



School Based Immunisation Program Guideline

1. Guiding Principles

This document supports standard practice in delivery of school-based immunisation in country schools by WACHS immunisation providers. It guides staff in relation to partnering with schools, consent, client identification, records and documentation, managing critical incidents, and roles and responsibilities within immunisation teams.

Information about management and administration of vaccines, including pre and post vaccination care and other clinical matters are not covered in this document: Refer to the [Australian Immunisation Handbook](#) and relevant standard operating procedures.

Immunisation is proven to be one of the safest and most effective means of protecting humans against infectious diseases. In Western Australia (WA), school and community immunisation programs protect children and adolescents against many diseases which can lead to significant morbidity and mortality.

The School Based Immunisation Program (SBIP) is led by the Department of Health Communicable Disease Control Directorate (CDCD), working in partnership with Population Health teams to offer a variety of vaccinations to young people during their secondary school years. The program currently includes vaccination for; human papillomavirus (HPV), diphtheria-tetanus-pertussis (dTpa) and meningococcal (MenACWY). Other vaccinations may be offered to address specific needs of population groups and may include COVID-19 vaccination.

School based programs differ from other childhood immunisation programs in that parents are not usually in attendance when individuals receive the vaccines.

2. Guideline

2.1 Training and qualification requirements

Immunisation providers of school-based programs must be Registered Nurses, and must complete the training approved by the Chief Health Officer:

- Immunisation: Understanding Vaccines and the National Immunisation Program (WIMMB EL2) or (previous) WA Department of Health program equivalent
- Immunisation: WA Health Immunisation Update (WIMM EL2) (Annual requirement)
- [Vaccinate WA education module](#)
- COVID-19 vaccination requirements:
 - Commonwealth COVID-19 Vaccination Training Program
 - WA Health COVID-19 Supplementary Information e-module.

The two medication training modules listed below are also recommended for all clinical staff to learn the principles and be tested on taking the best medication practices:

- Medication: Get it right! Taking the Best Possible Medication History Declaration (MDGIR EL2)
- Medication: Safety Declaration (MDSWA EL2).

Registered Nurses providing vaccinations must meet all requirements of the [Structured Administration and Supply Arrangements](#): Administration of Vaccines by Registered Nurses.

All clinical and administration staff working on the SBIP must be familiar with [Vaccinate WA](#) and the Australian Immunisation Register (AIR).

All clinical and administration staff working on the SBIP must have completed program orientation with the SBIP Coordinator or the Regional Immunisation Coordinator.

Vaccinate WA

[Vaccinate WA](#) is the system that supports the delivery of multiple Vaccination Programs in WA. The SBIP commenced transition to Vaccinate WA in 2022.

The [Vaccinate WA](#) SharePoint page lists relevant training and resources for Vaccinate WA. Users are to complete the online training and refer to function specific information included in the Reference Guides (QRGs) and Frequently Asked Questions (FAQs).

A vaccination encounter should not be recorded in Vaccinate WA until after the vaccination has been completed.

Staff resources and scheduling

When planning school vaccination days, it is important to schedule enough time to complete administrative and clinical tasks. This includes adequate time to enter data and complete documentation.

Allowing adequate time will assist in preventing errors, optimising program outcomes and enhancing client and staff safety.

2.2 Partnership with schools

It is critical to establish a good working relationship with school leadership and administration staff for the effective planning and delivery of services in schools.

It is recommended that the SBIP requirements are included in the School Level Agreements to ensure program requirements are negotiated in advance. School Level Agreements are recommended to describe the health services which are provided at individual schools. They are negotiated between the community health nurse designated to the school, their manager and the School Principal.

A school may be enlisted to assist with follow-up of forms, including newsletter items, SBIP promotion and other communication with parents and students.

While the health service is responsible for delivery of the immunisation program, school staff are required to supervise students and manage behaviour on the way to and from the immunisation venue and while at the venue.

2.3 Consent

Informed consent from a parent (or legal guardian) must be obtained prior to vaccinating children in school settings.

In certain circumstances, individuals 16 years and older who are deemed to be mature minors, **may** provide their own informed consent. Support from school Principal must be confirmed before allowing mature minors to provide their own consent.

If a mature minor indicates they would like to be vaccinated but is unable to gain parental/guardian consent additional support to access vaccination should be provided to the student if they are unable to be vaccinated at the school site.

