



Title	:	School Vaccination Policy
File Name	:	TRAC/ADMIN-VP/016
Date of Issue	:	1 <sup>st</sup> April 2024
Next review date	:	31 <sup>st</sup> March 2025

## SCHOOL VACCINATION POLICY

### PURPOSE

Immunization is one of the most successful and cost-effective public health interventions. Globally, it prevents an estimated 2.5 million child deaths every year in all age groups from diphtheria, tetanus, pertussis, and measles.

Immunization as an effective preventive intervention is intended to support the body immune defense against infections. Its aim is to protect individuals and communities from infectious diseases.

### TYPES OF VACCINES

Killed vaccines/inactivated	Live vaccines	Toxoids
Pertussis component in DTP / DTap / Tdap	Oral Polio vaccine	Tetanus & diphtheria components in DTP / DTap / Tdap
Hep B & Hep A vaccines	MMR	Tetanus toxoid (TT)
Injectable polio vaccine	BCG	Tetanus & diphtheria
Meningococcal vaccines	Yellow fever vaccine	
Influenza	Varicella vaccine	
Cholera	Oral typhoid	
Pneumococcal vaccines	Rotavirus vaccine	
Rabies		
Haemophiles Influenza type B		
Typhoid capsular Polysaccharide (IM)		
Human papillomavirus vaccine		

### MOH immunization schedule:

- At birth: BCG, Hep B. (1<sup>st</sup> dose)
- Two months: DTap, Hib (1<sup>st</sup> dose), Hep B (2<sup>nd</sup> dose), IPV, PCV (1<sup>st</sup> dose), ROTAVIRUS (1<sup>st</sup> dose).
- Four months: DTap, Hib, IPV (2<sup>nd</sup> dose), Hep B (3<sup>rd</sup> dose), PCV (2<sup>nd</sup> dose), ROTAVIRUS (2<sup>nd</sup> dose).
- Six months: DPT, Hib (3<sup>rd</sup> dose), Hep B (4<sup>th</sup> dose), OPV, PCV (3<sup>rd</sup> dose).
- 12 months: MMR, \*CHICKEN POX (1<sup>st</sup> dose).
- 18 months: Dtap, Hib (4<sup>th</sup> dose), OPV (1<sup>st</sup> booster dose), PCV (4<sup>th</sup> dose).
- 5 to 6 years: DPT, OPV (2<sup>nd</sup> booster dose), MMR, \*CHICKEN POX (2<sup>nd</sup> dose).
- 13 to 14years: Tdap



## **\*\*SCHOOL HEALTH IMMUNIZATION**

### **Ordering vaccines**

- It is recommended to keep 2 to 3 weeks supply at a time.
- The quantity of required vaccines can be estimated based on usage and left over, seasonal variations, disease outbreaks, and storage capacity.

### **Receiving vaccines**

- Upon receiving vaccines from the distributor, the health care provider should make sure that the packs are still cool, the contents of the shipment match the order form, and the monitor card does not reflect any heat exposure.
- Afterwards, the new stock of vaccines should be entered in the ledger book.
- Vaccines should be stored in the fridge immediately, with the new vaccines behind the current stock to ensure rotation.

### **When storing vaccines, the following points should be considered:**

- Vaccines should be kept in their packaging as this provides insulation and protects against thermal insult.
- Monitors should be kept together with the vaccine they arrived with.
- The door and drawers of fridges should be filled with bottles of water to maintain steady temperatures.
- Vaccine stock should not exceed 50% of a domestic fridge volume to allow for circulation of air in fridge.
- Vaccines should not be stored against the walls of the refrigerator, on the refrigerator door, close to the rear freeze plate or the refrigerator icebox.
- The refrigerator should be placed in a well-ventilated room, away from direct sunlight or heat source, and along an internal rather than external wall.

### **General Recommendations**

- Vaccine Qualified Clinics (VQCs) should have a book or register, where each child's immunization history can be registered and tracked back. Child immunization cards should be available at each VQC visit.
- The VQC should have a system to ensure that the children who are cared for in a specific clinic are fully immunized.
- The clinics must make regular reports to Ajman Public Health Center on the progress of the immunization activities.
- All private clinics must maintain an Immunization Record Register as per the format recommended by Ministry of Health and it would be inspected during the routine visits by **Ministry of Health**.

### **Immunization Record:**

- Fill up the first page with student's name, health card number, and the name of the school.
- Fill up the second page with the birth date of the student.
- During the planning of immunization, write in pencil the planned date of immunization (date



when the vaccine is supposed to be administered) on the column provided for.

- The nurse, who gave the vaccine, erases the planned date, which was written in pencil, and stamp the date of vaccination. Also, sign over the date stamp.
- Always attach the Immunization Record to the student's School Health Record. When the student leaves the school permanently, Immunization Record should be given to parents.

Approved by

Principal