and resources, communicable disease recommendations as relevant, best practice clinical processes and timely and accurate data and records management.

Compliance with all strategies and processes within these SIPP to minimise the risk of a SIP vaccine incident or error.

Ensure prompt reporting of any vaccine related incident that does occur to SA Health using the Program Error Report (Appendix 3), and implement effective accountable investigation, management and documentation of any incident in accordance with organisational incident management processes and the School Immunisation Program Protocols (SIPP).

Vaccine Safety

Comply with policies and procedures in relation to the use of the online SA Vaccine Safety Surveillance System (SAVSSS) and any other relevant surveillance systems.

Registered nurses must maintain the knowledge, skills and training to provide clinical advice to members of the public regarding Adverse Events Following Immunisation (AEFI) and be able to competently identify and manage any serious or unexpected AEFI and submit a timely report to SA Health.

Program feedback

Participate in promotion of a culture that focuses on continuous improvement.

Encourage feedback and communication between consumers and other stakeholders to ensure a successful and accessible immunisation program that meets the diverse needs of the target population.

Accept and respond accordingly to feedback received from consumers, staff, SA Health, and other stakeholders including education sector.

Provide constructive feedback as required to the organisation, SA Health and other stakeholders to assist with continuous improvement and delivery of a high-quality immunisation service.

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IMMUNISATION PROVIDER CHECKLIST

This checklist should be reviewed and completed annually.

The organisation, the immunisation program coordinator, and all RNs should be aware of these requirements and be involved in the annual review.

SELF AUDIT CHECKLIST	Yes	No	Action – Date / Whom	Completed / Date
Legislative and workforce requirements				
The organisation is approved and is compliant with the recommendations contained in the ' <i>Organisations delivering immunisation programs-Information Guide</i> ' (Appendix 4).	<input type="checkbox"/>	<input type="checkbox"/>		
The organisation reviews the requirements of the SIPP annually and ensures compliance by all staff involved in the delivery of immunisation programs.	<input type="checkbox"/>	<input type="checkbox"/>		
All registered nurses have current registration with the AHPRA and a copy is retained on file.	<input type="checkbox"/>	<input type="checkbox"/>		
All registered nurses are authorised in accordance with the ' <i>Vaccine Administration Code</i> ' (Appendix 4) or are working under a valid SMO.	<input type="checkbox"/>	<input type="checkbox"/>		
All registered nurses are aware of their responsibilities under the SIPP, including infection control processes.	<input type="checkbox"/>	<input type="checkbox"/>		
All registered nurses are aware of the schedule of services within the current service agreement.	<input type="checkbox"/>	<input type="checkbox"/>		
All registered nurses have successfully completed and provided a copy of their annual CPR / BLS certificate to the organisation.	<input type="checkbox"/>	<input type="checkbox"/>		
All registered nurses and other relevant staff have a current valid Working with children child related employment screening and have provided current evidence to the organisation.	<input type="checkbox"/>	<input type="checkbox"/>		
All registered nurses have had prior immunisation experience or are being mentored in accordance with maintaining their scope of practice.	<input type="checkbox"/>	<input type="checkbox"/>		
The organisation complies with relevant Workplace Health and Safety regulations (Appendix 4).	<input type="checkbox"/>	<input type="checkbox"/>		

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SELF AUDIT CHECKLIST	Yes	No	Action – Date / Whom	Completed / Date
Vaccine storage equipment and monitoring processes				
Organisational policies and procedures support the recommendations in the current edition of the National Vaccine Storage Guidelines ‘Strive for 5’ and SA Health recommendations on cold chain management.	<input type="checkbox"/>	<input type="checkbox"/>		
The cold chain back-up plan incorporates the <i>Managing a Cold Chain Breach</i> flow chart and is in accordance with current National Vaccine Storage Guidelines, ‘Strive for 5’ and SA Health Vaccine Ordering and Storage recommendations.	<input type="checkbox"/>	<input type="checkbox"/>		
Vaccine storage self-audit per the current National Vaccine Storage Guidelines ‘Strive for 5’ is completed at least annually and any issues identified are actioned immediately.	<input type="checkbox"/>	<input type="checkbox"/>		
Preparations for outreach clinics incorporate the steps in Appendix 8 ‘Checklist’ in the National Vaccine Storage Guidelines ‘Strive for 5’, 3 rd Edition.	<input type="checkbox"/>	<input type="checkbox"/>		
Appropriate equipment and resources to store, transport and monitor vaccines at the organisation, outreach clinics and school sessions are available and used in accordance with the current National Vaccine Storage Guidelines ‘Strive for 5’.	<input type="checkbox"/>	<input type="checkbox"/>		
Facilities, resources and processes to support the immunisation program:				
The organisation ensures availability and access to resources and equipment to support safe and effective nursing practice including, but not limited to:	<input type="checkbox"/>	<input type="checkbox"/>		
Current School Immunisation Program Protocols and supporting documents	<input type="checkbox"/>	<input type="checkbox"/>		
Access to the Australian Immunisation Handbook, AIR and Immunisation Section	<input type="checkbox"/>	<input type="checkbox"/>		
Current National Vaccine Storage Guidelines ‘Strive for 5’	<input type="checkbox"/>	<input type="checkbox"/>		
Current National Immunisation Program; South Australian Schedule	<input type="checkbox"/>	<input type="checkbox"/>		
Anaphylaxis, AEFI and Program Error management protocols	<input type="checkbox"/>	<input type="checkbox"/>		

If you do not have all the above requirements or are unsure contact the Immunisation Section for further information on 1300 232 272

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DELIVERY OF A SCHOOL IMMUNISATION PROGRAM

It is the responsibility of School Immunisation Program (SIP) providers to coordinate and deliver all aspects of the program in accordance with relevant legislation, clinical practice recommendations, communicable disease recommendations as relevant, professional standards, guidelines and these protocols.

Cooperation, negotiation, and consultation with all schools are required to achieve best outcomes and coverage rates.

Primary components for the delivery of a successful SIP include:

- > planning and preparation;
- > clinical governance;
- > good relationships and effective communication with the schools;
- > effective communication with parents and students;
- > use of existing school communication systems;
- > appropriately trained and experienced immunisation staff;
- > adequate allocation of staff and resources at each visit;
- > compliance with cold chain process in accordance with the current national and state recommendations and requirements;
- > understanding of relevant consent legislation and regulations;
- > a high consent card return rate;
- > diligent consent checking and verification processes by experienced immunisation registered nurses;
- > verification of previous vaccination history using both IRIS and the AIR;
- > well organised, effective, and safe immunisation program delivery on the day;
- > follow up and delivery of catch up doses for **all** consented students;
- > opportunistic vaccination where possible;
- > effective management of adverse events following immunisation;
- > effective management of program errors, and
- > accurate and prompt data entry, data submission and records management as per the Service Agreement and the SIPP.

RESPONSIBILITY OF THE SCHOOL

- > Support the Memorandum of Administrative Arrangement between the Department for Health and Wellbeing and the Department for Education that promotes a coordinated and collaborative approach to achieve high immunisation coverage rates with minimal school disruption.
- > Complete the School Principal Confirmation Form and return to the School Immunisation Program (SIP) provider by the date specified.
- > Appoint a school contact person/s to facilitate implementation of the SIP in collaboration with the SIP provider.
- > Distribute relevant resources annually in accordance with the timeline specified by the SIP provider.
- > Promote the use of the supporting resources on the *School Immunisation Program-for schools and educators* SA Health webpage.
- > Achieve the highest possible consent card return rate, even where parents are not consenting for the student to have the vaccines at school.
- > Work collaboratively with and provide support to SIP providers to facilitate safe, effective delivery of the SIP and promote high coverage immunisation rates in line with public health initiatives.
- > Use the Department for Education (DE) 'School Immunisation Program (SIP): DE School Checklist' as required to support planning and effective facilitation of the SIP. This operational document is available on the *School Immunisation program – vaccinations for year 7 and 10 students* (education.sa.gov.au) website page.
- > Support Workplace Health and Safety principles for the benefit of students, school staff, and SIP providers, including provision of facilities and resources that allow the latest communicable disease recommendations as relevant and applicable.
- > Address and resolve any findings following risk identification and assessment conducted by the SIP provider on individual schools to promote safe immunisation delivery in a school setting.

ROLE AND RESPONSIBILITIES OF THE SCHOOL CONTACT PERSON/S

The school contact person/s is a liaison point between the SIP provider, school staff, and students and facilitates cooperation and collaboration between all parties to promote and assist with coordination and delivery of a safe and effective SIP. This includes but is not limited to:

- > liaise between the SIP provider and school principal, staff and students;
- > encourage the schools to send parents electronic versions of the parent information prior to the hard consent packs being sent home, to enable easy access to links for further information,
- > assist in the confirmation of scheduled immunisation and information session dates and facilitate prompt and accurate completion of the *School Principal Confirmation Form* (Appendix 3) with the **current** year student enrolments and return of the completed form to the SIP provider by the date specified;
- > consent card distribution and return, aiming for a return rate of 100% of all consent cards, including those where consent has not been given;
- > collaborate with the SIP provider to assist with development of the timetable for vaccinations for each visit for Year 7 and Year 10 students;
- > ensure adequate school staff assistance is provided on the day including in the immunisation area and to accompany students back to classrooms;
- > booking of the room/venue for the day and ensuring all facilities, resources and equipment are adequate, ensure privacy;
- > assistance with risk identification and assessment (Appendix 3) of the school environment as required and resolution of any issues;
- > assist with promotion of the SIP via the school's electronic communication methods where possible and use of the SIP educational resources on the SA Health website;
- > promoting the use of Aboriginal specific targeted SIP resources as applicable
- > encourage students to wear sports uniform for vaccinations;
- > encourage students to have breakfast on vaccination day;
- > ensure teachers are aware that classes must arrive at allocated times;
- > assist in locating students who have not presented to the vaccination session;
- > provide list of absent students who were due to present on the day;
- > encourage students to remain quiet and calm prior to and following vaccination;
- > ensure adequate supervision has been arranged while students are in the immunisation area;
- > assist with any follow up required throughout the year; and
- > use the DfE 'School Immunisation Program (SIP): DfE School Checklist' as required to support planning and effective facilitation of the SIP. (This operational document is available on the *School Immunisation program – vaccinations for year 7 and 10 students* (education.sa.gov.au) website page.

