

# Guidelines for Immunisation practice in local governments



## Disclaimer

These guidelines are intended as general information and not intended to substitute for legal advice. Local government immunisation providers should seek advice from their legal advisors and other experts as necessary in determining whether their practices, processes, protocols and systems comply with all relevant legislation. The guidelines are not intended to be an exhaustive or prescriptive tool for immunisation practice.

This manual does not attempt to address the medical knowledge required to administer vaccines; familiarity with the latest edition of The *Australian Immunisation Handbook* is assumed. This text has followed the 9<sup>th</sup> edition of the *Handbook* - the most current at the time of production. Immunisation providers should ensure they refer to and follow all recommendations in the latest edition available when providing immunisation services.

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- Medical Officers of Health Association
- Municipal Association of Victoria
- Nurses Board of Victoria
- Victoria's Immunisation Nurses Special Interest Group
- Various Local Government Immunisation Service Providers

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## Acronyms

|         |   |
|---------|---|
| ACIR    | Australian Childhood Immunisation Register                            |
| ADRAC   | Australian Drugs Reactions Advisory Committee                         |
| AEFI    | Adverse event following immunisation                                  |
| ANC     | Australian Nursing Council  |
| ANF     | Australian Nursing Federation   |
| ANMC    | Australian Nursing and Midwifery Council                              |
| APROSS  | Approved Public Record Office Storage Suppliers                       |
| ATAGI   | Australian Technical Advisory Group on Immunisation                   |
| CPR     | Cardio pulmonary resuscitation  |
| DH      | Department of Health, Victoria  |
| HPP     | Health privacy principle  |
| HPV     | Human papillomavirus vaccine  |
| ImPS    | Immunisation Provider System  |
| INSIG   | Immunisation Nurses Special Interest Group                            |
| LGA     | Local Government Area   |
| NBV     | Nurses Board of Victoria  |
| NIP     | National Immunisation Program   |
| PHAA    | Public Health Association of Australia Inc                            |
| PHWA    | <i>Public Health and Wellbeing Act 2008</i>                           |
| RCNA    | Royal College of Nursing Australia                                    |
| SAEFVIC | Surveillance of Adverse Events Following Vaccination in the Community |
| WHO     | World Health Organization   |

## 1.0 Introduction

### 1.1 Background

Local Government in Victoria has historically played an important role in delivering immunisation services to the Victorian public. It currently provides approximately 45 percent of all immunisation encounters for children aged two months to four years of age given in Victoria, and contributes significantly to raising the importance of immunisation in local communities. Local Government administers approximately 90 per cent of immunisations due at school age. Victoria's immunisation coverage has consistently been in the top three for states/territories at the key milestones of 12, 24 and 60 months of age in Australia.

### 1.2 Rationale

The success of Victorian immunisation services in attaining high immunisation coverage reflects the priority given to this aspect of the service. It is now timely to expand this focus to ensure immunisation services provided to the community are of an exemplary quality consistent with the Victorian Immunisation Strategy 2009-2012, national guidelines and professional standards.

Community confidence in the immunisation service remains vital to its continued success in terms of coverage and delivery of a quality service. As the vaccination schedule and vaccines used are continually under review, processes need to be in place to facilitate attaining the two goals of the Victorian Immunisation Strategy:

- To achieve the lowest possible incidence of vaccine preventable disease by attaining and maintaining the highest possible levels of effective immunisation coverage across the whole population
- To achieve and maintain the greatest improvements in effective immunisation coverage among those groups at highest risk of vaccine preventable disease.

### 1.3 Purpose of these guidelines

These guidelines are targeted towards local government whose scope of immunisation services may include one or all of the following: mass community settings, school based, maternal and child health centre based and work place immunisation.

The purpose of these guidelines is as follows, but not limited to

- To provide a framework for the consideration of issues associated with immunisation practice in local government including:
  - recommended standards for vaccination practice and procedures
  - requirements of valid consent
  - the roles and responsibilities of personnel involved in immunisation practice under current legislation and relevant Codes of Conduct
  - requirements related to vaccination records under privacy legislation.
- To guide local government providers in developing and implementing policies and procedures to ensure the provision of an effective and safe immunisation service.
- To assist local government immunisation providers to continue to provide a professional service consistent with best practice and quality standards.

- To promote a philosophy within local government of active planning, review and monitoring in immunisation practice to improve the efficiency and effectiveness of available personnel and resources.
- To assist local governments plan their immunisation service in consideration of their public health obligations within their community.

The Australian Immunisation Handbook, 9<sup>th</sup> Edition 2008, Appendix 10: Summary Table – Procedures for a Vaccination Encounter summarises the guiding principles for a vaccination encounter and this information forms a significant reference point for much of this document. It is reprinted in **Annex 1**.

## 2.0 Definitions

Definitions for terms used throughout this document are found below.

### 2.1. Authorised person

A person who can possess and administer Schedule 4 (S4) (prescription only) drugs.

An **authorised person** in the context of immunisation practice in local government and these guidelines is a:

- Division 1 registered nurse who is an endorsed nurse immuniser (see below) or
- Division 1 registered nurse with a medical practitioner on-site who has seen the client and ordered the vaccine and remains on site for a minimum of 15 minutes post vaccination or
- Medical practitioner.

(Note: An environmental health officer employed or appointed by a municipal council may possess but not administer S4 drugs necessary for immunisation programs).

A municipal council may possess S4 drugs necessary for immunisation programs).

### 2.2 Schedule 4 substances (prescription only)

In the State of Victoria, the possession, supply and administration of **S4 substances** is determined by the *Drugs, Poisons and Controlled Substances Act 1981* and the *Drugs, Poisons and Controlled Substances Regulations 2006*.

In the context of this document **S4 substances** refers to vaccines and other drugs used in the treatment of anaphylactic reactions to the vaccines used in local government immunisation programs.

### 2.3. Nurse immunisers

Nurse immunisers are Division 1 registered nurses who have successfully completed a course of study approved by the Nurses Board Victoria (NBV) and they are qualified in (the approved area of practice) Immunisation.

The NBV endorses Immunisation as an approved area of practice.

The Secretary Approval for Vaccinations is found at the link below:  
<http://www.health.vic.gov.au/dpu/approve.htm>

### 2.4 Local government immunisation provider

Local government managed service (or organisation contracted to the local government) providing regular immunisation clinics or opportunistic immunisation services.

### 2.5 Vaccinator

Any individual nurse or doctor qualified to administer a vaccine.

### 2.6 Parent/guardian

The individual legally responsible for a child.

## 2.7 Vaccinee

The individual being considered for vaccination.

## 2.8 Vaccination

The administration of a vaccine; if vaccination is successful it results in immunity.

## 2.9 Immunisation

The process of inducing immunity to an infectious agent by administering a vaccine.

## 2.10 On-site

The venue where vaccinations occur.

## 2.11 AEFI

Adverse event following immunisation. Any unwanted or unexpected event following the administration of a vaccine.

**Note: The two terms vaccination and immunisation are often used interchangeably although their meanings are different.**

## 3.0 Standard vaccination procedures

**All immunisation providers should use these standard procedures as a basis in the formulation of their own policies and procedures for practice in immunisation sessions**

Local government immunisation providers may also wish to refer to Appendix 10 Summary table – procedures for a vaccination encounter of the Australian Immunisation Handbook 9<sup>th</sup> Edition 2008 when developing their policies and procedures.

The section(s) of these aforementioned guidelines relevant to each procedure has been noted in italics to assist providers.

### **Standard vaccination procedures:**

1. Check availability of the protocols, equipment and drugs necessary for the management of anaphylaxis, before each vaccination session.

*Refer section 1.3.1 Preparing an anaphylaxis response kit*

2. Nurse immunisers should ensure that procedures are in place to maintain the security and monitor vaccine refrigerator, and other cold-chain components, according to current recommendations, at the storage site. Check these components prior to collection or administration of vaccines each working day.

