Tasmanian Immunisation Program Guidelines

March 2023

**About This Guide**

These Guidelines have been developed by the Department of Health (DoH) to provide guidance to organisations that provide or intend to provide immunisation 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 [Immunisation – Public Health](https://www.health.tas.gov.au/publichealth/communicable_diseases_prevention_unit/immunisation/reporting_adverse_events_following_immunisation)[[1]](#footnote-1)

These Guidelines only apply to providers who are employing an Authorised Immuniser **who is not** under the direct supervision of a medical or nurse practitioner. If a health practitioner is working under the supervision of a medical or nurse 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 immunisation programs and their content contact:

**Clinical Nurse Consultant (Immunisation) & Senior Pharmacist (Immunisation)**

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**Abbreviations used in this document**

| **Abbreviation** | **Description** |
| --- | --- |
| AIR | Australian Immunisation Register |
| AIH | Australian Immunisation Handbook |
| AEFI | Adverse Event Following Immunisation |
| AHPRA | Australian Health Practitioners Regulation Agency |
| AI | Authorised Immuniser  |
| ANI | Authorised Nurse Immuniser |
| API | Authorised Pharmacist Immuniser |
| ARC | Australian Resuscitation Council |
| ATAGI  | Australian Technical Advisory Group on Immunisation |
| COVID-19  | Coronavirus disease, caused by SARS-CoV-2 |
| CPD | Continuing Professional Development |
| CPR | Cardio Pulmonary Resuscitation |
| DoH | Department of Health  |
| DPH | Director of Public Health |
| HPV | Human Papillomavirus |
| Intern Pharmacist | Pharmaceutical chemist who holds provisional registration with AHPRA |
| 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 |
| TPA | Tasmanian Pharmacy Authority |

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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 (NIP), with a national average of over 90 per cent coverage for most childhood vaccines[[2]](#footnote-2). 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 vaccination rates requires a competent workforce as well as effective clinical governance arrangements for all immunisation 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 immunisation services across a range of settings, the Secretary of the Department of Health (DoH) (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 DoH Secretary is the Director of Public Health (DPH).

These Immunisation 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 a registered health practitioner who has been approved to immunise independently is referred to as an Authorised Immuniser (AI).

Legislation

In accordance with Tasmanian legislationa registered health professional other than a medical practitioner or nurse practitioner must be authorised by DoH to vaccinate independently in Tasmania.

Authorisation of a Registered Health Practitioner to provide immunisations independently

In Tasmania [*Regulation 82 (c)&(d)*](https://www.legislation.tas.gov.au/view/html/inforce/2019-04-17/sr-2018-079#GS82@EN)*[[3]](#footnote-3) of the Poisons Regulations 2018* allows registered nurses, midwives and pharmacists, who have met certain educational requirements and/or 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 an immunisation program approved by the DPH.

An AI **may not** independently provide:

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

Administration of Adrenaline

In addition [*Regulation 82(b)*](https://www.legislation.tas.gov.au/view/html/inforce/2019-04-17/sr-2018-079#GS82@EN)*[[4]](#footnote-4)* of the *Poisons Regulations 2018* 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](http://www.thelaw.tas.gov.au/tocview/index.w3p;cond=;doc_id=%2B102%2B2001%2BJS3%40EN%2B20140417100000%23JS3%40EN;histon=;prompt=;rec=;term=) of the Poisons List.

This includes the administration of adrenaline (1:1000) in the event of anaphylaxis.

A pharmacist or intern pharmacist (pharmacy trainee) may supply a Schedule 3 substance (adrenaline) under [*Regulation 58(2)*](https://www.legislation.tas.gov.au/view/html/inforce/2019-04-17/sr-2018-079#GS58@EN)*[[5]](#footnote-5)* of the Poisons Regulations 2018. In this instance ‘supply’ means either, or both, provide and/or administer.

Supervision of Registered Health Practitioners by Authorised Immunisers

In accordance with *[Regulation 82(e)](https://www.legislation.tas.gov.au/view/html/inforce/2019-04-17/sr-2018-079%22%20%5Cl%20%22GS82%40EN)* of the *Poisons Regulations 2018* **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 DPH or has been approved by the Director of Public Health to administer vaccines specified by the Director.

