

# Tasmanian Vaccination Program Guidelines

February 2016



## About This Guide

These Guidelines have been developed by the Department of Health and Human Services (DHHS) to provide guidance to organisations that provide or intend to provide vaccination programs that employ a Registered Health Practitioner as an Authorised Immuniser.

The Guidelines may be revised from time to time. For the most recent version of the Guidelines visit [www.dhhs.tas.gov.au/peh/immunisation](http://www.dhhs.tas.gov.au/peh/immunisation)

These Guidelines only apply to providers who are employing an Authorised Immuniser **who is not** under the direct supervision of a medical practitioner. If a health practitioner is working under the supervision of a medical practitioner who is making the decision to prescribe a vaccine for each client, the health practitioner is not required to be an Authorised Immuniser.

These Guidelines are to be used in conjunction with the professional standards and guidelines that apply to each health discipline.

## Contact Details

For further information about vaccination programs and their content contact:

### **Clinical Nurse Consultant (Immunisation)**

Public Health Services

Department of Health and Human Services

GPO Box 125

HOBART TAS 7000

Telephone: 1800 671 738

## Abbreviations used in this document

ACIR	Australian Childhood Immunisation Register
AEFI	Adverse Event Following Immunisation
AHPRA	Australian Health Practitioners Regulation Agency
AI	Authorised Immunisers
ANI	Authorised Nurse Immunisers
API	Authorised Pharmacist Immunisers
ARC	Australian Resuscitation Council
CPD	Continuing Professional Development
CPR	Cardio Pulmonary Resuscitation
DHHS	Department of Health and Human Services
DPH	Director of Public Health
HPV	Human Papillomavirus
MMR	Measles-Mumps-Rubella
NIP	National Immunisation Program
Pharmacy Guild	Pharmacy Guild of Australia
PI	Pharmacist Immuniser
PIIT	Pharmacist immuniser-in-training (PIIT)
PSA	Pharmaceutical Society of Australia
TGA	Therapeutic Goods Administration

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# Introduction

Immunisation is the safest and most effective way to control many of the world's most important infectious diseases. It has been the single most important advancement in public health over the last century saving more lives than any other health intervention.

Australia has a strong and internationally recognised National Immunisation Program, with a national average of over 90% coverage for most childhood vaccines<sup>1</sup>. Australia's achievements in immunisation meet international goals set by the World Health Organization under the *Global Immunization Vision and Strategy*.

Opportunities remain to improve immunisation rates for adolescents and adults.

Achieving high immunisation rates requires a competent workforce as well as effective clinical governance arrangements for all vaccination programs which are clear, accountable and effective, with business processes in place to monitor and evaluate performance and provide feedback.

To enable a broader workforce to provide vaccination services across a range of settings, the Secretary of the Department of Health and Human Services (or his or her delegate) can approve other classes of health professionals to possess and administer medicines without the direct supervision of a medical practitioner. The delegate for the Secretary of the DHHS is the Director of Public Health (DPH).

These Vaccination Program Guidelines support Organisations and registered health practitioners to conduct safe, high quality immunisation services, and describe the processes required for applying for approval.

In this document registered health practitioners who have been approved to immunise independently are referred to as Authorised Immunisers (AIs).

## Legislation

In accordance with Tasmanian legislation a registered health professional other than a medical practitioner must be authorised by DHHS to vaccinate independently in Tasmania.

### Authorisation of a Registered Health Practitioner to provide immunisations independently

In Tasmania [Regulation 64\(c\)& \(ca\) of the Poisons Regulations 2008](#) allows registered nurses, midwives and pharmacists, who have met certain educational requirements and who have been approved by the DPH to administer certain vaccines as listed in *Schedule 4* to the Poisons List; provided they are the *approved* vaccines (according to the particular immuniser's health speciality) against the diseases listed in Appendix 1 and 2 of these Guidelines and the vaccines are administered in accordance with a vaccination program approved by the DPH.

AIs **may not** independently provide:

- vaccines for travel purposes as travel medicine is a specialist area that must include a medical consultation
- any immunoglobulin preparation, or
- pharmaceuticals for the purposes of clinical trials.