*Refer section 1.3.2 Effective cold chain*

3. Provide, to the vaccinee, or that person's parent/caregiver, appropriate information about the risks and benefits of vaccination and the risks of vaccine preventable diseases.

*Refer section 1.3.3 Valid consent*

4. Perform a pre-vaccination assessment to determine if there are any contraindications or precautions to the vaccines or whether alternative or additional vaccines should be considered. An immunisation nurse must seek further advice from a medical practitioner, paediatrician or public health physician with expertise in vaccination if a decision for administering vaccines is outside their scope of practice. If a person's health status or suitability for vaccination cannot be determined, defer vaccination.

*Refer section 1.3.4 Pre-vaccination screening*

5. Following the provision of appropriate information, and the pre-vaccination assessment, obtain valid consent from the person to be vaccinated, or from that person's parent/caregiver. This should be documented.

*Refer section 1.3.3 Valid consent*

6. Advise the vaccinee, or that person's parent/caregiver that the vaccinee should remain under observation in a designated place for a minimum of 15 minutes after the vaccination.

*Refer section 1.5 Post-vaccination procedures*

7. The schedule, dose, route and technique of administration of the vaccines must be in accordance with the current Australian Immunisation Handbook guidelines.

Note: each individual dose must be checked to ensure that the expiry date has not lapsed, and that there is no particulate matter or colour change in the vaccine.

*Refer section 1.4 Administration of vaccines*

8. Check the vaccination status of other family members and offer catch-up vaccination where appropriate.

*Refer section 1.3.5 Catch-up*

9. Dispose of needles, syringes and vaccine vials in accordance with standard infection control guidelines.

*Refer section 1.4.1 Occupational health and safety issues*

10. Advise the vaccinee or that persons parent/caregiver on the management of the common adverse events that may occur following immunisation. It is important that they be given a contact phone number (or informed to contact their doctor, nurse-on-call or attend at the nearest hospital) in case a significant adverse event occurs within 24 to 48 hours of the vaccination.

*Refer sections*

*1.5 Post-vaccination procedures*

*1.5.2 Adverse events following immunisation*

11. Before departure, inform the vaccinee or that person's parent/caregiver, preferably in writing, of the date of the next scheduled vaccination.

*Refer section 1.5 Post-vaccination procedures*

12. Document the details of vaccination: (i) on a record to be retained by the vaccinee, or the child's parent/caregiver; (ii) on the relevant clinical record; and (iii) on an ACIR (or equivalent) encounter form, for children under the age of seven years.

*Refer sections*

*1.5.3 Documentation of vaccination*

*1.5.4 The Australian Immunisation Register*

13. Promptly report to SAEFVIC any significant adverse event following immunisation.

*Refer section 1.5.2 Adverse events following immunisation*

## 4.0 Legal considerations including consent for immunisation

This section explores three areas of immunisation practice governed by legislation:

- the responsibility of local government in co-ordinating and providing immunisation services to children living or being educated within the municipal district
  - delivery of services
  - childhood enrolment into primary school
- consent
- the use, handling and administration of vaccines.

Relevant sections of legislation are reprinted at **Annex 2**.

Complete legislative documents pertinent to immunisation practice may be downloaded from the following website: <http://www.health.vic.gov.au/legislation/>

**The information provided in this section is intended as general information only and is not intended to serve as legal advice. Local Government immunisation providers are strongly advised to seek independent advice from legal professionals when determining whether their practices, processes, protocols or systems comply with relevant legislation**

### 4.1 The responsibility of local government in co-ordinating and providing immunisation services

#### 4.1.1 Delivery of services

In Victoria, immunisation services are a function of local government according to the *Public Health and Wellbeing Act 2008*(PHWA), Part 3, Division 3, s.24. (**Annex 2**)

This section states 'the function of every council under this Act is to seek to protect, improve and promote public health and wellbeing within the municipal district by-

**(f) co-ordinating and providing immunisation services to children living or being educated within the municipal district;'**

Under the current legislation local governments may provide a variety of services and utilise various models of delivery in fulfilling the public health responsibility of the immunisation of children within their local government area (LGA).

Examples of models currently utilised for the delivery of immunisation services are:

- immunisation programs managed, staffed and resourced by individual local governments for their LGA
- contracting to other immunisation providers.

### 4.1.2 Childhood enrolment into primary school

From 1 January 2010 the *Public Health and Wellbeing Act 2008* (PHWA) will operate in Victoria.

Part 8, Division 7, of the *Public Health and Wellbeing Act 2008* – Immunisation, pertains to immunisation status certificates and the enrolment of children at primary school. Division 7 is reprinted in **Annex 2**.

The Act can be downloaded from the Victorian Government's legislation website:  
<http://www.legislation.vic.gov.au/>

#### **School entry immunisation status certificates**

Prior to a child starting primary school, the PHWA requires parents to provide the school with a school entry immunisation status certificate. The certificate is simply a current history statement listing vaccines the child has received with the corresponding dates the vaccines were given.

At this time every opportunity should be taken to encourage families to bring a child's overdue immunisations up to date.

The certificate must be on local government letterhead and include:

- child's name
- address
- date of birth
- name of vaccine with corresponding date of administration
- signature of an authorised officer.

If there is no documented immunisation record available and the parent believes their child has been fully vaccinated, then the certificate will need to indicate that there was no record of immunisation to sight.

In the event a child is not immunised due to parental objection the certificate will need to indicate the child is not immunised.

Homeopathic 'immunisation' is not a recognised form of immunisation and is not acceptable under the legislation. If a child has been homoeopathically 'immunised' then the certificate will need to indicate the child is not immunised.

It is the schools responsibility to take steps to obtain an immunisation status certificate for each child attending the school.

In addition to local government, the Australian Childhood Immunisation Register (ACIR), medical practitioners and other immunisation providers may issue a school entry immunisation status certificate.

## **4.2 Consent**

### **What is consent?**

It is to give one's permission verbally, in writing or by implication.

### **What are the elements of a valid consent?**

- must be given freely and voluntarily (no coercion or duress)
- person has the legal capacity to give consent
- must be specific for the procedure/treatment to be performed
- is informed (see below)

- what is significant to the client is addressed appropriately
- the client considers the amount of information necessary and relevant.

Giving valid consent prior to a medical procedure prevents a medical procedure from becoming what otherwise would be considered trespass (by assault and battery or false imprisonment) to the person.

**What information should be provided in order for consent to immunisation to be valid?**

- adequate information on risks and benefits provided to make a decision:
  - verbal information provided by a doctor or nurse
  - use of pre-immunisation checklist
  - immunisation fact sheets / Understanding Childhood Immunisation booklet
  - common reactions to vaccinations
  - further information as required
- appropriate communication / time / flexibility:
  - translated literature / interpreter / translated records
  - adequate time for discussion and decision making
- inherent risks disclosed to avoid liability.

**Who can obtain valid consent in immunisation practice?**

The person giving the vaccination (Medical officers, Division 1 nurses with a medical officer on-site who has ordered the vaccine, or nurse immunisers) must obtain valid consent immediately prior to each vaccination.

**When should valid consent be obtained?**

Valid consent is required before any medical procedure including immunisation. Valid consent should be attained for a particular vaccination immediately prior to the administration of that particular vaccine **AFTER** the parent/guardian/vaccinee has received adequate information to make an informed decision and **AFTER** it has been established that there are no medical conditions that contraindicate the vaccination.

