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| Victorian Pharmacist-Administered Vaccination Program GuidelinesEffective 1 April 2020 |
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Department of Health

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# Introduction

In 2015, the Victorian Minister for Health announced implementation of the Victorian Pharmacist-Administered Vaccination Program (the program), to commence in 2016. Under this program, people across Victoria could to receive influenza and pertussis-containing vaccinations from their pharmacist.

Pharmacists were also able to administer government-funded vaccines to eligible persons under the National Immunisation Program and the Victorian Government’s Partner Whooping Cough Vaccine Program.

Expanding the role of pharmacists to administer these vaccines provides greater access to vaccinations for people who are most at risk of complications from vaccine-preventable disease. It also gives new parents more options for vaccination against pertussis to protect their newborn infants.

On 12 August 2018, the Minister for Health (the Minister) announced a planned expansion of the program as part of a statewide approach to protect Victorians against measles infection. The expansion enables appropriately trained and registered pharmacists to administer measles-mumps-rubella (MMR) vaccine and all vaccines under the current and expanded program to persons aged 16 years and over.

On 10 October 2019, the Minister announced the Department of Health and Human Services’ (the department’s) intentions to expand the program from the 2020 influenza season, allowing persons aged 10 years and older (age lowered from 16 years and older) to receive their influenza vaccine from a trained Pharmacist Immuniser.

Following public consultation, from 1 April 2020, the program will be expanded further to authorise appropriately trained and registered pharmacists to administer the:

* meningococcal ACWY vaccine to persons aged 15 years and older; and
* MMR and pertussis-containing vaccines to persons aged 15 years and older (age lowered from 16 years and older); and
* vary restrictions on where pharmacists can administer approved vaccines to include mobile or outreach services of a pharmacy, pharmacy depot or hospital.

The circumstances in which pharmacists may administer vaccines are set out in the *Secretary Approval – Pharmacist Immuniser (*the Approval*)[[1]](#footnote-1).* Many of the vaccines administered by pharmacists are government funded. The *Victorian Pharmacist-Administered Vaccination Program Guidelines* (the Guidelines) describe the requirements of the program and support registered pharmacists to provide safe, high quality immunisation services.

The previous version of these Guidelines was released in April 2019. This version, effective from 1 April 2020, includes details of the significant changes to the program, with updated sections documented in the Document history and control.

# Regulations

The *Drugs, Poisons and Controlled Substances Regulations 2017* (the Regulations) enable the Secretary of the department to approve a Schedule 4 poison for administration by a pharmacist, and to specify the conditions in which a pharmacist is authorised to administer a Schedule 4 poison.

The Regulations also authorise pharmacists to administer a Schedule 3 poison if a therapeutic need exists, following administration of a Schedule 4 poison. The Regulations are available from Victoria Law Today at <<http://www.legislation.vic.gov.au/>>.

# Approval

The Approval defines the conditions under which a pharmacist is authorised to administer a Schedule 4 poison. The Approval sets out conditions in relation to:

* registration and training
* recency of practice and continuing professional development
* premises
* staffing
* registration with the department
* practice and compliance with relevant guidelines and protocols
* vaccines that pharmacists are authorised to administer and the circumstances in which they are authorised to do so, including listing important exclusions.

The conditions of the Approval and related requirements for pharmacists are described as part of these Guidelines. Under all circumstances, the Pharmacist Immuniser should provide vaccination services in accordance with the Regulations and the Approval.

The Secretary Approval – Pharmacist Immuniser is available from

<<https://www2.health.vic.gov.au/public-health/immunisation/immunisers-in-victoria/pharmacist-immunisers>>.

# Pharmacist Immunisers and Service Providers

A registered pharmacist who has completed a recognised ‘Immuniser program of study’ and who administers vaccines under the programis referred to in these Guidelines as a ‘Pharmacist Immuniser’*.*

The Approval defines that Pharmacist Immunisers are required to:

* hold general registration with the Pharmacy Board of Australia[[2]](#footnote-2)
* have satisfactorily completed the assessment of an ‘Immuniser program of study’ recognised by the Victorian Chief Health Officer
* have recency of practice and continuing professional development in immunisation (as defined from time to time by the Pharmacy Board of Australia)
* hold a current first aid certificate (to be updated every three years)
* hold a current cardiopulmonary resuscitation certificate (to be updated annually).

Pharmacist Immunisers should be able to provide evidence of completed training if required.

These Guidelines also refer to Service Providers. Service Providers are defined as:

* a hospital
* a pharmacy as defined in the *Pharmacy Regulation Act 2010*
* a pharmacy depot, as defined in the *Pharmacy Regulation Act 2010*, that is a stand-alone business on premises owned or leased by the licensee of the related pharmacy.

Pharmacists administering vaccines are to be connected to a pharmacy, pharmacy depot or hospital (Service Provider) that has registered with the department to provide a vaccination service and hold a government-funded vaccine account. This means that they must either own (for example, the pharmacist owner of a pharmacy), be employed or otherwise engaged by that Service Provider.

# Education

All pharmacists administering vaccines in Victoria must first complete an ‘Immuniser program of study’ that has been recognised by the Victorian Chief Health Officer. A list of recognised courses is available from <<https://www2.health.vic.gov.au/public-health/immunisation/immunisers-in-victoria/pharmacist-immunisers/pharmacist-immuniser-study-programs>>.

This program of study provides participants with a comprehensive understanding of the role of a Pharmacist Immuniser in Victoria and assists with development of the knowledge and clinical skills required to safely deliver an immunisation service. Completion of this course is consistent with the educational requirements for Nurse Immunisers in Victoria.

Pharmacists that have completed immunisation training that has **not** been recognised as an ‘Immuniser program of study’ are not authorised to administer vaccinations in Victoria. This includes training programs available in other states and territories, unless they are expressly recognised by the Victorian Chief Health Officer.

The Approval states that pharmacists who are training to administer vaccines are required to:

* hold general registration with the Pharmacy Board of Australia2
* hold a current first aid certificate (to be updated every three years)
* hold a current cardiopulmonary resuscitation certificate (to be updated annually)
* administer vaccines only when completing clinical practice as part of a recognised ‘Immuniser program of study’ under the direct supervision of:
	+ a medical practitioner
	+ a nurse practitioner
	+ a ‘Nurse Immuniser’ who is compliant with Regulation 8(1) of the *Drugs, Poisons and Controlled Substances Regulations 2017*
	+ a pharmacist who is compliant with Regulation 99(c) of the *Drugs, Poisons and Controlled Substances Regulations 2017*.

Pharmacists who act as Pharmacist Immuniser mentors or supervisors in the delivery and assessment of a recognised ‘Immuniser program of study’ require a minimum of two years’ recent experience in the administration of vaccines.

Pharmacy students and interns are not precluded from enrolling and completing a theoretical component of immunisation training. However, they are unable to participate in a clinical practice component that includes training to administer vaccines, or administration of vaccines. Pharmacists are unable to successfully complete an ‘Immuniser program of study’ until they hold general registration with the Pharmacy Board of Australia.

Pharmacists may undertake a program of study that meets the requirements of the *National Immunisation Education Framework for Health Professionals[[3]](#footnote-3)*. In Victoria, where pharmacists, students or interns have completed a *Framework* program (for example, in another state or territory), they are not permitted to administer vaccines until they meet all the requirements of the Approval.

Pharmacist immunisers should access immunisation education opportunities to support best practice and continuing professional development. This may include accessing regular updates to practice, research and publications on immunisation and vaccinations such as the National Centre for Immunisation Research and Surveillance’s Australian Immunisation Professionals weekly update, available at <<http://www.ncirs.edu.au/provider-resources/aip/>>.

