

2024–2025 Provincial School Immunization Policy

August 2024

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Updates for the 2024-25 School Year

- Men-C-ACYW-135 is not be offered to Grade 6 students in the 2024-25 and 2025-26 school years. It will be offered to Grade 8 students starting in the 2026-27 school year.
 - **NOTE: Until the Panorama Forecaster Men-C-ACYW-135 rules are revised, Men-C-ACYW-135 will still forecast for Grade 6 students BUT IT IS NOT TO BE ADMINISTERED to Grade 6 students.**

Introduction

- The *Provincial School Immunization Policy* (PSIP) targets students in Grades 1, 6 and 8 (or their equivalents).
- School immunization clinics allow for rapid, efficient, and safe immunization of large numbers of students at the schools, in a short time with minimal interruptions to the educational activities.
- There are no school age or grade specific immunization entrance requirements (or enforcements) for children to attend schools in Saskatchewan.
- The PSIP adheres to informed consent principles and processes as directed by the Ministry of Health.
- The school-aged immunizations are core public health services delivered by Public Health Nurses (PHNs) and Community Health Nurses. In this document, PHN/PHNs will be the terms applied to reference all nurses who deliver school immunizations.
- Refer to the [Mass Immunization User Guide](#) for details about the Panorama Mass Immunization module.
- To support provincially standardized PHN practice and ensure consistency in the immunization process, all jurisdictions:
 - must use [Ministry of Health developed resources](#): immunization consent forms, vaccine fact sheets and the Panorama Privacy document;
 - must adhere to Policies A, B and C as outlined in this document; and
 - are recommended to adhere to the Recommended Procedures as outlined in this document.

Purposes

1. To promote effective use of public health nursing time inherent in the preparation, organization, and delivery of school immunizations to school-aged children in the targeted grades.
2. To ensure consistent business practices are implemented and sustained and that individuals and families receive consistent quality immunization services in any community in which they reside.
3. To provide guidance and direction in addressing common issues inherent to school immunization clinics.
4. To ensure that school-aged children receive the publicly funded immunizations they are eligible to receive.
5. To encourage the uptake of immunizations to preserve the health of the school-aged population and the community at large.
6. To measure and evaluate school immunization coverage statistics and vaccine-preventable disease rates as public health outcomes.
7. To ensure that immunization records and consent directives for Grade 1, 6, and 8 students are accurate and documented correctly in their Panorama record.

Principles

- Immunizations are preventative routine health services and are generally not considered 'medical treatments' unless they are administered for immunoprophylaxis purposes.
- Documented formal immunization records are the only acceptable format to assess a student's immunization history and current immunization status.

- Client immunizations recorded in applications such as Immunize.ca are not considered documented formal immunization records.
- Immunization consent grants are valid for the period needed to give all required doses of the vaccines consented to (until revoked or age-related limitations are met).
- Grade 1, 6, and 8 students are to receive a dose of all vaccines that they are eligible for at the first visit unless extenuating circumstances apply, which must be documented appropriately in the client's immunization record as per [SIM, Chapter 4 Appendix 4.2 Where do I document?](#).

Required Actions

- PHNs should become familiar with the [Mass Immunization User Guide](#) and [SIM, Chapter 4 Appendix 4.2 Where do I document?](#) for guidance regarding how and where to document various topics (e.g., 'routine school vaccines' section) and situations encountered during clinical practice.
- Annual immunization record reviews must be conducted for all Grade 1, 6, and 8 students to assess and identify individual immunization requirements, to minimize the potential for vaccine errors, review previous adverse events following immunization, special considerations (e.g., exemptions, contraindications, risk factors), immunization history and immunization history interpretations.
- Immunizations that a student received outside of Saskatchewan or in a First Nation community in Saskatchewan that does not use Panorama must be forwarded to public health and entered into the student's immunization record to ensure that their immunization history is as complete and accurate as possible.
- Document administered vaccines into the student's Panorama record at the point of service, or within 24 hours if the PHN does not have access to a portable computer device or internet connection. Refer to [Appendix 6: Immunization Data Entry into Client Records by Non-Providers](#).
- Documented refused or deferred vaccines must be re-offered in Grades 1, 6 and 8 to ensure that opportunities for immunization are presented to parents / guardians / students.
- Reassess documented vaccine exemptions to determine if they are still applicable (e.g., medical status has changed).
- Client Warnings that were 'transferred' from the previous immunization registry shall be converted to Special Considerations as appropriate (i.e., when a PHN is actively reviewing a client's record for a targeted Grade); when reviewing the consent form screening questions; or when a client presents in person.
- PHNs may use the Communications Log to:
 - Document second and third attempts to obtain consent directives for students in Grades 1, 6 and 8. Refer to [SIM, Chapter 4 Appendix 4.2 Where do I document?](#) for details.
 - Document first, second and third attempts to obtain consent directives for immunization for students in other Grades. Refer to [SIM, Chapter 4 Appendix 4.2 Where do I document?](#) for details.
 - Document a student' absences.

Student Population Groups

Immunization services are focused on students in two priority groups:

1. Primary priority groups:
 - a. Students in Grade 1
 - b. Students in Grade 6
 - c. Students in Grade 8

2. Secondary priority groups:
 - a. Students new to Saskatchewan/Canada in any grade (see [Appendix 14: Sample letter for parents/guardians of students new to Saskatchewan.](#))
 - ❖ Diligent assessment of a student's documented immunization history is required, as some vaccines entered into Panorama may show as invalid because of spacing intervals or agent/antigen documentation discrepancies in the forecaster function.
 - ❖ Students who do not have or cannot access their personal documented immunization records are considered unimmunized, so offer all immunizations they are eligible to receive.
 - b. Students transferring from other schools in any grade (including from a First Nation Jurisdiction [FNJ]) within Saskatchewan.
 - c. Students in any grade who are eligible for additional immunizations because of identified risk factors (refer to [SIM Chapter 7, Special Populations.](#))

Policies

Policy A: Attempts to obtain consent directives for immunization

- Consent directives must be documented into a student's Panorama immunization record before they are immunized and include the following:
 - the names of the consentor;
 - consent type identified as written or verbal (e.g., in person, telephone, other electronic means);
 - PHN who obtained the consent directives, and
 - date the consent was signed.
- **No more than three attempts to obtain parent/guardian consent directives a student's immunization need to be made by a PHN.**
 - See the [Mass Immunization User Guide](#) instructions on how to record follow-up for the first, second and third attempts in the Communications Log and to update the client's Immunizations Event Status.
- Once a student turns 18 years old, consent directives must be obtained from them for a PHN to continue or begin a vaccine series that their parent/guardian/social worker had consented to.