**The Statutory Declaration for Informal Relative Carers – Victoria**

- An increasing number of children and young people in Victoria are unable to live at home with their parent and as a result are placed in the care of a relative. Such placements are often made informally by an arrangement between the child's parent/s and relative carer/s. In some situations, children are also placed in the care of a significant friend or a person within the child's extended social network. The Statutory Declaration for Informal Relative Carers – Victoria has been developed to assist carers to gain better access to services for the children in their care.
- For more information please visit the following website: [www.ocsc.vic.gov.au](http://www.ocsc.vic.gov.au)

**Valid consent must always be given to the person providing the vaccination, preferably in a written form, however verbally will suffice**

#### 4.2.1 Models for obtaining valid consent in immunisation in Victoria

##### 1. Parent / guardian in attendance – verbal

- provide information as per above '*Client information for a valid immunisation consent process*'
- assess the child's suitability for immunisation
- discuss with parent/guardian any matter of concern
- the parent/guardian is asked that they have read and understood the information
- the parent/guardian verbally consents to immunisation
- verbal consent is noted in the file.

##### 2. Parent / guardian in attendance - written

- provide information as per above '*Client information for a valid immunisation consent process*'
- assess the child's suitability for immunisation
- discuss with parent/guardian any matter of concern
- the parent/guardian is asked that they have read and understood the information
- parent/guardian reads and understands immunisation consent form
- parent/guardian consents to immunisation and signs consent form
- signed consent is stored with the clinical record and noted in the vaccinee's file.

##### 3. Mass programs in schools

- written consent is obtained from the parent/guardian and produced on the day of the vaccination
- appropriate printed educational material as per '*Client information for a valid immunisation consent process*' accompanies consent card and is distributed to parents/guardians prior to the day of the immunisation session
- special effort is made to ensure that the correct child has the correct signed consent card and is given the correct vaccine
- a teacher who knows the children is available to help identify the child by name to the immuniser checking the consent card
- as part of the pre immunisation procedure, the immuniser makes his/her own efforts to check the identity of the child prior to vaccination
- the immuniser obtains verbal consent from the school child prior to vaccination
- If a child is old enough to adequately understand the benefits and risks of vaccination, yet refuses the vaccination in spite of such an understanding, his/her wish should be respected. (If the parent/guardian has given consent the parent/guardian should be notified as soon as possible of the child's refusal).

Nurses value the legal and moral right of people, including children, to participate whenever possible in decision making concerning their nursing and health care and treatment, and assist them to determine their care on the basis of informed decision making. This may involve ensuring people who do not speak English have access to a qualified health interpreter. Nurses recognise and respect the rights of people to engage in shared decision making when consenting to care and treatment. Nurses also value the contribution made by persons whose decision making may be restricted because of incapacity, disability or other factors, including legal constraints. Nurses are knowledgeable about such circumstances and in facilitating the role of family members, partners, friends and others in contributing to decision-making process. *Code of ethics for Nurses in Australia*. (ANF, RCNA, ANMC 2008).

**The vaccinator must obtain valid consent prior to any vaccination being administered**

### **4.3 The use, handling and administration of vaccines:**

In the State of Victoria, the possession and administration of particular substances is determined by the *Drugs, Poisons and Controlled Substances Act 1981* and the *Drugs, Poisons and Controlled Substances Regulations 2006*. Relevant sections of this legislation are reproduced in **Annex 2**.

**What are the roles and responsibilities of immunisation team members under the legislation?**

#### **4.3.1 Authorised persons**

An **authorised person** is defined as a person who can possess and administer Schedule 4 (S4) (prescription only) drugs.

In this case S4 drugs refers to vaccines and other drugs used in the treatment of anaphylactic reactions to the vaccines used in local government immunisation programs. An **authorised person** in this setting is a:

- Division 1 registered nurse who is an endorsed Nurse Immuniser (see below) or
- Division 1 registered nurse with a medical practitioner on site who has seen the client and ordered the vaccine and remains on site for 15 minutes post vaccination or
- Medical practitioner.

(An environmental health officer employed or appointed by a municipal council may possess but not administer S4 drugs necessary for immunisation programs. A municipal council may possess S4 drugs necessary for immunisation programs).

#### **4.3.2 Division 1 registered nurses**

##### *Endorsed Nurse Immunisers*

In Victoria approval under regulation 5(3) *Drugs, Poisons and Controlled Substances Regulations 2006*, has been issued by the Secretary, Department of Health for the possession and administration of listed vaccines and Schedule 4 poisons for the treatment

of anaphylactic reactions to vaccines by endorsed **nurse immunisers** who are employed or contracted by:

- a municipal council (local government)
- health services permit (HSP) holder who employs or contracts a medical officer, or
- a medical practitioner.

Nurse immunisers are endorsed by Nurses Board of Victoria (NBV) and must have successfully completed an accredited nurse immuniser training program.

*It should be noted that endorsed nurse immunisers are not approved to give immunisations for travel purposes.*

The current 'Approved client groups for endorsed nurse immunisers' are reprinted at **Annex 2**.

Any updates to the approved list of vaccines and approved client groups can be found on the following websites:

[www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation)

[www.health.vic.gov.au/dpu](http://www.health.vic.gov.au/dpu)

#### *Division 1 registered nurses*

In the case of immunisation practice, a **division 1 registered nurse** who is NOT an endorsed nurse immuniser may administer those vaccines necessary for administration to a patient under the care of that nurse, if a medical officer has sighted the patient, ordered the vaccination and remains on site for a minimum of 15 minutes post-vaccination.

A Division 1 registered nurse or an endorsed nurse immuniser are **not authorised to supply** scheduled poisons.

In accordance with the *Health Professions Registration Act 2005*, all Division 1 registered nurses including endorsed nurse immunisers must ensure they are competent and safe to practice and adhere to current accepted guidelines and standards in their field of practice.

#### *NB: Drawing up of vaccines*

*In the view of the Nurses Board of Victoria (2005), '.....the Division 1 registered nurse administering the vaccine should draw up the vaccine they are to administer to ensure that they have adhered to the five 'rights' of safe medication administration and subsequently their duty of care to the client. Division 1 registered nurses are expected to provide safe and competent practice and are answerable to the Board in relation to their professional conduct'.*

**The registered nurse practices independently and interdependently assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and health care workers. ANMC. (2006) National Competency Standards for the Registered Nurse (4th Edition).**

#### **4.3.3 Division 2 nurses**

A division 2 nurse is not an *authorised person* and is not permitted to possess, administer or supply S4 substances including the preparation and drawing up of vaccines.

A division 2 nurse may complete an immunisation course but is not an endorsed nurse immuniser.

#### 4.3.4 Medical practitioner

A medical practitioner is an *authorised person* and is permitted to possess, administer and supply S4 poisons. In the absence of an endorsed nurse immuniser, a medical practitioner must be present and assume medical responsibility for all local government immunisation sessions. He/she must sight all persons to be vaccinated, authorise all vaccinations and remain on-site for the duration of the session.

If an endorsed nurse immuniser is present at the immunisation session, it is not a legal requirement for a medical practitioner to be present.

#### 4.3.5 Environmental health officer

An environmental health officer employed or appointed by a municipal council is an *authorised person* to possess S4 substances.

Environmental health officers are not permitted under the Drugs, Poisons and Controlled Substances Regulations 2006 to administer S4 substances nor draw up vaccines for others to administer.

#### 4.3.6 Program managers

The manager/coordinator of the program, depending on their qualifications, may or may not be an *authorised person*. If the manager is not an authorised person they have a responsibility to **support** the authorised person in performing his/her duty within the context of the relevant legislation.

**Persons responsible for managing immunisation programs must be clear about their legal authority and that of each of their immunisation team members under the relevant legislation**

#### 4.3.7 Administrative officer

An administrative officer is not an *authorised person* and is unable to possess, administer or supply S4 poisons including the preparation and drawing up of vaccines.