If an individual refuses to be vaccinated, despite their parent's providing consent, they are not to be vaccinated. **Under no circumstance is an individual to be vaccinated against their will.**

Obtaining verbal consent

Consent from parents/guardians can be provided either via Vaccinate WA (online) (the preferred method) or by using the appropriate hardcopy form. It is also acceptable to obtain verbal consent from parents/guardians. Criteria for valid consent is outlined in the [Australian Immunisation Handbook](#) and should include but not limited to:

- vaccines to be given
- benefit of each vaccine
- common side effects
- risk of each vaccine
- information provided will be uploaded to Vaccinate WA
- after care information will provided via email
- refer for more information on the Healthy WA [website](#).

2.4 Accessing AIR records

Young people 14 years and over control who can see their AIR records. Parents do not have access to their child's records after they turn 14 years, unless the young person chooses to share their records with their parents.

Vaccinate WA does not send the AIR records of young people 14 years and over to their parents. A hard copy is given to the young person after their vaccination, which they may share with their parents or others if they choose to do so.

2.5 School Based Immunisation Program delivery

Administrative preparation

Thorough preparation is critical to smooth and safe running of school vaccination days.

SBIP consents (both Vaccinate WA and hard copy) are to be collated and checked approximately a week prior to vaccination day.

The vaccination history section shown in Vaccinate WA only displays vaccinations that have been recorded within Vaccinate WA. Therefore, it is recommended that AIR records are to be checked no more than one week before vaccination day. As a minimum, an AIR record is to be checked if parent (or child) expresses doubt about the child's immunisation status.

School reports can be exported from Vaccinate WA as Excel documents which can be used as a master list for each school to track students for whom consent has been confirmed. Additional information may need to be added that is not sourced from Vaccinate WA. This list is to record:

- individual's full name
- date of birth
- school class
- registered on Vaccinate WA
- valid AIR record
- date AIR record checked
- consent confirmed
- alerts, allergy risk and contraindications to vaccines
- attendance at vaccination day/clinic
- vaccines given
- catch-ups required
- comments.

For students without an AIR record and/or Medicare number:

1. Check on AIR by using Name, Surname and DOB.
2. If not found, escalate to SBIP Coordinator (or as per local protocol) for follow up.
3. Coordinator (or other as per local protocol) to contact parents for Medicare card. If no Medicare card, check the Name, Surname and DOB on form. If different from initial form, re-check AIR.
4. If still not found on AIR, escalate to Regional Immunisation Coordinator (RIC) or SBIP Coordinator (as locally appropriate), to phone parents and request immunisation history and **create** record on AIR.
5. **If there is any uncertainty, the individual is NOT to be vaccinated at school.** Refer to appropriate immunisation clinic or GP for vaccinations.

In cases when consent is provided on vaccination day, the process described above is to be employed, including a check of AIR records.

Provision of additional vaccines is subject to staff capacity and vaccine availability and is to be at the discretion of the Team Leader.

Immunisation provider checks prior to delivery of vaccine

It is the **vaccinating nurse's responsibility to verify valid consent and check identification of individual** who is to be vaccinated, **for every vaccine.**

It is the **vaccinating nurse's responsibility to check there are no medical conditions which contraindicate vaccination.**

Immunisation providers must check the following for each individual immediately prior to giving a vaccine:

- first and last name
- date of birth
- address
- name of and relationship to consenting person
- vaccines to be given
- alerts and comments
- the individual has not already received the vaccine
- if any details have changed since completion of the form
- individual consent and readiness for vaccination. Ensure privacy before asking:
 - Are you feeling well today?
 - Do you have any allergies?
 - Have you had any vaccinations (needles) recently?
 - Risk of pregnancy (if appropriate)

If there are **any concerns about consent or identification** of individual **do NOT immunise** the individual. Report to Immunisation Coordinator.

If a planned vaccination is not provided to an individual, the parent or guardian is to be contacted by phone, email or letter to be informed of alternative means to access the vaccination. Such situations include:

- the individual did not attend school on the vaccination day.
- the individual did not present for vaccination.
- the individual is deemed too unwell to have received the vaccination.
- the individual refuses vaccination.

2.6 Post Vaccination

- Vaccinators are to provide student with the Department of Health post vaccination paper slip that includes information on vaccine/s received.
- Students are to wait in the designated post vaccination site a minimum of 15 minutes post vaccination.

2.7 Delivering immunisations for adolescents in WACHS community-based clinics

All immunisations provided under the SBIP must be recorded in Vaccinate WA, including those given in WACHS community-based clinics.