PREPARATION FOR THE SIP YEAR

Planning and preparation for the program for the following year should commence well in advance to ensure that:

- > providers are aware of their level of organisational commitment and resources required to deliver the upcoming SIP to a high standard;
- > schools are aware of their responsibilities for allocation of a suitable venue, equipment and staffing;
- > schools can confirm dates and finalise their calendars for the upcoming year with consideration for school holidays, exam times, school camps, excursions and sports days etc; and
- > early identification of potential risks facilitates resolution of issues in advance so that a safe working environment for safe delivery of immunisations is provided.

For most providers, this preparation should commence no later than September – October and includes but is not limited to:

- > planning of dates for all school visits with:
 - o **at least 8 weeks** between meningococcal B doses; **and**
 - o consideration to commence Year 10 visits as soon as practical to ensure completion of second visits prior to students attending off site curriculum requirements (e.g. VET or work experience placements) end of year exam preparation.
 - o all Year 7 and Year 10 visits **completed by 15 November**.
- > confirmation of the contact person/s for the upcoming year;
- > negotiation with the school contact person regarding dates for all visits, venue and equipment;
- > assessment of the room and available equipment for its suitability to accommodate safe immunisation delivery in accordance with the SIPP;
- > completion of the *Risk Identification and Assessment* (Appendix 3) if applicable and negotiate with the school contact person and/or school principal to resolve any identified issues prior to vaccination day;
- > encouragement of the use of school electronic communications systems for notices and vaccination day reminders to parents;
- > promoting of the SIP utilising resources and information on the SA Health SIP pages (student, parent and educators' sections)
- > promoting the use of Aboriginal specific targeted SIP resources as applicable
- > providing the *School Principal Confirmation Form* (Appendix 3) to each school principal in **February of each school year** to confirm scheduled visit dates and accurate student enrolment numbers for that SIP year. (Estimated student enrolment numbers from the previous year are not to be used);
- > following up with school contact person if the *School Principal Confirmation Form* (Appendix 3) is not returned by the date specified or if you need to further discuss visit dates or any other information;
- > providing the *Roles and Responsibilities of the School Contact Person Declaration Form* (Appendix 3) to the school contact officer (if required)
- > following up with the school contact person if the *Roles and Responsibilities of the School Contact Person Declaration Form* is not returned by the specified date
- > submitting total enrolments and visit dates for each school on the SA Health IRIS SIP Planning page.

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Where the school principal has declined to allow the SIP to be delivered in their school or there are no enrolments the SIP Planning page must still be completed. Complete data submission as early as possible in the school year, and not later than **31 March of each school year**, to ensure SA Health is advised of accurate enrolment numbers for the year on which payments and key performance indicators (KPI) are calculated; and

- > scheduling adequate time for the return, assessment, and data entry for **consented students**:
 - o **as early as practicable in the school year**; and
 - o **prior to the planned first visit dates**; and
 - o **prior to the deadline of 31 July**, even if the visits are scheduled after this date.

PARENT COMMUNICATIONS

It is recognised that systems of communication with parents have changed over time as technology has developed.

To promote the best possible school consent card return rate and increase SIP coverage, all providers should collaborate with their schools to encourage use of the school's electronic communication systems to send some immunisation related messages and notices to parents.

These systems have been successfully used to increase attendance on vaccination day and improve coverage.

School electronic communication systems, including apps and SMS can be used to:

- > advise parents about the SIP and send electronic versions of the *consent pack – parent information letter* to enable parents to have more time to access further information via the links
- > advise parents when the consent packs are being sent home
- > send reminder notices to parents to return consent cards and prior to vaccination day/s
- > provide links to School Immunisation Program [information for parents and carers](#), and for [students](#) on the SA Health website, including <https://www.health.gov.au/news/school-based-vaccinations-for-teens-to-encourage> students and parents to view together at home and start an immunisation conversation.

SIP providers may also choose to implement their own organisational electronic communication systems, including SMS to:

- > notify parents of vaccine doses missed at school;
- > provide information on how and where to access catch up doses;
- > recall consented students for catch up or due doses; and
- > work with schools to contact parents who have not returned consent cards, re-issue consent information if possible.

STUDENT INFORMATION SESSIONS

Providers are strongly encouraged to consider delivering information sessions prior to commencement of the SIP at schools where there has previously been low consent card return rates, low compliance by the school and/or students, and low immunisation coverage rates.

Education sessions prior to commencement of the annual SIP inform staff and students about the vaccines and diseases covered in the program, what to expect on immunisation day, and how to prepare for vaccination day.

Information sessions can assist to:

- > achieve a better consent card return rate and vaccination uptake;
- > alleviate student anxiety;
- > improve students' awareness and understanding of the vaccines recommended for them;
- > improve school staff cooperation on the day; and
- > deliver a well organised and efficient school immunisation session.

Commonwealth resources and school immunisation videos are available online and links to these and other helpful resources can be found on the School Immunisation Program – information for [students](#) on the SA Health website.

VACCINE AND COLD CHAIN MANAGEMENT

Cold chain and vaccine management processes must be effective to ensure the availability of safe and viable vaccines for use at all school sessions and clinics.

Sound and timely data management processes are essential to enable effective preplanning of all school visits to ensure that vaccine ordering, storage, transport, and management are in accordance with all relevant guidelines and policies.

The **National Vaccine Storage Guidelines, ‘Strive for 5’ (Appendix 4)** contain specific details for setting up the infrastructure for a vaccination service and must be incorporated within the organisational policies.

> **Consent cards must be processed before each school visit to:**

- determine the consent card return rate and number of consented vaccines for each school;
- compare the consent card return rate and vaccines consented to enrolment numbers to calculate vaccine orders and ensure that adequate vaccines are available for each school visit but minimal stock in original packaging is returned to the fridge at the end of the day (i.e. known consents plus reasonable additional vaccines for consents that may be received on the day);
- plan vaccine transport in advance to ensure adequate staff time for esky/shipper preparation and appropriate resources, eskies/shippers, ice bricks, insulation, and monitoring equipment are available; and
- plan a safe and realistic timetable for the day that includes numbers for each class/home group. The timetable is to be used to determine the appropriate number of vaccines to be prepared prior to arrival of the students, between scheduled breaks and throughout the session.

> **Compliance with ‘Strive for 5’ includes, but is not limited to:**

- **annual** ‘vaccine storage self-audit’ as per the current ‘*Strive for 5*’ and correction of any noncompliant issues;
- effective staff knowledge and regular training on ‘*Strive for 5*’ and the additional information on vaccine storage, cold chain breach management and back up plans on the SA Health Vaccine Ordering and Storage webpage;
- vaccine purpose-built fridge with a data logger;
- accurate and effective fridge temperature monitoring processes, including the ability to download, record and save data logger information;
- prompt identification and reporting of any cold chain breach outside of +2° to +8 °C with affected vaccines being **isolated and not used** until advised by the Immunisation Section;
- effective cold chain back-up plan in case of power or fridge failure;
- appropriate vaccine ordering processes that ensure adequate stock is available without stockpiling or overcrowding the fridge;
- storage and transport of vaccines in their original packaging; and
- effective and compliant Cold Chain management at schools or other outreach clinics, including:
 - appropriate eskies/shippers, insulation materials, ice bricks, and thermometers for

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transportation and monitoring for schools and outreach clinics;

- correct preparation and packing of eskies/shippers for schools and outreach in accordance with the current '*Strive for 5*', including staff rostering to allow time for conditioning of ice bricks;
- monitoring and recording of esky/shipper temperatures at school and outreach clinics as per the '*Strive for 5*' using the *Outreach Clinic Vaccine Management* form (Appendix 3);
- reset of thermometers every time the temperatures are checked and recorded;
- visibility of the minimum maximum thermometer without opening eskies;
- minimal frequency of access to the main esky/shipper to improve temperature stability;
- additional smaller esky/eskies to store prepared vaccines prior to use at schools;
- minimal handling of vaccines;
- protection from light; and
- reconciliation of vaccines at the end of every immunisation session using the *Outreach Clinic Vaccine Management* form (Appendix 3).

CONSENT

1. Delivery and collection of consent cards

To reduce the risk of errors and delays at the first school visit due to large numbers of unprocessed consent cards and verbal consents, every effort should be made to achieve the highest possible consent card return rate.

To achieve the highest possible return rate:

- > encourage the schools to send parents electronic versions of the parent information prior to the hard consent packs being sent home, to enable easy access to links for further information;
- > encourage the school to send reminder correspondence to parents to return consent cards to increase the return rates and optimise coverage rates;
- > deliver consent cards at the beginning of the year and advise the school contact person of the collection date for returned consent cards;
- > allow 2 weeks for the return and collection of consent cards to help maximise the return rate;
- > advise the school contact person/teachers that:
 - o 100% of consent cards should be returned, even where consent is not given;
 - o consent cards must be completed by the parents/legal guardians of students aged less than 16 years of age and that students aged 16 years of age or over may sign their own consent card;
 - o consent cards are confidential legal documents and must be stored securely;
 - o scanned consent cards received should be printed double sided where possible; and
 - o all consent cards should be returned to the school contact person for collection by the SIP provider.
- > a follow up call to the school contact person a few days prior to the collection date to check progress of consent returns is recommended;
- > compare the number of consent cards returned to enrolment numbers to calculate the return rate; and
- > where the return rate is low, further follow up with the school contact person will be required to increase the return rate.

2. Processing and data entry of consent cards prior to school visits

- > Data entry of SIP consents into IRIS:
 - o **must include verification of previous vaccination history on both IRIS and the AIR at the time of entering the consents;**
 - o **should** be completed as early as practicable in the school year;
 - o **must** be completed **before** each school visit; and
 - o **must** be completed by **31 July** of each school year **for ALL** SIP consents for all schools, even if the first visit to a school is scheduled after this date.

This is required to support vaccine management processes and reduce risk of program errors.

If it is anticipated that there will be difficulty meeting the above requirement the Service Provider must contact the Immunisation Section for advice.