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<sup>1</sup> DTPa, hepatitis B, MMR, Hib and polio,  
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## Administration of Adrenaline

In addition [Regulation 64\(b\)](#) of the *Poisons Regulations 2008* states that that a person who is a registered nurse or midwife may, in the course of nursing practice administer to another person a substance listed in Schedule 3 of the Poisons List. This includes the administration of adrenaline (1:1000) in the event of anaphylaxis.

A pharmacist may supply a Schedule 3 substance (adrenaline) under [Regulation 53 \(1\)\(b\)](#). In this instance 'supply' means either, or both, provide and/or administer.

## Supervision of Registered Health Practitioners by Authorised Immunisers

In accordance with [Regulation 64\(d\)\(i\)](#) of the *Poisons Regulations 2008* an experienced Authorised Nurse Immuniser (see definition below) may supervise the administration of a vaccine by another health practitioner only when the other health practitioner is undertaking an immunisation education program approved by the Secretary.

- An experienced **Authorised Nurse Immuniser** (ANI), operating in an approved vaccination program, may supervise the administration of a vaccine by another health practitioner if they have had a minimum of two years recent clinical experience administering National Immunisation Program (NIP) vaccines, to all age groups (infants, children and adults).

In accordance with [Regulation 64\(e\)](#) of the *Poisons Regulations 2008* an experienced Pharmacist Immuniser (see definition below) may supervise the administration of a vaccine by another pharmacist only when the pharmacist is undertaking an immunisation education program approved by the Secretary.

- An experienced **Pharmacist Immuniser** (PI), operating in an approved vaccination program, is able to supervise a pharmacist immuniser-in-training (PIIT) administering influenza vaccination if they have had a minimum of two years recent clinical experience administering influenza vaccines in the community setting.

The regulations do not allow Authorised Immunisers (AIs) to prescribe vaccines for health practitioners, who are not AIs, to administer, except in specific circumstances, approved by the Director of Public Health under [Regulation 64\(d\)\(ii\)](#), for example, pandemic or major communicable disease outbreak. If a health practitioner is not an AI (or a supervised trainee) and is administering vaccines, it must be under the direction of a medical practitioner.

## Immunisation Program Requirements

Organisations are responsible for employing competent, suitably qualified and experienced health practitioners to deliver their immunisation services and to provide sufficient resources to enable the health practitioners to provide safe and competent care. This responsibility includes policies and practices that support the delivery of safe immunisation services to the general public.

Organisations wishing to conduct immunisation programs in Tasmania must ensure the following minimum requirements are in place:

## Authorised Immunisers and Immunisation Practice

Organisations wishing to use AIs to administer vaccinations without a medical order, in accordance with the authorisation under *regulation 64(c)&(ca)*, must ensure that the AI:

- is registered with the Australian Health Practitioner Regulation Agency (AHPRA) [www.ahpra.gov.au/](http://www.ahpra.gov.au/)
- has current approval from the Secretary, DHHS (or his or her delegate) to administer vaccines independently, as per the approved scope in Appendix 1 and 2 of these Guidelines.
- administers vaccines only as part of an approved immunisation program
- completes a cardio-pulmonary resuscitation (CPR) update as per Australian Resuscitation Council (ARC) guidelines annually
- is competent to manage and report an Adverse Event Following Immunisation (AEFI)
- refers people with contraindications to vaccination to a medical practitioner
- administers vaccines in accordance with any directions that may be issued by the Director of Public Health from time to time.

The Secretary, DHHS or his or her delegate requires AIs to renew their authorisation to practice each year in accordance with the guidelines for *'Applying for Immuniser Authorisation in Tasmania.'*

Health practitioners registered by the Australian Health Practitioner Regulation Agency (AHPRA), have a legal obligation to perform within their scope of practice according to the education and training they have received, and within any regulatory, legislative, national policy or standards, codes and guidelines for their profession.