Recommended Procedure:

- **First attempt – Paper consent packets brought to school a few weeks before the scheduled day of the clinic. This may be a General Consent form for immunization delayed students in Grade 6 and 8.**
 - Student provides hard copy package to parent/guardian;
 - Alternately, the PHN provides the consent packet web link to the student's parent/guardian to complete and email back to the public health office or print off a hard copy for the student to return to the school.
 - Some offices do not send home Grade 1 consent packages but invite students into clinic.
- **Second and Third attempt options (if required).**
 1. Resend packet with student as per above.
 2. Call the parent/guardian as per the [Recommended Procedure – Obtaining Verbal Immunization Consent Directives from a Parent/Guardian](#).
 3. Text or email the provided parental/guardian contact information.
 4. Mail consent packet to the student's mailing address care of their parent/guardian.
 5. Do a home visit.
 6. In all verbal or written correspondence, direct parents/guardians to [Immunization Forms and Fact Sheets](#).
 7. After the third attempt, the PHN makes phone contact/leaves voice messages or texts to state that it is now the parental/guardian's responsibility to contact Public Health if they wish for their student to be immunized as no more contact attempts will be made in this current grade.
 8. Document the second and third attempts and methods used in the Communications Log in the client's record, and update the Client's Mass Immunizations Event Status as per the [Mass Immunization User Guide](#) and [SIM, Chapter 4 Appendix 4.2 Where do I document?](#)

Notes:

- If consent directives are not documented for a student, and they present during a school clinic stating they are certain they know that they are supposed to receive an immunization but left their signed consent at home or have lost their signed consent, etc., refer to [Recommended Procedure – Obtaining Verbal Immunization Consent Directives from a Parent/Guardian](#).
- If time is not available at a school clinic for this purpose, telephone as above for follow up prior to next school clinic visit. Refer to [Policy B: Mature minor informed consent for immunization](#).

Policy B: Mature minor consent directives – Immunization

Background: In Saskatchewan, a person under 18 years of age who is assessed and deemed capable of providing informed consent for treatment (as a mature minor) is legally allowed to make health directive decisions.

Summary: **Mature minors who are at least 13 years old up to and including 17 years of age can legally provide consent directives pertaining to immunizations.**

Notes:

- The mature minor must approach the PHN with this request; the PHN should not approach the student to seek consent directives.
- A parent, guardian, or social worker cannot override consent directives given by a competent mature minor. **If a PHN identifies any current or potential issues of this nature, their supervisor should be consulted immediately**, and the PHN MUST bring this request to the attention of their supervisor **and/or** the jurisdictional Medical Health Officer (MHO) for a case-by-case consultation.
- When a student is 12 years of age or younger and is actively seeking immunization information and/or actively identifies herself/himself to a PHN as requesting to receive a vaccine(s), the PHN MUST bring this request to the attention of their supervisor **and/or** the jurisdictional MHO for consultation.

Procedure:

- Unless the student identifies themselves as an emancipated minor, PHNs should direct a student to discuss immunizations with their parent/guardian/social worker before proceeding to obtain mature minor informed consent for immunization.
- If a student identifies that they do not wish to have this discussion, or they state that they have had the discussion but they and the party have differences of opinion, the PHN may proceed:
 1. With the student, discuss the vaccines that they are eligible to receive upon reviewing their immunization record with them, including vaccines for which there are signed refusals. It is appropriate for the PHN to share with the student their current eligibility status, and it is the student's responsibility, without prompting from the PHN, to let the PHN know if they want to engage in further conversation regarding these immunizations. This may apply to routine school immunizations, missed or refused childhood immunizations, and/or vaccines based on medical or lifestyle risks.
 2. Use the health-screening questionnaire, found in the [SIM, Chapter 8 Administration of Biological Products](#) section 1.1.1) to assess the student's health.
 3. Follow the seven steps to obtain informed consent as outlined in [SIM, Chapter 3 Informed Consent](#).
 4. Confirm that the student understands the standard information they have been provided. To assess a young person's level of competence, a PHN needs to ensure that the student:
 - a. Understands the vaccine offered and why they are eligible.
 - b. Understands the risks of not being immunized.
 - c. Understands the benefits and risks of being immunized.
 - i. Explore with the student how they would manage an adverse event following immunization.
 - ii. The student may need to inform their parent/guardian that they have received an immunization if they have an adverse event to an immunization. Explore with the student how they would manage this situation.
 - d. Makes a free choice regarding immunization without prompts, suggestions, nor pressure by the PHN.
 5. Provide an opportunity for the student to ask questions.
 6. Confirm their consent directive and readiness to proceed.
 7. Document the appropriate consent directive.

8. In the comments section of the consent form, document the PHN's professional assessment of the student's ability to make informed directives based on their comprehension of materials and maturity.
 - a. If a PHN assesses that a student is unable to give informed consent for immunization because of lack of understanding and comprehension of the standard information, then the student is not to be immunized at this time and needs to be informed of the PHN's decision.
 - b. If a PHN assesses that a student is unable to give informed refusal for immunization because of lack of understanding and comprehension of the standard information, then the parent's/guardian's consent directives must be applied.
9. The student and the PHN must both sign the completed consent form (every box must be filled out) prior to the administration of any vaccines. **Students who do not sign their consent form will not be immunized.**
10. Update the student's immunization consent directive(s) and document that mature minor consent was obtained.
11. The *Notice of Immunization* form is completed and given to the student.
12. Inform the student that immunizations that have been administered will be recorded in the provincial immunization registry, and can be accessed on [MySaskHealthRecord](#) (MSHR).
 - a. If the student is 13 years old, then the information will show in MSHR, the immunizer must inform the student that their parent/guardian will have access to their immunization record. If the student is 14+, only the student has access to their immunization record in their MSHR account.
13. Because mature minor informed consent for immunization is confidential health information and should not be shared with any party without the minor's permission, if the student is concerned about his/her parent/guardian seeing their record, the PHN should create a **Client Warning** in the student's Panorama record.

Policy C: Attempts to retrieve and obtain immunization records

Summary: Two attempts are required to retrieve and obtain immunization records for a student.

Background: To assess a student's immunization history and vaccine eligibility, documented immunization records for each student must be reviewed by a PHN to:

- A. Assess the validity of documented vaccines:
 - the administration dates;
 - intervals between doses;
 - administration routes;
 - the antigen and agent; and
 - minimal age was met.
- B. Avoid vaccine administration errors and omissions for the student.

Attempts to retrieve and obtain records serves these purposes based on the targeted grade:

Grade 1:

1. To ensure that students have the opportunity to be fully immunized prior to their 7th birthday.
2. To ensure that the seven year old immunization coverage rates have an accurate denominator and provide meaningful data as a public health indicator.

Grade 6:

1. To ensure that all students have the opportunity to be fully immunized (or at minimum have commenced all series for which they are eligible) prior to beginning the Grade 7 school year.
2. The Grade 6 immunization coverage rates have an accurate denominator and provide meaningful data as public health indicators.

Grade 8

1. To ensure that all students have the opportunity to be fully immunized (or at minimum have commenced all series for which they are eligible) prior to beginning the Grade 9 school year.
2. The Grade 8 immunization coverage rates have an accurate denominator and provide meaningful data as public health indicators.

