



Public and Environmental  
Health Service

# GUIDELINES FOR PROVIDERS EMPLOYING NURSE IMMUNISERS IN VACCINATION PROGRAMS

September 2009



Tasmania  
*Explore the possibilities*

# GUIDELINES FOR PROVIDERS EMPLOYING NURSE IMMUNISERS IN VACCINATION PROGRAMS

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# GUIDELINES FOR PROVIDERS EMPLOYING NURSE IMMUNISERS IN VACCINATION PROGRAMS

UPDATED SEPTEMBER 2009 (first issued April 2004)

These Guidelines have been developed by the Department of Health & Human Services (DHHS) to provide guidance to organisations that provide or intend to provide nurse vaccination programs in Tasmania that employ nurse immunisers.

The Guidelines may be revised from time to time. For the most recent version of the Guidelines visit the Department's website for Public & Environmental Health: [http://www.dhhs.tas.gov.au/health\\_and\\_wellbeing/public\\_and\\_environmental\\_health/related\\_topics/immunisation/fact\\_sheets](http://www.dhhs.tas.gov.au/health_and_wellbeing/public_and_environmental_health/related_topics/immunisation/fact_sheets)

These Guidelines only apply to providers who are employing a nurse immuniser who is not under the direct supervision of a medical practitioner (e.g. Medical Officer of Health). If working under the supervision of a medical practitioner who is making the decision to prescribe a vaccine for each client, nurses are not required to be authorised nurse immunisers.

## **Nurse immunisers may administer vaccines**

In August 2007 Regulations made under the *Poisons Act 1971* came into effect which allows registered nurses, who have met certain educational requirements and who have been approved by the Secretary of the Department of Health and Human Services, or their delegate, to administer vaccines independently of a medical practitioner. The delegate for the Secretary, Department of Health and Human Services is the Director of Public Health.

The Regulations allow suitably qualified and approved nurses to administer vaccines listed in Schedule 4 of the Poisons List, provided they are vaccines against the diseases listed in Appendix 1 to these Guidelines, and are administered in accordance with a vaccination program approved by the Director of Public Health. In this document such nurses are referred to as nurse immunisers.

The regulations do not allow nurse immunisers to prescribe vaccines for non nurse immunisers to administer. If a non nurse immuniser is administering vaccines, it must be under the direction of a medical practitioner.

The regulations also do not allow nurse immunisers to administer pharmaceuticals for the purposes of clinical trials without a written order from the Medical Officer responsible for administration of the trial.

## **Panvax® (pandemic influenza H1N1 2009) vaccine**

Administration of Panvax® via multidose vials requires nurse immunisers to have undertaken additional training. Attendance at an education session run by DHHS is a prerequisite to being able to deliver Panvax® Vaccine, from multidose vials, as an Authorised Nurse Immuniser in Tasmania. An additional certificate endorsing

Authorised Nurse Immunisers to provide Panvax® from multidose vials will be provided following completion of this training session.

### **Approval required by Director of Public Health**

Providers who wish to offer nurse vaccination programs in Tasmania must first submit a copy of their program to the Director of Public Health for approval pursuant to regulation 64 of the *Poisons Regulations 2008*. Written approval of the vaccination program from the Director of Public Health is required before vaccines are administered by nurse immunisers.

Failure to comply with this requirement may result in a breach of the *Poisons Act 1971* and may result in prosecution or administrative action against Providers and nurse immunisers.

Approval of a Council immunisation program under section 57(1) of the *Public Health Act 1997* shall be an approval of a vaccination program for the purposes of regulation 64 of the *Poisons Regulations 2008*.

Programs will be approved for a maximum of 2 years. Approval may be withdrawn immediately by the Director of Public Health should the program not meet the requirements under the Guidelines. At or prior to the expiration of the 2 year period a review of the program by the Provider is required and a new approval must be sought from the Director of Public Health.

### **Content of vaccination programs (see also application form at Appendix 2)**

The vaccination program provided to the Director should include: -

- (a) name and address of the Provider of the vaccination program;
- (b) intended frequency (eg. weekly, monthly, annually) of the program;
- (c) location(s) at which the immunisation program is to be offered;
- (d) diseases for which vaccinations are to be offered;
- (e) clinical assessment, management and follow-up guidelines including consent procedures;
- (f) emergency management procedures including appropriate equipment, relevant drug storage and accessibility information;
- (g) measures to ensure maintenance of the cold chain;
- (h) name and address of person(s) responsible for administration of the program (eg. ordering of vaccines, record keeping and storage);
- (i) record management procedures;
- (j) confirmation that the program will be implemented in accordance with the latest version of the National Health and Medical Research Council Immunisation Handbook that is current at the time of administration; and
- (k) endorsement by the Chief Executive Officer or equivalent of the Provider organisation.