AIs must also comply with the following state and national guidelines:

- a) *Vaccination Program Guidelines - Tasmania*
- b) *Guide to Applying for Immuniser Authorisation in Tasmania*
- c) *The Australian Immunisation Handbook* – Department of Health (current edition)
- d) *National Vaccine Storage Guidelines Strive for Five* - Department of Health (current edition)
- e) National and State immunisation program schedules
- f) *'Practice guidelines for the provision of immunisation services within pharmacy'* (current edition) – Pharmaceutical Society of Australia; and/or
- g) *'Guidelines for Conducting Immunisation Services within a Community Pharmacy Environment'* (current edition) – Pharmacy Guild of Australia

## Professional Indemnity Insurance

Organisations and health practitioners administering vaccinations must have in place professional indemnity insurance appropriate for the immunisation program.



## Adverse Events Following Immunisation (AEFI)

Organisations are responsible for ensuring that the AI has another staff member or a delegated contact person present to provide assistance in the event of AEFI if required.

In Tasmania an AEFI must be reported promptly to the Therapeutic Goods Administration (TGA) by completing a [National Adverse Events Following Immunisation Reporting Form](#).

## Policies and Procedures to Support Immunisation Service Delivery

Organisations conducting immunisation under an approved program must have the following policies and/or procedures in place to support safe, high quality immunisation services:

- Checking of anaphylaxis response kit.
- Monitoring of vaccine storage systems.
- Managing the transport of vaccines when providing clinics off site.
- Respond to a cold chain breach.
- Back-up plan for vaccine storage during power failures.
- Pre-screening assessment process.
- Consent process.
- When and how to seek further advice following outcome of screening process.
- Responding to a needle stick injury.
- Responding to adverse event reports.
- Managing anaphylaxis and vaso-vagal (syncope) episodes.
- Documentation and record keeping including GP notification.
- Disposal of infectious and non-clinical waste.

## Premises and Equipment

The immunisation room must have the following:

- visible and auditory privacy for clients
- adequate lighting
- be at a comfortable ambient temperature
- no superfluous equipment and furniture
- a hand sanitisation facility
- floor area to accommodate the person receiving the vaccination as well as an accompanying person and appropriate space for the patient to be treated laying down if an adverse event occurs

The immunisation area must contain adequate seating for clients allowing them to remain in the general vicinity for at least 15 minutes following vaccination.

The Organisation must supply the following equipment consistent with the requirements of 'The Australian Immunisation Handbook' (current edition) and the 'National Vaccine Storage Guidelines – Strive for 5' (current edition):

- Suitable equipment to safely store and transport of vaccinations
- all necessary consumables for vaccine administration including appropriate waste disposal
- a readily accessible anaphylaxis response kit
- an emergency response protocol (preferably laminated)
- copies of 'The Australian Immunisation Handbook' (current edition) and the 'National Vaccine Storage Guidelines – Strive for 5' (current edition) and a process to regularly monitor on-line updates.

### Post Vaccination Care of the Client

The AI must ask the vaccinated person to remain within the immediate vicinity for 15 minutes after vaccination.

The AI must either observe, or direct an appropriate person to observe, the person for 15 minutes after vaccination for acute adverse events or anaphylaxis.

### Vaccination Records

A personal record card of vaccines administered should be given to each person vaccinated for their records.

In Tasmania, Local Governments are required to operate under the *State Government Archives Act 1983*. The relevant reference is DA2200 Records Retention and Disposal Schedule for Local Government in Tasmania. This Act states that records (including immunisation records, general or single treatment and consent forms) should be retained and only destroyed 12 years after immunisation or 50 years after the birth of the person being immunised whichever is the later (Reference 24.11.02).

Other organisations must retain consent forms and vaccination records in a form that can be recovered and printed for a minimum of seven years, or longer in accordance with organisational health records policies.

### Vaccination Registers

Notification that a vaccine has been administered must be sent to the appropriate national registers.

**The Australian Childhood Immunisation Register (ACIR)** is a national database for recording vaccination details for children and adolescents to 20 years of age who live in Australia. All immunisation providers must submit data of all NIP and private vaccinations administered to the ACIR electronically via Medicare Online or the ACIR secure internet site.

