

DID YOU KNOW?

Immunising your child provides effective protection against preventable sickness and disease.

Many childhood vaccines are free of charge to children of eligible ages.

Some vaccinations are provided to your child in school. Others will be given by a doctor or health professional.



SCHOOL AND IMMUNISATION

- When you fill out your child's school enrolment form, you'll be asked whether your child has received particular vaccinations and to provide evidence.
- This is usually in your child's health record book or you can provide a letter from a doctor or council.
- The Australian Childhood Immunisation Register (ACIR) keeps a record of immunisations given to children under the age of seven years.
- Statements of your child's immunisation history can be requested from ACIR by phoning **1800 653 809** or visiting www.medicareaustralia.gov.au.
- If proof is not available, a statutory declaration form can be obtained from your school or from the Department of Health and Human Services, Tasmania.
- It is in the best interests of your child and of other children to complete the recommended National Immunisation Program Schedule – go to www.immunise.health.gov.au

WHAT IF THERE IS AN OUTBREAK OF INFECTIOUS DISEASE?

- if your child is not immunised you may be asked to keep your child at home if there is an outbreak of disease that is infectious, contagious or harmful to others.
- if your child is immunised your school will give you advice from the public health authority about whether attending school during an outbreak is safe.
- Always follow the advice from your school as it is based on expert medical advice from the Health Department.

WHERE CAN I GET MORE INFORMATION?

- Contact your school or child care facility
- your local council
- your family doctor or health nurse
- the Department of Health and Human Services on **1800 671 738**
- Visit the Department of Education website: www.education.tas.gov.au

School Based Immunisation Program

Information for Schools

The purpose of this information sheet is to facilitate the organisation and communication of the School Based Immunisation Program (SBIP) in your school.

28 August 2013

The Tasmanian School Based Immunisation Program is an extremely important public health measure delivered under the auspices of the Public Health Act 1997. The Department of Health and Human Services and Councils are committed to providing all eligible secondary school students with the funded vaccines. Success hinges on teamwork and communication between schools, parents and councils providers.

The following suggestions address how to maintain a safe immunisation environment, student privacy and confidentiality, and how to make the process efficient for the schools and council providers. Councils will work with the schools early in the school year to organise the immunisation program to fit within existing school activities and timetables. It is important that immunisations are prioritised on the agreed dates and times. The support of both teaching and administrative staff is of paramount importance for the success of the immunisation program.

What is the School Based Immunisation Program?

The annual SBIP provides secondary students in schools across Tasmania the opportunity to be protected from a range of diseases. Immunisations offered include:

Year 7 Students:

- Human Papillomavirus (HPV)
- Varicella (chickenpox)
- Diphtheria-tetanus-pertussis (whooping cough)
- Hepatitis B

Year 9 Students:

- Diphtheria-tetanus-pertussis (whooping cough) – catch-up in 2013 & 2014
- Human Papillomavirus (HPV) – catch-up for boys only in 2013 & 2014

Year 10 Students:

- Diphtheria-tetanus-pertussis (whooping cough) – catch-up in 2013 only

Tips for Coordinating the School Immunisation Program

Schools should nominate a dedicated staff member as the primary contact for the Council's immunisation team. This person is to facilitate effective communication between the school and local council for the overall management of the immunisation program for the year. The council will liaise with

this primary contact about conducting the program including organising dates, avoiding schedule clashes, what time is required to vaccinate the students (particularly large numbers), distribution of consent forms, and requirements and procedures for vaccination sessions.

It is advisable that all staff are made aware of the year's immunisation timetable to assist with planning and to avoid clashes with subsequently scheduled activities.

Information about the School Based Immunisation Program may be distributed to the school community for example through a parent email or text message, school newsletter article, or a note in the school diary or prospectus.

The Consent Process

The consent process is probably the most critical part of the School-based Immunisation Program. Schools vary in their capacity to be more actively involved in the consent process as what works in one school may be less effective in another. Schools should determine the best way of providing information and reminders to parents about return of consent forms.

A very important public health aim of the Program is to achieve high vaccination coverage among adolescents. The return of consent forms helps monitor this process. All consent forms to should be returned by students, regardless of whether consent is provided as yes or no.

Schools will receive a consent pack from the local council, for each eligible student to give to his/her parent/legal guardian. Packs should contain a cover letter detailing the process for the school and general information about vaccines being administered, the diseases they prevent and a consent form for return. The pack should contain different consent forms and information sheets for each vaccine being offered.

Consent forms should be distributed as soon as practicable after the Council provides them. Return of consent forms should be promoted and supported by the school through announcements and reminders such as in newsletters, and/or email. If consent forms are not returned by the due date another consent package may be provided to the parent.

Vaccination cannot be given to students if the form is not returned or when the returned form has not been fully completed and signed by the parent/guardian. If possible, schools should follow up incomplete or unsigned forms.