* An experienced **Authorised Nurse Immuniser** (ANI), operating in an approved immunisation program, may supervise the administration of a vaccine by another health practitioner if the ANI has 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 82(f))*](https://www.legislation.tas.gov.au/view/html/inforce/current/sr-2018-079#GS82@EN)of the *Poisons Regulations 2018 a*n 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 DPH or where the individual is an intern pharmacist, who holds provisional registration with AHPRA **and** who has undertaken the prescribed Tasmanian Pharmacist Immuniser course.

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

The regulations do not allow Authorised Immunisers (AIs) to prescribe vaccines for any other health practitioners, who are not AIs, to administer, **except in specific circumstances, approved by the DPH** under *Regulation* [*82(e)(ii)&(f)(ii)*](https://www.legislation.tas.gov.au/view/html/inforce/2019-04-17/sr-2018-079#GS82@EN), for example, pandemic or major communicable disease outbreaks.

If a health practitioner is not an AI (or a supervised trainee/intern pharmacist) and is administering vaccines, it must be under the direction of a medical practitioner.

Intern Pharmacists

Regulation 82 allows for immunisations to be conducted by intern pharmacists (who hold provisional registration with AHRPA) while under the supervision of an Authorised Pharmacist Immuniser. This regulation is designed to support intern pharmacists gain experience in delivering immunisations, during their intern year.

An intern pharmacist cannot apply to become an Authorised Immuniser in Tasmania until they have full registration as a general pharmacist.

Authorised Pharmacist Immunisers and Paediatric training

Childhood immunisation modules have only been included in Pharmacist Immuniser training courses since 2019. As at late 2022, approximately half of all Authorised Pharmacist Immunisers in Tasmania completed their immunisation training prior to 2019 and therefore will not have covered childhood immunisation content.

Authorised Pharmacist Immunisers wishing to administer COVID-19 and influenza vaccines to children aged 5 to 9 years must apply for specific paediatric authorisation from the Director of Public Health.

Practice requirements

The intern pharmacist must:

* Hold provisional registration with AHPRA.
* Have completed an approved Pharmacist Immuniser course. If the immunisation course has been completed in another State the intern pharmacist must complete the [PSA Immunisation and Refresher Course](https://www.psa.org.au/practice-support-industry/programs/immunisation/)[[6]](#footnote-6) (which includes the Tasmanian regulatory modules).
* If administering COVID-19 vaccines under supervision, they must have successfully completed the mandatory COVID-19 vaccine training and updates provided by the Australian Government Department of Health.
* Complete the Pharmacist Immunisers practicum requirements when they first start to administer vaccines. This record should be retained and included with their application to become an Authorised Immuniser once they become a Registered Pharmacist.
* Follow the guidelines and essential immunisation practices set out in the *Tasmanian Pharmacist Immuniser Practicum Guide* and the *Tasmanian Immunisation Program Guidelines*.
* Only provide immunisations under the direct supervision of an Authorised Pharmacist Immuniser.

The supervising pharmacist immuniser must:

* Be an Authorised Immuniser in Tasmania and have a minimum of 2 years recent clinical experience administering the vaccines for which they are supervising.
* Have completed the influenza, dTpa and MMR modules if they are supervising an intern pharmacist in the delivery of these vaccines.
* Have successfully completed the mandatory COVID-19 vaccine training and updates provided by the Australian Government Department of Health if supervising an intern pharmacist in the delivery of these vaccines.
* Be working under a current DoH Approved Immunisation Program.
* Provide direct supervision for the intern pharmacist delivering immunisations.

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 vaccines without a medical order, in accordance with the authorisation under [*regulation 82(c)&*(d)](https://www.legislation.tas.gov.au/view/html/inforce/2019-04-17/sr-2018-079#GS82@EN), must ensure that the AI:

* is registered with the [Australian Health Practitioner Regulation Agency (AHPRA)](https://www.ahpra.gov.au/)[[7]](#footnote-7)
* has current approval from the Secretary, DoH (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 DPH from time to time.