### 4.4 Children, Youth and Families Act 2005

Medical practitioners and registered nurses are mandated officers under the *Children, Youth and Families Act 2005* in the reporting of suspected child abuse. **It must be noted**, that when a health professional assesses a child is in need of protection as outlined in the *Children, Youth and Families Act 2005* section 182 and makes a notification to Child Protection Services in good faith, the *Children, Youth and Families Act 2005*, supersedes all other legislation and giving of information to a protective intervener does not constitute unprofessional conduct or breach of professional ethics, or make that person subject to any liability.

Each council should develop a policy that ensures all staff (including casual / part time staff) are up to date with legislation surrounding the reporting of suspected child abuse cases. Further information about mandatory reporting can be found at the website: [www.aifs.gov.au/nch/pubs/sheets/rs3/rs3.html](http://www.aifs.gov.au/nch/pubs/sheets/rs3/rs3.html)

**Nurses and immunisation staff should keep up to date with changes to legislation to ensure their practice is not in breach of laws impacting on the immunisation program**

## 5.0 Session structure and management

The following recommendations are to assist local government immunisation providers in the practical implementation of programs. It is suggested that local government immunisation providers utilise information found within these guidelines in the production of their own policies and procedures relevant to their scope of immunisation practice.

- In planning, implementing and managing immunisation services local government immunisation providers should ensure that their services comply with current legislation, professional standards and codes of practice. (*Refer section: Legal considerations including consent for immunisation*).
- Providers should conduct a regular review of immunisation services as part of their yearly planning exercise and make appropriate alterations as necessary in order to ensure optimal quality of immunisation services. (*Refer section: Monitoring and evaluation of immunisation services*).

### 5.1 Venues and timing of sessions

The number and length of immunisation sessions provided by a local government service should be tailored to local needs and the availability of other immunisation services in their local government area (LGA). It is optimal to provide a range of venues, session days and times and provide adequate sessions to avoid high attendance numbers at any one session. This facilitates a personal service, reducing the need for long queues and rushing parents through a session. Providers should consider varied sessions to assist working parents/caregivers and adult immunisation programs.

The venue should be large enough to provide seating for parents and children to wait the required 15 minutes after vaccination, as well as allowing for those waiting to be immunised.

Ideally venues should be 'parent and child friendly'. Consider accessibility to the venue both by private car, public transport and for parents with prams and strollers. Male and female toilets with access for disabled persons, baby change and feeding facilities should be available. The venue temperature should be able to be kept comfortable, with heating and/or air-conditioning as dictated by the climate. Toys, books and games are useful to occupy children while waiting, as are magazines for adults.

Venues familiar to parents make good choices, eg: suitably sized health centres are ideal. Make every effort to avoid "cattle market" sessions at large town halls, by creating seating arrangements conducive to family friendly discussions.

Where possible a separate room or screening should be provided to offer some privacy in the area where injections are administered. At the time of immunisation the vaccinee or the carer holding the infant/child for immunisation must be seated. Providers should ensure that the environment is culturally appropriate for clients.

The immunisation team may wish to arrange light refreshments (tea, coffee) in cooperation with local volunteer networks and in this instance every effort should be taken to ensure client safety when providing hot beverages.

**Vaccination services are readily available, easily accessible and culturally appropriate for the community**

## 5.2 Opportunistic immunisation

It is recommended that immunisation providers develop a policy for the provision of opportunistic immunisation targeting those clients who are difficult to access in the region. Refugee/humanitarian entrants, children of relative carers and families living in difficult circumstances may have incomplete immunisation.

Local governments may wish to promote opportunistic immunisation to infants and children for example: Maternal and Child Health services or Emergency Departments (in cooperation with local hospitals).

Useful resources for opportunistic immunisation include: Quick Guide Catch-up and the criteria for use of government vaccine. The criteria highlight the additional free vaccines for refugees and humanitarian entrants. View resources online at: [www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation)

**Immunisation providers use all clinical encounters to assess immunisation status and where indicated vaccinate**

## 5.3 Staffing of immunisation services

Local government immunisation providers should ensure that the immunisation team comprises suitably trained and experienced staff. Providers need to ensure that staff are familiar with relevant legislation and understand the implications for their practice.

Vaccines must only be administered by an endorsed nurse immuniser, medical practitioners or division 1 registered nurses with a medical practitioner on-site who has ordered the vaccines and remains on site for a minimum of 15 minutes post-vaccination.

Endorsed nurse immunisers should have up to date contact details for a medical practitioner readily accessible at all times, to give advice, in accordance with the Secretary Approval under Regulation 5(3) of the Drugs, Poisons and Controlled Substances Regulations 2006 (*refer section: Legal considerations including consent for immunisation*)  
**See Annex 2**

Staffing requirements will depend on the anticipated size of the sessions. Staff numbers should be sufficient to allow for appropriate management of unforeseen events or emergencies.

Job descriptions of personnel involved in immunisation should be reflective of their roles in immunisation practice.

### 5.3.1 Ongoing education

Ongoing education of staff is a central aspect of quality assurance and it is recommended that local governments establish procedures for ongoing training and support. These procedures should ensure all team members have access to current information concerning immunisation procedures, and that this information is regularly disseminated to relevant associated personnel for example: maternal and child health nurses.

The NBV recommend that registered nurses participate in ongoing continual professional development. Immunisation providers may wish to pool their resources to hold combined sessions for their teams. Possible facilitators of educational updates include but are not limited to:

- Immunisation Program
- Immunisation Nurses Special Interest Group (INSIG)

- Private consultants
- Divisions of General Practice
- Public Health Association of Australia (PHAA)
- Educational institutions

These updates should be designed to assist the immunisation team to keep up to date with developments in immunisation theory, practice and policy based on the current Australian Immunisation Handbook guidelines and consolidate/expand knowledge of professional standards, codes of conduct and codes of practice.

The PHAA holds a biennial immunisation conference at which current research and recent developments with implications for practice are presented – contact the PHAA for further information at [www.phaa.net.au](http://www.phaa.net.au)

INSIG meetings held quarterly including a topical educational presentation. INSIG also holds a biennial immunisation seminar day (on the alternate year to the PHAA conference) – contact INSIG for further information at [www.anfvic.asn.au/sigs/](http://www.anfvic.asn.au/sigs/)

## 5.4 Resources

Local government immunisation providers should ensure that adequate copies of the latest edition of the *Australian Immunisation Handbook* are available and that the immunisation team is fully conversant with accessing information from this valuable resource.

In addition the Immunisation Program has developed a range of appropriate resource materials for local government immunisation programs. Translated immunisation fact sheets are available for download.

A secondary school immunisation education package called *Infojection*, developed in South Australia, is available for download from the Immunisation Program website. The *Infojection* resource prepares students for immunisation day at their school and needs to be adapted to suit the council's requirements. It is a powerpoint presentation.

The link for online resource ordering and downloading is:  
<http://www.health.vic.gov.au/immunisation>

A list of resource material for immunisation providers and parent/caregivers is provided at **Annex 3**.

**Immunisation providers maintain current and easily retrievable immunisation guidelines at all locations where the vaccines are administered**

**Immunisation services are administered by individuals who receive ongoing education and training on current immunisation recommendations**

## 5.5 Provision of advice to parents/community members

It is recommended that local governments have adequately qualified staff available to answer immunisation related telephone queries of parents/guardians. If the answer to a query is not immediately available such as a medical enquiry, the parent/guardian should be contacted later with the information or referred appropriately. It should be noted that persons answering the phones should not go outside their area of expertise and competence.

The Royal Children's Hospital also provides an immunisation telephone advice line for parents from 9am-5pm Monday-Friday.

The phone numbers for this service are **9345 6399/ 9345 6599**.

Local government immunisation providers should ensure that general information on adult and childhood vaccination is freely available for dissemination to parents/guardians/vaccinee. This should include information including the disease, contraindications, precautions, vaccine side effects, vaccine safety, vaccine content and the importance of vaccination.