# Code of conduct and professional practice standards

Pharmacist Immunisers are expected to comply with all elements of the Pharmacy Board of Australia’s *Code of conduct[[4]](#footnote-4),* including (but not limited to):

* arranging investigations and liaising with other treating practitioners;
* facilitating coordination and continuity of care;
* recognising and working within the limits of a practitioner’s competence and scope of practice;
* providing treatment options based on the best available information and not influenced by financial gain or incentives;
* participating in efforts to promote the health of the community, and being aware of obligations in disease prevention, including screening and reporting notifiable diseases where relevant; and
* keeping knowledge and skills up to date to ensure that practitioners continue to work within their competence and scope of practice.

Pharmacist Immunisers are expected to maintain current knowledge of vaccines and immunisation policies and be able to provide information about vaccines and immunisation services to individuals, within the limits of their professional knowledge and experience.

Where information gathered during the pre-vaccination assessment identifies health concerns or the need for management or intervention (whether or not they are relevant to the vaccination), pharmacists should refer the individual back to their medical practitioner for further treatment or advice.

Pharmacists who are administering vaccines should participate in public health promotion by educating individuals about immunisation recommendations, and motivating individuals, particularly those who are considered at risk, to be vaccinated. The pharmacist’s duty of care also extends to discussion of ongoing vaccinations and encouraging individuals to discuss their needs with a health practitioner of the individual’s choice, e.g. general practitioner.

Any concerns with a registered health professional should be reported to Ahpra by phoning 1300 419 495 or visiting their website at <http://www.ahpra.gov.au/>, so concerns can be investigated. See section [12.7](#_Complaints) of these Guidelines for further information.

Service Providers (as defined in section [4](#_Pharmacist_Immunisers_and) of these Guidelines) and Pharmacist Immunisers are expected to comply with and achieve the Pharmaceutical Society of Australia *Professional Practice Standards*[[5]](#footnote-5), in particular Standard 11: Vaccination service. These standards describe the values of the pharmacy profession and the expected professional behaviour of pharmacists towards individuals, the community and society.

A self-assessment tool accompanies the *Professional Practice Standards* and is available from the Pharmaceutical Society of Australia’s website at <https://www.psa.org.au/wp-content/uploads/2018/08/Professional-Practice-Standards-v5.pdf>.

# Vaccines

The Approval authorises pharmacists to administer selected vaccines to persons of particular ages, with some exclusions. See section [8](#_Target_groups_under), Target groups under the Approval, for the vaccine type and age eligibility.

In all circumstances, vaccines should be administered in accordance with the conditions of the Approval, including in relation to exclusions.

Pharmacists are also authorised to administer Schedule 3 poisons (1:1000 adrenaline) if a therapeutic need exists following administration of a Schedule 4 poison (that is, for the treatment of an anaphylactic reaction to a vaccine).

# Target groups under the Approval

## Influenza vaccine

Victorian pharmacists are authorised to administer influenza vaccine to certain target groups without a prescription or other instruction from a health practitioner. These include:

* Target group 1 – persons eligible for government-funded influenza vaccine through the National Immunisation Program (NIP). This includes individuals aged 65 years and older, persons of Aboriginal and Torres Strait Islander descent aged 10 years and older, and persons aged 10 to 64 years with medical conditions that can lead to complications from influenza, such as severe asthma, lung or heart disease, low immunity or diabetes and pregnant women in any stage of pregnancy.
* Target group 2 – persons aged between 10 and 64 years, and not eligible for the NIP.

Vaccines should be administered in accordance with the conditions of the Approval. See the Approval, column 2 for further details. See the Approval, column 3 for the list of circumstances in which pharmacists are **not** authorised to administer a vaccine under the Approval.

## Pertussis-containing vaccine

Victorian pharmacists are authorised to administer pertussis-containing vaccine for the express purpose of achieving immunity against pertussis in certain target groups, being:

* Target group 1 – persons eligible for government-funded pertussis-containing vaccine through the NIP and the Victorian Government’s Partner Whooping Cough Vaccine Program, including:
* pregnant women in their second or third trimester of pregnancy, from 20 weeks gestation
* partners of women who are in their third trimester of pregnancy, or at least 28 weeks pregnant, if the partner has not received a pertussis booster in the last ten years
* parents and/or guardians of babies if the baby is under six months of age and they have not received a pertussis booster in the last ten years
* individuals aged 15 to 19 years requiring catch-up
* refugees and all humanitarian entrants aged 15 years and older.
* Target group 2 – persons aged 15 years and older who are not eligible for the Victorian Government’s Partner Whooping Cough Vaccine Program, who wish to reduce the likelihood of becoming ill with pertussis.

Vaccines should be administered in accordance with the conditions of the Approval. See the Approval, column 2 for further details. See the Approval, column 3 for the list of circumstances in which pharmacists are **not** authorised to administer a vaccine under the Approval.

## Measles-mumps-rubella vaccine

Victorian pharmacists are authorised to administer measles-mumps-rubella vaccine for the express purpose of achieving immunity against measles, mumps and rubella in certain target groups, being:

* Target group 1 – persons eligible for government-funded measles-mumps-rubella vaccine through the NIP, including:
* persons aged 15 to 19 years requiring catch-up
* refugees and all humanitarian entrants aged 15 years and older.
* Target group 2 – persons eligible for government-funded measles-mumps-rubella vaccine through the Victorian Government’s Measles-Mumps-Rubella Adult Vaccine Program, including:
* individuals born during or since 1966 requiring one or two doses of measles-mumps-rubella vaccine (at least one month apart)
* women planning pregnancy or post-partum with low or negative rubella antibody levels.

Vaccines should be administered in accordance with the conditions of the Approval. See the Approval, column 2 for further details. See the Approval, column 3 for the list of circumstances in which pharmacists are **not** authorised to administer a vaccine under the Approval.

## Meningococcal ACWY vaccine

Victorian pharmacists are authorised to administer meningococcal ACWY vaccine for the express purpose of achieving immunity against meningococcal ACWY in certain target groups, being:

* Target group 1 – persons eligible for government-funded meningococcal ACWY vaccine through the NIP, including:
	+ persons aged 15 to 19 years.
* Target group 2 – persons aged 15 years and older who are not eligible for government-funded meningococcal ACWY vaccine, including:
	+ individuals who wish to reduce the likelihood of becoming ill with meningococcal A, C, W, or Y strains.

## Exclusions

The Approval **excludes***:*

* vaccination for travel purposes[[6]](#footnote-6)
* vaccination of people aged nine years and younger for influenza vaccine
* vaccination of people aged 14 years and younger for pertussis-containing vaccine, measles-mumps-rubella vaccine and meningococcal ACWY vaccine
* vaccination of people with contraindications defined in the online version of the *Australian Immunisation Handbook*[[7]](#footnote-7)
* vaccination for the express purpose of achieving immunity against diphtheria, tetanus or poliomyelitis[[8]](#footnote-8)
* vaccination of people who are contacts in the event of a case of pertussis, unless directed by the department[[9]](#footnote-9)
* vaccination of pregnant women against measles, mumps and rubella.

Pharmacist Immunisers should refer to the Approval for specific information about the circumstances that are excluded for each vaccine.

# Clinical governance and risk management

Clinical governance is the integrated systems, processes, leadership and culture that are at that core of providing safe, effective, accountable and person-centred health care, underpinned by continuous improvement.

Service Providers (in this case, pharmacies, pharmacy depots and hospitals) are responsible for service provision and there is an expectation that a formal and effective clinical governance framework is in operation.

## Victoria’s clinical governance framework

Organisations in which Pharmacist Immunisers are employed or otherwise engaged to provide immunisation services (Service Providers) are responsible for ensuring there are sufficient resources to enable safe and competent care for the consumers for whom healthcare services are provided.

In 2018, Safer Care Victoria published an updated version of the *Victorian clinical governance framework* that outlines expectations regarding clinical governance and provides best practice guidance to inform good clinical governance[[10]](#footnote-10). The five domains of the framework, underpinned by continuous monitoring and improvement are:

* leadership and culture
* consumer partnerships
* workforce
* risk management
* clinical practice.