The Secretary, DoH or his or her delegaterequires AIs to renew their authorisation to practice each year in line with the guidelines for *‘*[*Applying for Immuniser Authorisation in Tasmania’*](https://www.health.tas.gov.au/publichealth/communicable_diseases_prevention_unit/immunisation/nurse_immuniser)*[[8]](#footnote-8).*

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 relevant state and national guidelines:

1. *Tasmanian Immunisation Program Guidelines.*
2. *Guide to Applying for Immuniser Authorisation in Tasmania.*
3. *The Australian Immunisation Handbook* – Department of Health (current edition).
4. *National Vaccine Storage Guidelines* *Strive for Five -* Department of Health (current edition).
5. National and State immunisation program schedules.
6. ‘*Practice guidelines for the provision of immunisation services within pharmacy’* (current edition) – Pharmaceutical Society of Australia.
7. ‘*Guidelines for Conducting Pharmacist Initiated and Administered Vaccination Service within a New South Wales Community Pharmacy Environment*’ (April 2016) – Pharmacy Guild of Australia.
8. *Community Pharmacy Provision of COVID – 19 Vaccine in Tasmania Guidelines*

Professional Indemnity Insurance

Organisations and all health practitioners administering vaccines must have in place professional and public 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 an AEFI if required.

As of 1 March 2021, Adverse Events Following Immunisation (AEFIs) including vaccine errors should be reported directly to the Communicable Disease Prevention Unit, Department of Health.

Please complete an adverse event report form and submit to tas.aefi@health.tas.gov.au. Report forms are available here: [Reporting Adverse Events Following Immunisation (AEFI) | Public Health](https://www.health.tas.gov.au/publichealth/communicable_diseases_prevention_unit/immunisation/reporting_adverse_events_following_immunisation)[[9]](#footnote-9)

To report an adverse event over the phone, discuss AEFI reporting, or seek advice regarding referral of patients requiring specialist follow-up please call the Public Health Hotline to speak to an Immunisation Clinical Nurse Consultant (1800 671 738).

Policies and Procedures to Support Immunisation Service Delivery

Organisations conducting immunisation under an approved program must have the following documented 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.
	+ Routine immediate post-vaccination observation and management
	+ 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.
* In the case of a pharmacy, have a compliant vaccination area that has been assessed by the Tasmanian Pharmacy Authority.

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

The organisation must supply the following equipment consistent with the on-line requirements of ‘[*The Australian Immunisation Handbook*’](https://immunisationhandbook.health.gov.au/)[[10]](#footnote-10) and the ‘[*National Vaccine Storage Guidelines – Strive for 5*’](https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5)[[11]](#footnote-11):

* Suitable equipment to safely store and transport vaccines.
* All necessary consumables for vaccine administration including appropriate waste disposal.
* A readily accessible anaphylaxis response kit.
* An emergency response protocol (preferably laminated).
* Access to the on-line version of *The Australian Immunisation Handbook*’ and the ‘*National Vaccine Storage Guidelines – Strive for 5*’ and a process to regularly monitor on-line updates.

Post Vaccination Care of the Client

The AI must ask the immunised 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.

Immunisation Records

A personal record card of vaccines administered should be given to each person immunised 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 immunisation records in a form that can be recovered and printed for a minimum of seven years, or longer in line with organisational health recordspolicies.

Immunisation Registers

Notification that a vaccine has been administered must be sent to TheAustralian Immunisation Register (AIR). The AIR is a national whole-of- life database for recording immunisation details for all Australians.

It is a mandatory requirement that all NIP, influenza and COVID-19 vaccines are uploaded to the AIR.

All immunisation providers must submit data for all NIP and private vaccines administered to the AIR electronically via Medicare Online or the AIR secure internet site.

For further information about the AIR and reporting vaccinations visit [Australian Immunisation Register for Health Professionals](http://www.humanservices.gov.au/organisations/health-professionals/services/medicare/australian-immunisation-register-health-professionals)[[12]](#footnote-12)

Application Process for Approval of an Immunisation Program

Organisations who wish to offer immunisation programs employing AIs in Tasmania must apply to the DPH for approval pursuant to *Regulation 82 of the* *Poisons Regulations 2018*.