- > It is essential for a Registered Nurse (RN) to review **ALL** consent cards that have been returned and ensure that queries and consent confirmations have been fully addressed prior to the school visit.
- > Other immunisation or administrative staff may initially sort the consent cards into class/home groups and alphabetical order prior to the RN review.
- > It is the RN's responsibility to contact the parent/legal guardian (or student if 16 years of age or over and self-consenting) prior to vaccination day to follow up any queries and clarify any uncertainties to reduce risk of errors and delays at the school.
- > For more information on adolescents in short or long-term care under the guardianship of the Chief Executive of the Department for Child Protection (DCP) in family based care , refer to the Department for Child Protection - Who can say OK.
- > Where an incomplete or incorrectly signed consent card has been received, verbal confirmation of consent should be obtained using the process listed under the heading 'Phone/Verbal Consent'.
- > IRIS student class lists (alphabetical, per class or per home group as required) should be generated as close as possible, **preferably within 2 days and not more than 5 days prior to the visit** so they are as up to date and accurate as possible. Class lists printed too early will not include students who may have recently received school vaccines administered by another IRIS school provider either at another school or clinic.
- > Refer to the IRIS User Guide for the process of students transferring between schools to enable both previous and new SIP providers accurate class lists.

3. Managing consent forms received on the day of a school visit

- > A student under 16 years of age who did not previously return a completed consent card but presents on vaccination day, with a consent card completed and signed by the parent/legal guardian can be vaccinated on the day provided that:
 - o the RN first verifies previous vaccination history using IRIS and the AIR and confirms the correct vaccines that require consent; **and**
 - o the consent card is correctly completed; **and**
 - o prior to vaccination, the RN follows up any information or queries that require clarification with the parent/legal guardian; **and**
 - o when the student presents in turn to the RN for vaccination, all processes as per 'Verification of written consent on vaccination day' are still followed.
- > A student under 16 years of age who did not previously return a completed consent card but presents on vaccination day without a consent card completed and signed by the parent/legal guardian can be vaccinated on the day provided that:
 - o the RN first verifies previous vaccination history using IRIS and the AIR and confirms the correct vaccines that require consent; **and**
 - o a consent card is completed; **and**
 - o the RN then contacts the parent/ legal guardian on the day and obtains and documents valid verbal consent using the "Verbal Consent" process below; **and**
 - o when the student presents in turn to the RN for vaccination, all processes as per 'Verification of written consent on vaccination day' are still followed.

NB: If these conditions cannot be met on the day, then vaccination must be deferred until these conditions can be met.

- > Students 16 years of age or over who did not previously return a completed consent card but present on the day may consent for themselves and be vaccinated on the day provided that:
 - o The RN first verifies previous vaccination history using IRIS and the AIR and confirms the correct vaccines that require consent; **and**
 - o a consent card is correctly completed (if not already done) and signed by the student; **and**
 - o prior to vaccination, the RN follows up any information or queries that require further clarification; **and**
 - o the student is encouraged to contact their parent/legal guardian to discuss their decision before vaccination takes place; **and**
 - o when the student presents in turn to the RN for vaccination, all processes as per 'Verification of written consent on vaccination day' are still followed.

NB: If these conditions cannot be met on the day, then vaccination must be deferred until these conditions can be met.

4. Verification of written consent on vaccination day

In a school program, the parent or legal guardian is not present when a student is vaccinated, and a consent card previously signed by the parent/legal guardian or student if 16 years of age or over is used.

In South Australia "A person of or over 16 years of age who has decision-making capacity can consent or refuse medical treatment or health care" (Consent to Medical Treatment Policy Guideline, Version 1, 2024)

It is the vaccinating nurse's responsibility to ensure that each student presents with the correct consent card and to verify valid consent.

At a minimum, prior to vaccination, the vaccinating nurses must confirm with each student:

- > full name of the student and additional unique identifiers (e.g., date of birth, address) as required to ensure verification of identity and consent;
- > name of the consenting person (parent/legal guardian or student if 16 years of age or over and self-consenting);
- > relationship to student of the consenting person (parent/legal guardian or student if 16 years of age or over and self-consenting);
- > each ink signature on the consent card is that of the parent/legal guardian or student if 16 years of age or over and self-consenting;
- > the correct year level of the student;
- > vaccines where consent is given;
- > responses to the pre-vaccination checklist;
- > if the student is well enough for vaccination;
- > if the student has already received the consented vaccine; and that any minimal intervals between doses are observed (including recent ADT if administering a dTpa vaccine) and
- > whether any details or other information have changed since consent was provided by the parent or legal guardian (or student if 16 years of age or over and self-consenting).

5. Verification of written consent where consent has been provided in the previous year

“As a general rule, a consent should be renewed after 12 months” (*Consent to Medical Treatment Policy Guideline, Version 1, 2024*)

SIP providers may offer follow-up of missed doses at a school visit in the year immediately following the year in which the doses were initially offered provided that:

- > previous vaccination history has been verified by the SIP provider using IRIS/AIR preferably within 2 days and not more than 5 days prior to the visit; **and**
- > the **parent/legal guardian** has been contacted by the RN prior to vaccination to reconfirm the consent details using the process described in ‘Phone/Verbal Consent’ below; **and**
- > the RN documents the reconfirmation of consent using the process described in ‘Phone/Verbal Consent’;

OR

- > previous vaccination history has been verified by the SIP provider using IRIS/AIR preferably within 2 days and not more than 5 days prior to the visit; **and**
- > prior to vaccination, the provider has reconfirmed the consent details with the **student if they are 16 years of age or over and are self-consenting** on the consent card; **and**
- > the RN documents reconfirmation of consent details on the consent card, including date, time and signature and printed name of the RN.

6. Phone / verbal consent

If there is any query or discrepancy with the completion of the consent card, verification of valid consent with the parent/legal guardian (or student if 16 years of age or over) must occur and may be obtained verbally and documented on the consent card by the RN.

Verbal consent is considered valid when the registered nurse has confirmed the following minimum information:

- > student’s full name and date of birth;
- > that the person on the phone is the parent/legal guardian or student if 16 years of age or over and self-consenting;
- > the parent/legal guardian or student if 16 years of age or over and self-consenting has received the consent pack including the consent card or is provided with adequate information to make an informed decision;
- > the parent/legal guardian or the student if 16 years of age or over and self-consenting has understood the information provided, including the risks and benefits of vaccination and post vaccination care;
- > the parent/legal guardian or student if 16 years of age or over and self-consenting has had the opportunity to ask any questions or request more information;
- > that the student has not previously received the vaccines (this final check is in addition to the prior verification of doses on IRIS and the AIR);
- > the parent/legal guardian or student if 16 years of age or over and self-consenting understands that information provided on the Consent Card, and information related to vaccines administered will be stored electronically and/or in hard copy as a medical record, will be disclosed to staff involved in the provision of an immunisation service for SA Health and local government councils and their immunisation providers and that Immunisation records will be recorded on the Australian Immunisation Register and stored on the student’s Medicare account; and

- > a second person, preferably another RN must also confirm the above consent criteria with the parent/legal guardian or student if 16 years of age or over and self-consenting.

Following confirmation of verbal/phone consent, the following minimum information must be documented on the student's SIP Consent Card:

- > name of the parent/legal guardian contacted or student if 16 years of age or over and self-consenting;
- > date and time of contact;
- > that valid consent has been obtained by phone for vaccination; and
- > printed name and signature of the RN and witness of the verbal consent.

7. Consent via interpreter / translation services

If a family is identified as requiring an interpreter or translation to obtain valid consent, assistance may be accessed from:

- > Translating and Interpreting Service (TIS National)
- > Interpreting and Translating Centre (ITC)

Refer to the websites for fees, terms and conditions.

If an interpreter is used for gaining valid consent, the name, qualification, organisation, and date/time the service was accessed should be clearly documented on the consent card or medical record.

IMMUNISING AT A SCHOOL

1. Before immunisation day

- > Encourage the school to send reminder correspondence to parents before upcoming visits to promote increased attendance on the day and optimise coverage rates.
- > A minimum of two registered nurses (RNs) should be allocated to each school visit:
 - o two RNs are required to safely administer vaccinations as well as deal with queries from staff, parents/legal guardians and students, review any late consent cards and verify any previous immunisation history using IRIS and the AIR, and manage anxious students, students who faint, experience anaphylaxis, or other adverse reactions;
 - o allocate staff according to the number of students and whether double or single vaccinations are due; and
 - o consider individual school determinants, e.g. the level of cooperation and support from the school, consent card return rate, venue, any COVID-19 recommendations (if applicable).
- > Planning the visit day timetable prior to the school visit is the **responsibility** of the **SIP provider** in consultation with the school contact person. Be realistic with time allocation and allocate the class/group times in relation to:
 - o school start times, lesson, and break times. Fit in with these times as far as possible;
 - o number of nurses vaccinating;
 - o whether double or single vaccinations are being given;
 - o number of students in each class/group as per the class lists generated from IRIS;
 - o consent card return rate;
 - o allocation of time for administrative staff to collate consent cards at the end of each class;
 - o individual school determinants, e.g. room size and layout, pre and post vaccination areas;
 - o previous experience with the school student behaviour standards/numbers of anxious students; and
 - o additional time as required for implementation of applicable communicable disease recommendations as applicable.
- > Email allocated class times and any other information to the school contact person prior to each visit and ensure you confirm:
 - o receipt of the information;
 - o that it has been reviewed by the school contact person/s;
 - o suitability of the timetable, arrival and start time and planned presentation of students;
 - o that there are no school assemblies or other events which conflict with the schedule;
 - o that students will receive a reminder to wear sports uniform on the day;
 - o that parents have been sent reminder correspondence from the school;
 - o room location and access, set up and equipment required; and
 - o availability of assistance on the day.