## Checklist for Providers of nurse vaccination programs

Providers wishing to use nurse immunisers to administer vaccinations without direct supervision of a medical practitioner should ensure the nurse: -

- (a) is a registered nurse in Tasmania (r64); see public register at - <http://www.nursingboardtas.org.au/domino/nbt/nbtonline.nsf/AZ?OpenForm>
- (b) has completed an educational program approved by the Secretary, Department of Health and Human Services or their delegate relating to the administration of vaccines (r64);
- (c) has been approved by and holds a current endorsement from the Secretary, Department of Health and Human Services or their delegate to administer vaccines independently (r64);
- (d) administers vaccines only in connection with an approved vaccination program and in the performance of his or her duties with his or her employer (r64);
- (e) administers vaccines in accordance with the latest version of the National Health and Medical Research Council Immunisation Handbook that is current at the time of administration;
- (f) administers vaccines in accordance with any directions that may be issued by the Director of Public Health from time to time.

Providers are advised that they or those administering vaccinations should have in place appropriate insurance cover prior to commencement of any vaccination program.

## **Additional Information**

Travel medicine is a specialist area that should include a medical consultation.

Where a case of vaccine preventable disease (e.g. Hepatitis A, Measles and Meningococcal Infection) is notifiable to the Director of Public Health under the *Public Health Act 1997*, DHHS will provide advice on the further management of the case and contacts.

Approval of a vaccination program does not include approval to administer immunoglobulin preparations.

Valid consent must be obtained for each vaccination in accordance with the protocol listed in the NH&MRC Australian Immunisation Handbook that is current at the time of administration of vaccines. The process of establishing if contra-indications exist and whether a valid consent has been given should include the use of a Pre-Vaccination checklist to be completed by the client (or the client's parent or guardian if the client is a child) prior to administration of the vaccination.

Cold chain must be maintained in accordance with recommendations in the NH&MRC Australian Immunisation Handbook that is current at the time and the NH&MRC National Vaccine Storage Guidelines Strive for 5.

Notification that a vaccine has been administered must be sent to the Australian Childhood Immunisation Register (ACIR), if a client is aged less than 7 years, and preferably also to the client's usual family doctor.

A record of the vaccine(s) administered must be provided to the client.

It is recommended that the Provider retain vaccination records indefinitely. For further information for State and Local Governments on the retention and disposal of records see [http://www.archives.tas.gov.au/legislative/disposal/list\\_of\\_schedules](http://www.archives.tas.gov.au/legislative/disposal/list_of_schedules)

Nurse immunisers administering vaccines are accountable for identifying and managing clinical issues and risks including: -

- contraindications and adverse reactions to vaccines;
- dose and route of administration of vaccines; and
- compliance with all aspects of the current edition of the NH&MRC Australian Immunisation Handbook and other relevant recommendations of the NH&MRC relating to individual patient care.

The Secretary, Department of Health and Human Services or their delegate requires:

- Nurse immunisers to apply to the Secretary, Department of Health and Human Services or their delegate annually for authorisation to practice as a nurse immuniser in conjunction with their Annual Practising Certificate renewal. This will include evidence from the nurse that they have maintained cardio-pulmonary resuscitation skills within the previous 12 months;

**And**

Every three years, Registered Nurses who wish to retain nurse immunisation authorisation must submit the following evidence of their continuing competence to practice to the Secretary, Department of Health and Human Services:

- Evidence of competency in cardio-pulmonary resuscitation assessed by an approved assessor during the last 12 months as per the Australian Resuscitation Council's guidelines; and either
- Submission of a portfolio of evidence (see Nurse Immuniser Authorisation Advisory Panel, Approval Process for Authorisation of Nurse Immunisers Policy), or
- Completion of an immunisation course recognised by the Panel.

### **Contact details**

For further information about vaccination programs and their content contact:

Public Health Nurse (Immunisation)  
Communicable Disease Prevention Unit  
Department of Health & Human Services  
GPO Box 125  
**HOBART TAS 7000**

Telephone: 03 6222 7724

## APPENDIX I

### DISEASES FOR WHICH NURSE IMMUNISERS MAY ADMINISTER VACCINES

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Diphtheria	Mumps
Haemophilus influenzae type b	Pertussis
Hepatitis A	Pneumococcal Infection
Hepatitis B	Poliomyelitis
Human Papilloma Virus	Rotavirus
Influenza	Rubella
Measles	Tetanus
Meningococcal infection	Varicella

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#### DIPHTHERIA

Approval for nurse immunisers to immunise with vaccine(s) against diphtheria **includes:**

- Immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule
- Immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration.