Initial Application Process

Complete the ‘*Application Form for Approval of an Immunisation Program Employing an Authorised Immuniser*’ in Appendix 3 of this document.

In the case of a pharmacy, organisations must also have a suitable **vaccination area** which has been assessed as being compliant (if not previously assessed) by the Tasmanian Pharmacy Authority.

Following the application for program approval the Organisation must wait to receive written approval of the immunisation program from the DPH 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 immunisation 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 an Immunisation Program within the Two Year Approval Period

If within the two year approval period the organisation wants to add additional business sites Appendix 4 must be forwarded as an addendum to the initial program.

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

Ongoing Administration

Program 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 an Immunisation 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 DoH 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 or

6166 0632.

Send the ‘Application Form for Approval of an Immunisation Program Employing an Authorised Immuniser’ (Appendix 3) to:

* Email: immunisation@health.tas.gov.au

Appendix 1: Diseases for which *Authorised Nurse Immunisers* may administer vaccines

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

|  |  |  |
| --- | --- | --- |
| COVID-19\* (NB: additional mandatory training required) | Diphtheria | Haemophilus influenzae type b |
| Hepatitis A | Hepatitis B | Human Papillomavirus |
| Influenza | Measles | Meningococcus |
| Mumps | Pertussis | Pneumococcus |
| Poliomyelitis | Rotavirus | Rubella |
| Smallpox^ | Tetanus | Varicella |
| Zoster |  |  |

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

* Immunisation of children and adults as per the recommendations in [*the Australian Immunisation Handbook*](https://immunisationhandbook.health.gov.au/) *(AIH)*.

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 the DPH.
* Immunisation with immunoglobulin preparations unless directed by the DPH.

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

Smallpox vaccines^

Limited to third generation smallpox vaccines, namely JYNNEOS® (MVA-BN), in specified practices only and with specific approval from the DPH.

\*COVID-19 Vaccines

All staff who are involved in the COVID-19 vaccine rollout must have completed the Australian Department of Health mandatory online training modules for this vaccine prior to handling or administering the product.

To access COVID-19 vaccination training, please visit: [COVID19 Vaccination Training](file:///%5C%5Ccorefs01%5Cgrpdata%5Chav%5CCDPU%20-%20Immunisation%5CAuthorised%20Immuniser%20Documentation%5CProgram%20Approvals%5CTasmanian%20Immunisation%20Program%20Guidelines%20and%20application%20forms%5CWord%20and%20web%20Versions%5Ccovid19vaccinationtraining.org.au)

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

* Immunisation of children and adults as per the Australian Technical Advisory Group on Immunisation (ATAGI) clinical guidance.

Appendix 2: Diseases for which *Authorised Pharmacist Immunisers* may administer vaccines

**There are three classes of vaccines relating to Authorised Pharmacist Immunisers**

1. Independently-initiated (no prescription required)

2. Prescription-initiated

3. Outside of scope

***1. Independently-initiated (no prescription required):***

|  |
| --- |
| **Table 1. Independently initiated: Authorised Pharmacist Immunisers may administer these vaccines independently** **as per recommendations in the Australian Immunisation Handbook (AIH)** |

* Authorised Pharmacist Immunisers may administer these vaccines independently and as per the recommendations of the Australian Immunisation Handbook as per Table 1.

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine** | **Age** | **Approval includes** | **Approval excludes** |
| **Influenza vaccines** | * 10 years of age and over
* 5 years of age and over with specific paediatric authorisation by the DPH

As per the recommendations the Australian Immunisation Handbook (AIH) | * Privately funded vaccine
* NIP-funded vaccine stock for NIP eligible persons

Refer to Funded influenza immunisation schedule | Tasmanian Department of Health | * People with contraindications or precautions as outlined in the AIH - refer to a medical practitioner.
 |
| **Diphtheria-tetanus-pertussis vaccines** Must have completed approved training | * 16 years of age and over