#### **Non-English speaking clients**

Information should be provided in the appropriate language for clients. The Immunisation Program has produced fact sheets in multiple languages – these may be accessed at: <http://www.health.vic.gov.au/immunisation/>

The Australian Government Department of Health and Ageing has also published the booklet 'Understanding Childhood Immunisation' in multiple languages. This document may be utilised to create a range of educational resources and may be accessed at: <http://www.immunise.health.gov.au>

Local government immunisation providers should ensure that all staff are aware of the availability of interpreter services in the region.

The Australian Government supports a 24-hour interpreter service. For further information please visit: [http://www.immi.gov.au/living-in-australia/help-with-english/help\\_with\\_translating/](http://www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/)

**Immunisation providers educate parents/caregivers and vaccinees about vaccination**

**When providing immunisation advice, do not go outside your area of expertise and competence**

A list of resources suitable for parents/guardians/vaccinee is provided at **Annex 3**.

## 6.0 School immunisation programs

In Victoria, local government immunisation providers administer approximately 90 per cent of vaccinations due at school age.

It is recommended that each local government immunisation provider develop their own policies and procedures relevant to the conduct of immunisation sessions in schools in their LGA. In addition to standard vaccination procedures, the following principles particular to school immunisation programs should provide the basis of these documents.

### 6.1 Prior to conducting a school immunisation session:

- The local government immunisation coordinator/manager should establish a good rapport with the nominated school staff member (as allocated by the school) and supply preliminary information about the school immunisation program.
- As early as possible prior to the school program commencing suitable times and dates for sessions should be arranged with the school in order to conduct the program.
- It is recommended that local government immunisation providers notify the school in writing when sessions are confirmed and clearly identify requirements of the school in regard to the sessions. This will include:
  - appropriate environment to conduct the session, preferably allowing a flow-through of students, privacy for the vaccination procedure and an attached area for student observation post-immunisation
  - a nominated school staff member (for example: teacher) allocated to assist the program
  - arrangements to deliver immunisation consent cards to the relevant year levels at an appropriate time in advance of the session, which are in turn sent home for the information of parents/guardians
  - a nominated day and arrangements to collect returned consent cards from the school
- Provide the name of the local government providing the immunisation service and a local immunisation advice telephone number on the immunisation consent cards to enable parents/guardians to access further information as required.
- In negotiation with the school, the local government immunisation provider may wish to arrange education of the potential vaccinees prior to the session. Consider using the *Infojection* educational package to prepare students for the immunisation day.
- Local governments should advertise in the local media and school newsletters informing the community when the sessions will be run to ensure parents are aware of the school immunisation program.

Parents/guardians should be made aware that a *list of students who have consented to be vaccinated* will be collected by the local council as part of the preparation and management of the school based immunisation program.

- This may be through an information sheet sent with the consent cards. Parents/guardians should be given 'proper notice' of the use and purpose of the information provided in accordance with the *Health Records Act 2001 (Health Privacy Principle 1.4)*.

## 6.2 Conducting a school immunisation session

- Obtaining valid consent - please refer to section: *Legal considerations including consent for immunisation* for the recommended model to obtain valid consent in school immunisation programs.
- Post vaccination the child should be provided with a dated notice stating which vaccines have been given (and in which site if more than one vaccine given) and a copy of the parent advice sheet stating what to do in case of common reactions. This should be inclusive of a contact number in case of an adverse event following immunisation.

### School based vaccine program – 9 tips to avoid mass psychogenic illness

Vaccination is a medical procedure requiring a calm, orderly process to assist each student through vaccine consent, pre immunisation check and administration. In order to minimise the possibility of clusters of children in the same school experiencing a high degree of anxiety leading to side effects, the following actions are recommended and are best implemented by councils at the time of booking dates to attend the school.

1. Prior to the immunisation session consider adapting and using the *Infojection* secondary school education package
2. Organise sessions to be run in a venue that allows privacy for each student being vaccinated so that other students are not watching the procedure prior to their vaccine being administered
3. Ensure the student is seated for vaccination
4. The vaccination area should be free of staircases and concrete as these can contribute to injury following a fainting episode
5. It is important for a person familiar to each class be present at the venue in order to assist with identification of children, control their behaviour and create a calm environment
6. Ensure the vaccine session is run with only one class present at a time. This will minimise the sense of mass anxiety that some students can engender in other vulnerable students
7. Following vaccination, students are required to wait a minimum of 15 minutes in a nearby location, however this time should be longer if a student is feeling dizzy or unwell after vaccination
8. Preferably students should be observed in a quiet space attached to the area where vaccines are administered. This area needs to be readily accessible to immunisation staff in the event of a faint or other immediate adverse event
9. Following vaccination, adolescents should refrain from strenuous activity and driving (eg. Year 12 students) for up to 30 minutes in the event of a delayed fainting episode.

### 6.3 Follow up of unvaccinated students

- For children who missed vaccination due to absenteeism or because of incomplete or inadequate consent details, the following actions are recommended:
  - The local government providers should supply the school staff member with details of immunisation sessions to which parents may bring children for catch-up
  - A follow-up letter should be forwarded to parents/guardians with details of available immunisation sessions for catch-up

- Consideration may also be given to placing reminder notices in school newsletters with details of local government immunisation sessions and also suggesting their family doctor as an alternative.
- Ideally a constructive, collaborative and open working relationship should be nurtured between the school and council for the benefit and improvement of the immunisation program.

## 6.4 Vaccine coverage

State coverage of vaccines given at school age on the National Immunisation Program (Year 7, Hepatitis B, Human papillomavirus (girls only) and Varicella vaccines and Year 10, Diphtheria, Tetanus, Pertussis vaccine) is monitored by the Department of Health (DH).

- Local government providers should produce the required Immunisation Provider System (ImPS) generated report
- **or** local government providers using the ImPS program should collect and forward school data to DH using the 'Local Council School-based Program' form provided by the DH
- Information required is inclusive of:
  - total number of enrolments in the LGA
  - total number of children immunised at a school visit
  - total number of children immunised elsewhere.

*(Refer section: Monitoring and evaluation of immunisation services).*

## 7.0 Cold chain management

**Vaccines must be stored and transported at all times within the recommended temperature range of +2°C to +8°C**

The cold chain is a system of transporting and storing vaccines within the safe temperature range of +2°C to +8°C. The cold chain begins from the time the vaccine is manufactured, moves through to the vaccine distribution centres and ends when the vaccine is administered.

Detailed guidelines for cold chain management may be found in the latest edition of *The Australian Immunisation Handbook* or *The National Vaccine Storage Guidelines – Strive For 5* (downloaded from <http://immunise.health.gov.au/>).

It is the responsibility of local government to ensure the cold chain management within their immunisation service complies with the recommendations made in these documents.

**Immunisation providers adhere to appropriate procedures for vaccine cold chain management**

**It is vital that vaccines are stored appropriately to:**

- ensure that clients receive an effective vaccine and therefore promote immunity to the disease vaccinated against
- ensure efficient resource management - vaccines are an expensive resource that can be in limited supply
- prevent the necessity of patients requiring revaccination due to the receipt of an ineffective vaccine
- limit serious adverse events following immunisation including severe local reactions caused by vaccination with freeze damaged vaccines.

### 7.1 People, process and equipment

Correct cold chain management is reliant on three components:

- people
- process
- equipment

In order to ensure safe vaccine transport and storage local government immunisation providers should ensure that their cold chain management adequately addresses all of these factors.