The framework reinforces the importance of providing a safe environment for both consumers and staff, and that staff have the required knowledge and skills, technology and equipment to provide the best care possible, and are accountable for the care they provide.

It sets out the systems, processes and protocols that should be in place to support:

* contribution to a culture of safety, transparency, multidisciplinary teamwork and collaboration and ensuring high-quality care for every consumer in a way that is seamless and integrated;
* effective monitoring and improved clinical performance, including clinical processes, equipment and technology that are designed to minimise error and support clear communication and accurate reporting of care provision;
* comprehensive strategies and plans for recruiting, allocating, developing, engaging and retaining high-performing staff and includes supporting staff to work within their scope, provide supervision where required and manage performance;
* new procedures and therapies to be introduced in a way that ensures quality and safety issues have been identified; and
* Service Providers and staff involved in immunisation services to actively identify, monitor and manage areas of key risk and lead appropriate escalation, response and mitigation where safety may be compromised.

The framework has been designed so that Service Providers can adapt and implement its components to best meet the needs of their consumers and organisation.

## Supporting clinical governance

The Pharmaceutical Society of Australia’s *Competency Standards Framework for Pharmacists* detail an expectation that all pharmacists understand and contribute to organisational/corporate and clinical governance[[11]](#footnote-11).

Their *Clinical Governance Principles for Pharmacy Services[[12]](#footnote-12)* documentincludes information relating to clinical governance concepts, their application in services led by pharmacists and the ongoing evaluation of pharmacy services, including vaccination services.

## Other safety requirements

When pharmacists are conducting a pre-vaccination assessment and administering vaccinations, they must not engage in any other activity, including dispensing.

All immunisation service staff (including clinical and non-clinical staff) should be familiar with the immunisation service that is being provided, and be informed about their roles and responsibilities, particularly in relation to managing an adverse event following immunisation.

Pharmacist Immunisers undertaking a mobile or outreach immunisation clinic as a solo practitioner need to comply with all protocols and procedures set by the Service Provider that employs or otherwise engages them.

**It is important that timely reporting of all vaccinations to the Australian Immunisation Register occurs.**

# Premises, professional governance and staffing

Pharmacists administering vaccines are to be connected to a pharmacy, pharmacy depot or hospital (Service Provider) that has registered with the department to provide a vaccination service and hold a government-funded vaccine account. This means that they must either own (for example, the pharmacist owner of a pharmacy), be employed or otherwise engaged by that Service Provider.

Service Providers are defined as:

* a hospital
* a pharmacy as defined in the *Pharmacy Regulation Act 2010*
* a pharmacy depot, as defined in the *Pharmacy Regulation Act 2010*, that is a stand-alone business on premises owned or leased by the licensee of the related pharmacy.

## Premises

Victorians can receive vaccinations in a range of settings including:

* pharmacies;
* general practices
* Aboriginal Community Controlled Health Organisations
* Local Council clinics
* public and private hospitals
* community health centres
* staff occupational health clinics
* aged care facilities
* in the home.

All vaccines must be administered in accordance with the relevant legislation, best practice and the guidelines and recommendations in the *Australian Immunisation Handbook*[[13]](#footnote-13).

Service Providers and Pharmacist Immunisers must comply with requirements of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*[[14]](#footnote-14) and the *National vaccine storage guidelines - Strive for 5 (current version)*[[15]](#footnote-15) which includes provisions for caring for vaccines in coolers, data loggers and cooler ice packs for mobile or outreach immunisation clinics.

Where vaccinations are administered in hospital pharmacies, community pharmacies or pharmacy depots, the Approval requires that these premises meet the guidelines for facilities providing immunisation services, as described in the *Victorian Pharmacy Authority Guidelines*[[16]](#footnote-16) that are current at the time.

Pharmacist Immunisers providing vaccination services in other settings, such as mobile or outreach clinics, should comply with vaccination policies and procedures set by their employer (Service Provider) ensuring consideration has been given for the appropriateness of the setting to the clinical procedure undertaken and the person receiving care.

Any vaccines ordered need to be delivered to the registered location of the pharmacy, pharmacy depot or hospital and any pharmacies wanting to provide an immunisation service in Victoria must also be registered with the department.

With regard to facilities for immunisation services, the *Victorian Pharmacy Authority Guidelines* state that:

* The dispensary is not to be used for immunisation services.
* The room or area may be dedicated to the purpose, or an existing consulting room may be used. Hand sanitisation facilities are to be in the room.
* The room or private consultation area is to:
* be clean and hygienic;
* be designed such that the procedure is not visible or audible to other persons in the pharmacy;
* have sufficient floor area, clear of equipment and furniture, to accommodate the client and an accompanying person, and to allow the practitioner room to manoeuvre;
* have a bench with an impervious surface of an adequate area, a chair, a first aid couch or similar\*; and
* have an emergency response protocol (preferably laminated) on display, an emergency response kit, and the most recent editions of the *Australian Immunisation Handbook* and the *National Vaccine Storage Guidelines - Strive for 5*[[17]](#footnote-17).
* The room or private consultation area should be designed and set up to accommodate people with disability.
* Seating is to be made available post-vaccination, so that the client may be observed in accordance with professional guidelines.

The *Victorian Pharmacy Authority Guidelines* also state that only a temperature-monitored refrigerator manufactured exclusively for the purpose of storage of vaccines may be used, but can also be used to store other medicines. The Approval also requires compliance with the National vaccine storage guidelines – Strive for 5 (current edition), which recommends that the refrigerator used to store vaccines should be a purpose-built vaccine refrigerator, manufactured exclusively for the purpose of storage of vaccines.

The refrigerator must also possess a temperature data logger, in order to comply with the *Victorian Pharmacy Authority Guidelines*. The *Victorian Pharmacy Authority Guidelines* also state that where the refrigerator is not located in the dispensary, it must be fitted with a lock.

An additional refrigerator with a freezer section will be required for storing ice packs and gel packs – purpose-built vaccine refrigerators do not have freezer compartments.

The *National vaccine storage guidelines – Strive for 5* (current edition) provides important information relating to the provision of mobile or outreach immunisation clinics, such as:

* portable purpose-built vaccine refrigerators and ‘coolers’
* packaging vaccines and diluents for transport
* monitoring equipment and recording refrigerator temperatures, documentation and reporting
* environmental considerations.

A copy of certificate of training completion should be displayed in the vaccination area to assure individuals that the Pharmacist Immuniser has successfully completed an ‘Immuniser program of study’ that has been recognised by the Victorian Chief Health Officer.

In mobile or outreach services where a variety of rooms or private consultation areas may be used for vaccination purposes, the Pharmacist Immuniser must keep evidence of completion of their training on hand to present to the individual on their request.

##  Registration of premises

### Registration with the department

Pharmacies, pharmacy depots and hospitals are required to nominate a responsible pharmacist and register with the department before they begin administering vaccinations.

Registration with the department will enable pharmacists to receive government-funded influenza, pertussis-containing, measles-mumps-rubella and meningococcal ACWY vaccines for administration to the target groups eligible for the NIP, Victorian Government’s Partner Whooping Cough Vaccine Program and Victorian Government’s Measles-Mumps-Rubella Adult Vaccine Program, and will provide important information about vaccine updates, such as schedule changes, new resources and current vaccine recommendations.

Registration requires completion of an application form to provide vaccination services, for a government-funded vaccine account and evidence of completion of approved training. This application form must be accompanied with the *Australian Immunisation Register – Application to register as a vaccination provider form (IM004)*.

**Service Providers that have already registered with the department do not need to re-register under the expanded program.**

The application for government-funded vaccines account form can be downloaded from <<https://www2.health.vic.gov.au/public-health/immunisation/vaccine-order-and-stock/new-account-application>>.