2. At the school

Arrival and set up

- > Arrive a minimum of 30 minutes before the first class is scheduled for vaccination.
- > Follow school sign-in processes and ensure the school contact person is informed of your arrival.
- > Confirm with the school contact person:
 - o that all classes are present (e.g. not away at camp or sport etc.);
 - o that teachers are aware of the time to attend with their class and the need to be on time;
 - o the preferred order of presentation of students for the day – e.g. male/female/alphabetical; and
 - o that they are clear about their responsibilities for the day, including any specific requirements and have clarified any concerns or queries.
- > Take all immunisation resources and equipment to the allocated vaccination area:
 - o check the room and post vaccination area set up and request any missing equipment;
 - o ensure the room set up is suitable and safe and occupation health and safety requirements have been addressed.
 - o check the availability of hand washing facilities and ensure appropriate hand hygiene products are available to all staff;
 - o check that a phone is available;
 - o set up the administrative area;
 - o set up nurses' work area to allow the flexibility and space for nurses to adapt to vaccinating students in pairs or singly;
 - o ensure the esky is easily accessible to all nurses and the thermometer can be checked regularly and recorded every 15 minutes for the first 2 hours than at least hourly; and
 - o maintain a constant awareness of a safe environment for staff and students at each school.

Pre-vaccination and vaccination

- > A school staff member, preferably a teacher, should accompany the students while in the vaccination area to manage student behaviour before and after vaccination.
- > As each class arrives, have students line up as agreed upon for the day e.g. males/females or alphabetical. The format used for presentation of students will vary according to the number of nurses vaccinating and vaccines to be given.
- > Students present to the administration officer who marks the students due to be vaccinated off the list and gives the signed consent card to the students.
- > Ask the students to read the *Pre-vaccination Screening Checklist* (Appendix 3) while they wait to see the nurse.
- > Ask students to remove jumpers/jackets.
- > Students present to nurse for vaccination when called or directed by staff.
- > Prior to administering any vaccines, the Registered Nurse must at a minimum:
 - o verify the student's full name and use additional unique identifiers (e.g., date of birth, address

as required to ensure verification of identity and consent);

- verify with the student the name and relationship of the consenting person (parent/legal guardian or student if aged 16 years or over and self-consenting);
- verify with the student that each signature on the consent card is that of the parent or legal guardian, or their own if 16 years of age or over and self-consenting; (Refer to [Department for Child Protection- Who can say OK](#) for further information).
- verify the student year level;
- verify which vaccines have been consented for;
- assess the responses to the pre-vaccination checklist;
- determine if the student is well enough for vaccination;
- check if any details have changed since the consent was provided by the parent/legal guardian (or student if aged 16 years or over and self-consenting); and
- check with the student if they have already received this vaccine and on **every** occasion where a student advises that they have, may have, or thinks they may have already received this vaccine, **re-verify** the previous vaccination history using IRIS and the AIR and follow up with the parent/legal guardian prior to vaccination. (Reminder- the recommended interval between a dT and a dTpa vaccine is 4 weeks)

If immunisation providers cannot adequately clarify whether or not the student has already received the vaccine, vaccination must be deferred until the previous vaccination history can be confirmed.

> When conducting the pre-vaccination checks ensure all students:

- are offered privacy, time to ask questions and have any concerns addressed
- are vaccinated in a safe environment, sitting down unless they are identified as being at increased risk of fainting. These students may need to be vaccinated lying down.
- sensitivity with pre-vaccination information, e.g. pregnancy;
- confidentiality, except for where the nurse “suspect on reasonable grounds that a child or young person is, or may be, at risk of harm, when the suspicion is formed in the course of their employment. Abuse and neglect types that must be reported include sexual abuse or grooming, physical or emotional harm, domestic and family violence, neglect, substance use and/or mental health or social and emotional wellbeing that impacts the safety and wellbeing of the child or young person. (*Mandated reporters or notifiers and their role, Department for Child Protection.- Accessed July 2024*); and
- quiet and calm management of anxious students.

> Anxious students may need additional support:

- SIP providers need to acknowledge that anxiety about receiving an injection is a real problem for some students;
- anxious students may benefit from additional distraction and relaxation techniques; and
- if an anxious student continues to be uncooperative and obviously distressed despite reassurance, do not proceed with vaccination.

> If a student has disclosed contraindications for immunisation, they may require further information, follow-up and/or support.

> If consented vaccines are not administered for any reason, document and notify the consenting person

as soon as possible and no later than one week after the school visit to advise them that this has occurred and provide a clinic timetable for access to catch up doses.

- > Administer consented vaccines in accordance with recommendations in the online Australian Immunisation Handbook.
- > Where two vaccines are required, simultaneous administration by nurses working in pairs is recommended if the student consents to this.
- > Dispose of used needle, syringe, and contaminated cotton wool in sharps container.
- > If any adhesive, e.g. tapes or bandaids are used in covering the injection site, check for allergy/sensitivity prior to use.

Post-vaccination

- > Provide the student with the completed '*School Immunisation Program - Personal Immunisation Record*' (PIR) with instructions to retain for future reference. The record must include:
 - o legal name of student;
 - o date and time vaccine(s) administered;
 - o brand name and batch number of vaccine(s);
 - o dose number (if applicable);
 - o site vaccine(s) administered;
 - o signature and printed name of the nurse who administered the vaccine; and
 - o name of organisation.
- > Inform students of potential reactions following immunisation; how to manage them and the contact phone numbers on the PIR if there are any problems or queries.
- > Direct the student to the observation area to sit down and wait for at least 15 minutes before returning to class.
- > If the student looks pale or faints:
 - o lie the student down, raise their legs, and monitor until the student recovers;
 - o once the student recovers and feels well enough, they may return to class;
 - o if necessary, arrange for the student to attend the school sick room and inform school staff;
 - o the SIP provider must inform the parent or legal guardian by completing the *Response to Vaccination* form (Appendix 3) to be taken home by the student on the day of vaccination;
 - o document on the student's organisational records that this student has had a known fainting episode for future reference and management; and
 - o refer to the Adverse Events Following Immunisation section for further information.
- > Students must be supervised at all times by a teacher or other school staff member while waiting to return to the classroom and should remain seated during this time. The nurse is to be informed immediately if any student feels unwell or the teacher is concerned during this time.
- > The supervising school staff member and students should not leave the vaccination area until advised by the SIP provider.
- > If the school staff member supervising the students is required to leave the area, even for a brief

period, they must inform the registered nurse to ensure arrangements are made for replacement supervision.

- > The supervising school staff member must accompany their students back to the classroom following the 15-minute wait period.
- > In the event of any concern regarding a student's condition following immunisation, it is the registered nurses' responsibility to call an ambulance if they consider it clinically warranted, however, this should not delay calling of an ambulance by any responsible party if they feel it is warranted.
- > On completion of each class/group:
 - o confirm absentees with the school contact person;
 - o request the school contact person to locate any students who did not present with the class but are consented and not absent from school; and
 - o collate the following statistics:
 - number of students in the class;
 - number vaccinated on the day; and
 - number absent on the day.

3. Prior to leaving the school

- > Always check with the school staff if any students have presented to the sick room since leaving the observation area.
- > Ensure all students remaining in the sick room have been assessed by immunisation nursing staff before the nurses leave the school site.
- > Ensure that a *Response to Vaccination* form (Appendix 3) has been provided to any student who experienced any of the following after vaccination:
 - o fainted;
 - o became pale and needed to lie down;
 - o developed a headache; and/or
 - o felt nauseous.
- > On completion of all classes for the session and before leaving the school, complete the vaccine reconciliation on the *Outreach Clinic Vaccine Management* form (Appendix 3) and ensure that vaccines remaining balance against vaccines taken and the number of doses given.

PROGRAM ERROR / VACCINE ADMINISTRATION INCIDENT

Delivering a well organised SIP in accordance with these protocols will minimise the risk of program errors.

Program errors or vaccine administration incidents may involve single or multiple students and may include, but are not limited to:

- > administration of an incorrect, unconsented or compromised vaccine;
- > administration of a vaccine where a contraindication exists;
- > incorrect route of administration;
- > failure to observe minimal interval;
- > incorrectly prepared vaccine
- > administration of a duplicate vaccine dose; and
- > incorrect documentation of an administered vaccine either on the organisational record or student's take home record.

When an error or incident occurs, or is identified, it must be actioned immediately using comprehensive incident management processes and with professional accountability and conduct at all stages of the process.

The actions required and the order in which they should occur will vary depending on:

- > the type of error or incident;
- > whether it is identified while still at the school; or
- > whether it is identified after leaving the school.

Actions required following a SIP error or incident include, but are not limited to:

- > take any immediate action required to ensure the safety of the student;
- > document the incident, ensuring the information is as detailed as possible. This may be required in the event of legal action;
- > notify the parent/legal guardian;
- > inform the student(s) (if applicable);
- > inform the school contact person (if applicable);
- > observe for potential adverse events (if applicable);
- > subsequent follow up to determine if an adverse event was associated with the incident (if applicable);
- > complete an AEFI report (if applicable);
- > investigate practices in a professional and accountable manner to determine the cause and extent of the incident;
- > implement corrective actions and preventative strategies to avoid recurrence;
- > seek advice from the Immunisation Section prior to providing revaccination advice to a parent;
- > notify the parents/legal guardians of the outcome of the investigation (if applicable);

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- > complete the *Program Error Report* form (Appendix 3) and submit to the Immunisation Section as soon as possible on the day the incident is identified, ensuring the information is as detailed as possible, includes clear detailed actions, contributing factors, responsible person/s, date/s of completion or due date/s for completion, evidence to demonstrate that the action has been completed or details of the evidence that will be provided to SA Health on completion of the action and any other additional documentation as required;
- > notify an appropriate organisational line manager of the incident. The line manager should be included in correspondence related to the incident;
- > include the appropriate council contact or manager in correspondence related to the incident (where a council has subcontracted the service);
- > complete any additional organisation specific incident documentation as required; and
- > notify SA Health of the outcome of the investigation in writing, usually via email. This must include confirmation of implemented changes to work practices, policies, procedures, staff training etc and should include supporting documentation.

Examples of supporting documentation to accompany the completed Program Error Form could include minutes from team meetings, staff correspondence, details of staff training, copies of amended policies and procedures etc.

REPORTING OF ADVERSE EVENTS FOLLOWING IMMUNISATION (AEFI)

Reporting of AEFI supports vaccine safety and surveillance systems and promotes continual monitoring of immunisation programs.