But **excludes:**

- Immunisation for travel purposes
- Immunisation of contacts in the event of a case of diphtheria, unless directed by Director of Public Health to do so
- Immunisations with diphtheria antitoxin

#### HAEMOPHILUS INFLUENZAE TYPE b

Approval for nurse immunisers to immunise with vaccine(s) against haemophilus influenzae type b **includes:**

- Immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule
- Immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

But **excludes**:

- Immunisation for travel purposes

## **HEPATITIS A**

Approval for nurse immunisers to immunise with vaccine(s) against hepatitis A **includes**:

- Immunisation of children and adults as per the recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

But **excludes**:

- Immunisation for travel purposes
- Immunisation of contacts with immunoglobulin in the event of a case of hepatitis A, unless directed by Director of Public Health to do so

## **HEPATITIS B**

Approval for nurse immunisers to immunise with vaccine(s) against hepatitis B **includes**:

- Immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule
- Immunisation of children and adults as per the recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

But **excludes**:

- Immunisation for travel purposes
- Immunisation with Hepatitis B immunoglobulin following acute exposure to potentially infected blood or bodily fluids

## **HUMAN PAPILLOMA VIRUS**

Approval for nurse immunisers to immunise with vaccine(s) against Human Papilloma Virus **includes**:

- Immunisation of children and young adults as per the recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration
- Immunisation of children and young adults as per the recommendations in the Product Information of Gardasil and Cervarix.

## **INFLUENZA**

Approval for nurse immunisers to immunise with vaccine(s) against influenza **includes:**

- Immunisation of adults as per the NHMRC Recommended Immunisation Schedule
- Immunisation of children and adults as per the recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

**Note: Panvax® administration via multidose vials requires nurse immunisers to have undertaken specific additional training. Attendance at an education session run by DHHS is a prerequisite to being able to deliver Panvax® Vaccine, from multidose vials, as an Authorised Nurse Immuniser in Tasmania. An additional certificate endorsing Authorised Nurse Immunisers to provide Panvax® from multidose vials will be provided following completion of this training session.**

## **MEASLES**

Approval for nurse immunisers to immunise with vaccine(s) against measles **includes:**

- Immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule
- Immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

But **excludes:**

- Immunisation of contacts in the event of a case of measles, unless directed by Director of Public Health to do so
- Immunisation with normal human immunoglobulin (NHIG) for the prophylaxis of measles when a contact with a case, unless directed by Director of Public Health to do so.

## **MENINGOCOCCAL INFECTIONS**

Approval for nurse immunisers to immunise with vaccine(s) against meningococcal infections **includes:**

- Immunisation of children and adults as per the recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

But **excludes**:

- Immunisation of contacts in the event of a case of meningococcal infection, unless directed by Director of Public Health to do so
- Immunisation for travel purposes

## **MUMPS**

Approval for nurse immunisers to immunise with vaccine(s) against mumps

**includes:**

- Immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule
- Immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

But **excludes**:

- Immunisation of contacts in the event of a case of mumps, unless directed by Director of Public Health to do so
- Immunisation with normal human immunoglobulin (NHIG) for the prophylaxis of mumps when in contact with a case

## **PERTUSSIS**

Approval for nurse immunisers to immunise with vaccine(s) against pertussis

**includes:**

- Immunisation of children as per the NHMRC Recommended Immunisation Schedule
- Immunisation of people as per the catch up and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

## **PNEUMOCOCCAL INFECTIONS**

Approval for nurse immunisers to immunise with vaccine(s) against pneumococcal infections **includes:**

- Immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule

- Immunisation of children and adults as per the recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

But **excludes**:

- Immunisation for travel purposes

## **POLIOMYELITIS**

Approval for nurse immunisers to immunise with vaccine(s) against poliomyelitis

**includes:**

- Immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule
- Immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

But **excludes**:

- Immunisation for travel purposes
- Immunisation of immunocompromised persons with live polio vaccines

## **RUBELLA**

Approval for nurse immunisers to immunise with vaccine(s) against rubella **includes:**

- Immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule
- Immunisation of non-pregnant seronegative women of child-bearing age. [note: Seronegative women of child bearing age who are being immunised with rubella containing vaccine should be advised to have rubella serology performed two months after immunisation to check immune status, and re-vaccinated if necessary.]
- Immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

But **excludes**:

- Immunisation of contacts in the event of a case of rubella, unless directed by Director of Public Health to do so

- Immunisation with normal human immunoglobulin (NHIG) for the prophylaxis of rubella when contact with a case

## **TETANUS**

Approval for nurse immunisers to immunise with vaccine(s) against tetanus

**includes:**

- Immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule
- Immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommended in the NHMRC Australian Immunisation Handbook current at the time of administration.