Recommended Procedure:

1. The PHN may employ the following options and document each attempt and method in the communication log.
 - a) Provide an agency developed hard copy immunization record request form to the student for their parent/guardian to complete and return to the school; or
 - b) Mail or email the form to the student's parent/guardian for them to complete and send back with the student or email to the PHN/health centre.
 - Ideally, the parent would attempt to obtain the record from the previous area health centre.
 - A record request will then be forwarded to the facility/agency/provider that the parent/guardian has identified as having provided their child's immunizations or hold their child's immunization record(s).
 - c) Call or text the student's parent /guardian once.
2. Upon receiving the record, enter the student's documented immunization records as historical records into Panorama.
3. If a student's immunization records remain unobtainable after two retrieval attempts, they are considered unimmunized and they are to be offered all primary immunization series according to age-specific eligibility criteria stated in [SIM, Chapter 5 Immunization Schedules](#). Refer to PSIP [Policy A: Attempts to obtain informed consent immunization](#) for direction.
4. Refer to [SIM, Chapter 4 Appendix 4.2 Where do I document?](#) for guidance regarding documentation in a client record of various topics (e.g., incomplete vaccine history) and situations encountered during clinical practice.
5. The PHN is to document each attempt in the Communications Log.

Recommended Procedures

The recommended procedures in this document share the primary objective of reducing excessive public health nursing time that is inherent in the preparation, organization, and delivery of school immunizations.

The secondary objective of the recommended procedures is to ensure that consistent business practices are implemented and sustained in all aspects of the PSIP. This will ensure that individuals and families receive consistent quality immunization services in any community in which they reside.

NOTES:

- A. Tasks for grade-specific recommended procedures are presented in table formats to assist with planning.
- B. A PHN or designate send a request to the school for an appropriate space and mutually agreeable dates to conduct an immunization clinic (refer to sample letters in [Appendices 8](#) and [9](#)).
- C. To avoid 'rework' related to inaccurate class lists, obtain them as close to the end of September as possible.
- D. PHN's should do an initial search in Panorama Mass Imms for class lists prior to preparing consent packages.
- E. Ensure student relationships and demographic information from the consent form are updated into Panorama. An Office Assistant could do this.
- F. **Only a Registered Nurse is permitted to document** immunization consent directives in a student's record. Client consent directives documented in Panorama are valid throughout Saskatchewan Health Authority (SHA), Athabasca Health Authority (AHA), Indigenous Services Canada (ISC) and Northern Inter Tribal Health Authority (NITHA) communities that use Panorama.
- G. Update Special Considerations and risk factors as required based on a review of the screening questions.
- H. Print off each student's offline cohort/client profile report (SK011) from Mass Imms before each school clinic. See the [Mass Immunization User Guide](#) for procedure to print these reports. Office Assistant support may be available to assist with this process.
- I. Prior to the immunization clinic, attach each student's offline cohort/client profile report and consent form together.
- J. Post-immunization, ensure that each student receives a completed *Notice of Immunization* form from Mass Imms.
- K. **Immunizations given in the school setting should be documented into Panorama at point of service (POS). If this is not possible**, the nurse shall complete side two of the consent form, for back entry within 1 business day. Refer to [Appendix 6: Immunization Data Entry into Client Records by Non-Providers](#).
- L. In some situations, a PHN may accommodate a parent/guardian request for immunization of the student in an alternate setting. Refer to [SIM, Chapter 4 Appendix 4.2 Where do I document?](#) as to documenting a client warning regarding this request. If a parent requests to have their child immunized in the health centre, create a client warning and update the event status. Mark as a deferral.
- M. It is recommended that parents/guardians receive a notification from Public Health at the end of the school year if their child is immunization-delayed. Refer to [Appendix 11: Sample Letter of Student Immunization Incompleteness](#). This action must be documented in the Communication Log in the student's Panorama record.

Grade 1

- As Kindergarten is not mandatory in Saskatchewan, the Grade 1 targets students who have not completed their routine preschool immunizations (and/or missed a childhood tuberculin skin test based on current population/community risk recommendations).
- Refer to [Recommended Procedure - Students who are Immunization-Delayed](#).
- PHNs need to use judgement when immunizing young children in the school setting. Consider:
 - a. Inviting Grade 1 students and their parents to attend an immunization clinic at the health centre so that their children can be held and comforted by their parent during immunization.
 - b. Arranging immunization at the school at a time when a parent/guardian can attend so that their child can be held and comforted during immunization.
 - c. Ensuring that a PHN is available to hold and comfort the child while they are immunized in the school setting.

Suggested Grade 1 Time Frames	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
<ul style="list-style-type: none"> • Identify potential PHN clinic dates 				☐	☐							
<ul style="list-style-type: none"> • Conduct school planning (e.g., generate Panorama class list and prepare general consent forms) • Contact schools to arrange clinics 					☐	☐						
<ul style="list-style-type: none"> • Do immunization history reviews and retrievals • Contact parents/guardians of students who are eligible for catch-up and without a record in order to get their records • PHN may partially complete Section 1 and must fully complete Section 3 of the general consent form for students • Deliver student-specific packets to school in a sealed envelope or email them to parent/guardian 					☐	☐						
<ul style="list-style-type: none"> • Pick up and review consent forms for completeness • Follow up with parents/guardians if required 					☐	☐	☐					
<ul style="list-style-type: none"> • Order vaccines 					☐	☐						
<ul style="list-style-type: none"> • Clinic - administer doses of all vaccines students are eligible for and document in Panorama 						☐	☐					
<ul style="list-style-type: none"> • Catch-ups at PHN's discretion and document in Panorama 							☐	☐	☐	☐	☐	☐

Grade 6

The first doses of Grade 6 immunizations series should be given no later than mid-October to ensure that there is enough time to complete all immunization series using the required intervals between doses.

Suggested Grade 6 timeframes	(Aug.)	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July
Identify potential PHN clinic dates	☐	☐										
Contact schools to: <ul style="list-style-type: none"> • Get student enrolment numbers • Arrange 1st and 2nd clinic dates 		☐										
<ul style="list-style-type: none"> • Conduct school planning (e.g., generate Panorama class lists) • Optional- Get Grade 6 student class lists if you are at the school Order: <ul style="list-style-type: none"> • Grade 6 consent packets • Small amount of general consent forms and consent instructions • First doses of vaccines 	☐	☐	☐									
<ul style="list-style-type: none"> • Mail or deliver consent packets to school • General consents must be placed in a sealed envelope 		☐										
<ul style="list-style-type: none"> • Create Mass Immunizations event for school • Pick up and review consent forms for completeness • Do immunization history reviews and retrievals • Follow up with parents/guardians if required, including option for them to email completed consent forms back to PHN. Refer to Policy A. 		☐	☐									
<ul style="list-style-type: none"> • Contact parents/guardians if additional immunizations are needed for catch-up only for vaccines not noted as previously refused and complete general consent for student. Refer to Policy A. • Bring individualized general consent and fact sheet packets to school in individual sealed envelopes 		☐	☐									
1 st visit - administer doses of all vaccines students are eligible for and document in Panorama		☐	☐	☐								
Visits if required for Grade 6 catch-ups					☐	☐						
Arrange 2 nd clinic with school						☐	☐					
Order vaccine for 2 nd visit							☐	☐	☐			
2 nd visit – 2 nd HB, 2 nd HPV & Grade 6 catch-ups								☐	☐	☐	☐	
Catch-ups at PHN’s discretion & document in Panorama										☐	☐	☐

Grade 8

Tetanus, diphtheria, and pertussis (Tdap) vaccine is routine for Grade 8 students who have not received a Tdap dose since turning 11 years of age.