Nominated Pharmacist Immunisers leaving the practice and/or changes to the Service Provider’s account must notify the department’s Immunisation unit **within 5 working days** on 1300 882 008 or email <immunisation@dhhs.vic.gov.au>.

The *Australian Immunisation Register – Application to register as a vaccination provider form (IM004)* can be downloaded from:

<<https://www2.health.vic.gov.au/public-health/immunisation/vaccine-order-and-stock/new-account-application>> OR

<<https://www.humanservices.gov.au/health-professionals/forms/im004>>.

### Registration as a business involving skin penetration

Normally, businesses involving skin penetration are required to be registered by local government and regulated under the Public Health and Wellbeing Act 2008 and the Public Health and Wellbeing Regulations 2019. However, the practice of a person registered under the Health Practitioner Regulation National Law to practise in the pharmacy profession (other than as a student) is exempt from the requirement to register with their local government as a business undertaking skin penetration (or other business to which the registration requirement applies under s 68 of the Act).

The *Public Health and Wellbeing Regulations 2019* are available from Victoria Law Today at <<http://www.legislation.vic.gov.au/>>.

### Insurance

The Service Provider and the Pharmacist Immuniser are required to hold appropriate insurance for the administration of vaccines and provision of a vaccination service.

Pharmacist Immunisers should consult with their insurance provider regarding insurance appropriate to their circumstances, including the provision of care outside of pharmacy premises.

In the context of contract staffing models (refer to [section 10.3.1.2](#_Contract_staffing_models)), the Service Provider may need to provide details of their insurance coverage to contracted Pharmacist Immunisers. This is to enable contracted staff to meet the requirements of their professional registration for evidence of appropriate Professional Indemnity Insurance.

### Accreditation

Pharmacies in which vaccines are administered must have a current accreditation status through an appropriate Pharmacy Accreditation Program, such as the Quality Care Pharmacy Program <[www.qcpp.com](http://www.qcpp.com)>.

###  Advertising

Advertising of Schedule 4 poisons to the public is strictly prohibited under the *Therapeutic Goods Act 1989* and the *Drugs, Poisons and Controlled Substances Act 1981*.

##  Professional governance and staffing arrangements

### Professional governance

Service Providers have a duty of care to safeguard their consumers from foreseeable harm.

In conjunction with the Approval, the Service Provider has a duty to have in place the following minimum elements to support the provision of safe, high quality immunisation services by pharmacists:

* A clinical risk management strategy for immunisation services.
* A policy and procedure(s) related to the provision of immunisations by pharmacists under the Approval.
* A clinical credentialing process for initial and ongoing employment of pharmacists providing services under the Approval, including Pharmacist Immunisers providing immunisation services to third-party organisations under ‘visiting appointments’.

Service Providers must ensure that any Pharmacist Immuniser meets and maintains the requirements for professional registration for the full period of their employment (or engagement). To this end, it is strongly recommended that service providers develop and institute policies/procedures to:

* Confirm a Pharmacist Immuniser’s registration status on initial employment (or engagement).
* Confirm a Pharmacist Immuniser’s registration status at annual renewal.
* Outline a Pharmacist Immuniser’s individual-level responsibility to immediately advise their employer (or contractor) of any change and/or risk to the maintenance of their professional registration status.
* Manage concerns regarding a Pharmacist Immuniser’s clinical competency, professional behaviour and/or personal conduct which may potentially impact their registration status.
* Outline employer (or contractor) mandatory notification responsibilities pertaining to the Pharmacist Immuniser behaviour(s) which may constitute notifiable contact, as per the requirements of the *Health Practitioner Regulation National Law (Victoria) Act 2009*.

It is recommended that Service Providers also refer to the Pharmaceutical Society of Australia’s *Clinical Governance Principles for Pharmacy Services[[18]](#footnote-18)* in relation to professional governance and clinical considerations.

#### Visiting appointments

Pharmacist Immunisers may, as part of their employment or other arrangement with a Service Provider, as defined in section [4](#_Pharmacist_Immunisers_and) of these Guidelines, be invited and/or requested to access a third-party organisation (such as a community health service or aged care facility) under a ‘visiting appointment’ to provide immunisation services. A visiting appointment does not constitute a contract of employment/service between the Pharmacist Immuniser and the third-party organisation, and although the Pharmacist Immuniser is not paid by the third-party organisation for their input, they may charge a fee for their professional services from the patient/consumer or via another third-party funder.

Under a visiting appointment, both the Pharmacist Immuniser and the third-party organisation have reciprocal rights and responsibilities that should be formalised via an approval process for visiting appointment status. The third-party organisation must establish base standards for visiting appointments, which may vary according to the context in which the service is being provided (e.g. acute, subacute, residential services, community or workplace setting). The expected standard may be the same or similar to the third-party organisation’s standard for employing other pharmacists or health professionals. This may include, but is not limited to:

* Verification of meeting all requirements of the Approval (see section [4](#_Pharmacist_Immunisers_and))
* Proof of identity
* Confirmation of citizenship/permanent residency status/visa
* National police check clearance
* Working with Children certificate
* Insurance indemnity check
* Confirmation of immunisation status
* Compliance with mandatory training requirement (i.e. via recognition of prior learning).

Third-party organisations may need to consider the duration and scope of the visiting appointment approval, as well as the provision of specific privileges, such as access to premises, treatment facilities and individual patients/consumers, and the requirement to document the intervention within the third-party organisation’s patient/consumer record.

Visiting Pharmacist Immunisers also have a number of responsibilities in relation to their visiting status. As well as observing the terms of their visiting appointment approval (i.e. duration, scope of role and privileges), visiting Pharmacist Immunisers must observe organisational guidelines and policies pertaining to incident reporting, open disclosure, privacy and confidentiality, health information management, workplace health and safety and infection control. This may require the visiting Pharmacist Immuniser to undertake mandatory training or demonstrate recognised prior learning to satisfy third-party organisational requirements.

#### Contract staffing models

Pharmacist Immunisers may be employed by Service Providers to respond to peaks in demand for services however, the use of contract staff needs to be proactively managed by Service Providers.

The Service Providers’ operational policies and procedures for employing appropriately qualified staff and ensuring consumer safety need to specifically identify how the use of contracted staff is managed. The contracts that employers have with either the Pharmacist Immuniser or any third party (e.g. workforce agency) need to specify the required qualifications, competencies and skills of the staff, and procedures for monitoring the quality of the contracted service.

Service Providers may need to provide additional information to their insurance providers about how employee (or contract services) working under the Approval are managed.

Further, evidence of appropriate Professional Indemnity Insurance is a mandatory requirement for registration of health professionals under Ahpra. As such, Service Providers may need to provide details of the coverage they hold to their employees (so they in turn can provide this to meet the Ahpra requirement).

#### Staffing arrangements for clinical risk management

It is a condition of the Approval that the Pharmacist Immuniser ensures at least one other (clinical or non-clinical) staff member, who holds a current first aid and cardiopulmonary resuscitation certificate, is on duty in the pharmacy when the vaccines are administered, and within the line of sight of the person vaccinated for a minimum period of 15 minutes afterwards. See also section [12.1](#_Emergency_response_protocol) of these Guidelines.

# Equipment and resources

Compliance with the online version of the *Australian Immunisation Handbook*[[19]](#footnote-19) and *National vaccine storage guidelines – Strive for 5 (current edition)*[[20]](#footnote-20) are conditions of the Approval.

All equipment should comply with the recommendations contained in these documents, and should include:

* A purpose-built vaccine refrigerator with a temperature data logger
* Coolers, data loggers, cooler ice packs and insulation materials for mobile or outreach immunisation clinics
* all necessary consumables required for vaccine administration
* an appropriately sized sharps container to dispose of clinical waste, including used syringes and needles.