### 7.1.1 People

- All people handling vaccines **at any stage** must be familiar with the correct procedure to manage vaccines to ensure the vaccines remain safe and effective.
- A trained designated person should be responsible for vaccine storage, monitoring and implementation of protocols.
- A trained nominated back up person(s) should be available to relieve the designated person when required.
- Persons administering the vaccines must take reasonable steps to ensure the vaccines have been stored securely and appropriately from the time they are received and are in a satisfactory condition when they are used (for example: checking fridge modifications, the log of temperatures and placement of vaccines inside the fridge).

**It is the responsibility of persons administering the vaccines to take reasonable steps to ensure the vaccines have been stored appropriately and are in a satisfactory condition when they are used**

### 7.1.2 Process

The local government immunisation provider should:

- establish simple, routine cold chain processes and systems for their particular immunisation service that are easily maintained
- establish detailed written protocols which reflect their systems and include:
  - logistics, storage and handling of vaccines
  - education of staff
  - temperature monitoring and recording
  - equipment monitoring and maintenance
  - cold chain in outreach sessions
- ensure the protocols and system are regularly reviewed.

### 7.1.3 Equipment

All equipment used in the provision of the immunisation service should be reliable, regularly maintained and serviced. Fridges used for vaccine storage should be clearly labeled as a vaccine fridge and should not be used to store items other than vaccines. Providers should ensure that door seals work effectively and that the mechanics of the fridge are reliable.

#### **Purpose built vaccine refrigerators**

Purpose built vaccine refrigerators are recommended for the safe storage of vaccines as they are designed and built for vaccine storage. These refrigerators are advantageous over domestic refrigerators in that the internal temperature is stable and uniform and unaffected by ambient temperature, they have no changes in internal temperature during defrost cycle and have standard alarm and safety features to alert and/or prevent irregular internal temperature fluctuations.

Purpose built vaccine refrigerators also maintain a set temperature between +2°C - +8°C, have quick temperature recovery after door opening and maximise storage space as there is more usable shelf space.

Local government immunisation providers may contact DH on 1300 882 008 for a list of suppliers of purpose built vaccine fridges within Victoria.

### **Domestic refrigerators**

Domestic fridges are not recommended for the storage of vaccines as they often have internal temperature variations and fluctuations due to:

- temperature variation with each door opening
- rising temperature during automatic defrost cycle in frost-free refrigerators
- cabinet temperature easily affected by ambient temperature
- no digital indication of set temperature.

In particular bar fridges and cyclic defrost refrigerators are unsuitable for the storage of vaccines. Bar fridges are unsuitable due to the risk of freezing, temperature instability and the susceptibility to ambient temperatures. Cyclic defrost refrigerators are not recommended as they produce wide fluctuations with regular internal heating.

If there is no alternative to storing vaccines in a domestic refrigerator, modifications should be made to improve the temperature control and thereby improve the safety of the vaccines. These modifications must be combined with appropriate vaccine storage protocols, which are followed by staff.

The National Vaccine Storage Guidelines-Strive for 5, recommends 15 steps to modify a domestic fridge for vaccine storage. These steps are outlined below but providers are encouraged to access the complete document as soon as it is available for detailed explanations.

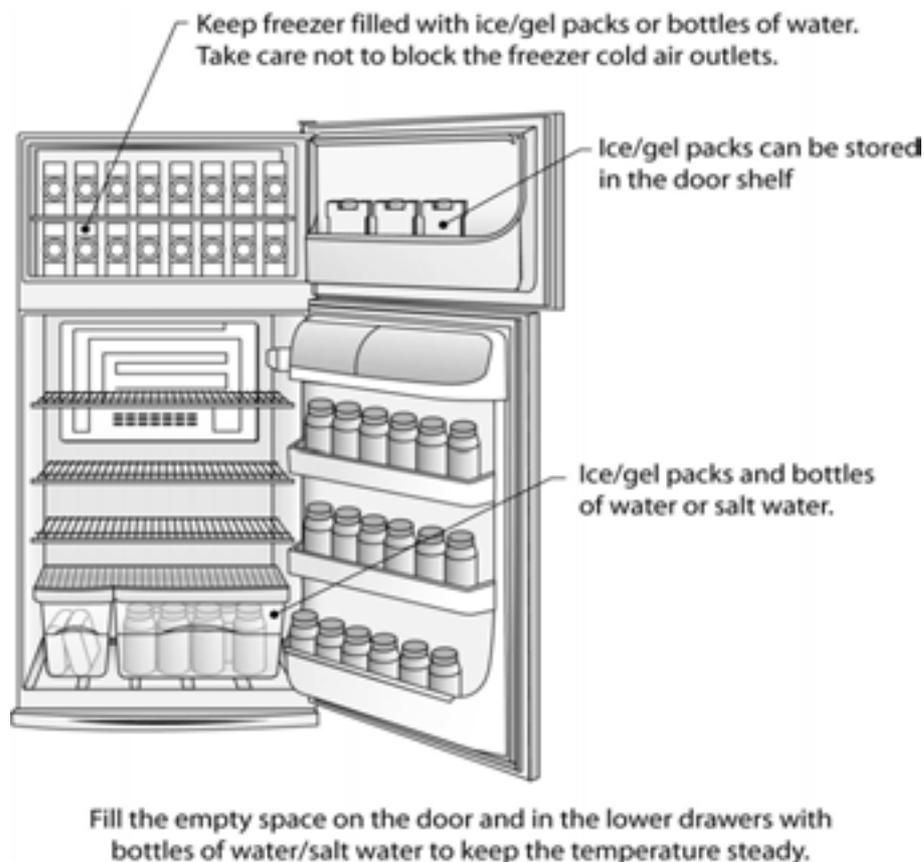
1. Correct placement of fridge (out of direct sunlight, appropriate distance from walls to allow air circulation according to manufacturers instructions).
2. Clear marking of power source to the fridge to prevent accidental disconnection.
3. Place water bottles or gel packs in the freezer to assist in stabilisation of temperatures.
4. Fill lower drawers and door with plastic bottles filled with salt water or water to reduce thermal lag.
5. 'Know the refrigerator' by monitoring and recording temperatures in all zones within the fridge. Areas to monitor include each shelf from top to bottom, front to back and side to side. Each area should be monitored for at least 24 hours. This will identify 'cold' spots and 'warm' spots within your fridge.
6. Cool the vaccine refrigerator before stocking with vaccines.
7. Store the vaccines in enclosed plastic containers and label clearly with the name of the vaccine. Allow space between containers for air circulation. Ensure a gap of at least four centimetres from refrigerator walls. A freeze indicator should be stored in each container that stores freeze sensitive vaccines.
8. Place heat sensitive vaccines in the shelves identified as being the coldest and freeze sensitive vaccines on shelves identified as having more stable temperatures.
9. Ensure each fridge has a digital minimum/maximum thermometer that records Centigrade temperature and a recording chart. Ensure the thermometer is calibrated and battery changed every 12 months.
10. Ensure correct positioning of the thermometer. If multiple containers are used for vaccine storage place thermometer with freeze-sensitive vaccines. If a large single container is used place thermometer at the back of the enclosed container.

11. Check and record minimum and maximum temperatures (and reset thermometer) at least daily, before the vaccine is used.
12. Keep the door closed as much as possible.
13. Ensure one person is responsible for adjusting refrigerator controls but that all staff are appropriately trained to ensure continuous monitoring.
14. Establish and document protocols for response to cold chain breaches.
15. A vaccine storage self audit (as found in the Vaccine Storage Guidelines) should be undertaken by the clinic/practice at least every 12 months.

