

## APPENDIX 10: SUMMARY TABLE – PROCEDURES FOR A VACCINATION ENCOUNTER

This table summarises the information provided in Chapters 1.3–1.5 and provides an overview of the requirements before, during and after a vaccination encounter. This table can also be photocopied and used as an audit tool, if required.

### Pre-vaccination procedures (Chapter 1.3)

- **Prepare anaphylaxis response kit:** check availability of the protocols, equipment and drugs necessary for the management of anaphylaxis, before each vaccination session. (1.3.1)
- Only vaccine that has been transported and stored at the correct **cold chain** temperature of between +2°C to +8°C should be administered. Follow the *National Vaccine Storage Guidelines: Strive for 5*. (1.3.2)
- Perform **pre-vaccination screening** to determine the person’s medical fitness for vaccination, and possible need for additional vaccines. Any concern about the person’s eligibility for vaccination must be discussed with a medical practitioner, paediatrician or public health physician with expertise in vaccination (see Appendix 1 for phone numbers for State/Territory health authorities.) If a person’s health status or suitability for vaccination cannot be determined, defer vaccination and seek advice. (1.3.4)
- Review the individual’s vaccination history and, based on documented evidence, **decide on the appropriate vaccine(s) to be administered**. If the recommended vaccination schedule for age has not been completed, plan and document a ‘catch-up’ schedule and discuss this with the person or parent/carer. (1.3.5)
- **Obtain valid consent** from the person to be vaccinated, or that person’s parent/carer: this includes providing the appropriate information about the risks and benefits of vaccination and the risks of vaccine-preventable diseases. (Written vaccination information can be provided to parents as early as the last trimester of pregnancy or at the well-baby check.) Advise the person to be vaccinated, or the parent/carer of a child, of the incidence of common adverse events that may occur following vaccination. This advice and the parent’s consent should be documented. It is important that the parent be given a contact phone number in case a significant adverse event occurs within 24 to 48 hours of the vaccination. (1.3.3)

#### Administration of vaccines (Chapter 1.4)

- Follow **standard occupational health and safety guidelines** to minimise the risk of needle-stick injury. (1.4.1)
  - Depending on the vaccine(s) that are to be administered, and the age and size of the person to be vaccinated, **decide on the appropriate injection site and route, and the injection equipment required** (ie. syringe size, needle length and gauge) as recommended in the current NHMRC immunisation guidelines. Use a new, sterile, disposable syringe and needle for each injection. (1.4.2–1.4.6)
  - **Prepare the vaccine (check whether the vaccine is injectable or oral):**
    - *Check each individual dose* (ie. ampoule, pre-filled syringe or vial) to see that the expiry date has not lapsed, and that there is no particulate matter or colour change in the vaccine.
    - *Reconstitute the vaccine as needed* immediately before administration, preferably using a separate needle to draw up the diluent or as recommended by the manufacturer. Use only the diluent supplied with the vaccine. Mix fully, and draw up the vaccine.
  - **Locate the injection site** by fully uncovering the appropriate limb(s) and visualising the correct anatomical markers. Position the limb for vaccination so that the muscles are relaxed (usually a flexed position). Keep the limb as immobile as possible without using excessive restraint. Ensure that the skin is visibly clean. (1.4.7–1.4.8)
  - **Administer the vaccine(s)** using the recommended technique (IM, SC or Oral). For injectable vaccines, follow the recommendations for administering more than 1 vaccine into a limb during the encounter. *Do not inject oral vaccines*. Remove the needle briskly after IM injection. (1.4.5, 1.4.9)
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- **Immediate after-care**
  - Dispose of used needles, syringes and vaccine vials/ampoules in accordance with standard infection control guidelines.
  - Cover the puncture wound quickly with a dry cotton wool ball and hypoallergenic tape as needed. Apply gentle pressure for 1–2 minutes but do not massage.
  - Remove the cotton wool and tape after a few minutes.
  - Continue using comfort and distraction techniques to alleviate any distress and pain. Note: paracetamol is not used routinely at the time of vaccination but may be recommended as required for fever or pain. (1.5.1)
- **Managing adverse reactions, documentation and follow-up**
  - Remind the vaccinated person, or the parent/carer of a child, about the possible **common adverse events following immunisation** and how to manage them. It is preferable to provide this as written information (see inside back cover of this *Handbook*).
  - Before departure, inform the person or the parent/carer, preferably in writing, of the **date of the next scheduled vaccination**.
  - The vaccinated person and/or parent/carer should be advised to remain in a nearby area for a **minimum of 15 minutes** after the vaccination. The area should be close enough to the vaccinator, so that the child/person can be **observed** and medical treatment can be readily obtained if needed.
  - Take the opportunity to **check the vaccination status of other family members (as appropriate)** and provide (or refer) for catch-up vaccination.
  - **Document the details of vaccination:**
    - (i) on a record to be retained by the person, or the parent/carer of a child,
    - (ii) on the relevant clinical record (electronic or hard-copy), and
    - (iii) on an ACIR (or equivalent) encounter form, for children <7 years of age.
  - Remind the vaccinated person, or the parent/carer of a child, to promptly **report any significant adverse event following immunisation** to the vaccinator, so that it can be reported to either the Adverse Drug Reactions Advisory Committee (TAS) or to the relevant State/Territory health authorities (ACT, NSW, NT, QLD, SA, VIC and WA). (1.5.2–1.5.4)