**But excludes:**

- Immunisation for travel purposes
- Immunisation for tetanus prophylaxis related to wound management. Tetanus prone wounds should be reviewed in a medical consultation.
- Immunisation with tetanus immunoglobulin

## **VARICELLA**

Approval for nurse immunisers to immunise with vaccine(s) against varicella

**includes:**

- Immunisation of children and adults as per the recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

**But excludes:**

- Immunisation for travel purposes
- Immunisation of contacts in the event of an outbreak of Varicella unless directed by the Director of Public Health to do so.
- Immunisation with normal human immunoglobulin (NHIG) or Varicella-Zoster Immunoglobulin (VZIG) for the prophylaxis of Varicella when contact with a case.

## **ROTAVIRUS**

Approval for nurse immunisers to immunise with vaccine(s) against rotavirus  
**includes:**

- Immunisation of children as per the recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration
- Immunisation of children as per the recommendations in the Product Information of Rotarix and RotaTeq.

But **excludes:**

- Immunisation for travel purposes

## APPENDIX 2

### APPLICATION FORM FOR APPROVAL OF A VACCINATION PROGRAM EMPLOYING A NURSE IMMUNISER

1. **Name of Provider:** .....

**Address of Provider:** .....

.....

.....

2. **In your programs do you intend to employ:**

- Nurse Immuniser
- Medical Officer of Health
- Both

3. **In which locations and with what estimated frequency overall will your vaccination programs be conducted? (tick all that apply)**

Location	Weekly	Fortnightly	Monthly	Annually	Never	Other (specify)
Primary schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Health Centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Council offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mobile/outreach (except schools)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. **Which diseases do you intend to offer vaccinations for?**

- |  |  |
|--|--|
| <input type="checkbox"/> Diphtheria                                  | <input type="checkbox"/> Tetanus                       |
| <input type="checkbox"/> Pertussis                                   | <input type="checkbox"/> Measles                       |
| <input type="checkbox"/> Mumps                                       | <input type="checkbox"/> Rubella                       |
| <input type="checkbox"/> Poliomyelitis                               | <input type="checkbox"/> Haemophilus Influenzae type b |
| <input type="checkbox"/> Hepatitis B                                 | <input type="checkbox"/> Influenza                     |
| <input type="checkbox"/> Meningococcal Infections                    | <input type="checkbox"/> Pneumococcal                  |
| <input type="checkbox"/> Varicella                                   | <input type="checkbox"/> Human Papilloma Virus (HPV)   |
| <input type="checkbox"/> Rotavirus                                   |  |
| <input type="checkbox"/> Other (eg Hepatitis A) please specify)..... |  |

**5. For each occasion of service delivery do you have available? (tick all that apply)**

- Consent forms
- Accessible telephone
- Hand washing facilities (and/or equivalent)
- Emergency resuscitation equipment
- Adrenaline
- Stethoscope
- Sphygmomanometer
- Systems for recording and reporting adverse events
- On-site support staff to provide assistance in an emergency

**6. How is the cold chain maintained during vaccination sessions? (tick all that apply)**

- Ice box/Esky
- Bar Fridge
- Purpose Built Vaccine Fridge
- Dedicated refrigerator
- Monitored refrigerator
- Other (please specify).....

**7. How is the cold chain maintained outside of vaccination sessions? (tick all that apply)**

- Ice box/Esky
- Bar Fridge
- Purpose Built Vaccine Fridge
- Dedicated refrigerator
- Monitored refrigerator
- Other (please specify).....

**8. Who will be the responsible officer for administration of the vaccination program? (including ordering of vaccines, record keeping, storage of vaccines, temperature monitoring and reporting)**

Name: .....

Position Title: .....

Address: .....

Telephone: .....

**9. How are your records managed? (tick all that apply)**

- Electronically
- Card file
- Other (please specify).....

**10. At times it is necessary to retrieve data from immunisation records. Which of the following can you retrieve from your records system? (tick all that apply)**

- Date of service
- Name of person being vaccinated
- Address of person being vaccinated
- Date of birth of person being vaccinated
- Vaccines administered to each person
- Batch number of the vaccine administered
- Adverse events
- Name of parent or guardian (if applicable)
- Name of usual family medical practitioner

**11. For how long are your records kept?**

- 1 year
- 2 years
- 3-5 years
- 6-10 years
- other (please specify).....

**12. Will your vaccination program be administered in accordance with the latest version of the National Health and Medical Research Council Immunisation Handbook?**

- Yes

I, (insert full name/ CEO or equivalent of Provider)

.....  
 .....

(insert title/ name of position) .....

**of**

(insert name of provider organisation).....

**Certify that:**

- **I have read and understood the information in the attached *Guidelines For Providers employing Nurse Immunisers in Vaccination Programs* and that the information provided in the above application is true and correct.**
- **I have provided a copy of this completed application form and the *Guidelines* to each person involved in the provision of nurse immuniser vaccination programs.**

**Signed** .....

**Dated** ...../...../.....

*(Return this completed application form to the Director of Public Health, GPO Box 125, Hobart Tasmania, 7001 to seek approval prior to using nurse immunisers to administer vaccines.)*