*Note: Due to the many models of domestic fridges there is no set rule for the correct placement of vaccines as each model may have differing internal temperatures within compartments. Therefore it is vital the local government immunisation provider 'knows their fridge', that is conducts their own temperature monitoring to establish their fridge's warm and cold areas. See step five above.*

**Aim to keep the temperature of the vaccine refrigerator at +5°C which allows for a margin of safety of  $\pm 3^{\circ}\text{C}$  – STRIVE FOR FIVE**

**Figure 1: Modification of a domestic refrigerator**



**All vaccine fridges should be appropriately labeled and food or other goods should not be stored within the fridge**

## 7.2 Outreach sessions

When conducting outreach sessions it is vital that correct cold chain management is continued until the vaccine is administered. Vaccines are particularly vulnerable during both transport to outreach immunisation sessions and at the time of preparation and use.

It is recommended that the individual local government's protocols surrounding cold chain management for outreach sessions include:

- correct numbers of coolant/ice bricks for the vaccine transport box to maintain the required temperature
- appropriate preparation of coolant/ice bricks and vaccine transport box
- correct packing of vaccine transport boxes to ensure that vaccines
  - do not come into direct contact with coolant or ice bricks
  - are secure and do not move around during transport
- monitoring the temperature of the vaccine transport boxes with either a minimum/maximum thermometer or cold chain monitor/indicator (freeze and heat)
- minimal disturbance of the vaccine transport box – remove vaccines only when necessary
- correct preparation of vaccines (*refer section: Vaccine preparation and administration*).

The type of vaccine transport box used by a provider will depend on the types of sessions to be conducted, the length of time the vaccines will be stored in the box and the ambient temperatures the box is likely to be exposed to. When selecting a vaccine transport box, providers should refer to the manufacturer for technical specifications and performance of the cooler.

Providers should be aware that freezing episodes happen very easily in all coolers (usually soon after packing) and they are generally not appropriate for prolonged storage of vaccines (more than eight hours). A specialised vaccine cold box should be used for longer term storage or if the box is likely to be exposed to extreme ambient conditions (<0°C or >40°C).

## 7.3 Cold chain breaches

Each local government immunisation provider should develop a protocol for the immediate response to a cold chain breach. This protocol should be inclusive of:

- the immediate isolation of affected vaccines
- keeping affected vaccines refrigerated with a label 'Do Not Use'
- not discarding vaccine until advice has been sought from DH
- contacting the Immunisation Program on 1300 882 008 as soon as is possible
- taking active steps to correct and prevent the problem recurring.

**Action must be taken immediately to rectify/clarify a cold chain breach.  
Do not use or discard any affected vaccine unless directed to do so by DH.**

**In all cases contact the Immunisation Program for further advice on**

**1300 882 008**

## 8.0 Logistics of maintaining stock and vaccines

### 8.1 Vaccines

The National Immunisation Program (NIP) is the technical schedule recommended by ATAGI and is found in the latest edition of *The Australian Immunisation Handbook*. Vaccines on the NIP are provided free to local government and medical services offering immunisation for infants, children, adolescents (school-age) and adults.

Vaccines are an expensive resource that can at times be in limited supply, therefore it is vital that all stocks of vaccines are kept within an optimal amount that will be used within a month to both ensure a sufficient supply of vaccines to meet needs and to minimise wastage of vaccines.

To limit wastage, when ordering vaccines, please be aware of:

- number of sessions to be held in the forthcoming 4-6 weeks
- anticipated attendance at sessions (use past records as an indication) and therefore number of doses required
- number of vaccines currently stored
- maintenance of cold chain - fridge capacity and adequate air circulation around vaccines
- allowance for 10 per cent buffer stock.

The Australian Government funds vaccines therefore to ensure ongoing funding accurate reporting of vaccine usage, coverage and wastage is required. Vaccine wastage either through the vaccine passing the expiry date, a cold chain breach or inappropriate reconstitution of vaccine should be reported to the Immunisation Program on 1300 882 008.

#### 8.1.1 Ordering vaccines

- in Victoria all vaccines on the NIP are ordered through the Immunisation Program. A list of free vaccines provided through the Victorian NIP is available for download from: <http://www.health.vic.gov.au/immunisation>
- please allow a minimum of three working days for delivery
- local government immunisation providers are encouraged to order in advance to ensure adequate supply of vaccine for planned sessions
- orders are either faxed or preferably emailed to the Immunisation Program on the standard Immunisation Vaccine Order form provided or downloaded from: <http://www.health.vic.gov.au/immunisation>
- telephone orders are not accepted
- **enquiries regarding orders should be referred to the Immunisation Program on 1300 882 008.**

#### 8.1.2 Receiving vaccines

On receipt of vaccines, the cold chain monitors (freeze and heat) and expiry date must be checked. Any variations from the manufacturer's recommendations should be reported immediately to 1300 882 008.

It is recommended that a detailed inventory of vaccines is kept including:

- types and quantities of vaccines received
- batch numbers
- expiry dates
- dates of receipt
- number of doses of vaccine used
- number of doses of vaccine wasted through expiry or those prepared and not used.

To minimise wastage of vaccines and ensure that vaccines are used within their expiry date, rotation of vaccines in the fridge is essential. Regardless of the date of delivery the vaccine with the earliest expiry date should be stored at the front of the fridge and used first.

Local government is accountable to DH for the usage and wastage of vaccines and may be required to participate in random/routine vaccine use and wastage surveys.

### **8.1.3 Other vaccination programs not funded by NIP**

Vaccines for non NIP programs must be ordered through independent suppliers as identified by each local government NOT through DH. For example, workplace influenza vaccine.

## **8.2 Information resources**

Information resources are also provided by the Immunisation Program and include:

- consent forms for school based programs
- immunisation plans
- posters
- common reactions
- pre-immunisation checklist
- immunisation record cards
- fact sheets for vaccines
- Quick guide catch-up
- Criteria for use of government vaccine

Refer to **Annex 3**

Fact sheets in multiple languages other than English are available on-line at:  
<http://www.health.vic.gov.au/immunisation>

Resources are updated by the Immunisation Program when there are changes to the schedule or clinical amendments by the Australian Technical Advisory Group on Immunisation (ATAGI).

Resources can be ordered online or via fax or email using the Resource Order Form available at: <http://www.health.vic.gov.au/immunisation>

## 9.0 Pre - immunisation procedures

Comprehensive guidelines are documented in the latest edition of the *Australian Immunisation Handbook* for pre-vaccination assessments to assist immunisation providers.

It is recommended that prior to any vaccination, **the person giving the vaccination** attend to the following three clinical areas for each client:

1. review vaccination history
2. determine the suitability for vaccination
3. obtain valid consent.

### 9.1 Review vaccination history

The vaccinator should review the clinical record and Child Health Record book to determine vaccinations and dose required according to the NIP and/or the parent/guardian's or vaccinee's wishes.

*If a person has missed scheduled vaccine doses a **catch up schedule** should be developed and commenced. Providers should refer to the appropriate section in the latest edition of *The Australian Immunisation Handbook* when planning a catch-up schedule.*

It is suggested that local government's opportunistic immunisation policy, includes checking the vaccination status of other family members should be checked and catch-up vaccination offered where appropriate. (*Refer section: Session structure and management*).

**Immunisation providers use all clinical encounters to assess vaccination status and, where indicated, vaccinate**

### 9.2 Determine the suitability for vaccination

Prior to immunising it is recommended that a clinical assessment of the vaccinee is conducted to ensure that they are medically well enough to be vaccinated, have no contraindications or medical contraindications to a specific vaccine.

The Immunisation Program has developed a pre-immunisation checklist adapted from material from *The Australian Immunisation Handbook*– reprinted in full at **Annex 4**.

The checklist assists in the process of pre-vaccination assessment. It should be shown and discussed with parents/guardians, or the person to be vaccinated, prior to each vaccination encounter. For ease of reference, this checklist can be displayed in the clinic and/or a copy given to parents to read for discussion with the vaccinator. This checklist will be updated as changes in the NIP occur.

It is imperative that provision be made for non-English speaking clients when conducting the pre-immunisation assessment. This may include the use of interpreters and information in appropriate languages.