For further information about the ACIR and reporting vaccination information, go to:

<http://www.medicareaustralia.gov.au/provider/patients/acir/providers.jsp>

In October 2016 the ACIR will be expanded to become the Australian Immunisation Register (AIR) to cover all vaccination from birth to death.

**The National Human Papillomavirus Vaccination Program Register (NHPVR)**, also known as the 'HPV Register', records information on HPV doses administered. Immunisation providers must submit all details of HPV vaccine doses administered to the HPV Register either electronically or via direct entry using the secure website. Further information is available from the HPV Register website at:

<http://www.hpvregister.org.au/>

From February 2017 the existing NHPVR Register will be expanded to become the Australian Schools Vaccination Register (ASVR) and will record all adolescent vaccinations given through the school programs.

## Application Process for Approval of a Vaccination Program

Organisations who wish to offer vaccination programs employing AIs in Tasmania must apply to the Director of Public Health (DPH) for approval pursuant to *Regulation 64 of the Poisons Regulations 2008*.

### Initial Application Process

Complete the 'Application Form for Approval of a Vaccination Program Employing an Authorised Immuniser' in Appendix 3 of this document.

Following the application for program approval the Organisation must wait to receive written approval of the vaccination program from the Director of Public Health before vaccines are administered by AIs. This process may take up to six weeks. Failure to comply with this requirement may result in a breach of the *Poisons Act 1971* by the program provider and the AIs.

### Renewal Process

Programs will be approved for a maximum of two years. At or before the expiration of the two-year period the provider must review the program and submit a new application for approval from the DPH.

### Organisations with Multiple Business Sites

Where an Organisation operates vaccination programs from multiple sites (for example a pharmacy proprietor with several pharmacy outlets), one application will cover all sites but Appendix 3a must also be completed.

If an organisation has greater than five sites they should contact the Immunisation Section of the Communicable Diseases Prevention Unit to discuss how the application should proceed.

### Process to Update a Vaccination Program within the Two Year Approval Period

Organisations must update the register of AIs they engage (within the two year approval period) if additional immunisers are employed. This is done by completing Appendix 4 with the updated information.

If within the two year approval period the organisation wants to add additional business sites Appendix 5 must be forwarded as an addendum to the initial program.

This updating process does not extend the term of the original approval.

### Ongoing Administration

Approval may be withdrawn immediately by the DPH if he/she deems the conduct of the program does not meet the requirements under the Guidelines.

Organisations that have been granted approval for a Vaccination Program will be subject to random audits of their immunisation services and required to submit copies of their policies and procedures. This may be undertaken by DHHS or in conjunction with organisations responsible for compliance and audits (eg: The Tasmanian Pharmacy Authority)

## Information Support

In Tasmania clinical information and advice is available from the Immunisation Section of the Communicable Diseases Prevention Unit. The Immunisation Section can be contacted Monday to Friday 8.30am - 5.00pm on 1800 671 738.

The 'Application Form for Approval of a Vaccination Program Employing an Authorised Immuniser' should be sent via one of the following methods:

- Email: [immunisation@dhhs.tas.gov.au](mailto:immunisation@dhhs.tas.gov.au)
- Fax: (03) 6222 7668
- Mail: GPO Box 125 Hobart 7000.

## Appendix I

# Diseases for Which Authorised Nurse Immunisers may Administer Vaccines

**Authorised Nurse Immunisers are approved to administer the following vaccines:**

<b>Diphtheria</b>	<b>Measles</b>	<b>Rotavirus</b>
<b>Haemophilus influenzae type b</b>	<b>Meningococcus</b>	<b>Rubella</b>
<b>Hepatitis A</b>	<b>Mumps</b>	<b>Tetanus</b>
<b>Hepatitis B</b>	<b>Pertussis</b>	<b>Varicella</b>
<b>Human Papillomavirus</b>	<b>Pneumococcus</b>	
<b>Influenza</b>	<b>Poliomyelitis</b>	

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

- Immunisation of children and adults as per the recommendations in the current edition of the *Australian Immunisation Handbook*.