Immunisations

The council will provide an envelope for the collection of consent forms. Schools may wish to paste an alphabetical class list on the envelope to tick off names as consent forms are collected, and follow up students who have not returned their forms by the due date. Individual Councils will leave instructions regarding postage or pick up of the returned consent forms.

Note: if you have a suggestion as to how the consent process could be improved please contact Dianna Marston at the Communicable Diseases Prevention Unit, Department of Health and Human Services on 6222 7514 or at dianna.marston@dhhs.tas.gov.au.

In the days leading up to the immunisations, local councils should contact schools to confirm arrangements regarding venue and supervision arrangements.

On the Day of the Immunisation Session

The immunisation team will arrive at a pre-arranged time to conduct the clinic in your school. The team will include council staff and doctors or authorised nurse immunisers to administer the vaccines. The team will bring all medical supplies needed to immunise students, and will take all items when they leave.

The Venues

If possible, schools should organise 2 ground floor rooms for immunisations and recovery. Students must not queue on stairs. If possible, it is preferable to have separate entry and exit points for students, to keep recently immunised students separate from those still waiting.

The immunisation room should be warm and comfortable, with a large table (or several smaller tables) and one adult sized chair for each doctor /nurse and one for the students (the number required will be based on the number of doctor/nurses required to administer the vaccines). The room should be large enough room to safely lie a student down.

Students are required to wait in a recovery area for at least 15 minutes after being immunised. This area should be in close proximity to the immunisation team and have space for students to sit quietly.

The above are the preferred venues; however, if schools do not have rooms as above, they should discuss suitable alternatives with their local council.

Before the Immunisation is Administered

The primary contact should organise a staff member to collect students from class on the immunisation day. Best practice suggests that two staff members are required with one organising students in alphabetical order and the other to supervise waiting students, however, it is recognised that this may not always be possible.

Queuing students alphabetically by family name is preferred, with very nervous students to be at the front of the line to be vaccinated first.

Staggering the arrival of students from classes assists the flow of students and ensures a steady safe and manageable workflow/ Staggering students also reduces the risk of fainting and the spread of anxiety or excitement.

The immunisation team will give the signed consent forms to the staff member responsible for organising students. These forms should be distributed back to each student immediately prior to the vaccination being given.

During The Immunisation Encounter

Students are to enter the clinic one at a time and meet with the doctor/nurse. The doctor/nurse will review the consent form with the student and ask the student some screening questions. Student's questions will be addressed and then the vaccine will be administered.

After the student has been vaccinated they will be given a record of vaccination to take home to their parent.

Following the Immunisation Encounter

Students are to remain in the recovery area for observation for at least 15 minutes after receiving the vaccination to ensure the student is not having a reaction to a vaccine. Although serious reactions are rare, when they do occur immediate medical intervention may be necessary.

Once the observation period is over, students may return to their scheduled activities. Ideally sporting activities should not be scheduled directly after the immunisation clinic and a staff member should accompany the students away from the clinic area and continue normal supervision.

The Immunisation Team will remain at the school for at least 15 minutes after the last student has been vaccinated and will ensure that all vaccinated students are well prior to leaving the school grounds.

Because the students must wait for 15 minutes, vaccines must be given at least 15 minutes before the end of the school day.

The immunisation team should prepare a list of those students who had returned consent forms but were absent or refused vaccination on the day and provide information on the alternatives for parents to have their child immunised. A letter should be sent from the school to their parents advising them of alternatives to have their child immunised. Information regarding alternatives can be obtained from your local council or by contacting the Communicable Diseases Prevention Unit, Department of Health and Human Services on 6222 7514.

Any student feeling unwell after the team leaves the school should report to the First Aid room or sick bay where normal school procedures will follow.

**For medical emergencies contact:
Tasmania Ambulance by dialling 000.**

School Based Immunisation Program Schedule

2013 SCHOOL BASED IMMUNISATION PROGRAM

	YEAR 7	YEAR 8	YEAR 9	YEAR 10
HUMAN PAPILLOMAVIRUS (HPV)	✓		✓ (BOYS ONLY)	
DIPHTHERIA, TETANUS AND PERTUSSIS (WHOOPING COUGH)	✓		✓ (CATC H-UP)	✓ (2013 ONLY)
CHICKENPOX (VARICELLA)	✓			
HEPATITIS B	✓			

2014 SCHOOL BASED IMMUNISATION PROGRAM

	YEAR 7	YEAR 8	YEAR 9	YEAR 10
HUMAN PAPILLOMAVIRUS (HPV)	✓		✓ (BOYS ONLY)	
DIPHTHERIA, TETANUS AND PERTUSSIS (WHOOPING COUGH)	✓		✓ (CATCH -UP)	
CHICKENPOX (VARICELLA)	✓			

2015 SCHOOL BASED IMMUNISATION PROGRAM

	YEAR 7	YEAR 8	YEAR 9	YEAR 10
HUMAN PAPILLOMAVIRUS (HPV)	✓			
DIPHTHERIA, TETANUS AND PERTUSSIS (WHOOPING COUGH)	✓			
CHICKENPOX (VARICELLA)	✓			