As per the recommendations the Australian Immunisation Handbook (AIH) | * Privately funded vaccine
 | * People with contraindications and precautions as outlined the AIH - refer to a medical practitioner.
* Immunisation for tetanus prophylaxis related to wound management - refer to a medical practitioner for review.
 |
| **Measles-mumps-rubella vaccine (MMR) vaccines**Must have completed approved training | * 16 years of age and over

As per the recommendations the Australian Immunisation Handbook (AIH) | * State-funded vaccine - people born during or after 1966 without documented evidence of two measles containing vaccines or serological evidence of immunity
* Privately funded vaccine
 | * People for whom live attenuated vaccine is contraindicated, including pregnant women – refer to a medical practitioner.
* People with other contraindications and precautions as outlined the AIH - refer to a medical practitioner.
 |
| **COVID-19 vaccines**All staff involved in handling or administering COVID-19 vaccines must have completed the mandatory [Australian Department of Health online training modules](https://www.health.gov.au/our-work/covid-19-vaccines/advice-for-providers/covid-19-vaccination-training-program). | * 10 years of age and over
* 5 years of age and over with specific paediatric authorisation by the DPH

As per the ATGAI recommendations  | * Commonwealth supplied stock
 | * People with contraindications or precautions to the COVID-19 vaccines without a recommendation from a medical practitioner, including those who have experienced an AEFI after a previous COVID-19 vaccination - refer to a medical practitioner.
 |

***2. Prescription-initiated:***

On receipt of a prescription from a medical or nurse practitioner, an Authorised Pharmacist Immuniser can administer selected privately purchased vaccines to persons as per the recommendations of the Australian Immunisation Handbook and as per conditions outlined in Table 2**. Please see Table 3 for vaccines that are excluded from this approval.**

|  |
| --- |
| **Table 2. *Prescription-initiated:* Authorised Pharmacist Immunisers can administer the antigens listed below upon receipt of a valid prescription from a medical or nurse practitioner**  |
| Vaccines | **Privately purchased** |
| Diphtheria | Haemophilus influenzae type b | Hepatitis A | Hepatitis B | Human Papillomavirus |
| Japanese Encephalitis | Measles | Meningococcus | Mumps | Pertussis |
| Pneumococcus | Poliomyelitis | Rabies | Rubella | Tetanus |
| Typhoid | Varicella | Zoster |  |  |
| Minimum age | As per Australian Immunisation Handbook recommendations ***and***10 years and older for all Authorised Pharmacist Immunisers *or* 5 years and older for Authorised Pharmacist Immunisers who have completed the paediatric module and have specific paediatric authorisation from the Director of Public Health.  |
| Conditions | * + 1. The vaccine has been prescribed by a medical or nurse practitioner on or after 23 March 2023.
		2. The Secretary has approved the Pharmacist as an Authorised Pharmacist Immuniser.
		3. The Pharmacist is providing the vaccine within a setting that has a current immunisation program approval by the Director of Public Health.
		4. The Pharmacist is working within their scope of practice when administering specific vaccines, and is familiar with and follows current guidance in the Australian Immunisation Handbook, and publications by the Australian Technical Advisory Group on Immunisation and other evidence-based sources.
		5. The vaccine is administered in accordance with the clinical recommendations for the specific vaccine specified in the *Australian Immunisation Handbook* and the approved Product Information.
		6. The Pharmacist reports all immunisations to the Australian Immunisation Register, and reports provision of the vaccine dose to the prescriber.
		7. Prescription-initiated vaccination is limited to privately purchased vaccines (excludes NIP vaccines).
		8. General considerations:
		9. It is the responsibility of the API to complete a pre-vaccination screening checklist and consent form immediately before administering any vaccine. Refer to The Australian Immunisation Handbook (health.gov.au) for current contraindications, precautions, and dose intervals.
		10. Vaccine recommendations are continually updated. Please refer to The Australian Immunisation Handbook (health.gov.au) before vaccine encounters
		11. Live vaccines are contraindicated in pregnancy, and are used only under specialised supervision for immunocompromised individuals.
		12. Please be aware of vaccine schedules and the recommended timeframes for administration to ensure efficacy and ensure recalls are in place for multi-dose schedules
		13. Please refer back to the prescribing medical or nurse practitioner if you have any concerns
		14. Please follow all directions on the prescription, including if the prescriber has indicated that the vaccine should not be administered in pharmacy
 |