Vaccinate WA consent must be supported by the parent or legal guardian by:

- attending the appointment; or
- providing the dependent with written consent to present at the clinic; or
- being available via the phone for confirmation.

Eligible individuals who are judged to be mature minors may provide their own consent for immunisations at WACHS community-based clinics.

2.8 WACHS SBIP team roles

In schools where **less than five students** are to be vaccinated, only one immunisation provider may be required to give vaccines and complete all tasks, **including observing recovery**. In such cases there must be a second person (school staff member) to assist with checking consent and to provide support in case of emergency. Access to emergency health support needs to be considered.

At least two immunisation providers are to be present for school vaccination days where there are **five or more students**. One provider is to be designated as Team Leader.

It is recommended that a regional (or district/sub-region) SBIP Coordinator is identified to plan, coordinate and oversee SBIP delivery across the region or district.

Teams may include Aboriginal Health Workers or Aboriginal Liaison Officers to take on particular roles, including liaison with parents and guardians.

Roles and responsibilities within immunisation teams are to be well established in the program planning stage. See [Appendix A](#) for recommended staff roles and responsibilities.

Clinical incidents

In the event of a clinical or other incident, documentation, reporting and communications processes are to be observed. Refer to [Appendix B](#).

Vaccines are medications, and therefore are subject to the [WACHS Medication Prescribing and Administration Policy](#).

3. Definitions

Client identification	A legal requirement in health care to establish, maintain and check identity of an individual prior to treatment, including immunisations.
Consent	Consent refers to a client's decision whether to or not treatment is to take place. It must be freely and voluntarily given. A client must receive sufficient information so they can understand the proposed treatment, including potential risks and side-effects of the disease as well as the vaccination.

Immunisation	The process by which humans become immune to disease by introducing a vaccine to the body to stimulate a natural defensive response.
Mature minor	A child under the age of 18 years who is capable of giving effective consent. The individual is judged to fully comprehend the nature, consequences and risks of the proposed action, irrespective of whether the parent consents.
Vaccinate WA	Is the system that supports the delivery of multiple Vaccination Programs in Western Australia.
Vaccine	Natural or synthetic material which is introduced to the body to stimulate an immune response and consequently, protection against infectious disease.

4. Roles and Responsibilities

The suggested SBIP team roles are listed below with responsibilities for each role outlined in [Appendix A](#):

- **SBIP Coordinator:** responsible for overall planning and coordination of SBIP and its activities
- **Administration Clerk:** provides administrative support for the SBIP
- **Team Leader:** allocated for vaccination day at each school and provides leadership on the vaccination day
- **School Health Nurses:** assists the SBIP and liaises with school and SBIP Coordinator
- **Immunisation Provider (Nurse):** responsible for vaccinating adolescents
- **Recovery Nurse / person:** monitors students for 15 minutes post immunisation
- **Note:** If school staff member is monitoring students post immunisations, then the recovery area MUST be in close proximity to immunisation provider.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

To prevent access to Vaccinate WA being removed **all staff** are to log onto Vaccinate WA within 90 days of their previous log in.

5. Compliance

This guideline is a mandatory requirement under the [Public Health Act 2016](#) (WA).

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

Vaccinate WA is the system used for all SBIP vaccination activity. Vaccinate WA records are migrated to the AIR.

7. Evaluation

Monitoring of compliance with this document is to be carried out by Population Health Director (or delegate), using the following:

- Immunisation provider competency standards recorded on the MyLearning
- SBIP reports from CDCD
- DATIX CIMS reports for clinical incidents

8. Standards

National Safety and Quality Healthcare Standards - 1.01, 1.06, 1.07, 1.08, 1.11, 1.16, 1.20, 1.23, 1.25, 1.27, 2.04, 2.10, 4.07, 4.08, 6.01, 6.03, 6.04, 6.05, 6.06, 6.09, 6.11, 8.01.

9. Legislation

Public Health Act 2016 (WA)

Medicines and Poisons Regulations 2016 (WA)

10. References

Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health and Aged Care, Canberra, 2022, <https://immunisationhandbook.health.gov.au>.

Child and Adolescent Health Service. Community Health Clinical Nursing Manual, Immunisation procedure. Perth: November 2021.

WA Department of Health - CEO of Health SASA - Structured Administration and Supply Arrangement: Administration of Vaccines by Registered Nurses.