Pharmacist Immunisers must have access to the Australian Immunisation Register[[21]](#footnote-21) and the below resources when providing mobile or outreach immunisation clinics.

Resources that are required to be readily accessible include:

* the online *Australian Immunisation Handbook19*
* a current edition of the *National vaccine storage guidelines – Strive for 5*20
* materials to support communication about vaccination, including Questions about vaccination available at <<https://www.health.gov.au/resources/publications/questions-about-vaccination>>.

Pharmacist Immunisers should also subscribe to the department’s *Immunisation Newsletter*, which is available from <<https://www2.health.vic.gov.au/public-health/immunisation/immunisation-newsletters>>.

A range of resources exist to support the delivery of safe vaccination services, including the *Practice guidelines for the provision of immunisation services within pharmacy* (current edition) – Pharmaceutical Society of Australia[[22]](#footnote-22).

## Anaphylaxis response kit

Pharmacist Immunisers must have an anaphylaxis response kit accessible when administering vaccines. All equipment should comply with the recommendations in the online version of the *Australian Immunisation Handbook*[[23]](#footnote-23), and include:

* adrenaline 1:1000 (minimum of three ampoules). Always regularly check expiry dates and replenish stock after use
* a minimum of three 1 mL syringes and 25 mm length needles for intramuscular injection
* cotton wool swabs
* a pen, paper and stopwatch to record time of administration of adrenaline
* a laminated copy of adrenaline doses as per the most current edition of the handbook
* a laminated copy of ‘Recognition and treatment of anaphylaxis’ as per the most current edition of the handbook
* an emergency response protocol (preferably laminated and on display) (see section [10.1](#_Premises) and [12.1](#_Emergency_response_protocol) of these Guidelines) identifying assigned roles and responsibilities. All clinical and non-clinical pharmacy staff should be aware of the emergency response protocol, and their roles and responsibilities in the event of an emergency.
* Pharmacist Immunisers undertaking solo mobile or outreach immunisation clinics require a specific protocol detailing their role and responsibilities in the event of an emergency.

# Protocols

Pharmacist Immunisers should implement a process to regularly monitor online updates to the *Australian Immunisation Handbook23*, the *National vaccine storage guidelines – Strive for 5*[[24]](#footnote-24), the *Victorian Pharmacy Authority Guidelines*[[25]](#footnote-25), these Guidelines, and any other key resources to inform their immunisation practice.

##  Emergency response protocol

An emergency response protocol must be kept as part of the anaphylaxis tool kit (preferably laminated and on display or easily accessible in the case of mobile or outreach immunisation clinics). The protocol should identify assigned roles and responsibilities of staff members. All staff should know and understand the protocol. Pharmacist Immunisers undertaking mobile or outreach immunisation clinics as a solo practitioner (employed or otherwise engaged by a Service Provider, as defined in section [4](#_Pharmacist_Immunisers_and) of these Guidelines) require a specific protocol.

This protocol should be checked and available prior to each vaccination session and pharmacists should ensure that:

* systems are in place to regularly review the anaphylaxis response kit and emergency response protocol;
* all Pharmacist Immunisers have current cardiopulmonary resuscitation (updated annually) and first aid certification (updated every three years);
* a suitably qualified staff member with a current cardiopulmonary resuscitation (updated annually) and first aid certification (updated every three years) is on duty within the line of sight of the person vaccinated when vaccines are administered and for at least 15 minutes afterwards;
* all Pharmacist Immunisers maintain recency of practice and continuing professional development in the management of adverse events following immunisation.

##  Cold-chain maintenance

All Pharmacist Immunisers should follow the principles of safe vaccine storage and cold-chain maintenance to ensure that clients receive effective and potent vaccines. These principles are contained in the *National vaccine storage guidelines - Strive for 5 (current edition)*, compliance with which is a condition of the Approval.

Pharmacist Immunisers undertaking mobile or outreach immunisation clinics must comply with the *National vaccine storage guidelines - Strive for 5*.

Cold chain breaches are defined as:

* **when vaccine storage temperatures deviate outside the recommended range of +2°C to +8°C.**
* **exposure to light as vaccine has been removed from the packet and the glass fridge door allows light to penetrate.**

The optimal storage temperature for vaccines is +5°C.

**All vaccine temperatures recorded below +2°C or above +8°C must be reported to the department**. This does not include temperature deviations or excursions in which the temperature reaches a maximum of up to +12°C for 15 minutes or less. **Any deviations below +2°C must be reported**.

In the event of a cold-chain breach related to private vaccine stock, the Pharmacist Immuniser should contact the manufacturer for advice.

Information can be found on the department’s immunisation website on how to manage a cold-chain breach related to government-funded stock provided through the NIP, Victorian Government’s Partner Whooping Cough Vaccine Program or Measles-Mumps-Rubella Adult Vaccine Program. Information is available from <<https://www2.health.vic.gov.au/public-health/immunisation/cold-chain-management/cold-chain-breach-reporting>>.

##  Assessment and consent

The Pharmacist Immuniser must obtain valid consent from the individual being vaccinated and/or their parent/guardian, and undertake pre-vaccination screening prior to vaccination to identify contraindications or precautions.

The pre-vaccination screening checklist included in the online *Australian Immunisation Handbook*[[26]](#footnote-26)must be completed.

Prior to obtaining consent, the individual or the parent/guardian of the individual being vaccinated, should be:

* provided with information (preferably written), including the risks and benefits, relating to the vaccine and the immunisation procedure and what to do in the event of side effects following vaccination. This should include the name and contact details of the Pharmacist Immuniser and the Service Provider (if different)
* provided with information of any fees that will be charged to the individual or the individual’s parent/ guardian for the vaccine and the service
* asked if a copy of the individual’s vaccination record should be provided to the individual’s nominated general practitioner and any other relevant health professional suggested by the individual (such as an obstetrician), in the interest of ensuring continuity of care
* notified that the individual’s vaccination record will be reported to the Australian Immunisation Register.

Pharmacist Immunisers should have a process to obtain and document individual consent, and to ensure that individual privacy and confidentiality are upheld at all times.

### Consent on behalf of persons aged 10 years and older

In general, a parent or legal guardian of a child has the authority to consent to that child being vaccinated[[27]](#footnote-27).

As outlined in the Australian Immunisation Handbook, in the case the parent and/or guardian of the individual being vaccinated is not present, pharmacists should be satisfied that the individual has the capacity and sufficient maturity to understand what is proposed. Pharmacists must assess whether:

* The individual is mature enough to understand the advice and implications of the vaccine and the immunisation procedure.
* The pharmacist has tried to persuade the individual to inform their parent and/or guardian or allow the pharmacist to inform them.
* The individual’s health may suffer without the vaccine and assess the individual’s needs including whether the individual has any contraindications.
* The individual understands their vaccination history and the pharmacist must verify against the individual’s records on the Australian Immunisation Register.
* The individual’s best interests require the pharmacist to administer the vaccine.

Pharmacists who decide not to administer the vaccine based on their assessment of the individual’s maturity and understanding should refer the individual back to their medical practitioner.

If a child or adolescent refuses a vaccination that a parent and/or guardian has given consent for, respect the child’s or adolescent’s wishes, and inform the parent or guardian[[28]](#footnote-28).

##  Monitoring

The Pharmacist Immuniser must advise the individual or the individual and their parent and/or guardian to remain on the immunisation premises for a minimum of 15 minutes post-vaccination, to allow for immediate attention in the event of an adverse event following administration of the vaccine. Seating must be offered near the immunisation area and within the line of sight of the pharmacist or a person qualified in first aid and cardiopulmonary resuscitation.

A solo Pharmacist Immuniser undertaking mobile or outreach immunisation clinics must ensure the clinical setting is appropriate for managing an adverse event following immunisation.