An AEFI (excluding very common or common reactions) is a notifiable condition. Health professionals who are authorised to vaccinate independently as per the Vaccine Administrative Code must report an AEFI to SA Health.

This includes events which are observed by the SIP provider and events which are notified to the SIP provider at a later time.

- > Fainting is a relatively common adverse event after adolescent vaccination. Most faints occur either immediately or soon after vaccination and resolve within a short time.
- > However, if the faint does not resolve within a short time, the student experiences a seizure or the episode results in an injury to the student, it must be reported to SA Health using the standard process for reporting of serious or unexpected adverse events. This ensures SA Health is officially notified of incidents which may involve further investigation.
- > AEFI should be reported to SA Health using the SA Vaccine Safety Surveillance System (SAVSSS) by completing and submitting the online *Vaccine Reaction Reporting Form* (Appendix 4) as soon as possible, ideally within 24 hours of the event or of the provider being notified.
- > Additional program specific enhanced passive or active vaccine safety surveillance systems may be introduced and/or endorsed by SA Health. If this occurs, it is expected that SIP providers will actively participate in these as required.
- > Additional information regarding adverse events following immunisation including management of adverse events and reporting can be found in the online Australian Immunisation Handbook and on the SA Health website.

FOLLOW UP DOSES

The School Immunisation Program Service Agreement stipulates that SIP providers will ensure **all** consented students are offered follow up immunisation/s.

If a student is absent, unwell, or not vaccinated as planned at school for any reason, follow up vaccination must be offered by the SIP provider.

- > At a minimum, provide written correspondence to advise the consenting person about the missed vaccinations and clinic times/locations where catch-up doses can be accessed. This written correspondence should be provided as soon as possible, and no later than 7 days after the school visit.
- > A *Missed Vaccination* template is available in Appendix 3 of these protocols to assist providers.
- > Consider implementing automated systems for text message reminders, recalls and follow up for consented students who are yet to start a vaccine course or need to complete a vaccine course.
- > Follow up immunisation through the SIP provider clinic is preferred but if the student or parent/legal guardian prefers, they may access the vaccine/s from another immunisation provider. Opportunistic catch-up immunisation of adolescents presenting to an alternate immunisation clinic is encouraged to improve immunisation coverage.

DATA, RECORDS AND INFORMATION MANAGEMENT

Effective, accurate and timely data entry and data management is critical to all aspects of delivering a safe and efficient SIP.

1. Immunisation Records and Inventory System (IRIS)

Read the [IRIS user guide](#) in conjunction with this section

- > Most SIP providers use IRIS for records management.
- > IRIS has been designed to:
 - o support immunisation providers to manage immunisation records and vaccine inventory;
 - o meet the records management requirements within the SIP service agreements with SIP providers; and
 - o transmit immunisation records to the AIR each night to keep client history statements up to date and contribute towards South Australian published coverage data.
- > IRIS is a **multi-user** system and timely and accurate data entry is essential.
- > Delays and inaccuracy in entering SIP consent and encounter data impact individuals and other IRIS users and **can lead to program errors** and operational inefficiencies such as:
 - o inaccurate class lists;
 - o delays in transmission of records to the AIR;
 - o delay in assessing the need for catch up doses;
 - o inaccurate coverage rates;
 - o inability to utilise the vaccine management functions; and
 - o impact to provider funding.

2. Data entry requirements

> SIP Consent Cards

- o It is essential that students consented to have vaccines at school are entered into IRIS and linked to the current year SIP as soon as possible.
- o All consents must be entered prior to a school visit and at the latest by **31 July** even if the first visit is scheduled after this date.

If it is anticipated that there will be difficulty meeting the above data entry requirements, the Service Provider must contact the Immunisation Section for advice.

> Vaccines administered

Data entry for all administered vaccines should optimally occur on the day of administration but must be completed within 10 days following administration of the vaccine.

> Service Providers **using IRIS will:**

- enter individual encounters on IRIS at the time of, or as soon as is practicable and no later than **10 days** following administration of the vaccine. IRIS transmits encounters to the AIR each night. Individuals can then access their up-to-date online AIR history statement through MyGov or Medicare Online Services and individuals requesting personal immunisation records should be directed to the AIR; and
- need to amend an encounter if it is incorrectly documented within IRIS and ensure that the record is correct on both IRIS and the AIR. **It is the responsibility of the Service Provider to confirm that all documentation is correct.**

> Service Providers **not using IRIS will:**

- enter individual immunisation encounters on the AIR at the time of, or as soon as is practicable and no later than **10 days** following administration of the vaccine. Individuals can then access their online AIR history statement through MyGov or Medicare Online Services and individuals requesting personal immunisation records should be directed to the AIR; and
- need to amend an encounter if it is incorrectly documented on the AIR. **It is the responsibility of the Service Provider to confirm that all documentation is correct.**

3. Aggregate data submission

Aggregate data is de-identified data collated to evaluate the South Australian SIP coverage rates for each school year.

School total enrolment data and visit dates are entered on the IRIS Record School Program Data/SIP Planning page.

For the purpose of data reporting, a SIP school year starts 1 February of the current year and ends 31 January of the following year.

> For Service Providers **using IRIS:**

- entering SIP Consent Card data into IRIS ensures that SIP data reports are as complete as possible and can be used to effectively monitor and evaluate the SIP program; and
- entering individual encounters into IRIS automatically records Consent given and students vaccinated as aggregate data – providers are not required to enter this aggregate data separately.

> Service Providers **using IRIS for aggregate data submission only:**

- to record individual immunisation records are required to submit aggregate data using the IRIS Record School Program Data/SIP Planning page within **10 days** of administering the vaccine and should complete all fields on the IRIS data collection form.

If unable to meet the above data entry requirements the Service Provider must contact the Immunisation Section for advice.

4. Information management

Personal information must be managed in compliance with the SA Health Privacy Policy Directive and all reasonable steps to prevent a breach of the Privacy Policy Directive must be taken.

5. Storage and disposal of records related to provision of immunisation services under the Australian Government National Immunisation Program (and similar programs)

Original consent cards are to be stored by the service provider contracted by SA Health for delivering the SIP and retained as per relevant approved disposal schedule.

For information on the requirements for storing and disposal of records related to the provision of immunisation services under the Australian Government National Immunisation Program and South Australian Government immunisation programs, refer to the relevant General Disposal Schedules,

These can include, but may not be limited to:

- *GDS 40v1, Local Councils and Local Governing Bodies and Authorities, Effective 26 November 2019 to 31 December 2029. (Appendix 4).*
- *GDS 21v5, Disposal of hardcopy source records after Digitisation (Appendix 4).*
- *GDS32, for Records of Relevance to the Royal Commission into Institutional Responses to Child Sexual Abuse Effective 18 February 2014 to 31 December 2024 Version 3 (Appendix 4)*

For further information consult the organisations contract and record management departments.

APPENDIX 1

EQUIPMENT AND RESOURCES

Dedicated equipment should be allocated to the School Immunisation Program. A checklist for restocking of equipment should be developed and used. Ensure all equipment is re-stocked and ready for use prior to each visit.

The anaphylaxis kit should be in a small, closed plastic container with the adrenaline dosage table on the outside lid and be easily accessible to nurses at all times.

To ensure that an acceptable clinical set up can be achieved in a school setting, the following minimum equipment and resources should be taken to each school visit.

Anaphylaxis equipment and resources	Clinical equipment	Forms / stationery / immunisation resources
<ul style="list-style-type: none"> > 5 or more ampoules of adrenaline 1:1000 > 5 or more 1mL syringes > 5 or more 23 or 25 gauge, 25mm length needles > Cotton wool swabs > Pen and paper > <i>Anaphylactic Assessment form</i> > Resources to assist in the management of anaphylaxis <i>(Distinguishing between a vasovagal episode and anaphylaxis, managing anaphylaxis after vaccination, anaphylaxis response kit, adrenalin dose chart)</i> 	<ul style="list-style-type: none"> > Plastic cleanable/disposable tablecloths to cover the work area where the work surface cannot be effectively cleaned. > Disinfectant cleaning agent to clean the work area and tablecloths before and after set up > Plastic trays/receivers and single use disposable towels > Hand hygiene products > Tissues > Cotton balls and hypoallergenic tape > Sharps containers – 1 for each nurse > Recommended appropriate needles > Alcohol swabs (use if skin visibly dirty) > Large rubbish bags > Disposable gloves > Emesis receptacle 	<ul style="list-style-type: none"> > Printed class/home group or alphabetical lists of students > All returned consent cards, including where consent refused > Spare consent cards > Pre-vaccination checklist > Mobile phone > Access to the online Australian Immunisation Handbook > School Immunisation Program – Personal Immunisation Record > Stationery - council/date stamp, paper, pens, stapler, sticky tape > Organisational needle stick injury policy / incident report forms > Forms and letters: <ul style="list-style-type: none"> o Outreach Clinic Vaccine Management o Risk Identification and Assessment o Program Error Report o Vaccine Reaction Reporting Form o Response to Vaccination

APPENDIX 2

IMMUNISATION ROOM REQUIREMENTS

The immunisation venue at a school must be able to be adapted to accommodate the specific requirements for delivery of a safe and effective immunisation program including:

- > ability for staff to effectively manage students prior to, during and following vaccination;
- > clean and uncluttered work areas;
- > safe and effective delivery of immunisations to students;
- > student privacy;
- > ability to observe and manage students post vaccination, including those experiencing an adverse event following immunisation;
- > access to emergency services, if required; and
- > a safe work environment for students, school staff and immunisation providers.

Minimum room requirements include:

- > adequate lighting and ventilation;
- > space for separate administrative, pre-vaccination, vaccine administration, cold chain monitoring and post vaccination areas (including sufficient space and facilities for students to sit down during and after vaccination);
- > access, entry and exit that facilitates smooth flow of students from the administration area to nurse to the post vaccination area, preferably without overlap of pre and post vaccination students (ground floor area preferable);
- > heating / cooling, as required;
- > privacy screens / partitions to shield the vaccination area from view of other students;
- > tables for all nurses and the administrative officer/s so that there is sufficient space on the tables for the set up and storage of all equipment and documents;
- > chairs for each nurse, the administrative officer/s, and for students during vaccination;
- > accessible post vaccination observation area and facilities for students to lie down if they feel faint;
- > access to hand washing facilities where possible; or hand sanitising equipment; and
- > access to telephone, either mobile or landline.