Suggested Grade 8 Timeframes	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.
Identify potential PHN clinic dates		☐	☐									
Contact schools to: <ul style="list-style-type: none"> Get student enrolment numbers Arrange clinic date 			☐	☐								
<ul style="list-style-type: none"> Conduct school planning (e.g., generate Panorama class lists) Optional- Get Grade 8 student class lists if you are at the school Order: <ul style="list-style-type: none"> Grade 8 consent packets Small amount of general consent forms and consent instructions Tdap vaccine doses 				☐								
<ul style="list-style-type: none"> Mail or deliver consent packets to school General consents must be placed in a sealed envelope Create Mass Immunizations event for school 				☐	☐							
<ul style="list-style-type: none"> Pick up and review consent forms for completeness Do immunization history reviews and retrievals Follow up with parents/guardians if required, including option for them to email completed consent forms back to PHN. Refer to Policy A. 				☐	☐							
<ul style="list-style-type: none"> Contact parents/guardians if additional immunizations are needed for catch-up only for vaccines not noted as previously refused and complete general consent for student. Refer to Policy A. Bring individualized general consent and fact sheet packets to school in individual sealed envelopes 					☐	☐						
1st visit - administer doses of all vaccines students are eligible for and document in Panorama					☐	☐	☐					
Catch-ups at PHN's discretion & document in Panorama								☐	☐	☐	☐	☐

Students who are Immunization-Delayed

1. Use the General Consent form for all immunization-delayed students, **including** Grade 6 and 8 students.
 - a. complete section 1 First and Last Name and DOB,
 - b. complete Section 3, by checking eligible vaccines (required),
 - c. add vaccine-specific immunization fact sheets (required),
 - d. add the Panorama Privacy fact sheet,
 - e. add the consent instruction sheet,
 - f. for privacy, the student-specific packages intended to go home with the student must be placed in a sealed envelope, and
 - g. the envelope is to be given to the student at school to take home and once complete return the envelope to the school immediately.
2. Once the consents are collected, the PHN must review each student's consent form for completeness and accuracy:
 - a. update special considerations and risk factors as required, and
 - b. the PHN must contact parents/guardians to resolve any incomplete areas.
5. Refer to [Policy A: Attempts to obtain informed consent for immunization](#) if required.

Obtaining Verbal Immunization Consent Directives from a Parent/Guardian

Obtaining immunization consent directives (grants and refusals) verbally (in person, by phone or other electronic platform) is a convenient and timesaving measure to ensure that as many students as possible are ready to be immunized on a clinic day without delay.

When speaking to a student's parent/guardian the PHN must abide by the following:

- Follow the steps to get consent as per SIM, Chapter 3, *Informed Consent*
<http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter3.pdf>.
- For Grade 6 or 8 student:
Ask parent/guardian if they have a copy of the grade specific consent packet, and if they will complete it and send it back with the student.
 - If they do not
 - Direct them to the Ministry of Health's website [Immunization Forms and Fact Sheets](http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets) (<http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets>) to review the applicable Grade 6 or 8 specific consent package. They can review the information and provide verbal consent directives to the PHN, or complete and print the fillable consent form and send it back to school with the student or fax/ email it to the PHN (as per SHA/ISC/NITHA policies and procedures).
 - Inform them that the PHN can resend packet or fax/e-mail all forms to the parent/guardian for completion, and for them to send it back to school with the student, or fax/e-mail it back to the PHN at their contact information (as per SHA/ISC/NITHA policies and procedures).
- For students requiring the General consent
Ask parent/guardian if they have the student's consent package, and if they will complete it and send it back with the student.
 - If they do not
 - Direct them to the Ministry of Health's [Immunization Forms and Fact Sheets](http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets) website (<http://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services#immunization-forms-and-fact-sheets>) to review the appropriate vaccine fact sheets, and provide verbal consent directives to the PHN; or
 - Inform them that the PHN can resend packet or fax/e-mail all forms to the parent/guardian for completion, and for them to send it back to school with the student, or fax/e-mail it back to the PHN (as per SHA/ISC/NITHA policies and procedures)
- When the parent/guardian provides verbal consent directives, the PHN must review and complete all required sections of the appropriate paper consent form including
 - Initialing in the sections where a parent/guardian signature is required
 - Initialing beside sections 2 and 3 of the Grade 6 or 8 consent form and section 2 and 4 of the General consent form
 - Check the box in the nursing note section that says verbal consent obtained
 - Add parent/guardian name from whom consent/refusal was received
 - Add date and time
 - Add their signature.

Student Resistance to Immunization

- When a minor is resistant to receiving immunization services during a school clinic that a parent/guardian has consented to, the PHN must remain calm and supportive as the student may be fearful of immunization.
 - PHNs are encouraged to learn about and provide education to students on the [CARD System](#), which provides [strategies](#) that can be used to help students cope before and during vaccination and needle procedures. The system consists of resources such as videos, handouts and activities that will help to prepare for a vaccination or needle procedure.
1. The PHN should confirm with the student regarding their reason for their resistance and may apply the following options:
 - a. Offer to immunize this student first, to control the excitement that may spread throughout the school.
 - b. Offer that another PHN, an available staff member, or a calm classmate can hold hands with student.
 - c. Apply [CARD System](#) principles, and approaches and coach the student with breathing techniques during the procedure.
 - d. Use a private space to immunize the student.
 - e. If a student is concerned about fainting, offer the option of lying down on a mat/bed to receive immunizations.
 2. When the suggestions above are ineffective or if the PHN judges that they do not have time to apply these suggestions, inform the student that they will not be immunized during this school clinic, and that the PHN will contact their parent/guardian to make other arrangements for their immunization.
 3. The PHN must immediately document Parent/ Guardian/ Client Deferral in the student's record as per [SIM, Chapter 4 Appendix 4.2 Where do I document?](#)
 4. The PHN must contact the student's parent/guardian directly (preferably verbally) to inform them of the situation.
 - a. Confirm that the child remains eligible for immunization, and it is the parent/guardian or student's responsibility to seek immunization in the future.
 - b. Inform the parent/guardian that the child may benefit from an appointment at a public health centre for their immunizations.
 - c. Document the conversation with the parent/guardian in the Communication Log.
 5. If formal refusal is obtained from the parent/guardian/student, update the consent directive(s) in the student's record. Create a new refusal to override the original granted consent for immunization.
 6. Confirm that the child remains eligible for immunization, and it is the parent/guardian or student's responsibility to seek immunization in the future.