**3.** **Vaccines that are outside of scope for administration by Authorised Pharmacist Immunisers**

Vaccines that Authorised Pharmacist Immunisers ***are not*** authorised to administer are in Table 3.

|  |
| --- |
| **Table 3. Vaccines that are outside of scope for administration by Authorised Pharmacist Immunisers** |

|  |  |
| --- | --- |
| **Vaccine** | **Rationale for exclusion from list of vaccines able to be administered by pharmacists** |
| Q fever  | Pre-vaccination skin prick testing and serology are required. |
| Tuberculosis | Intradermal administration. Tuberculin skin test pre-vaccination is required following a clinical risk assessment |
| Yellow Fever | Practices must be accredited by Chief Human Biosecurity Officer in accordance with international requirements, and vaccine must be provided by either a medical practitioner or nurse practitioner (with vaccine included in formulary) |
| Smallpox (mpox) vaccines | Currently constrained supply and specific, targeted program underway to reach eligible cohort.  |

Appendix 3: Application Form for Approval of an Immunisation Program Employing an Authorised Immuniser

| **Organisation Details** |
| --- |
| Organisation Name:       |
| Postal Address:       |
| Suburb:       | Postcode:       |
| Phone:       |
| Email:       |
| Does your organisation operate from multiple sites?No [ ]  If, Yes [ ]  (Please also complete Appendix 3a) |
|  |
| **In your program who do you intend to employ?** |
| [ ]  A Registered Nurse/s who is an AI |
| [ ]  A Registered Pharmacist/s who is an AI |
| [ ]  Other AI, describe:  |
|  |
| **Names and AHPRA numbers for the AIs you employ** | **Nurse or Pharmacist** | **AHPRA Number** | **Holds a Tasmanian DoH AI Certificate** |
| Name:       |       |       | Yes [ ]  No [ ]  |
| Name:       |       |       | Yes [ ]  No [ ]  |
| Name:       |       |       | Yes [ ]  No [ ]  |
| Name:       |       |       | Yes [ ]  No [ ]  |
| Name:       |       |       | Yes [ ]  No [ ]  |
| Name:       |       |       | Yes [ ]  No [ ]  |
| Name:       |       |       | Yes [ ]  No [ ]  |
| Name:       |       |       | Yes [ ]  No [ ]  |
| Name:       |       |       | Yes [ ]  No [ ]  |
| Name:       |       |       | Yes [ ]  No [ ]  |

|  |
| --- |
| **In which locations will your immunisation programs be conducted? (tick all that apply)** |
| Council Immunisation Clinic: | [ ]  Childhood / Adult clinics  | [ ]  School Program  | [ ]  Staff |
| General Practice: | [ ]  Clients  | [ ]  Staff |  |
| Hospital: | [ ]  Patients | [ ]  Staff |  |
| Aged Care facility: | [ ]  Residents | [ ]  Staff |  |
| Pharmacy: | [ ]  Clients | [ ]  Staff |  |
| Client Home Visits: | [ ]  Children | [ ]  Staff |  |
| Child Care Centre: | [ ]  Staff |  |  |
| Corporate Work Place: | [ ]  Clients |  |  |
| Public event: [ ]  Children [ ]  AdultsPlease detail the specific event:  |
| [ ]  Other, please describe:       |
|  |
| **Indicate the vaccines your organisation plans to offer (tick all that apply)** |
| **Childhood Programs(<10yrs) – Authorised Nurse Immunisers** |
| [ ]  Diphtheria | [ ]  Haemophilus Influenzae type b |
| [ ]  Tetanus | [ ]  Measles |
| [ ]  Pertussis | [ ]  Mumps |
| [ ]  Poliomyelitis | [ ]  Rubella |
| [ ]  Rotavirus | [ ]  Varicella |
| [ ]  Pneumococcus | [ ]  Meningococcus  |
| [ ]  Hepatitis B | [ ]  Influenza  |
| [ ]  Jynneos (MVA-BN) [ ]  COVID 19 (NB: additional training required) |
| **Adolescent Programs – Authorised Nurse Immunisers** |
| [ ]  Diphtheria | [ ]  Human Papillomavirus (HPV) |
| [ ]  Tetanus | [ ]  Meningococcus  |
| [ ]  Pertussis | [ ]  Jynneos (MVA-BN) |