But **excludes:**

- Immunisation for tetanus prophylaxis related to wound management. Tetanus prone wounds should be reviewed in a medical consultation.
- Immunisation for travel purposes.
- Immunisation of contacts in the event of an outbreak unless directed by Director of Public Health.
- Immunisation with immunoglobulin preparations unless directed by Director of Public Health.

Where a case of vaccine preventable disease (eg 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.

## Appendix 2

# Diseases for Which Authorised Pharmacist Immunisers may Administer Vaccines

**Authorised Pharmacist Immunisers are approved to administer the following vaccines:**

### **Influenza vaccine**

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

- Immunisation of individuals over 18 years of age in accordance with the current edition of *The Australian Immunisation Handbook*.
- **But excludes:**
- Immunisation of persons under 18 years of age.
- People with contraindications or precautions to vaccination should be referred to a medical practitioner.

Persons eligible for free influenza vaccine under the National Immunisation Program (NIP) should be advised that they may obtain vaccine from a GP, or other participating NIP service, with no cost for the vaccine.

### Appendix 3

# Application Form for Approval of a Vaccination Program Employing an Authorised Immuniser

Organisation Details	
Organisation Name:	
Postal Address:	
Suburb:	Postcode:
Phone:	
Email:	
Does your organisation operate from multiple sites? No <input type="checkbox"/> If, Yes <input type="checkbox"/> (Please also complete Appendix 3a)	

In your program who do you intend to employ?
<input type="checkbox"/> A Registered Nurse/s who is an AI
<input type="checkbox"/> A Registered Pharmacist/s who is an AI
<input type="checkbox"/> Other AI, describe:

Names and AHPRA numbers for the AIs you employ	Nurse or Pharmacist	AHPRA Number	Holds a Tasmanian DHHS AI Certificate
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>

In which locations will your vaccination programs be conducted? (tick all that apply)	
Council Immunisation Clinic:	<input type="checkbox"/> Childhood / Adult clinics <input type="checkbox"/> School Program <input type="checkbox"/> Staff
General Practice:	<input type="checkbox"/> Clients <input type="checkbox"/> Staff
Hospital:	<input type="checkbox"/> Clients <input type="checkbox"/> Staff
Aged Care facility:	<input type="checkbox"/> Clients <input type="checkbox"/> Staff
Pharmacy:	<input type="checkbox"/> Clients <input type="checkbox"/> Staff
Client Home Visits:	<input type="checkbox"/> Children <input type="checkbox"/> Staff
Child Care Centre:	<input type="checkbox"/> Staff
Corporate Work Place:	<input type="checkbox"/> Clients
Public event:	<input type="checkbox"/> Children <input type="checkbox"/> Adults
<input type="checkbox"/> Other, please describe:	

Indicate the vaccines your organisation plans to offer (tick all that apply)	
<b>Childhood Programs(&lt;10yrs)</b>	
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Haemophilus Influenzae type b
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Measles
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Rubella
<input type="checkbox"/> Rotavirus	<input type="checkbox"/> Human Papillomavirus (HPV)
<input type="checkbox"/> Pneumococcus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Meningococcus
<input type="checkbox"/> Influenza	<input type="checkbox"/> Other, specify:
<b>Adolescent Programs</b>	
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Human Papillomavirus (HPV)
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Other, specify:



<b>Adult Programs</b>	
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Mumps
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Rubella
<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Human Papillomavirus (HPV)
<input type="checkbox"/> Pneumococcus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Meningococcus
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Influenza
<input type="checkbox"/> Haemophilus Influenzae type b	<input type="checkbox"/> Other, specify:
<b>Seasonal Influenza Vaccination Programs</b>	
<input type="checkbox"/> Less than 18 yrs.	<input type="checkbox"/> Greater than 18 yrs.
<b>Occupation Health Vaccination Programs</b>	
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Mumps
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Rubella
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Varicella
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Influenza
<input type="checkbox"/> Other, specify:	
<b>For each occasion of service delivery do you have available? (tick all that apply)</b>	
Consent Forms	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accessible telephone	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hand washing facilities (and/or equivalent)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Anaphylaxis response kit including Adrenaline 1:1000	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sphygmomanometer & Stethoscope or Blood Pressure Monitor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Systems for recording and reporting adverse events	Yes <input type="checkbox"/> No <input type="checkbox"/>
Systems for reporting to national registers (ACIR/NHPVR)	Yes <input type="checkbox"/> No <input type="checkbox"/>
On-site support staff to provide assistance in an emergency	Yes <input type="checkbox"/> No <input type="checkbox"/>