References

Kevin W Coughlin, Medical decision-making in paediatrics: Infancy to adolescence, *Paediatrics & Child Health*, Volume 23, Issue 2, May 2018, Pages 138–146, <https://doi.org/10.1093/pch/pxx127>

[Mental Capacity UK - Gillick Competence and the Fraser Guidelines](#)

British Columbia Centre for Disease Control (No date). Mature minor informed consent video. Available at: <http://www.bccdc.ca/imm-vac/ForHealthProfessionals/InformedConsentVideos/InformedConsentMatureMinor.htm>.

Bobo, N., Etkind, P., Martin, K., et al. (2013). How school nurses can benefit from immunization information systems. *NASN School Nurse*, 28(2), pp. 1-9. DOI: 10.1177/194202X12467651.

Caskey, R. N., Macario, E., Johnson, D. C., Hamlish, T., & Alexander, K. A. (2013). A school-located vaccination adolescent pilot initiative in Chicago: Lessons learned. *J Pediatric Infectious Disease Society*, published online February, 11, 2013, pp. 107. DOI: 10.1093/jpids/pit001.

Cawley, J., Hull, H.F., & Rousculp, M.D. (2010). Strategies for implementing school-located influenza vaccination of children: a systematic literature review. *J Sch Health*, 80(4), pp. 167-175.

Cooper Robbins, S.C., Ward, K., & Skinnera, S.R. (2011). School-based vaccination: A systematic review of process evaluations. *Vaccine* (29), pp. 9588–9599.

Cummings, G.E, Ruff, E., Guthrie, S.H., Hoffmaster, M.A., et al. (2011). Successful Use of Volunteers to Conduct School-located Mass Influenza Vaccination Clinics. *Pediatrics*, 129(S2), pp. S88-S95. DOI: 10.1542/peds.2011-0737H

Kadisa, J.A., McReea, A-L., Gottlieb, S.L., Leea, M.R., et al. (2011). Mothers' support for voluntary provision of HPV vaccine in schools. *Vaccine* (29), pp. 2542–2547. DOI: 10.1016/j.vaccine.2011.01.067

Lott, J. & Johnson, J. (2012). Promising practices for school-located vaccination clinics--Part I: Preparation. *Pediatrics*, 129, pp.S75-S80. DOI: 10.1542/peds.2011-0737F

Lott, J. & Johnson, J. (2012). Promising practices for school-located vaccination clinics: Part II: Clinic operations and program sustainability. *Pediatrics*, 129, pp. S81-S87. DOI: 10.1542/peds.2011-0737G

Mak, D.B., Bulsara, M., Goggin, L.S., & Effler, P.V. (2011). Resending a consent form and information package to non-responders increases school-based consent return rate. *Aus. & NZ Journal of PH* 35(1), pp. 89-90.

Middleman, A.B. & Tung, J.S. (2011). School-located immunization programs: Do parental preferences predict behavior? *Vaccine* (29), pp. 3513–3516.

National Society for the Prevention of Cruelty to Children (2012). Gillick competency and Fraser guidelines factsheet. Available at: http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html

Randa, C.M., Humiston, S.G., Schaffera, S.J., et al. (2011). Parent and adolescent perspectives about adolescent vaccine delivery: Practical considerations for vaccine communication. *Vaccine* 29, pp.7651– 7658.

Royal College of Nursing (2008). *Adolescence: boundaries and connections. An RCN guide for working with young people.*

Schieber, R.A., Kennedy, A & Kahn, E.B. (2012). Early experience conducting school-located vaccination programs for influenza. *Pediatrics*, 129(S2), pp. S68-S74. DOI: 10.1542/peds.2011-0737E

Wilson, T. (2001). A bi-state, metropolitan, school-based immunization campaign: Lessons from the Kansas City experience. *J Pediatr Health Care* (15), pp.173-178.

Appendix 1: School-Age Immunization Goals

By the end of Grade 1:

- 95% of students will have received:
 - five doses of a diphtheria, tetanus and pertussis vaccine (or four doses if the 4th dose was administered after four years of age);
 - at least three doses of a polio vaccine (with the 3rd dose having been administered after four years of age as a minimum requirement);
 - at least one dose of Men-C-C vaccine;
 - two doses of a measles-containing vaccine;
 - two doses of a mumps-containing vaccine;
 - at least one dose of a rubella-containing vaccine; and
 - two doses of varicella vaccine or have serological documentation of varicella immunity as a documented exemption.
- All refused immunizations to date will be recorded into the student's immunization record.
- All vaccine exemptions will be verified for applicability.

By the end of Grade 6:

- 95% of students will have completed a hepatitis B (HB) vaccine series.
- 95% of students will have completed a HPV vaccine series.
- All refused immunizations to date will be recorded into the student's immunization record.
- All vaccine exemptions will be verified for applicability.

By the end of Grade 8:

- 95% of students will have received a booster dose of tetanus, diphtheria and pertussis vaccine since 11 years of age.
- All refused immunizations to date will be recorded into the student's immunization record.
- All vaccine exemptions will be verified for applicability.

Appendix 2: Ministry of Health PSIP Resources

PSIP resources are available for direct ordering from the Ministry of Health Publication Centre website:
<http://www.publications.gov.sk.ca/deplist.cfm?d=13&c=883>

Provincial vaccines fact sheets for use with the General Consent forms can be printed from [Immunization Forms and Fact Sheets](#)

The [Mass Immunization User Guide](#) is posted at
<https://collaboration.web.ehealthsask.ca/sites/panorama/community/Panorama%20V3%20Documents/Panorama%204.4.6/Immunization%20WS%20and%20User%20Guides/User%20Guides/Mass%20Imms%20User%20Guide%20-July%202024%20final.pdf>

The [User Guide – Immunization - Add Special Consideration](#) is available at
https://collaboration.web.ehealthsask.ca/sites/panorama/community/_layouts/15/WopiFrame.aspx?source doc=/sites/panorama/community/Shared%20Documents/Panorama%20Add%20Special%20Consideration%20User%20Guide.docx&action=default&DefaultItemOpen=1

Appendix 3: MySaskHealthRecord Information Letter

The following sample information may inform parents and guardians through school newsletters or other formats that student immunization records may be accessed through MySaskHealthRecord at <https://www.ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord> or through the MSHR app.

Dear Parents, Guardians and Students,

- Immunization records are available for viewing and printing in the student's MySaskHealthRecord online account at <https://www.ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord>.
- **If a student aged 13 years old or younger does not have an account**, a MySaskHealthRecord account can be created for them by following the directions found at https://www.ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord/Pages/Child_MSHR.aspx.
 - Parents/guardians must have their own MySaskHealthRecord account to request access to their child's health information in MySaskHealthRecord. Your child's information will be directly linked to your account. Visit <https://www.ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord/Pages/Register.aspx> to create your MySaskHealthRecord account.
- **Students 14 years and older** must create their own confidential MySaskHealthRecord account at <https://www.ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord/Pages/Register.aspx>.

If you choose to not sign up for MySaskHealthRecord, you may contact your local public health office to inquire about receiving an emailed or printed copy of the student's immunization record.