|  |
| --- |
| **Adult Programs – Authorised Nurse Immunisers** |
| [ ]  Diphtheria | [ ]  Measles |
| [ ]  Tetanus | [ ]  Mumps |
| [ ]  Pertussis | [ ]  Rubella |
| [ ]  Poliomyelitis | [ ]  Human Papillomavirus (HPV) |
| [ ]  Pneumococcus | [ ]  Varicella |
| [ ]  Hepatitis B | [ ]  Meningococcus |
| [ ]  Hepatitis A | [ ]  Influenza |
| [ ]  Haemophilus Influenzae type b | [ ]  Zoster |
| [ ]  COVID-19(NB: additional training required) | [ ]  Jynneos (MVA-BN) |
| **Occupation Health Immunisation Program – Authorised Nurse Immunisers** |
| [ ]  Diphtheria | [ ]  Measles |
| [ ]  Tetanus | [ ]  Mumps |
| [ ]  Pertussis | [ ]  Rubella |
| [ ]  Hepatitis B | [ ]  Varicella |
| [ ]  Hepatitis A | [ ]  Other, specify: |
| [ ]  Influenza - <10 yrs. | [ ]  Influenza - > 10 yrs. |
| [ ]  COVID-19(NB: additional training required) | [ ]  Other, specify: |
| **Pharmacist Immunisation Program** **– Authorised Pharmacist Immunisers** |
| [ ]  Influenza – individuals ≥ 10 years (private) | [ ]  MMR - individuals ≥ 16 years |
| [ ]  dTpa - individuals ≥ 16 years | [ ]  NIP Influenza – eligible individuals ≥ 10 years  |
| [ ]  COVID-19 >12 years (NB: additional training required) | [ ]  COVID-19, influenza – individuals ≥5 years (NB: additional training required) |
| **For each occasion of service delivery do you have available? (tick all that apply)** |
| Consent Forms | Yes [ ]  No [ ]   |
| Accessible telephone | Yes [ ]  No [ ]   |
| Hand washing facilities (and/or equivalent) | Yes [ ]  No [ ]   |
| Anaphylaxis response kit including Adrenaline 1:1000 | Yes [ ]  No [ ]   |
| Sphygmomanometer & Stethoscope or Blood Pressure Monitor | Yes [ ]  No [ ]   |
| Systems for recording and reporting adverse events | Yes [ ]  No [ ]   |
| Systems for reporting to the Australian Immunisation Register (AIR) | Yes [ ]  No [ ]   |
| On-site support staff to provide assistance in an emergency | Yes [ ]  No [ ]   |
| **How is the cold chain maintained during immunisation sessions? (tick all that apply)** |
| [ ]  Ice box/Esky | [ ]  Purpose built vaccine fridges |
| [ ]  Bar Fridge | [ ]  Dedicated refrigerator |
| [ ]  Monitored refrigerator |
| [ ]  Other, please specify: |
|  |
| **How is the cold chain maintained outside of immunisation sessions? (tick all that apply)** |
| [ ]  Ice box/Esky | [ ]  Purpose built vaccine fridges |
| [ ]  Bar Fridge | [ ]  Dedicated refrigerator |
| [ ]  Monitored refrigerator |
| [ ]  Other, please specify: |
|  |
| **Policy / Insurance** |
| Does the organisation have policies and procedures available in each setting that support the delivery of immunisation services in line with the on-line version of *The Australian Immunisation Handbook* and *The National Vaccine Storage Guidelines – Strive for Five?* | Yes [ ]  No [ ]  |
| Does the organisation have in place a policy to support the uploading of data to the Australian Immunisation Register (AIR)? | Yes [ ]  No [ ]  |
| 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 [ ]  No [ ]  |
|  |
| **Immunisation Area** |
| Does the organisation ensure there is a private area to conduct immunisations 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 [ ]  No [ ]  |
| In the case of a pharmacy, has the pharmacy vaccination area been assessed as compliant by the Tasmanian Pharmacy Authority? | Yes [ ]  No [ ]  |
|  |
|  |
| **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 [ ]  No [ ]  |
| Name of person immunised  | Yes [ ]  No [ ]  |
| Contact details for the person immunised | Yes [ ]  No [ ]  |
| Date of birth of person immunised | Yes [ ]  No [ ]  |
| Vaccines administered  | Yes [ ]  No [ ]  |
| Batch number of the vaccine administered | Yes [ ]  No [ ]  |
| Adverse events | Yes [ ]  No [ ]  |
| Name of parent or guardian (if applicable) | Yes [ ]  No [ ]  |
| Name of usual family medical practitioner | Yes [ ]  No [ ]  |
|  |
| **For how long are your records kept?** |
| [ ]  7 years or longer | [ ]  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, |        |
|  | *(print full name)* |
|  | The Principal Officer of the organisation / company: |
|  |        |
|  | *(company name)* |
|  | Declare that:* + I have read and understood the information in the attached guidelines
	+ The information I have provided in this application is true and correct
	+ The immunisation 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 Immunisation Program Guidelines*
	+ 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
	+ I have provided a copy of this completed application form and the guidelines to each individual involved in the delivery of the immunisation program
	+ In the case of a pharmacy, I have been assessed by the TPA as having a compliant vaccination area within the pharmacy
 |
| Signature: | Date:       |
|  |
| Return this completed application form to the Director of Public Health, via:* Email: authorisedimmuniser@health.tas.gov.au
* Enquiries: 1800 671 738 or (03) 6166 0632
 |