Individuals who have been vaccinated should be provided with discrete identifiers (such as a sticker marked with the time of vaccine administration) to enable quick identification of an individual who has received a vaccination, should they require further assistance. Documenting a time of vaccine administration on the discrete identifier will also help individuals know when the minimum 15-minute wait time is complete.

The Pharmacist Immuniser must advise the individual or the parent/guardian of the person being vaccinated of the potential risks associated with leaving during the 15-minute period following the vaccination, and note in the record of vaccination if the individual chooses to do so.

##  Adverse events

Equipment and poisons necessary for the management of anaphylaxis and protocols, including the emergency response protocol, should be checked and available before each vaccination session, regardless of the setting (in the case of mobile or outreach services). Each person’s roles and responsibilities should be understood before the Pharmacist Immuniser commences the vaccination session.

Individuals (or their parent and/or guardian) should be informed about the potential side effects of vaccination, how to manage them, and who to notify of delayed adverse events that may occur once they have left the immunisation premises.

##  Record keeping and reporting

The Pharmacist Immuniser is required to comply with the record-keeping requirements of the *Drugs, Poisons and Controlled Substances Regulations 2017* and all other relevant legislation, and the recommendations of the *Australian Immunisation Handbook* (online)[[29]](#footnote-29) and reporting to the Australian Immunisation Register. They must record the following details for each vaccine administered:

* date and time of the vaccination
* name, form, and strength of the vaccine, including brand name, batch number and dose number
* name and address of persons to whom the vaccine is administered
* name and contact details of the Pharmacist Immuniser carrying out the administration
* name and contact details of the Service Provider
* injection site
* date the next vaccination is due (if applicable)
* any adverse events observed or reported.

A suggested record keeping and reporting template is available at Attachment 1.

A copy of the individual’s vaccination record, and any other relevant individual consent and screening documents should be stored in a format and location that allows timely access, easy retrieval and protects individual confidentiality. Records must be retained and provided in accordance with the relevant legislation and regulations. **It is important that timely reporting of all vaccinations to the Australian Immunisation Register occurs.**

If consent was granted by the individual, or the parent/guardian of the individual being vaccinated, to provide a copy of their vaccination record to their nominated general practitioner and any other relevant health professional, the copy must be provided, preferably by fax or secure messaging, within one week of administering the vaccine.

The copy must contain the:

* Pharmacist Immuniser name and contact information
* Service Provider name and contact information
* individual’s name and address
* date and time of the vaccine administration
* name (including brand name) of the vaccine
* any adverse events observed.

### Reporting adverse events

Pharmacist Immunisers must report any Adverse Event Following Immunisation (AEFI) to the Surveillance of Adverse Events Following Vaccination in the Community (SAEFVIC). The SAEFVIC requirements for reporting are available from <<https://www2.health.vic.gov.au/public-health/immunisation/adverse-events-following-immunisation-reporting>>.

SAEFVIC is a public health partnership initiative of the Victorian Immunisation Program. The service helps providers report and look after children and adults who have experienced an AEFI. Providing information about an AEFI to SAEFVIC (the AEFI-Clinical Assessment Network (AEFI-CAN)) will help detect any problems with vaccines or systems as early as possible, and will help ensure a safe immunisation program in Victoria.

### Immunisation registers

From 30 September 2016, the Australian Childhood Immunisation Register (ACIR) became the Australian Immunisation Register (AIR), a national register that records vaccinations given to people of all ages in Australia.

Pharmacists must register with the AIR as part of the requirements to provide a vaccination service in Victoria and the department’s government-funded vaccine account application requirements. Pharmacists can apply as a business to register with the AIR to obtain login details which enables pharmacists to report all vaccinations administered to the AIR.

Registration forms are available from <<https://www.humanservices.gov.au/organisations/health-professionals/forms/im004>>

**Pharmacist Immunisers or the Service Provider are required to contribute information to the AIR for all vaccines administered in a timely manner**.

## Complaints

Pharmacist Immunisers and Service Providers should develop a process for complaints regarding vaccination services. At a minimum, all individuals who receive vaccination services should be advised that:

* Complaints relating to the pharmacist’s professional practice should be directed to the Australian Health Practitioner Regulation Agency by phoning 1300 419 495 or visiting the Ahpra website at <[www.ahpra.gov.au](http://www.ahpra.gov.au)>.
* Complaints relating to the pharmacy premises should be directed to the Victorian Pharmacy Authority at <[www.pharmacy.vic.gov.au](http://www.pharmacy.vic.gov.au)>.
* Complaints relating to the vaccination setting (non-pharmacy setting) should be directed to the Immunisation Unit, Department of Health and Human Services by phoning 1300 882 008 or by email at <immunisation@dhhs.vic.gov.au>.
* Individuals may also bring a complaint against a health service provider to the Health Complaints Commissioner at <<https://hcc.vic.gov.au/>>.

# Fees

Pharmacist Immunisers can administer government-funded vaccines under the NIP, Victorian Government’s Partner Whooping Cough Vaccine Program and Measles-Mumps-Rubella Adult Vaccine Program to eligible persons aged 10 years and older (influenza vaccine) and 15 years and older (pertussis-containing vaccine, measles-mumps-rubella vaccine and meningococcal ACWY vaccine).

Pharmacist Immunisers may wish to charge a service fee for administration of the vaccination to people who are eligible for government-funded vaccines. **If they wish to do so,** **Pharmacist Immunisers are required to advise these persons about the availability of government-funded vaccines and free vaccination services through bulk-billing general practitioners, prior to administering the vaccine**.

For those persons who are not eligible for government-funded vaccines through the NIP, Victorian Government’s Partner Whooping Cough Vaccine Program or Measles-Mumps-Rubella Adult Vaccine Program, the pharmacist may charge a fee for the vaccine and their services.

Table 1 summarises the circumstances in which a Pharmacist Immuniser may charge people for the cost of the vaccine and for administering the vaccine. Please read in conjunction with section [8](#_Target_groups_under), Target groups under the Approval.

**Table 1. Pharmacist Immuniser fees**

| Target group | Can the Pharmacist Immuniser charge for the cost of the vaccine? | Can the Pharmacist Immuniser charge for administering the vaccine (a service charge)? |
| --- | --- | --- |
| Persons **eligible** for government-funded vaccines under the NIP (influenza, measles-mumps-rubella, meningococcal ACWY and pertussis–containing vaccines), Victorian Government’s Partner Whooping Cough Vaccine Program or Measles-Mumps-Rubella Adult Vaccine Program. | **No**Government-funded vaccines should be accessed from the department’s government vaccine order form. See section [10.2.1](#_Registration_with_the). | **Yes** However, Pharmacist Immunisers must advise people about the availability of free vaccination services through bulk-billing general practitioners. |
| Persons **not eligible** for government-funded vaccine under the NIP (influenza, measles-mumps-rubella, meningococcal ACWY, pertussis-containing), Victorian Government’s Partner Whooping Cough Vaccine Program or Measles-Mumps-Rubella Adult Vaccine Program | **Yes**These vaccines should be accessed from private suppliers. | **Yes** |

# Questions

If you have any questions regarding the Victorian Pharmacist-Administered Vaccination Program or these Guidelines, please contact the Immunisation unit, Department of Health and Human Services on 1300 882 008 or email <immunisation@dhhs.vic.gov.au>.