APPENDIX 3

FORMS, LETTERS, AND DOCUMENTS

A minimum set of standardised documents are provided in these protocols to support and assist the delivery of the SIP.

Mail merge is not possible in the forms and documents provided, but where indicated, a locked form will allow the provider to insert text in designated areas.

There are three categories of forms and documents.

1. Documents for mandatory use by all providers and which **must not be modified in any way, including the SA Health logo.**
2. Documents that all providers must **either:**
 - > use exactly as presented in this document with no modifications, including the SA Health logo;
 - OR
 - > use an organisational equivalent that **incorporates the minimum content as per the documents provided** but may also include additional information relevant to specific schools/organisations and may include mail merge or other features. Providers who use an organisational equivalent in lieu of the forms in Category 2 must use their own organisational logo instead of the SA Health logo.
3. Sample parent correspondence that may be used as presented in this document or used to assist providers to develop their own information for schools to send to parents. It is recognised that many schools have different systems and processes for communication with parents/legal guardians, and that providers will disseminate information as applicable to individual schools.

The School Program Protocols available from the SA Health website are in PDF format. Due to variation in organisational computer systems, providers may experience difficulty using the editable features of the documents. If you are experiencing difficulties, contact the Immunisation Section on 1300 232 272 for assistance.

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The available SA Health documents with guidelines for use are listed below.

1. FOR MANDATORY USE BY <u>ALL</u> PROVIDERS. THESE <u>MAY NOT BE MODIFIED</u> IN ANY WAY	
School Principal Confirmation Form	This document is required under the Service Agreement. It is to be provided to and be completed by the Principal in February of each school year. Total enrolments and visit dates for each school are submitted to SA Health on the IRIS SIP Planning page by 31 March of that school year.
School Immunisation Program - Information for staff	Include this document when sending the <i>School Principal Confirmation Form</i> (Appendix 3). It may also be provided to the school contact person at any other time.
Outreach clinic vaccine management	Use at every school visit or outreach session.
Anaphylaxis assessment	Management and recording of any anaphylactic reaction.
School program error report	Must be submitted to Immunisation Section as soon as possible after a program error occurs or is identified.
2. ALL PROVIDERS MUST USE THESE DOCUMENTS AS PRESENTED OR AN ORGANISATIONAL EQUIVALENT	
Pre-vaccination checklist	Providers may use this pre-vaccination checklist for all students, adapting the questions as required.
Risk identification and assessment	Use to identify and resolve venue issues if conditions are not satisfactory. May be used routinely for all vaccination venues.
Response to vaccination	Send with the student on the day to advise the parent/legal guardian when a student has experienced a reaction following immunisation.
Missed vaccination (3 versions)	Written notification to be sent to parents/legal guardians within 7 days of the visit. Providers can adapt the information as required to suit text messaging systems or email.
Roles and Responsibilities of the school contact person declaration form	Providers may use this form for the school contact person as required. This may be sent with the <i>School Immunisation Program - Information for staff</i> and the <i>School Principal Confirmation Form</i> (Appendix 3)
3. PARENT COMMUNICATIONS	
Sample parent communications	Samples may be used as presented or providers may modify as required to suit Year 7 only or Year 10 only. The text within the notices can be used as a guide for providers and schools to develop shortened messages suitable for text messaging systems or short emails to parents.

The Department for Education (DE) developed a 'School Immunisation Program (SIP): DE School Checklist' intended for use by the appointed school contact person to support the planning and effective facilitation of the SIP. This document is available on the DE internet.

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SCHOOL PRINCIPAL CONFIRMATION FORM
2025 SCHOOL IMMUNISATION PROGRAM

Thank you for your ongoing support of the South Australian School Immunisation Program (SIP). This program is supported by SA Health and the Department for Education and currently consists of:

Year 7 students - 1 visit to administer:

- one dose of human papillomavirus- HPV vaccine
- one dose of diphtheria, tetanus, whooping cough vaccine

Year 10 students - 2 separate visits to administer:

- a two-dose course of meningococcal B vaccine
- one dose of meningococcal ACWY vaccine

Please complete all sections below and return this form to the SIP provider by the date requested (details below).

School Program Provider:
Contact Person:
Contact Details:
Form to be returned by:

School:	
Principal Name:	
Phone:	Email:
Year 7 School Contact (Name & Position):	
Year 10 School Contact (Name & Position):	
Phone:	Email:

Year 7 Visit	Proposed Date	Venue
Information Session (if applicable)		
Visit 1- HPV (Human papillomavirus) and dTpa vaccine (diphtheria,tetanus, pertussis- whooping cough)		
Year 10 Visit	Proposed Date	Venue
Information Session (if applicable)		
Visit 1 – Meningococcal B (dose 1) and Meningococcal ACWY vaccine		
Visit 2 – Meningococcal B vaccine (dose 2)		

Please ensure that no conflicting activities are planned prior to confirming visit dates e.g., staff meetings, school assemblies, school camps/excursions etc. If you anticipate difficulties with allocation of a suitable venue please contact the School Immunisation Program provider.

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Enrolment numbers			
Yr. 7 boys:	Yr. 7 girls:	Yr. 7 not identified:	Number Yr. 7 classes:
Yr. 10 boys:	Yr. 10 girls:	Yr. 10 not identified:	Number Yr. 10 classes:

School start time:	School finish time:
Recess time (from/to):	Lunch time (from/to):

I acknowledge that the information provided on this form is correct and that a designated individual staff member/s, additional human resources and facilities to support the requirements of the School Immunisation Program will be provided.

Principal Signature: _____

Printed Name: _____

Date: _____

School Immunisation Providers:

Total enrolments and visit dates for each school are submitted to SA Health on the IRIS Record School Program Data/SIP Planning page.

Return of the School Principal Confirmation form to SA Health is **NOT** required.



SCHOOL IMMUNISATION PROGRAM - INFORMATION FOR STAFF

It is the responsibility of School Immunisation Program (SIP) providers to coordinate and deliver all aspects of the program in accordance with relevant clinical practice standards, protocols and guidelines.

Cooperation, consultation and planning between the SIP provider and school staff is essential to ensure safe and effective implementation of the program, high coverage rates and to minimise disruption to schools.

RESPONSIBILITY OF THE SCHOOL

- > Support the Memorandum of Administrative Arrangement between the Department for Health and Wellbeing and the Department for Education that promotes a coordinated and collaborative approach to achieve high SIP coverage rates with minimal school disruption;
- > complete and return the *School Principal Confirmation Form* to the SIP provider by the date stipulated;
- > appoint a school contact person/s to facilitate implementation of the SIP in collaboration with the SIP provider;
- > distribute relevant resources annually within the timeline specified by the SIP provider;
- > work collaboratively with SIP providers to promote high coverage immunisation rates in line with public health initiatives;
- > assist with electronic communications systems for parent communications to support the SIP;
- > promote the use of information and resources on the School Immunisation Program- for students, for parents and carers and for schools and educators on the SA Health website;
- > support Workplace Health and Safety principles for the benefit of students, school staff and SIP provider staff; and
- > address and resolve any findings following Risk Identification and Assessment conducted by the SIP provider to promote safe immunisation delivery in a school setting.

ROLE OF THE SCHOOL CONTACT PERSON/S

The school contact person/s is a liaison point between the SIP provider, school staff and students. Activities which promote and assist the coordination and delivery of the SIP include, but are not limited to:

- > assist in the prompt return of the completed *School Principal Confirmation Form*;
- > confirmation of the suitability of scheduled immunisation dates and information sessions (if used);
- > consent card distribution and return, including consent cards where consent has not been given;
- > promote the SIP and assist with information and reminder correspondence to parents;
- > promote the use of information and resources on the *School Immunisation Program- for students, for parents and carers and for schools* and educators on the SA Health website.
- > collaborate with the SIP provider in development of a safe and realistic vaccination timetable for each visit;
- > ensure adequate school staff assistance is provided on the day, including in the immunisation area and to accompany students back to classrooms;
- > booking of the room/venue for the day;
- > make arrangements for suitable equipment, including privacy screens/areas;
- > ensure that all facilities, resources and equipment are adequate for implementation of best practice recommendations;

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- > assist with Risk Identification and Assessment of the school environment and with resolution of any issues as required;
- > encourage students to wear sports uniform for vaccinations;
- > encourage students to have breakfast on vaccination day;
- > ensure teachers are aware that classes must arrive at allocated times;
- > assist in locating students who have not presented to the vaccination session;
- > provide list of absent students who were due to present on the day;
- > encourage students to remain quiet and calm prior to and following vaccination;
- > ensure adequate supervision has been arranged while students are in the immunisation area;
- > ensure the supervising class teacher accompanies their class back to the classroom; and
- > assist with any follow up required throughout the year.

Refer to Department for Education - School Immunisation Program (SIP) School Checklist, an operational document that provides further assistance and information on the role of the school contact person in facilitating delivery of the SIP. This document is available on the Department for Education internet.

