



George Town Council

# DRAFT SCHOOL IMMUNISATION POLICY

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## Introduction

This document outlines the design and implementation procedure for George Town Council's Schools Immunisation Program. The program is a State Government driven and Commonwealth funded initiative.

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## Background

The Communicable Diseases Prevention Unit (CDPU) (Department of Health and Human Services) contacts Council in December/January each year. Formal contact indicates which vaccinations are scheduled into the schools program for the following year in accordance with the National Immunisation Program schedule. Standard immunisations for the schools program are as follows;

1. Human Papilloma Virus (HPV)
2. Varicella
3. Diphtheria, Tetanus & Pertussis

Initial contact from the CDPU is designed to alert Council to any changes in the program. Any changes to the Australian Immunisation Handbook are also indicated. This Handbook is an in depth resource for disease types, age groups, side effects and procedure for health professionals.

The CDPU provides the following forms and information in their December/January mail out:

- Vaccination consent forms and information booklet for all vaccinations in the school program (listed above) for parents/guardians
- List of free vaccines from DHHS and indication for use
- Immunisation schedule for children in Tasmania
- Immunisation schedule for Aboriginal and Torres strait Islanders
- Immunisation schedule for adults in Tasmania
- Any information on changes to specific programs
- Ordering and receiving vaccines procedure
- Discarded vaccine report form

The CDPU also provides separate resources for HPV from the Commonwealth Government available online by visiting the Department of Health and Human Services (DHHS) website). Information brochures on immunisations and vaccines are also distributed from the CDPU on request.

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## Planning with Schools

1. Informal contact is made with Anne Street Medical Services in early December to arrange date/s and times suited for school immunisations.
2. Formal written contact is made with the schools in early February, once school holidays are over. The contents of the correspondence should contain:
  - (i) A finalised, agreed date for the immunisation session and time of arrival;

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## Planning with Schools (Cont.)

- (ii) Parent/Guardian Consent forms with information booklet including vaccine side effects (Information booklet available on the DHHS website);
  - (iii) Provision of the CDPU Immunisation Hotline number;
  - (iv) Requirements for schools:
    - to request signed consent forms be returned to school within 1 week (vaccinations will not take place without signed consent forms);
    - to inform parents of schedule, health education etc; and
    - recommendations for teacher supervision, appropriate room, etc.
3. Good relations and clear communication with schools is important. Scheduling for the timetable should be flexible and designed with lunch/recess in mind, as well as class immunisation numbers and travelling distances between schools. During winter months road issues such as fog and livestock can impede travel between destinations. Timeframes for school visits should also include observation periods following immunisation for adverse reactions. Duration of sessions can also be effected by staff numbers, distances between classrooms to immunisation room, children with special requirements and the discipline standards of the school. Advice may be sought by the school on the ideal location and size of facilities required for an immunisation session. A visit to the school prior to the immunisation session may be necessary to identify an appropriate location.

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## Link to Strategic and Annual Plans

### **Goal 3 – Community and Wellbeing**

To foster wellbeing and a sense of belonging for our community by continuing to promote health and wellbeing with a particular focus on children, young people and services.

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## Scope of Policy

- This Policy is applicable to Council workers involved in the School Immunisation Program; and
- Customers defined as any person or organisation that engages with Council, or seeks product, service or information offered by Council in regard to the School Immunisation Program.

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## Legislation & Reference Documents

- Public Health Act 1997
- Australian Government – Department of Health “The Australian Immunisation Handbook” 10<sup>th</sup> Edition 2013 (updated January 2014)

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## Internal Related Documents

- George Town Council Risk Management Policy No. 33

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## Consent Form Procedure

1. Forms are collected from the schools at least two weeks prior to the first immunisation session. The forms must be signed and dated by the parent/guardian and must provide information about any allergies, previous adverse reactions and general health history. Any ambiguities should be identified and clarified with parents before the immunisation day.
2. A list is compiled containing the names of all students who have returned consent forms signed and dated by the parent/guardian. Separate lists are compiled for each school. (Data is then uploaded to Vacciwise after the immunisations have taken place).
3. The school lists are checked by two Council staff members prior to the immunisation session to ensure that the correct names are on the list for each signed consent form.
4. The lists are emailed to the schools prior to the immunisation session.
5. The lists are also emailed to the administering medical practice prior to immunisation to be checked against their records to avoid students being given an immunisation already administered (it is the responsibility of the staff at the administering medical practice to conduct a cross check of Council's list to that of the its own records in regard to any immunisations carried out at the surgery).