# Attachment 1

## Record keeping and reporting template (print version)

***This template should be completed in addition to pre-vaccination screening checklist in the Australian Immunisation Handbook (current edition).***

|  |
| --- |
| **Individual Information**  |
| Surname: | Other names: |
| Medicare number: | Concession/Pension card number: |
| Address: |
| Phone Number:  |
| Carer details (if applicable): |
| Name of GP/family doctor:  | Contact information: |
| Name of other relevant medical professionals (e.g. obstetrician): | Contact information: |
| **Notes** |
|  |
| **Immuniser Details** |
| Pharmacist name:  | Contact number: |
| Pharmacy/pharmacy depot/hospital name, address and contact number: | Date:  |
| Signature: |
| **Turn page over** ***Please fill in all details on all pages and keep in the pharmacy as an immunisation record*** |

|  |
| --- |
|  |
| Date of birth:At the time of pre-vaccination screening, is the individual aged 15 to 17 years of age?O Yes O No | Gender: |
| Aboriginal and/or Torres Strait Islander:O Yes O No |  | Post Code:  |
| **Influenza vaccination history** | **Current influenza vaccine administration** |
| When did the individual last receive an influenza vaccine? O Last year O 2-3 years O 3-5 years O > 5 years O Never | Date of vaccination: |
| Time: |
| Name of vaccine (including Brand): |
| Dose: |
| Is the individual at high risk of influenza or complications related to influenza?O Aboriginal/Torres Strait Islander ≥ 15 yearsO PregnantO COPD, severe asthma, lung or heart  disease, diabetes, low immunityO ≥ 65 years | Injection site: O Right arm O Left arm |
| Batch number: |
| Date the next vaccination is due (if applicable): |
| Was the vaccine provided/supplied through the National Immunisation Program? O Yes O No |
| **Whooping cough vaccination history** | **Current whooping cough vaccine administration** |
| When did the individual last receive a whooping cough vaccine? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of vaccination: |
| Time: |
| Does the individual belong to any of the below categories? O Second trimester of pregnancy from 20  weeks gestation.O Partners of women ≥ 28 week pregnant and  who have not had a pertussis booster in the  past 10 years.O Parents or guardians of babies under 6 months and who have not received a  pertussis booster in the past 10 years. | Name of vaccine (including Brand): |
| Dose: |
| Batch number: |
| Injection site: O Right arm O Left arm |
| Date the next vaccination is due (if applicable): |
| Was the vaccine provided/supplied through the Victorian Government’s Partner Whooping Cough Vaccine Program? O Yes O No |
| **Turn page over*****Please fill in all details on all pages and keep in the pharmacy as an immunisation record*** |
| **Measles, mumps and rubella vaccination history** | **Current measles, mumps and rubella vaccination history** |
| When did the individual last receive a measles-mumps-rubella vaccine?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of vaccination: |
| Time: |
| Does the individual belong to any of the below categories?O Individuals aged 15 to 19 years requiring  catch-upO Refugees and all humanitarian entrants aged 15 years and overO Born during or since 1966O Women planning pregnancy or post-partum  with low or negative rubella antibody levels | Name of vaccine (including Brand): |
| Dose: |
| Batch number: |
| Injection site: O Right arm O Left arm |
| Date the next vaccination is due (if applicable): |
| Was the vaccine provided/supplied through the Victorian Government’s Measles-Mumps-Rubella Adult Vaccine Program? O Yes O No |
| **Meningococcal ACWY vaccination history** | **Current meningococcal ACWY vaccination history** |
| When did the individual last receive a meningococcal ACWY vaccine?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of vaccination: |
| Time: |
| Does the individual belong to any of the below categories?O Year 10 Secondary School (or age equivalent)O 15 to 19 years of age | Name of vaccine (including Brand): |
| Dose: |
| Batch number: |
| Injection site: O Right arm O Left arm |
| Date the next vaccination is due (if applicable): |
| Was the vaccine provided/supplied through the National Immunisation Program? O Yes O No |
| **Adverse events**  |
| Was an adverse event observed in the time period the individual remained in the immunisation premises post vaccination? |
| O YesO NoPharmacist Immunisers must report any Adverse Event Following Immunisation (AEFI) to the Surveillance of Adverse Events Following Vaccination in the Community (SAEFVIC). The SAEFVIC requirements for reporting are available from: <https://www2.health.vic.gov.au/public-health/immunisation/adverse-events-following-immunisation-reporting> |
| **Continuity of care** |
| Was the individual’s vaccination record sent to the primary care provider and any other relevant medical professional suggested by the individual (e.g. obstetrician)? | O Yes  | O No  |
| **Australian Immunisation Register** |
| Immunisation providers must report vaccines administered to the Australian Immunisation Register (AIR). Personal identifying details will be kept confidential. These details are for the purpose of providing targeted improved health services for all Victorians. In addition the details enable tools such as recall and reminder systems to improve vaccination rates. This is important to improve overall immunisation rates. Individuals will have access to their record of all vaccines recorded in the AIR. |

## Record keeping and reporting template (electronic version)

***This template should be completed in addition to pre-vaccination screening checklist in the Australian Immunisation Handbook (current edition)***

|  |
| --- |
| **Individual Information**  |
| Surname:Click here to enter text. | Other names:Click here to enter text. |
| Medicare number:Click here to enter text. | Concession/Pension card number:Click here to enter text. |
| Address:Click here to enter text. |
| Phone Number: Click here to enter text. |
| Carer details (if applicable):Click here to enter text. |
| Name of GP/family doctor:Click here to enter text.  | Contact information:Click here to enter text. |
| Name of other relevant medical professionals (e.g. obstetrician):Click here to enter text. | Contact information:Click here to enter text. |
| **Notes** |
| Click here to enter text. |
| **Immuniser Details** |
| Pharmacist name: Click here to enter text.  | Contact number:Click here to enter text. |
| Pharmacy/pharmacy depot/hospital name, address and contact number:Click here to enter text. | Date: Click here to enter text. |
| Signature: |
| **Turn page over** ***Please fill in all details on both pages and keep in the pharmacy as an immunisation record*** |