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August 2024



2025 School Immunisation Program

Role and responsibilities of the school contact person declaration

The school contact person/s is a liaison point between the SIP provider, school staff, and students and facilitates cooperation and collaboration between all parties to promote and assist with coordination and delivery of a safe and effective SIP. This includes but is not limited to:

Liaise between the SIP provider and school principal, staff and students	<input type="checkbox"/>
Assist in the confirmation of scheduled immunisation session dates and facilitate prompt and accurate completion of the <i>School Principal Confirmation Form</i> (Appendix 3) with the current year student enrolments and return of the completed form to the SIP provider by the date specified	<input type="checkbox"/>
Consent card distribution and return, aiming for a return rate of 100% of all consent cards, including those where consent has not been given	<input type="checkbox"/>
Collaborate with the SIP provider to assist with development of the timetable for vaccinations for each visit for Year 7 and Year 10 students	<input type="checkbox"/>
Ensure adequate school staff assistance is provided on the day	<input type="checkbox"/>
Booking of the room/venue for the day and ensuring all facilities, resources and equipment are adequate, ensure privacy and best practice recommendations are implemented.	<input type="checkbox"/>
Assistance with risk identification and assessment (Appendix 3) of the school environment as required and resolution of any issues	<input type="checkbox"/>
Assist with SIP promotion via the school's electronic communication methods where possible, with reference to student, parent and educators resources and information SA Health website.	<input type="checkbox"/>
Encourage students to wear sports uniform for vaccinations	<input type="checkbox"/>
Encourage students to have breakfast on vaccination day	<input type="checkbox"/>
Ensure teachers are aware that classes must arrive at allocated times	<input type="checkbox"/>
Assist in locating students who have not presented to the vaccination session	<input type="checkbox"/>
Provide list of absent students who were due to present on the day	<input type="checkbox"/>
Encourage students to remain quiet and calm prior to and following vaccination	<input type="checkbox"/>
Ensure adequate supervision has been arranged while students are in the immunisation area, and to accompany students back to classrooms	<input type="checkbox"/>
Assist with any follow up required throughout the year; and	<input type="checkbox"/>
Use the Department for Education (DE) 'School Immunisation Program (SIP): DE School Checklist' as required to support planning and effective facilitation of the SIP. (This operational document is available at https://www.education.sa.gov.au)	<input type="checkbox"/>

I, _____ am the school contact for the 2025 SIP for

the _____ school.

I have read and understand the responsibilities of the SIP school contact and will contact the SIP provider if I have any questions or concerns.

Signed: _____ Date: _____



OUTREACH CLINIC VACCINE MANAGEMENT

VENUE:

DATE:

VACCINE RECONCILIATION

VACCINE	Batch No.	Vaccines Required	Vaccines Taken	Doses Given	Doses remaining	Outcome / Comments
HPV vaccine						
dTpa vaccine						
Meningococcal B vaccine						
Meningococcal ACWY vaccine						

Vaccines taken **less** vaccines used **must equal** doses remaining. If not, investigation to determine the reason and corrective action is required.

VACCINE STORAGE

- When vaccines are packed in an esky, the temperature must be monitored using a battery-operated minimum/maximum thermometer or a portable logger
- Re-set the thermometer or logger every time the temperature is recorded.
- “Monitor and record the temperature every 15 minutes for the first 2 hours, then at least hourly (provided that temperatures are stable)” Ref. National Vaccine Storage Guidelines, Strive for Five, 3^d Edition

TIME	MIN°	MAX°	CURRENT°	COMMENTS	NAME/ SIGNATURE
				Esky temperature on packing	

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ANAPHYLAXIS ASSESSMENT

STUDENT DETAILS

Given Name: _____ Family Name: _____

Address: _____

Name of School: _____ Year Level: _____

PARENT/LEGAL GUARDIAN DETAILS

Given Name: _____ Family Name: _____

Relationship to student: _____

Home Phone: _____ Mobile: _____

Date of contact: _____ Time of contact: _____

Outcome of call: _____

DETAILS OF EVENT

Date of event: _____ Time of immunisation: _____

INITIAL ASSESSMENT: Time: _____ **ATTENDED:** _____

- Apprehension, anxiety, sense of distress
- Tachycardia, weak/absent carotid pulse
- Swelling of lips, tongue, uvula, larynx, throat
- Stridor, cough, hoarseness, wheeze, rib recession, cyanosis
- Localised or generalised swelling (angioedema)
- Generalised skin redness, blotchy itchy rash, welts or weals
- Nausea, vomiting, diarrhoea, abdominal cramps
- Decreased consciousness or unconsciousness

Pulse _____ Respirations _____

Other _____

TREATMENT: **Adrenaline required** Yes No

	Amount	Time	Site	Pulse / Resp.	General Response
Dose 1			LL / RL		
Dose 2			LL / RL		
Dose 3			LL / RL		

**Adrenaline may be repeated at 5 minute intervals until there is
clinical improvement or medical assistance arrives.**

NOTE: All cases should be admitted to hospital for further observation and treatment

Ambulance called Yes No Time: _____

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PROGRESS ASSESSMENT: Time: _____ **ATTENDED:** _____

- Apprehension, anxiety, sense of distress
- Tachycardia, weak/absent carotid pulse
- Swelling of lips, tongue, uvula, larynx, throat
- Stridor, cough, hoarseness, wheeze, rib recession, cyanosis
- Localised or generalised swelling (angioedema)
- Generalised skin redness, blotchy itchy rash, welts or weals
- Nausea, vomiting, diarrhoea, abdominal cramps
- Decreased consciousness or unconsciousness

Pulse _____ Respirations _____

Other _____

MEDICAL OFFICER CONTACTED Yes No

Name of Medical Officer: _____ Phone: _____

Practice Name: _____

Time of Contact: _____ Contacted by: _____

Medical Officer's advice:

VACCINES GIVEN TODAY	Brand	Dose No.	Time	Site	Vaccinator Name / Signature
HPV vaccine					
dTpa vaccine					
Meningococcal B vaccine					
Meningococcal ACWY vaccines					

OVERALL SUMMARY / OUTCOME OF EVENT

Vaccine Reaction Reporting Form completed and submitted to Immunisation Section Yes No

Report submitted by: _____ Date: _____ Time: _____

Anaphylaxis report completed by:	
Position:	
Signature:	
Date / Time:	/

SCHOOL IMMUNISATION PROGRAM**PROGRAM ERROR REPORT**

Please forward **completed** form to the Immunisation Section, Communicable Disease Control Branch

Email: HealthImmunisation@sa.gov.au

Phone: 1300 232 272

REPORT DATE:		
DETAILS OF EMPLOYEE INVOLVED IN THE INCIDENT		
First Name:	Surname:	Phone:
Organisation Name:		
Email:		
DETAILS OF VACCINEE/S INVOLVED IN THE INCIDENT		
Individual Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple Students? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name/s of student/s		
INCIDENT DETAILS		
Date of Incident: / /	Time of Incident:	
School where incident occurred:		
Detailed Description of Incident: (Attach additional page if needed)		
How was the incident discovered? (e.g. incorrect vaccine count, cold chain failure).		
What external factors do you believe might have contributed to the incident? (e.g. staff, student, or environmental factors).		

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RESPONSE TO INCIDENT					
Was the school contact person notified?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Date: / / Time: (24 hr clock)
Was the parent/legal guardian contacted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /	Time: (24 hr clock)
If No, reason why					
Was the parent / legal guardian provided with SA Health Immunisation Section contact details? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Comments					
Was an adverse event following immunisation (AEFI) associated with the incident?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe					
What advice was provided?					
Was the AEFI reported to the Immunisation Section?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /	
Comments					
ACTIONS TO PREVENT INCIDENT RECURRENCE					
<i>Examples: Change of work practice; revise/update policy & procedure: staff training/meetings; communications to staff; evidence to demonstrate completion of actions etc</i>				Person responsible	Date complete/due
1.					
2.					
3.					
4.					
Incident reported to organisational manager/team leader?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name/position				Date: / /	Time:
Incident reported to contract manager (for subcontract service providers only)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name/position				Date: / /	Time:
REPORTER DETAILS					
Print Name:		Signature:			
Position Title:		Date:	/ /		

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FOR IMMUNISATION SECTION USE ONLY				
Date Report Received:				
Has the organisation completed relevant corrective actions and preventive strategies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Were additional recommendations requested by IS implemented by the organisation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Was an appropriate organisational manager notified? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date notified: / /	
<u>Details</u>	Name:	Position Title:		
Was the relevant LGA contact person notified (where service is subcontracted)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Date notified: / /	
<u>Contact Details</u>	Name:	Position Title:		
Program Error investigation complete <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments:				
IMMUNISATION SECTION STAFF MEMBER				
Print name:		Signature:		
Position:		Date:	/ /	

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SCHOOL IMMUNISATION PROGRAM

PREVACCINATION CHECKLIST

- Are you well today?
- Do you have any bleeding disorder or other severe or chronic illness?
- Are you taking any medicines? e.g. *antibiotics or blood thinning medications*
- Are you allergic to any foods or medicines?
- Have you ever had a reaction after having any vaccine?
- Have you ever fainted or felt dizzy after having an injection?
- Could you be pregnant?
- Have you had **any other vaccines** or needles since completing the consent card?
- Have you changed schools this year?
- Has any other information or details changed since completing the consent card?
- Do you have a note for us from your parent/legal guardian for any reason?

**SCHOOL IMMUNISATION PROGRAM (SIP)****RISK IDENTIFICATION AND ASSESSMENT**

School:	Date of visit: / /
Location:	Contact no.:
School contact:	

HAZARD	RATING (if applicable)	HAZARD DESCRIPTION
Adequate space for administrative workstation		
Adequate space for immuniser workstations		
Adequate area for emergency service access		
Room condition (lighting, ventilation, climate control)		
Condition of facilities (e.g.: tables, chairs, screens)		
Waiting and recovery area conditions		
Public Risk/Other – specify		

NB: Providers may use their organisational Risk Matrix tool to rate the level of risk.

Based on the Risk Assessment, does the school program provider need to Yes No provide further advice to the school to address the identified risks?

Are any Control Methods required? (if yes, see below) Yes No

CONTROL METHODS IMPLEMENTED	BY WHO	BY WHEN
1)		
2)		
3)		
4)		

These hazards will be reassessed by the SIP Provider prior to the next School Immunisation session.

Comments: _____

School Program Provider Representatives		
1. Position:	Name:	Sign:
2. Position:	Name:	Sign:
School Representative		
Position:	Name:	Sign:



SCHOOL IMMUNISATION PROGRAM (SIP)

RESPONSE TO VACCINATION

To the Parents/Legal Guardians of _____

On _____ this student received: _____ vaccine/s.

Before/after the injection the student:

- | | | |
|--|---|--|
| <input type="checkbox"/> Felt faint and/or dizzy | <input type="checkbox"/> Developed a headache | <input type="checkbox"/> Felt sick /unwell |
| <input type="checkbox"/> Fainted | <input type="checkbox"/> Became pale and needed to lie down | |

Students are more likely to experience these responses if they do not eat breakfast prior to vaccination or are anxious about injections.