How is the cold chain maintained during vaccination sessions? (tick all that apply)	
<input type="checkbox"/> Ice box/Esky	<input type="checkbox"/> Purpose built vaccine fridges
<input type="checkbox"/> Bar Fridge	<input type="checkbox"/> Dedicated refrigerator
<input type="checkbox"/> Monitored refrigerator	
<input type="checkbox"/> Other, please specify:	

How is the cold chain maintained outside of vaccination sessions? (tick all that apply)	
<input type="checkbox"/> Ice box/Esky	<input type="checkbox"/> Purpose built vaccine fridges
<input type="checkbox"/> Bar Fridge	<input type="checkbox"/> Dedicated refrigerator
<input type="checkbox"/> Monitored refrigerator	
<input type="checkbox"/> Other, please specify:	

Policy / Insurance	
Does the organisation have policies and procedures available in each setting that support the delivery of immunisation services in accordance with the current edition of <i>The Australian Immunisation Handbook</i> and <i>The National Vaccine Storage Guidelines – Strive for Five</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the organisation have in place a policy to support the uploading of data to the Australian Childhood Immunisation Register (ACIR) and the National HPV Register?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
The Crown carries no liability in respect of the delivery of this Program and it is the organisations obligation to ensure that the business operates within the relevant regulatory frameworks. Does this organisation have sufficient professional indemnity insurance cover appropriate to the immunisation services provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Vaccination Area	
Does the organisation ensure there is a private area to conduct vaccinations which has adequate space to allow clients to sit (or lie if needed) when receiving treatment and is of sufficient size and appropriate layout to accommodate efficient workflow?	Yes <input type="checkbox"/> No <input type="checkbox"/>

At times it is necessary to retrieve data from immunisation records. Which of the following can you retrieve from your records system?	
Date of service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of person vaccinated	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact details for the person vaccinated	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of birth of person vaccinated	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vaccines administered	Yes <input type="checkbox"/> No <input type="checkbox"/>
Batch number of the vaccine administered	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adverse events	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of parent or guardian (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of usual family medical practitioner	Yes <input type="checkbox"/> No <input type="checkbox"/>

For how long are your records kept?	
<input type="checkbox"/> 1 Year	<input type="checkbox"/> 3-5 years
<input type="checkbox"/> 2 years	<input type="checkbox"/> 6-10 years
<input type="checkbox"/> Other, please specify:	

Provide the details of the person responsible for the ordering of vaccines, record keeping, storage of vaccines, temperature monitoring, reporting, etc.	
Name:	
Position Title:	
Postal Address:	
Suburb:	Postcode:
Work Phone:	
Email:	

Executive Declaration	
I, .....	
<i>(print full name)</i>	
The Principal Officer of the organisation / company:	
.....	
<i>(company name)</i>	
Declare that:	
<ul style="list-style-type: none"> <li>• I have read and understood the information in the attached guidelines</li> <li>• The information I have provided in this application is true and correct</li> <li>• The vaccination program will be administered in accordance with the latest editions of the NHMRC Australian Immunisation Handbook, the National Vaccine Storage Guidelines Strive for 5 and the Tasmanian Vaccination Program Guidelines</li> <li>• I am aware that I will be subject to random audits of the immunisation service and may be required to submit copies of my organisation's policies and procedures</li> <li>• I have provided a copy of this completed application form and the guidelines to each individual involved in the delivery of the vaccination program</li> </ul>	
Signature:	Date:

Return this completed application form to the Director of Public Health, GPO Box 125, Hobart Tasmania, 7001 to seek approval before using AIs to administer vaccines.



## Appendix 3a

# Multiple Business Sites

If your organisation operates vaccination programs from multiple sites please complete the details below for each site.