NOTE: A fee may be applied to these services.

Direct any questions regarding MySaskHealthRecord to eHealth Saskatchewan at 1-844-767-8259 or MySaskHealthRecord@ehealthsask.ca.

Appendix 4: LEAN School Clinics: Suggestions and Ideas

Preparation

- Review the annual PSIP document for updates (e.g., consent policies/work standards)
- Thoroughly review the [Mass Immunization User Guide](#).
- Before school and seasonal influenza programs begin, PHNs should review local anaphylaxis policies and procedures, and [SIM Chapter 11 Adverse Events Following Immunization](#) available in the SIM at <http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter11.pdf>
- Develop a list of essential supplies in amounts required in school immunization kits. Check that anaphylaxis kits are complete and medications are not outdated. Restock these kits as required. Do not forget about vaccine coolers and sharps containers.
- Do not stockpile school vaccines. Only order vaccine Kanban amounts required per visit as per usual ordering schedule from the RRPL.

Scheduling

- PHNs should make efforts to work collaboratively when scheduling school clinics.
- Establishing a clinic schedule for all schools should be done as early as possible. By early September, PHNs who work in the same health centre should identify all days they are available for school clinics on a calendar. Proposed school clinic dates can be planned further by considering school grade student numbers (and staffing requirements), neighbourhoods and driving requirements. This will lead to better coordination and operational delivery of immunizations in the school.
- School clinics should be scheduled to begin early in the morning or right after the lunchtime break to maximize clinic time.
- It is recommended to call schools before doing scheduled or drop-in immunization catch-ups to confirm if particular students are present that day.

School Collaboration

- Support of the school principal is crucial for school-based immunizations. The school PHN may request permission of the principal to attend the first staff meeting to review the importance of immunization, or the school open house (as a chance to meet parents) and answer immunization-related questions.
- Ask the principal if positive immunization messages and reminders (to return consent forms) can be circulated on school TV monitors and in announcements.
- Ask the principal if the Ministry of Health's website can be placed in school newsletters (electronic and paper).
- To assure PHN and student safety, request that large clinic spaces, with electric outlets, separate entrance and exit doors to improve flow and reduce confusion and congestion, be reserved when possible. A gymnasium, library, auditorium, media center, conference room, unused classrooms, or cafeteria may be suggested to the schools as acceptable space options.
- Ask the school if they can recruit volunteers to assist with the school clinics. School/parent volunteers can help manage student flow to avoid having too many or too few students in the clinic room (or hallway) waiting to be immunized.
- Check if wireless or hard wire internet for access to the provincial immunization registry is available to PHNs when doing school clinics for point of service data entry. If possible, arrange to have passwords provided well in advance.
- Check with the principal if there could be potential language barriers between students and PHNs and request assistance to access translation services/resources.
- Request that teachers make efforts to remind their students to return their consent forms to the school.

Education

- Provide immunization fact sheets to teachers and the principal. The disruption of school and classroom activities may be better accepted when school personnel understand the importance of immunizing students.
- If time allows, Grade 6 and 8 students could benefit from learning about vaccines and the diseases they prevent in school during a health class. PHNs are encouraged to teach this, or provide the school with an education package that could be loaned to the teachers to use. Provide the principal and teachers links to the [CARD System](#) and [Kids Boost Immunity](#).
- Students will be more likely to bring consents home for completion and return them to school when they understand the diseases and how immunization can prevent diseases and keep them, their friends and their family healthy.
- Education about vaccines and immunization should be focused on schools with lower immunization rates and include information on vaccine safety.

Clinic Day

- Consider trying various PHN-student ratios. For example, in Grade 6, two PHNs have one student sitting on chair between them. While one PHN checks the consent and confirms the student's name and health, the other PHN can begin preparing some vaccines to administer. This PHN administers two vaccines to the student while the other PHN prepares the other vaccines to administer. The PHN who administered the first vaccines can proceed to complete the *Notice of Immunization* form when the second PHN is immunizing. This ratio may be found to be more time-efficient for students who require more than two vaccines at a clinic compared to a 1:1 PHN-student ratio.
- A PHN must remain in the school for 15 minutes after the last student is immunized. Packing up can be done at this time.
- Immunize students who are fearful or have special needs at the beginning of the clinic.
- If available, volunteers can escort students to and from the classroom.

Tracking Students

- A benefit of the provincial immunization registry is access to immunization records for the provision of care. PHNs should update student demographics, or inactivate client records if they move out of province or are deceased.
- As students transfer in or out of schools, assessing their immunization status and getting their current immunization records can be very time consuming. Regular student registration updates ('data dumps') from the Ministry of Education into Panorama may assist with student tracking. In addition, schools may provide a notice slip to the school PHN to flag students, who have moved, transferred out, are new or are deceased.

Appendix 5: Sample School Newsletter Inserts

Sample 1 – School immunizations

➤ Immunization News from Public Health

1. Dear Parents/Guardians,
Population and Public Health is responsible for immunizing Grade 1, 6 and 8 students and follow-up if there is a case of a vaccine-preventable disease in a classroom or in a school. To do this work, Public Health Nurses review every student's immunization record in the provincial immunization registry called Panorama. Panorama is a secure electronic health record system designed to store and record immunization-related information. If you have questions about Panorama visit www.ehealthsask.ca/panorama or call your local public health office at 306-XXX-XXXX.
2. Dear Parents/Guardians,
Every year, XXX Public Health Nurses provide immunizations in the school to Grade 6 students to protect them against hepatitis B and human papillomavirus. Please complete the Grade 6 immunization consent form and have your child return it to school as soon as possible.
3. Dear Parents/Guardians,
Every year, XXX Public Health Nurses immunize Grade 8 students to boost their protection against tetanus, diphtheria and pertussis (whooping cough). Please complete the Grade 8 immunization consent form and have your child return it to school as soon as possible.

Sample 2 – End of clinics

➤ Immunization News from Public Health

1. Dear Parents/Guardians,
Thank you for a successful year from the XXX Public Health as above who have been in the school immunizing Grade 6 students against hepatitis B and human papillomavirus. If your child missed any doses of these vaccines, or for more information, please call XXX Public Health at 306-XXX-XXXX.
2. Dear Parents/Guardians,
Thank you for a successful year from the XXX Public Health Nurses who have been in the school immunizing Grade 8 students against tetanus, diphtheria and pertussis (whooping cough). If your child missed getting vaccines or for more information, please call Public Health at 306-XXX-XXXX.

Sample 3 – New school enrollment

➤ Immunization News from Public Health

1. Dear Parents/Guardians,
Immunizations are the best way to protect your child and the school community against serious diseases. If your child has just enrolled at this school, you are invited to call XXX public health at 306-XXX-XXXX to check if your child's immunizations are up to date. Your child can be immunized at school, or you can make an appointment at the health clinic to get them up to date with their immunizations.

Sample 4 – Influenza program

➤ Immunization News from Public Health

1. Dear Parents/Guardians,
Did you know that every year, all residents of Saskatchewan can receive a free influenza vaccine ("flu shot")? Call 306-XXX-XXXX or go to www.4flu.ca for flu clinic dates and locations, or to arrange a family flu clinic appointment at your local health centre.