Details / Treatment provided:

Future recommendations

- Your child's future vaccines may still be offered at school
- It is recommended that your child NOT receive further vaccines at school. Vaccines may still be offered at the council clinic. Please contact your School Immunisation Program Provider for clinic times to receive remaining doses. Contact details provided below.

The next scheduled vaccination is due on _____

The following possible minor side effects are common and may persist for 1-2 days.

Vaccine	Possible Side Effect/s	When it could start
HPV vaccine	Pain, redness, swelling at the injection site; fever; headache, nausea, muscle aches, dizziness, tiredness.	Within 4 hours
dTpa vaccine	Pain, redness and swelling at the injection site; fever, headache, nausea, generally feeling unwell, tiredness; muscle aches and joint pain, tiredness.	Within 4 hours
Meningococcal B vaccines	Pain, redness and swelling at the injection site; fever, headache, painful muscles and joints, nausea, decreased appetite, generally feeling unwell.	Within 4 hours
Meningococcal ACWY vaccine	Pain, redness and swelling at the injection site, headache, fatigue, fever nausea/decreased appetite.	Within 4 hours

If you have any concerns, contact the SIP Provider using the contact details below, the Immunisation Section SA Health Monday – Friday 9am – 5pm on 1300 232 272 or visit www.sahealth.sa.gov.au/immunisation

Signature: _____ Printed Name: _____

Date: _____ Position: _____



SCHOOL IMMUNISATION PROGRAM

MISSED VACCINATION

To the Parents/Legal Guardians of _____

On _____ this student was scheduled to receive _____ vaccine/s at school.

Due to absence or other reasons, your child did not have the scheduled school vaccine/s today.

If you would like your child to complete the School Immunisation Program at school, it is essential that they attend an immunisation clinic to receive the missed dose/s no later than _____

If it is not possible to attend by the above date, all remaining scheduled doses will need to be given at the School Immunisation Program provider clinic. There is no cost to attend your local School Immunisation Program provider clinic to access the missed dose/s. Please bring this letter with you.

Vaccines are available at your local GP surgery or participating pharmacy but may need to be ordered. Your GP may incur a consultation fee.

If you have any questions or need more information, please contact the School Immunisation Program provider below.

Signature: _____ Printed Name: _____

Date: _____ Position: _____



SCHOOL IMMUNISATION PROGRAM

MISSED VACCINATION

To the Parents/Legal Guardians of _____

On _____ this student was scheduled to receive _____ vaccine/s at school.

Due to absence or other reasons, your child did not have the scheduled school vaccine/s today.

If you would like your child to complete the School Immunisation Program, they should attend an immunisation clinic to receive the missed dose/s as soon as possible.

There is no cost to attend your local School Immunisation Program provider clinic to access the missed dose/s. Please bring this letter with you.

Vaccines are available at your local GP surgery or participating pharmacy but may need to be ordered. Your GP may charge a consultation fee.

If you have any questions or need more information, please contact the School Immunisation Program provider below.

Signature: _____ Printed Name: _____

Date: _____ Position: _____



SCHOOL IMMUNISATION PROGRAM

MISSED VACCINATION – CHANGED SCHOOL

To the Parents/Legal Guardians of _____

On _____ this student was scheduled to receive vaccine/s at _____ school.

The immunisation nurses were informed that your child has changed school so the vaccines could not be given on the day as scheduled.

If you would like your child to complete the School Immunisation Program, they should attend an immunisation clinic to receive the missed dose/s as soon as possible.

There is no cost to attend your local School Immunisation Program provider clinic to access the missed dose/s. Please bring this letter with you.

Vaccines are available at your local GP surgery or participating pharmacy but may need to be ordered. Your GP may charge a consultation fee.

If you have any questions or need more information, please contact the School Immunisation Program provider below.

Signature: _____ Printed Name: _____

Date: _____ Position: _____

SCHOOL IMMUNISATION PROGRAM

SAMPLE PARENT COMMUNICATIONS

Samples may be used as presented or providers may modify as required to suit Year 7 only or Year 10 only. The text within the notices can be used as a guide for providers and schools to develop shortened messages suitable for text messaging systems or emails to parents.

NOTICE 1

IMMUNISATION INFORMATION FOR PARENTS/LEGAL GUARDIANS OF YEAR 7 and 10 STUDENTS

The SA School Immunisation Program will be offered at your school by <insert Organisation name of School Program provider>.

All Year 7 students will be offered:

1 dose of the human papillomavirus vaccine.

1 dose of the diphtheria, tetanus, whooping cough vaccine

All Year 10 students will be offered:

2 doses of the meningococcal B vaccine, at 2 separate visits.

1 dose of the meningococcal ACWY vaccine

Please find attached the parent information letter with links to further information about the School Immunisation Program

Immunisation consent packs will be sent home with all Year 7 and 10 students. It is important that you read the information before you give consent for your child to be vaccinated at school. Further information and videos for high school students are available at:

www.sahealth.sa.gov.au/schoolimmunisationprogram

If you have any further questions about the program, please contact <insert Organisation name of School Program provider>

All parents/legal guardians are to complete, sign and return the Consent Cards, even if you do not consent for the student to be vaccinated at school. Students aged 16 years and above can consent for themselves.

If you do not receive an Immunisation Consent pack from your child, please ask at the school office.

If you do not want your child to be vaccinated at school, please contact <insert Organisation name of School Program provider> to arrange for your child to receive the free vaccines. If you go to your local doctor or participating pharmacy for the vaccination, they may need to order the vaccine. GPs may charge a consultation fee.

School Immunisation Program records may be required for future employment or travel.

NOTICE 2

REMINDER OF NEXT VACCINATIONS AT SCHOOL

Parents/legal guardians are reminded that nurses from <insert Organisation name of School Program provider> will be attending the school on <insert date>, to provide the following scheduled Year 7 and/or Year 10 vaccinations <insert name / dose number of vaccines to be provided >.

Since it has been some time since the previous visit, please contact the <insert Organisation name of School Program provider> on <insert phone number of School Program provider> if there have been any changes to the details previously provided on the Consent Card.

NOTICE 3

HAS YOUR CHILD MISSED THEIR YEAR 7 or Year 10 VACCINES AT SCHOOL?

The nurses from <insert Organisation name of School Program provider> attended the school on <insert date>, to provide the following scheduled vaccinations

<insert name / dose number of vaccines provided>

If you gave consent for your child to be vaccinated at school and they did not receive the vaccines, or was absent on this day, the missed doses may be accessed at no cost by attending a clinic offered by the School Immunisation Program provider. Please contact <insert Organisation name of School Program provider> on <insert phone number of School Program provider> if you have any questions.

APPENDIX 4**LEGISLATION, GUIDELINES, POLICIES, RESOURCES AND USEFUL LINKS**

LEGISLATION	
Children and Young People (Safety) Act 2017	
Child Safety (Prohibited Person) Regulation 2019 under the <i>Child Safety (Prohibited Persons) Act 2016</i>	
Consent to Medical Treatment & Palliative Care Act 1995 (South Australia)	
Controlled Substances Act 1984	
Controlled Substances (Poisons) Regulations 2011	http://www.legislation.sa.gov.au/listActs.aspx
Fair Work Act (1994)	
Family and Community Services Act 1972	
Health Practitioner Regulation National Law (South Australia) Act 2010	
Work Health and Safety Act 2012	
SA HEALTH IMMUNISATION SECTION RESOURCES AND LINKS	
Adverse Events Following Immunisation webpage	
Vaccine Administration Code: Frequently Asked Questions	
Organisations delivering immunisation programs - Information Guide	
School Immunisation Program webpages-Vaccines, For Students, For parents and carers, For schools and educators, Vaccine Catch-up	www.sahealth.sa.gov.au/immunisationprovider
Meningococcal B Immunisation Program webpage	
Vaccine Administration Code	
Vaccine Ordering and Storage webpage	
Vaccine Reaction Online Report	

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OTHER RESOURCES, REFERENCES AND LINKS	
Australian Government Department of Health - Immunisation	
Australian Immunisation Handbook, (online)	https://health.gov.au/health-topics/immunisation
National Vaccine Storage Guidelines, 'Strive for 5', 3 rd Edition	
Australian Health Practitioner Regulation Agency	www.ahpra.gov.au/
Consent to Medical Treatment and Health Care Policy Guideline, Version 1.0, Approved 28 March 2024	Consent to medical treatment and healthcare
COVID-19 - SA Health	www.sahealth.sa.gov.au/COVID-19
Department for Education	https://www.education.sa.gov.au/
Fair Work Ombudsman	http://www.fairwork.gov.au/
General Disposal Schedules	https://www.archives.sa.gov.au/managing-information/general-disposal-schedules-gds
Infection Control; SA Health, CDCB	www.sahealth.sa.gov.au/infectionprevention
Interpreting & Translating Centre (ITC)	http://www.translate.sa.gov.au/home
Mandatory reporting of child abuse and neglect; AIFS August 2023	https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect/
National Safety and Quality Health Service Standards	https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/
Privacy Policy Directive <i>SA Health, v3.1, Approved 18 March 2024</i>	Privacy Policy Directive
Registration Standards; Professional Standards, Codes and Guidelines <i>Nursing and Midwifery Board of Australia</i>	http://www.nursingmidwiferyboard.gov.au/

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OTHER RESOURCES, REFERENCES AND LINKS	
Workplace Safety Information <i>Government of South Australia</i>	https://www.sa.gov.au/topics/work-and-skills
Standing Medication Order (SMO); Clinical Guideline, <i>V 2.0 Approved 02/09/2020</i>	www.sahealth.sa.gov.au/SAMAC
Translating & Interpreting Services (TIS National)	https://www.tisnational.gov.au/
Who can say OK? Making Decisions about children in care. <i>Department for Child Protection, v3.0 16 May 2024</i>	https://www.childprotection.sa.gov.au/

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For more information

**Immunisation Section
Communicable Disease Control Branch
Adelaide, South Australia 5000
Telephone: 1300 232 272
www.sahealth.sa.gov.au/immunisationprovider**



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