|  |
| --- |
|  |
| Date of birth:Click here to enter text.At the time of pre-vaccination screening, is the individual 16 or 17 years of age?[ ]  Yes [ ]  No  | Gender:Click here to enter text. |
| Aboriginal or Torres Strait Islander: [ ]  Yes[ ]  No |  | Post Code: Click here to enter text. |
| **Influenza vaccination history** | **Current influenza vaccine administration** |
| When did the individual last receive an influenza vaccine?[ ]  Last year[ ]  2-3 years[ ]  3-5 years[ ]  > 5 years[ ]  Never | Date of vaccination: Click here to enter text. |
| Time:Click here to enter text. |
| Name of vaccine (including Brand):Click here to enter text. |
| Dose:Click here to enter text. |
| Is the individual at high risk of influenza or complications related to influenza?[ ]  Aboriginal/Torres Strait Islander ≥ 15 years[ ]  Pregnant[ ]  COPD, severe asthma, lung or heart disease,  diabetes, low immunity[ ]  ≥ 65 years | Batch number:Click here to enter text. |
| Injection site: [ ]  Right arm [ ]  Left arm |
| Date the next vaccination is due (if applicable):Click here to enter text. |
| Was the vaccine provided/supplied through the National Immunisation Program?[ ]  Yes [ ]  No |
| **Whooping cough vaccination history** | **Current whooping cough vaccine administration** |
| When did the individual last receive a whooping cough vaccine?Click here to enter text. | Date of vaccination:Click here to enter text. |
| Time:Click here to enter text. |
| Does the individual belong to any of the below categories?[ ]  Second trimester of pregnancy from 20  weeks gestation.[ ]  Partners of women ≥ 28 week pregnant and  who have not had a pertussis booster in the  past 10 years.[ ]  Parents or guardians of babies under 6  months and who have not received a  pertussis booster in the past 10 years. | Name of vaccine (including Brand):Click here to enter text. |
| Dose:Click here to enter text. |
| Batch number:Click here to enter text. |
| Injection site: [ ]  Right arm [ ]  Left arm |
| Date the next vaccination is due (if applicable):Click here to enter text. |
| Was the vaccine provided/supplied through the Victorian Government’s Partner Whooping Cough Vaccine Program?[ ]  Yes [ ]  No |
| **Turn page over** ***Please fill in all details on both pages and keep in the pharmacy as an immunisation record*** |
| **Measles, mumps and rubella vaccination history** | **Current measles, mumps and rubella vaccination administration** |
| When did the individual last receive a measles-mumps-rubella vaccine?Click here to enter text. | Date of vaccination:Click here to enter text. |
| Time:Click here to enter text. |
| Does the individual belong to any of the below categories?[ ]  Born during or after 1966[ ]  Women planning pregnancy or post-partum with low or negative rubella antibody levels | Name of vaccine (including Brand):Click here to enter text. |
| Dose:Click here to enter text. |
| Batch number:Click here to enter text. |
| Injection site: [ ]  Right arm [ ]  Left arm |
| Date the next vaccination is due (if applicable):Click here to enter text. |
| Was the vaccine provided/supplied through the Victorian Government’s Measles-Mumps-Rubella Adult Vaccine Program?[x]  Yes [ ]  No |
| **Meningococcal ACWY vaccination history** | **Current meningococcal ACWY vaccination history** |
| When did the individual last receive a meningococcal ACWY vaccine?Click here to enter text. | Date of vaccination: Click here to enter text. |
| Time: Click here to enter text. |
| Does the individual belong to any of the below categories?[ ]  Year 10 Secondary School (or age equivalent)[ ]  15 to 19 years of age | Name of vaccine (including Brand):Click here to enter text. |
| Dose: Click here to enter text. |
| Batch number: Click here to enter text. |
| Injection site: [ ]  Right arm [ ]  Left arm |
| Date the next vaccination is due (if applicable): Click here to enter text. |
| Was the vaccine provided/supplied through the National Immunisation Program? [ ]  Yes [ ]  No |
| **Adverse events (if applicable)** |
| Was an adverse event observed in the time period the individual remained in the immunisation premises post-vaccination: |
| [ ]  Yes[ ]  NoPharmacist Immunisers must report any Adverse Event Following Immunisation (AEFI) to the Surveillance of Adverse Events Following Vaccination in the Community (SAEFVIC). The SAEFVIC requirements for reporting are available from: <https://www2.health.vic.gov.au/public-health/immunisation/adverse-events-following-immunisation-reporting> |
| **Continuity of care** |
| Was the individual’s vaccination record sent to the primary care provider and any other relevant medical professional suggested by the individual (e.g. obstetrician)? | [ ]  Yes  | [ ]  No  |
| **Australian Immunisation Register** |
| Immunisation providers must report vaccines administered to the Australian Immunisation Register (AIR). Personal identifying details will be kept confidential. These details are for the purpose of providing targeted improved health services for all Victorians. In addition, the details enable tools such as recall and reminder systems to improve vaccination rates. This is important to improve overall immunisation rates. Individuals will have access to their record of all vaccines recorded in the AIR. |

1. Available from: <https://www2.health.vic.gov.au/public-health/immunisation/immunisers-in-victoria/pharmacist-immunisers> [↑](#footnote-ref-1)
2. This does not include limited registration, provisional registration, non-practising registration or student registration. [↑](#footnote-ref-2)
3. 2 This does not include limited registration, provisional registration, non-practising registration or student registration.

 Available from: <https://www.health.gov.au/resources/publications/national-immunisation-education-framework-for-health-professionals> [↑](#footnote-ref-3)
4. 4 Available from: <http://www.pharmacyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx> [↑](#footnote-ref-4)
5. Pharmaceutical Society of Australia, 2017. Professional Practice Standards (version 5). Available at https://www.psa.org.au/wp-content/uploads/2018/08/Professional-Practice-Standards-v5.pdf [↑](#footnote-ref-5)
6. Travel medicine is a specialist area that is outside the scope of the Approval. [↑](#footnote-ref-6)
7. Available at <https://immunisationhandbook.health.gov.au/>. [↑](#footnote-ref-7)
8. Pertussis-containing vaccine is only available in Australia in combination with diphtheria and tetanus, or diphtheria, tetanus and poliomyelitis. [↑](#footnote-ref-8)
9. A case of this vaccine-preventable disease is notifiable to the Department of Health and Human Services under the *Public Health and Wellbeing Regulations 2019*. The department will advise on management of the case and contacts. [↑](#footnote-ref-9)
10. Department of Health and Human Services. Safer Care Victoria. Delivering high-quality healthcare: Victorian clinical governance framework June 2017. Available at <https://www.bettersafercare.vic.gov.au/reports-and-publications/clinical-governance-framework> [↑](#footnote-ref-10)
11. Pharmaceutical Society of Australia. National Competency Standards Framework for Pharmacists in Australia 2016, published 2017. Available at: <https://www.psa.org.au/practice-support-industry/national-competency-standards/> [↑](#footnote-ref-11)
12. Pharmaceutical Society of Australia. Clinical Governance Principles for Pharmacy Services, 2018. Available at: <https://www.psa.org.au/wp-content/uploads/2019/05/PSAClinicalGovernancePrinciples2018_FINAL.pdf> [↑](#footnote-ref-12)
13. Available at <https://immunisationhandbook.health.gov.au/vaccination-procedures/preparing-for-vaccination> [↑](#footnote-ref-13)
14. Available at <https://nhmrc.govcms.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019> [↑](#footnote-ref-14)
15. Available at <https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5> [↑](#footnote-ref-15)
16. The Victorian Pharmacy Authority Guidelines are available at: [http://www.pharmacy.vic.gov.au](http://www.pharmacy.vic.gov.au/index.php?view=guidelines) [↑](#footnote-ref-16)
17. Current version is available online at: <https://beta.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5-2nd-edition>

\* The purpose of the first aid couch or similar, such as a reclining chair, is for people who prefer to recline or lie down because they may feel faint before, during or after the injection. The first aid couch is not intended to be used for cardiopulmonary resuscitation. [↑](#footnote-ref-17)
18. Pharmaceutical Society of Australia. Clinical Governance Principles for Pharmacy Services, 2018. Available at: <https://www.psa.org.au/wp-content/uploads/2019/05/PSAClinicalGovernancePrinciples2018_FINAL.pdf> [↑](#footnote-ref-18)
19. Available at <https://immunisationhandbook.health.gov.au/> [↑](#footnote-ref-19)
20. Current version is available online at: <https://beta.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5-2nd-edition> [↑](#footnote-ref-20)
21. Access the Australian Immunisation Register at https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/australian-immunisation-register-health-professionals [↑](#footnote-ref-21)
22. Pharmaceutical Society of Australia Ltd, 2017, Practice guidelines for the provision of immunisation services within pharmacy, available at: <https://my.psa.org.au/s/article/immunisation-guidelines> [↑](#footnote-ref-22)
23. Available at <https://immunisationhandbook.health.gov.au/> [↑](#footnote-ref-23)
24. Available at <https://www.health.gov.au/sites/default/files/national-vaccine-storage-guidelines-strive-for-5_0.pdf> [↑](#footnote-ref-24)
25. The Victorian Pharmacy Authority Guidelines are available at: [http://www.pharmacy.vic.gov.au](http://www.pharmacy.vic.gov.au/index.php?view=guidelines) [↑](#footnote-ref-25)
26. Available at <https://immunisationhandbook.health.gov.au/> [↑](#footnote-ref-26)
27. Australian Government Department of Health. Australian Immunisation Handbook. Available at <https://immunisationhandbook.health.gov.au/vaccination-procedures/preparing-for-vaccination> [↑](#footnote-ref-27)
28. The Medical Defence Association of Victoria Ltd (MDAV). Medicine and the law: a practical guide for doctors. Carlton, Victoria: MDAV; 2005 as cited in: Australian Government Department of Health. Australian Immunisation Handbook. Available at <https://immunisationhandbook.health.gov.au/vaccination-procedures/preparing-for-vaccination> [↑](#footnote-ref-28)
29. Available at <https://immunisationhandbook.health.gov.au/> [↑](#footnote-ref-29)