11. Related Forms

Vaccinate WA downtime forms at [Healthy WA School-based Immunisation Program](#)

12. Related Policy Documents

WACHS [Dress Code Policy](#)

WACHS [Medication Prescribing and Administration Policy](#)

WACHS [Patient Identification Policy](#)

WACHS [Occupational Safety and Health Policy](#)

WACHS [Open Disclosure Procedure](#)

13. Related WA Health System Policies

[Clinical Incident Management Policy 2019](#) – MP 0122/19
[WA Health Consent to Treatment Policy](#)

14. Policy Framework

[Clinical Governance, Safety and Quality](#)
[Public Health](#)

15. Appendices

Appendix A: [Suggested SBIP team roles and responsibilities](#)
Appendix B: [Reporting requirements for SBIP Incidents](#)

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Appendix A: Suggested SBIP team roles and responsibilities

Team structures, roles and titles may vary; however, tasks and responsibilities are to be defined and allocated as per local staffing arrangements. The following are suggested:

SBIP Coordinator - Responsible for overall planning and coordination of SBIP and its activities

Planning and preparation

- Coordinate liaison with schools for collection of year or class lists, confirmation of vaccination day dates and room bookings. Including downloading school reports (master list) from Vaccinate WA
- Coordinate receipt and despatch hard-copy SBIP forms to schools for students / parents that are unable to log into Vaccinate WA
- Coordinate collection and processing of completed hard-copy SBIP forms
- Make (or oversee) necessary phone calls to parents/guardians/schools to access correct data
- Coordinate maintenance and updates to class/school lists
- Check student's immunisation status on AIR (or delegate check)
- Roster nurses and administration staff
- Ensure vehicles are booked as necessary
- Coordinate ordering and maintenance of stock and vaccines
- Ensure collection of vaccines from hospital pharmacy
- Update regional/district SBIP processes and systems
- Attend relevant meetings
- Orientate new team members
- Assess required number of vaccines and coordinate preparation of vaccines for transportation, maintaining cold chain at all times
- Ensure preparation all IT equipment, hard-copy SBIP forms and class lists for vaccination day
- Allocate Team Leaders for vaccinations days at each school
- Brief Team Leaders
- Ensure timely compliance with data management in Vaccinate WA.

Vaccination day

- General organisation and troubleshooting in collaboration with Team Leaders.

After vaccination day

- Check on any cold chain breaches or adverse reactions
- Oversee restocking
- Organise debriefing meeting for quality improvement

Administration Clerk – Provides administrative support for the SBIP

Preparation

- Liaise with Coordinator on booking vehicles for vaccination days
- Assist with despatching of immunisation packs to schools
- Maintain class lists from Vaccinate WA in Excel form
- Check and process consent forms
- Enter hard-copy consent forms on Vaccinate WA
- Assist with preparation of vaccination records (slips)
- SMS roster information to immunisation nurses
- Collect vehicle on immunisation days when required
- Assist with packing and unpacking equipment into vehicles
- General organisation as directed by the SBIP Coordinator

Vaccination day

- Greet students as they arrive at the school immunisation 'clinic'
- Direct students to line up in queue and wait to be called for vaccination

After vaccination day

- Process letters to parents as required through Vaccinate WA, (e.g. absentee or refusal)
- Coordinate data entry into Vaccinate WA for any hard copy SBIP forms used

Team Leader (allocated for vaccination day at each school)

Preparation

- Attend briefing with SBIP Coordinator.
- Collate and check class lists
- Ensure timely compliance with data management in Vaccinate WA
- Check anaphylaxis kit and restock if needed.
- Ensure team members discuss processes and roles in case of anaphylaxis.

Vaccination day

- Maintain vaccine cold chain during clinic and maintain adequate supply of vaccines, monitoring numbers to avoid overdrawing.
- Coordinate team during school visits
- Bring spare hard-copy SBIP forms to school
- Ensure class lists are updated during the day.
- Contact parents by telephone during school visits, if needed
- General organisation and troubleshooting

After vaccination day

- Report cold chain breaches
- Follow up adverse reactions
- Report any clinical or other incidents or administrative errors
- Organise absentee/refusal letters to parents.
- Conduct debriefing meeting for quality improvement and report to SBIP Coordinator. Involve staff school if appropriate.