Appendix 6: Immunization Data Entry into Client Records by Non-Providers

Panorama Immunization Module Policies

TOPIC:	Immunization Data Entry into Client Records by Non-Providers		
APPROVED BY:	Saskatchewan Ministry of Health	APPROVED	Sept. 1, 2015
		REVISED	April 21, 2020

BACKGROUND:

Immunization Data Entry into Client Records by a Non-Provider allows for vaccine administration events to be transcribed into the electronic immunization registry system known as Panorama. There is potential risk for transcription errors to occur and actions within this policy are included to mitigate those risks. The mitigation strategy is designating and training staff to enter the data into the electronic system and an auditing system be put in place to ensure the accuracy of the data entered into the electronic system. The extent and frequency of the audit is to be determined by the AHA/SHA/FNJ based on the volume of data entered and experience of the designated staff, who is an authorized Panorama user, entering the data. Data entry of vaccine administration by someone other than a local PHN or of an immunization record from another jurisdiction may also be entered by the designated staff who is an authorized Panorama user, if the record is considered a non-complicated client record (see policy statement for definition). The AHA/SHA/FNJ may consider the same or other guidelines for auditing of these records.

POLICY:

In situations where documentation of vaccines given by a PHN or other vaccine provider is not possible, designated support staff who are authorized Panorama users, can transcribe the administered vaccines as documented by a vaccine provider when the client record is non-complicated as indicated by:

- Documented evidence exists in the form of a client chart, paper copy consent or registration form that is retained as per the employer policy for retention of records.
- There is no immunization related information such as warnings, risk factors, special considerations, AEFIs to be entered.
- There is no lab data or TB tests to be entered.
- An audit system must be in place to ensure accuracy of data entry by designated support staff who are authorized Panorama users.

PURPOSE:

To ensure timely and accurate immunization data entry into client records of those immunized by a PHN or other vaccine provider to inform and support client care and population health management.

PROCEDURE:

- Appoint, authorize and train non-PHN designates (e.g., designated support staff who are authorized Panorama users) to enter into Panorama vaccines administered and documented by a PHN.
- Designate a nursing professional (PHN, Nursing Supervisor/Manager/Coordinator or Nurse Clinician), to conduct audits.
- Determine the frequency and process for auditing data entry based on the numbers of data entries required and the experience of the designated support staff who are authorized Panorama users (example; random sample of data entry in client records [1 in 5] vs. all client records).
 - Back entry of immunization histories from a hard copy record must be checked by a PHN if entered into Panorama by designated support staff who are authorized Panorama users.
- Retain documents as per the area/network/agency standards regarding record retention.

Appendix 7: Ministry of Social Services Children's Service Manual Section 11.3: Health Care/Medical Treatment

Health Care/Medical Treatment polices and protocols for children in care are available at:

<http://publications.gov.sk.ca/documents/17/17090-Children's%20Services%20Manual%20November%202015.pdf>

Appendix 8: Sample Letter to School Division

Date

School Division

Each year, Public Health Nurses (PHNs) provide immunizations to students in the school setting. Following receipt of informed consent from parents, PHNs will provide on-site immunizations to school age students. PHNs will immediately record immunizations provided to students in the provincial electronic immunization registry called Panorama. This allows access to the student's immunization record, point of service documentation of administered immunizations and consent directives.

PHNs provide immunizations to students in Grades 1, 6, and 8. School immunization clinics allow for rapid, efficient, and safe immunization of large numbers of students in a short time with minimal disruptions to staff and students.

To facilitate the school immunization process, we require:

- Teachers to distribute to and receive immunization documents from students/parents/guardians;
- A suitable time to immunize approximately four times during the school year; and
- A large space that supports physical distancing, and the safe and efficient delivery of immunizations within the school (a room that accommodates four to five tables with accessible electrical outlets and a small area for students to wait before and after their immunizations). Ideally, separate entry and exit doors allow for less disruptions and more privacy for students.

Spaces such as boot rooms, staff rooms, and small storage areas are unsuitable for PHNs to deliver school immunizations. Cleanliness, safety, student monitoring, and student confidentiality are difficult to achieve in such locations.

Thank you for welcoming us into your schools as community partners, and assisting our collaborative efforts to reduce vaccine preventable diseases in the school aged population and the community at large. Attached is a notice to distribute to principals and administration to alert them to our requirements.

If you have any concerns or questions, contact

Sincerely,

Appendix 9: Sample Letter to School Principal

Dear Principal:

Each year, Public Health Nurses (PHNs) provide immunizations to students in the school setting. As part of this service, PHNs will provide on-site point of service data entry to document these immunizations given. This allows immediate entry of immunizations into the provincial immunization registry called Panorama, a secure electronic health record designed to record and store immunizations.

There are resources that help introduce immunization to the classroom. One such resource is [Kids Boost Immunity](http://www.kidsboostimmunity.com), a free online learning resource for Canadian students with lessons linked to Science, Social Studies and Health Curriculum. Go to www.kidsboostimmunity.com for more information or see the attached information sheet.

Timeline

- PHNs will be in your school approximately four times throughout the school year providing immunizations to students in Grades 1, 6, and 8. The first round is in the fall, the second and third rounds between January and March, and the final round in the spring.
- PHNs will deliver consents for Grade 6 students in early September and arrange an immunization time for these students. Scheduling can be time sensitive and require coordination between the school and the PHN.

Clinical Space requirements

- A room that accommodates four to five tables with accessible electric outlets and a small area for students to wait before and after their immunizations is required to support safe and efficient delivery of immunizations within the school.
- Ideally, a separate entry will allow for less disruptions and more privacy for students. Unfortunately, some locations such as boot rooms, staff rooms, and small storage areas are not appropriate for providing health services. Cleanliness, student safety and monitoring, and confidentiality are difficult to maintain in many of these locations.

Communication with Parents and Students

School Office Coordinator/Secretary can assist by:

- Inserting the “Immunization Notice for Parents” into your school newsletter in September. School newsletter inserts may be emailed directly to your school secretary or school board on a variety of health topics by Population and Public Health.
- Ensuring that any immunization records dropped off at the school are provided to Population and Public Health by placing them in the school nurse’s mailbox or folder – **not** in the student’s cumulative folder.
- Completing the School Board office registry with the student’s legal name, date of birth, gender, health services number, address, parent’s names, and at least one telephone number. This allows Population and Public Health to accurately link with the immunization database to determine student’s immunization needs.

Teachers assist by:

- Distributing the immunization consent forms to students in Grades 1, 6, and 8.
- Emphasizing the importance of returning the consent forms back to the school.
- Placing the returned consent forms in the PHNs mailbox or folder.
- Directing parent questions to the PHN for the school.
- Reassuring the students who are being immunized.

Thank you for welcoming us into your schools as community partners, and assisting our collaborative efforts to reduce vaccine-preventable diseases in the school-aged population and the community at large.

If you have any concerns or questions, please contact us.