Business Site 1	
Organisation Name:	
Primary Contact Person:	
Postal Address:	
Suburb:	Postcode:
Phone:	
Email:	
Details of the person responsible for the ordering of vaccines, record keeping, storage of vaccines, temperature monitoring, reporting, etc.	
Name:	
Position Title:	
Work Phone:	
Email:	
Business Site 2	
Organisation Name:	
Primary Contact Person:	
Postal Address:	
Suburb:	Postcode:
Phone:	
Email:	
Details of the person responsible for the ordering of vaccines, record keeping, storage of vaccines, temperature monitoring, reporting, etc.	
Name:	
Position Title:	
Work Phone:	
Email:	

<b>Business Site 3</b>	
Organisation Name:	
Primary Contact Person:	
Postal Address:	
Suburb:	Postcode:
Phone:	
Email:	
Details of the person responsible for the ordering of vaccines, record keeping, storage of vaccines, temperature monitoring, reporting, etc.	
Name:	
Position Title:	
Work Phone:	
Email:	

<b>Business Site 4</b>	
Organisation Name:	
Primary Contact Person:	
Postal Address:	
Suburb:	Postcode:
Phone:	
Email:	
Details of the person responsible for the ordering of vaccines, record keeping, storage of vaccines, temperature monitoring, reporting, etc.	
Name:	
Position Title:	
Work Phone:	
Email:	

<b>Business Site 5</b>	
Organisation Name:	
Primary Contact Person:	
Postal Address:	
Suburb:	Postcode:
Phone:	
Email:	
Details of the person responsible for the ordering of vaccines, record keeping, storage of vaccines, temperature monitoring, reporting, etc.	
Name:	
Position Title:	
Work Phone:	
Email:	





## Appendix 4

# Additional Authorised Immunisers

If your organisation employs additional AIs before the expiry of your current program approval please complete the details below for each additional immuniser.

Name of Practice/Clinic/Organisation:		
Address:		
Suburb:	State:	Postcode:
When is your current Program Approval due to expire?		

Names and AHPRA numbers for the AIs you employ	Nurse or Pharmacist	AHPRA Number	Holds a Tasmanian DHHS AI Certificate
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:			Yes <input type="checkbox"/> No <input type="checkbox"/>

Specific knowledge about Program Approvals	
I have provided a copy of the original application form and the guidelines to each individual involved in the delivery of the vaccination program?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Principal Officer:	
Signature:	Date:



## Appendix 5

# Additional Business Sites

If your business adds additional sites prior to the expiry of your current program approval please complete the details below for each additional site.

Name of Practice/Clinic/Organisation:		
Address:		
Suburb:	State:	Postcode:
When is your current Program Approval due to expire?		

Additional Business Site 1		
Organisation Name:		
Primary Contact Person:		
Postal Address:		
Suburb:		Postcode:
Phone:		
Email:		
Details of the person responsible for the ordering of vaccines, record keeping, storage of vaccines, temperature monitoring, reporting, etc.		
Name:		
Position Title:		
Work Phone:		
Email:		

Additional Business Site 2		
Organisation Name:		
Primary Contact Person:		
Postal Address:		
Suburb:		Postcode:
Phone:		
Email:		
Details of the person responsible for the ordering of vaccines, record keeping, storage of vaccines, temperature monitoring, reporting, etc.		
Name:		
Position Title:		
Work Phone:		

Email:	
<b>Additional Business Site 3</b>	
Organisation Name:	
Primary Contact Person:	
Postal Address:	
Suburb:	Postcode:
Phone:	
Email:	
Details of the person responsible for the ordering of vaccines, record keeping, storage of vaccines, temperature monitoring, reporting, etc.	
Name:	
Position Title:	
Work Phone:	
Email:	
<b>Additional Business Site 4</b>	
Organisation Name:	
Primary Contact Person:	
Postal Address:	
Suburb:	Postcode:
Phone:	
Email:	
Details of the person responsible for the ordering of vaccines, record keeping, storage of vaccines, temperature monitoring, reporting, etc.	
Name:	
Position Title:	
Work Phone:	
Email:	