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## Immunisation Sessions – On The Day

1. In preparation for an immunisation session, the Practice Nurse and Council staff meet at the Council offices approximately one hour before the first scheduled arrival time at a school. The Practice Nurse is to confirm that a check of the emergency kit and equipment and a cross check of immunisation records has been undertaken. The Oxy-Viva unit and adrenaline is provided by the Medical Practice and is carried by the Nurse/Doctor. The Nurse/Doctor's to check for any pre-existing health conditions or previous adverse reactions noted on the consent forms by the parent/guardian, and consult the pre-vaccination checklist.
2. Council staff are responsible for packing the vaccinations into the eskies, school lists, immunisation equipment and sharps disposal containers. The responsibility of the Council staff does not extend to the preparation of the needles.
3. Upon arrival at the school, reception staff should alert the school immunisation coordinator to begin the immunisation session. As outlined within the resource package, school venues should be designated for the session with the following features:
  - Waiting area – shaded and out of view of the vaccination area;
  - Clerical area – large desk to facilitate the EHO and teacher for student identification;
  - Vaccination area – Large table for administration (consent forms, student list), Oxy-Viva (resuscitation) and sharps disposal;
  - Recovery area – Indoors, shaded preferably without hardened areas. Students are to be monitored for adverse reactions for 15 minutes following vaccination; and
  - Emergency area – separate room from other area that can provide easy accessibility and privacy;

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## Immunisation Sessions – On the Day (Cont.)

4. Students are taken through a roll call from the school list and given their signed consent forms back. The School staff member is asked to confirm the identity of students when they are given consent forms back.
5. Upon entry to the vaccination area students are asked by the nurse immuniser for their consent form and are asked to confirm their name. The immunisation will be administered only if this consent form is signed by parent/guardian. If there is an uncertainty in any of the requirements mentioned herein, the immunisation will not be administered.
6. Following vaccination, students are monitored in the recovery area for 15 minutes. The Nurse Immunisers check with the school immunisation coordinator that there have been no adverse reactions before leaving the school.

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## Vaccination Storage

1. Vaccinations should be carried in transit in compliance to Cold Chain requirements as illustrated in the National Vaccine Storage Guidelines – Strive for 5.
2. Vaccinations are to be kept in an immunisation fridge as per the above Guidelines, adhering to guidelines for storage, temperature control and maintenance, temperature recording, damaged vaccine disposal and refrigeration unit location.
3. The refrigeration unit is to be locked at all times except for stocktaking, on the day of immunisations or when receiving delivery of ordered vaccines. The key can be attained from the Environmental Health Officer and a spare can be located from the administration staff member responsible for the vaccine management.

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## Nurse Immunisers

George Town Council uses the services of the local Doctor and Nurse to undertake the pre vaccine checks and the immunisations. They are responsible for administering vaccines to students. The medical providers are familiar with 'cold chain' requirements for vaccines. Their responsibilities also include preparing vaccines on the morning of the scheduled immunisation day, checking the equipment in the emergency kit, and receiving signed consent forms from students as they enter vaccine area. Current Nursing Registration, Nurse Immuniser and Cardiopulmonary Resuscitation (CPR) Accreditation documents are viewed and photocopied for verification and placed on Council records management system before each scheduled immunisation session. Witnessing and signing off of accreditation is completed on an annual basis.

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## Contingency

In the event of illness or unavailability of the doctor and nurse:

- Short notice – Visit is re-scheduled to a convenient agreed time between School, Council and Nurses.
- Adequate prior warning – Other immunisation Nurse to be recruited.

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## Administration

1. Requirements for Council staff include the uploading of data into Vacciwise, Council's approved storage database system for immunisation records. Additional requirements include the uploading and forwarding of HPV program data to the HPV register. All vaccination data is to be forward to CPDU as requested.
2. Parents of children absent from school or designated vaccination area refusing immunisations on the day will be alerted by letter following scheduled session in order to make arrangements for 'catch up' doses or full courses with their GP or health provider.

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## Risks Associated with the Provision of Immunisation Services

**It is the responsibility of the administering doctor and/or nurse immuniser to take all possible preventative actions against the following risks:**

- immunising children without parental/guardian consent
- immunising a child with parental/guardian consent with the incorrect vaccine
- immunising children with similar names
- anaphylaxis/adverse reactions
- violent reactions of children (i.e. deliberate or accidental needle stick injury to Council staff or school staff)
- cold chain breaches
- exposure to infectious waste

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## Emergency Management

Authorised Nurse Immunisers, Nurses and Doctors are required to be trained and accredited in Cardio Pulmonary Resuscitation techniques (CPR) on a three year basis. CPR manages risks incorporated with side effects such as anaphylaxis (fainting).

Located in the Immunisation and Nurse Immuniser folder are the address, map location and contact number for each location where the service is provided. Also included are contact numbers for emergency services and a copy of the "Australian Immunisation Handbook" 10<sup>th</sup> Edition.

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## Risk Management

This Policy aligns itself to Council's Risk Management Policy No. 33 in that it aims to maintain overall responsibility for the effective management for all types of risks related to this across Council's operations.

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## Implementation of Policy

The Policy will become effective upon approval by Council and will be reviewed every two years or in accordance with legislative requirements.

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## Responsibility

Responsibility for the operation of this policy rests with the General Manager.

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