Sincerely,

Appendix 10: Sample Letter to Grade 6 Teachers

Grade 6 Teachers:

Grade 6 students in the province are eligible for routine school immunizations, according to the Ministry of Health Provincial School Immunization Policy (PSIP). Vaccines are administered by Public Health Nurses (PHNs) in the school setting in collaboration with the Ministry of Education and all provincial school boards. All students will be offered immunization against hepatitis B and human papillomavirus.

PHNs will be immunizing these students on two occasions during the school year, approximately six months apart. The PHN for your school will contact you regarding scheduling the date(s) for immunizations. This will require coordination between the school and the nursing team, as immunization can be time sensitive.

To prepare for the immunization session we ask that you:

- Distribute a consent form to all Grade 6 students, emphasizing the importance of returning the consent form to the school.
- Monitor the return of consent forms and place them in the PHNs mailbox for pick up.
- Direct parent questions to the PHN for your school. A label with contact information is on the front of the consent form.
- Encourage students to eat a healthy breakfast on the day of immunization.
- Encourage students to wear a short sleeve T-shirt on the day of immunization.

On the day of immunization:

- Identify for the PHN any students who are particularly anxious about the immunization session.
- Reassure the students who are being immunized.
- Reinforce a positive attitude by reminding students that the vaccine(s) will protect them from serious diseases.
- Discourage peer teasing about receiving the injection(s).
- Encourage a quiet, calm environment among the waiting students.
- Encourage students to use distraction techniques as noted in the [CARD System](#), have students bring a book, schoolwork, etc., with them to the immunization session.
- Send students who are feeling unwell after immunization back to the school clinic area accompanied by another student or teacher.
 - Encourage students to continue with their regularly scheduled activities.

Thank you for assisting with the delivery of immunization in your school community. Our collaborative efforts can reduce vaccine-preventable diseases in the school-aged population and the community at large.

Immunization Department
Population and Public Health

Appendix 11: Sample Letter of Student Immunization Incompleteness

LOGO

ADDRESS

Date:

Dear Parent/Guardian:

Re:

Our records indicate your child is overdue for the following immunizations:

I have been unable to complete your child's immunization this school year for the following reason(s):

- Immunization consent form not received from the student's parent/guardian.
- Student was absent or no longer attending school.
- Other _____

If you have given consent for their immunization series, a public health nurse will try to finish them in the upcoming school year.

If you prefer to bring your child to a public health office for immunization, please call 306-XXX-XXXX to schedule an appointment.

If you decide not to proceed with this immunization, please phone me so that this can be noted on your child's health record.

Thank you for your assistance.

Sincerely,

Appendix 12: Recommended Infection Control Measures for School Immunization Clinics

Mass immunization clinics shall adhere to strict infection prevention and control standards and procedures.

Purpose:

- To protect the health of students, school staff and public health employees.
- To prevent the transmission of infectious diseases from person to person.
- To maintain public confidence in the immunization services and delivery.

Space requirement recommendations

- Clinic location can accommodate students and nurses without overcrowding.
- Proper waste management/disposal.
- Tables, counters, chairs and mats that are easily cleaned and disinfected.
- Separate waiting area for individuals who have been immunized.
- Food, beverages, toys, etc. are not used by students or staff.

Suggested supply recommendations

- Posters and factsheets on hand hygiene, cough etiquette and infection prevention messages.
- Sufficient alcohol-based hand sanitizer (ABHS) gel, foam or wipes and lotion for nurses and students.
- Surgical or N95 masks.
- Disposable latex-free gloves.
- Surface disinfectant wipes, disinfectant spray, paper towels, disposable cloths, hands-free garbage cans with plastic liners.
- Disposable tissues.

Nurses

- Shall disinfect chair and table surfaces between all clients.
- Screen clients for symptoms before immunizing them.
- Hand hygiene shall be practiced according to policy including:
 - ✓ Before entering and leaving the work area.
 - ✓ Before preparing or handling sterile products or medications.
 - ✓ After contact with a patient's skin
 - ✓ After removing disposable gloves
- Food and beverage consumption, including water bottles, is not permitted in clinical areas.

ATTENTION TEACHERS! FREE RESOURCE



Developed by
teachers for
teachers!

Kids Boost Immunity makes learning fun by connecting your curriculum to global citizenship.

KBI is brimming with carefully curated lessons linked to Science, Social Studies and Health curriculum on a wide range of topics including:

- Evaluating online information sources
- Germs and infections
- Civic participation and the role of NGOs
- The immune system
- How diseases spread & epidemics
- Global inequality
- Vaccines and antibiotics

KBI is committed to Indigenous Storytellers and Elders leading the development of culturally appropriate content within various lessons throughout the site.

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Online Science, Social Studies and Health lessons to engage digital-age students from **grades 4-12**

Inspire Learning through Global Citizenship



After completing a lesson, students use a computer or their own device (e.g. smart phone) to test their knowledge by taking an online quiz.

The more quizzes a student completes, the more vaccines they earn for children in another part of the world through UNICEF.

It's that simple!



Learning outcomes are assessed through team and individual leaderboards that track student achievement. KBI encourages community participation along with a fun and friendly sense of competition between classes and schools across the country!

“ It was fun earning vaccines with the class, and it helped the students learn the curriculum. It also resulted in good discussions about health care in developing countries. ”

Geoff
Grade 8 Science teacher

Learning can be teacher led or self-directed by students

Learn more at:

<http://www.kidsboostimmunity.com>



Public Health
Agency of Canada

Agence de la santé
publique du Canada



Kids Boost Immunity is a national education and advocacy initiative administered through the Public Health Association of British Columbia, with financial support from the BC Ministry of Health and the Public Health Agency of Canada. The program is coordinated through the British Columbia Centre for Disease Control.

Kids Boost Immunity relies on other funders and partners to help purchase UNICEF vaccines earned by students.

02/19

Appendix 14: Sample letter for parents/guardians of students new to Saskatchewan

IS YOUR FAMILY NEW TO SASKATCHEWAN?

MAKE SURE YOUR CHILD HAS ALL THE VACCINES THEY NEED

Welcome to Saskatchewan!

Getting your child ready to start at a new school is the perfect time to make sure their recommended vaccines are up-to date. Immunization is the best way to protect against vaccine-preventable diseases at any age. Fully immunized children are less likely to get sick and spread diseases to their family members, peers and community.

In Saskatchewan, many vaccines are recommended and free for children and adults. Immunization schedules may differ from country to country as well as between provinces and territories in Canada. It is important to know if your child is up-to-date based on Saskatchewan's immunization schedule. [Saskatchewan's immunization schedule](https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services/when-to-get-immunized) can be found at <https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services/when-to-get-immunized>.

In Saskatchewan, public health nurses give most vaccines to children. We encourage you to contact the public health office in your area for more information. To find the public health office in your area, visit <https://www.saskatchewan.ca/residents/health/public-health/public-health-offices>.

More information on Saskatchewan's publicly funded immunizations is available on the Government of Saskatchewan website at <https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services/immunization-programs>.