Appendix 3a: Multiple Business Sites

If your organisation operates immunisation 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:       | Suburb:       |
| 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 3** |
| Organisation Name:       |
| Primary Contact Person:       |
| Postal Address:       |
| Suburb:       | Suburb:       |
| 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 4** |
| Organisation Name:       |
| Primary Contact Person:       |
| Postal Address:       |
| Suburb:       | Suburb:       |
| 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 5** |
| Organisation Name:       |
| Primary Contact Person:       |
| Postal Address:       |
| Suburb:       | Suburb:       |
| 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:       |

Return this completed application form to the Director of Public Health, via:

* Email: authorisedimmuniser@health.tas.gov.au
* Enquiries: 1800 671 738 or (03) 6166 0632

Appendix 4: Additional Business Sites

If your business adds additional sites before 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:       |

Return this completed application form to the Director of Public Health, via:

* Email: authorisedimmuniser@health.tas.gov.au
* Enquiries: 1800 671 738 or (03) 6166 0632
1. www.health.tas.gov.au/publichealth/communicable\_diseases\_prevention\_unit/immunisation [↑](#footnote-ref-1)
2. DTPa, hepatitis B, MMR, Hib and polio, [↑](#footnote-ref-2)
3. www.legislation.tas.gov.au/view/html/inforce/2019-04-17/sr-2018-079#GS82@EN [↑](#footnote-ref-3)
4. www.legislation.tas.gov.au/view/html/inforce/2019-04-17/sr-2018-079#GS82@EN [↑](#footnote-ref-4)
5. www.legislation.tas.gov.au/view/html/inforce/2019-04-17/sr-2018-079#GS58@EN [↑](#footnote-ref-5)
6. www.psa.org.au/practice-support-industry/programs/immunisation/ [↑](#footnote-ref-6)
7. www.ahpra.gov.au/ [↑](#footnote-ref-7)
8. www.health.tas.gov.au/publichealth/communicable\_diseases\_prevention\_unit/immunisation/nurse\_immuniser [↑](#footnote-ref-8)
9. www.health.tas.gov.au/publichealth/communicable\_diseases\_prevention\_unit/immunisation/reporting\_adverse\_events\_following\_immunisation [↑](#footnote-ref-9)
10. immunisationhandbook.health.gov.au/ [↑](#footnote-ref-10)
11. www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5 [↑](#footnote-ref-11)
12. www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/australian-immunisation-register-health-professionals [↑](#footnote-ref-12)