School Health Nurses - Assists the SBIP and liaises with school and SBIP Coordinator

- Assist with promoting Vaccinate WA distribution of hard-copy SBIP forms when required.
- Liaise with school staff for information sessions for school community
- Send SMS reminders or reminder letters to parents (emails can be sent to parents via Vaccinate WA if the student has been registered)
- If needed, assist with collection of school class lists
- Assist with collection of hard-copy SBIP forms
- Return hard-copy SBIP forms to Coordinator in timely manner.

Immunisation Provider (Nurse) – Responsible for vaccinating children/adolescents

Preparation

- Arrive on time as arranged by SBIP Coordinator and/or Team Leader
- Comply with WACHS Dress Code Policy.
- Wear Working with Children cards at all times on vaccination day
- Check Vaccinate WA access

Vaccination day

- Introduce self to staff and students.
- Give the client the pre-vaccination check list to read or ask verbally.
- Identify student by name, DOB and address
- Check for parent (guardian) consent.
- Check notes/comments **BEFORE administration of vaccines**
- Check if student well – do not vaccinate if acutely unwell i.e. temperature >38.5.
- Check allergy status (absolute contraindication to all vaccines is anaphylaxis from any previous vaccination).
- If history of fainting – vaccinate lying down or refer to another clinic or service.
- Ascertain if any recent vaccinations – if “yes” discuss with Team Leader
- Give all required vaccines to individual.
- Advise student 15 min wait in recovery. Nurse to write time on back of hand or note.
- Provide student with the Department of Health post vaccination paper slip that includes information on vaccine/s received.
- Advise student to read common side effects information on back of vaccination record while in recovery area.
- Report any issues of clinical concerns to the appropriate Coordinator
- Record vaccination details in Vaccinate WA or on hard-copy SBIP forms, and sign.
- Document any remarkable occurrences/conversations between parents/students in Vaccinate WA

Recovery Nurse - Monitor students for 15 minutes post immunisations

Note: If school staff member is monitoring students post immunisations, then the recovery area **MUST** be in close proximity to immunisation provider.

- Stay within the recovery area while students are recovering.
- Ensure students sit during the recovery period.
- Ensure students do not leave to go to toilet, get a drink or leave the recovery area for any reason.
- Advise students to return directly to their classroom/teachers post recovery time.
- Advise individuals who are feeling unwell or faint to lie down and elevate feet.
- Monitor and follow guidelines in resuscitation kit.
- **In an emergency situation do not leave the individual. Call for help or send someone else to get help.**



Appendix B: Reporting requirements for SBIP Incidents

Clinical Incident Response to vaccine	Clinical Incident Medication or administrative error	Clinical Incident Injury to client	Workplace incident Injury to health service staff
<ul style="list-style-type: none"> • Anaphylaxis • Other significant vaccine reaction 	<ul style="list-style-type: none"> • Medication errors e.g. dose error, repeat dose, cold chain breach with vaccines administered, etc. • Administrative errors e.g. consent error, delayed data entry, other admin error that may lead to medication error. 	<ul style="list-style-type: none"> • Needle stick injury • Fainting with injury • Other injury to client 	<ul style="list-style-type: none"> • Workplace injury
<ol style="list-style-type: none"> 1. Provide care as required 2. Report to team leader 3. Report to Coordinator and line manager 4. Plan communication with parent 5. Plan communication with Principal 6. Complete documentation on SBIP form and in Vaccinate WA. 7. Note on student spreadsheet 8. Organise debrief, as required 9. Make DATIX CIMS report 10. Make WAVSS report. 	<ol style="list-style-type: none"> 1. Provide care as required 2. Report to team leader 3. Report to Coordinator and line manager 4. Plan communication with parent 5. Consider communication with Principal 6. Complete documentation on SBIP form and in Vaccinate WA 7. Note on student spreadsheet 8. Organise debrief, as required 9. Make DATIX CIMS report <p>Note: Staff repeat medication competency as appropriate.</p>	<ol style="list-style-type: none"> 1. Provide care as required 2. Report to team leader 3. Report to Coordinator and line manager 4. Plan communication with parent 5. Consider communication with Principal 6. Complete documentation on SBIP form and in Vaccinate WA. 7. Note on student spreadsheet 8. Organise debrief, as required 9. Make DATIX CIMS report 	<ol style="list-style-type: none"> 1. Provide care as required 2. Report to team leader 3. Report to Coordinator and line manager 4. Consider communication with Principal 5. Complete documentation as per OSH reporting. 6. Organise debrief, as required