The Immunisation Program provides a number of resources in multiple languages other than English. Please refer to: <http://www.health.vic.gov.au/immunisation>

**Immunisation providers question parent/guardians/vaccinee about contraindications and, before vaccinating, inform them in specific terms about the benefits and risks of the vaccines about to be received**

Vaccinators should consider **groups with special vaccination requirements** who are identified within the community:

- at particular risk of vaccine preventable diseases
- more frequent adverse events
- with sub-optimal response to vaccination including pre-term infants.

Providers should refer to the latest edition of *The Australian Immunisation Handbook* for a list of these groups.

### **Contraindications to vaccines**

To ensure there are no contraindications to immunisation and to reduce the incidence of adverse events, the immunisation provider should be familiar with and refer to the detailed list of conditions that may preclude vaccination in the latest edition of *The Australian Immunisation Handbook*.

True contraindications to vaccination are uncommon and there are only two absolute contraindications applicable to **all** vaccines:

1. a known anaphylactic sensitivity to any component of the relevant vaccine
2. anaphylaxis following a previous dose of the relevant vaccine.

In addition two further contraindications are applicable to **live** (parenteral and oral) vaccines:

1. live vaccines should not be administered to immunosuppressed individuals (an exception is MMR in HIV-infected individuals and providers should refer to the section 'Groups with special vaccination requirements' in the latest edition of the *Australian Immunisation Handbook* for guidance in this situation)
2. in general, live vaccines should not be administered during pregnancy, and women should be advised not to become pregnant within four weeks of receiving a live vaccine.

Vaccinations should not be administered in the presence of a fever over 38.5°C but should be postponed until the recipient is well. It should be noted that children with minor illness (without an acute systemic illness and with a temperature below 38.5°C) may be vaccinated safely.

***There are other contraindications to specific vaccines.*** Providers need to ensure they are familiar with detailed relevant vaccine information and contraindications to individual vaccines, found in the appropriate chapter of the latest edition of *The Australian Immunisation Handbook*. This aspect of immunisation practice will constantly change with alterations in the schedules, types of vaccines and new research.

**Immunisation providers should withhold vaccinations only for true contraindications**

### **Royal Children’s Hospital Immunisation Service**

The Royal Children’s Hospital provides a number of immunisation services to both providers and parents that may assist local government immunisation providers.

Services include a telephone advice line for doctors and nurses from 9am – 5pm Monday – Friday. **Phone: 9345 6599.**

Clients with specific requirements may also be referred to the specialist vaccination consultation clinic held at the hospital each Monday afternoon. Referral reasons may include:

- reaction to a previous immunisation
- parents with immunisation concerns
- travel advice and immunisation for families
- recent new arrivals e.g. refugees and migrants.

In addition to the above services the hospital provides an immunisation service and a telephone advice line for parents from 9am-5pm Monday-Friday. The phone number for this service is **9345 6599.**

### **9.3 Obtain valid consent**

It is the responsibility of the vaccinator to obtain valid consent prior to each vaccination. The procedure recommended to obtain a valid consent is described in detail in the section: *Legal considerations including consent for immunisation.*

**Pre-immunisation procedures should always include the pre-immunisation checklist and the common reaction information**

## 10.0 Vaccine preparation and administration

### 10.1 Preparation of vaccines

The following information is provided as a best practice model in the preparation of vaccines.

- each individual dose component (ie syringe and/or vial) must be checked to ensure the expiry date has not lapsed
- cold chain has been maintained throughout storage and transport of vaccine (between +2°C and +8°C or up to +12°C for no longer than 15 minutes)
- reconstitution:
  - use only diluents supplied by the manufacturer for the specific vaccine
  - providers should check product information regarding the necessity to protect from light and maximum time for discarding post reconstitution
  - as most reconstituted vaccines deteriorate rapidly at room temperature, cold chain should be maintained until administration
  - providers should ensure they are familiar with the recommended time period for use post reconstitution for each vaccine
  - reconstituted vaccines should be used within the recommended time period
- aseptic technique must be used to draw up all vaccines
- after drawing up vaccine from a vial a different needle is used for administration of the vaccine
- ensure there is no particulate matter or colour change in the vaccine
- the recommended dose should always be drawn-up and given regardless of the amount contained within the vial
- light sensitive vaccines are protected from light in an opaque covered container
- it is recommended that vaccines that have been prepared (mixed or pre-filled syringe with needle attached) but not used be discarded at the end of the day or following the expiry of the recommended time post reconstitution (whichever is sooner).

**Only authorised persons may prepare vaccines**

### 10.2 Administration of vaccines

All vaccines in the NIP schedule can be given during the same visit at different injection sites. All vaccines appropriate for age should be given at the same visit. Simultaneous immunisation is safe, does not increase the likelihood of side effects and does not compromise the effectiveness of vaccine components. It ensures that all vaccinations are given and provides the best protection against disease.

If a vaccinator elects not to administer a needed vaccine due to a genuine short term contraindication, the child's record should be flagged with an automatic recall for an appointment so the child can receive the vaccine(s) at a later date.

**Immunisation providers offer and administer, where possible, all vaccines due at the one visit**

### 10.2.1 Injection sites and techniques

The latest edition of *The Australian Immunisation Handbook* gives detailed descriptions for standard vaccine administration techniques including recommended needle sizes, injection site and angle for injection of vaccines in infants, children and adults.

The majority of injectable vaccines are given via the intramuscular (IM) or subcutaneous (SC) routes; however immunisers should check product information prior to any vaccination. IM injections should be given in the deltoid or the anterolateral aspect of the thigh dependent on the age of the client and the number of vaccines to be received. SC injection should be given in the upper arm or thigh.

It is recommended that local government providers develop a list of standard injection sites for common vaccines given on the childhood NIP Schedule as this practice may be beneficial for identifying the causative agent of any reaction.

### 10.2.2 Positioning the child for injection

The following information from *The Australian Immunisation Handbook* is provided as a best practice model in the positioning of a child for injection:

- it is important that infants and children do not move during the injection, however excess restraint can increase their fear and result in increased muscle tension
- it is recommended that infants and children be 'cuddled' on the lap of the parent or caregiver (if they are comfortable to do this)
- clothing must be removed to expose the injection site AND surrounding area to view the correct position to administer the vaccine
- alternative methods of positioning are to place the infant on their backs on a table or bed

**Adolescents and adults should be seated for vaccination which may prevent additional trauma should a fainting event occur**

### 10.2.3 Some key points regarding injections

- if the skin is visibly clean, there is no evidence that skin antiseptics are necessary
- if the skin is cleaned the agent must be allowed to dry prior to injection
- some experts, including the WHO, no longer recommend withdrawing the syringe plunger before injecting a vaccine. However it is still acceptable to do so gently if preferred. If a flash of blood appears in the needle hub, the needle should be withdrawn and a new site selected for injection.

**If the process of vaccine administration is interrupted, for example by syringe needle disconnection, the whole dose should be repeated as soon as practicable**

## 11.0 Post immunisation procedures

### 11.1 Observation post-immunisation

Vaccinees should remain on the premises for observation for a minimum period of 15 minutes following vaccination to allow for immediate attention in the event of a vaccine adverse reaction.

In order to facilitate this process, it is recommended policies of local government immunisation providers ensure that:

- parents/guardian/vaccinees are informed of this necessity prior to the vaccine being given
- if a person is vaccinated close to the end of a session the immunisation team waits for the required 15 minutes before leaving the venue

**Following vaccination, vaccinees should remain on the premises for observation for 15 minutes**

In addition to the vaccinee remaining for observation for 15 minutes, the policies developed by local government for post-immunisation procedures should include:

- information provided for parents/guardians/vaccinees on common reactions
- documentation - vaccination records and data entry
- notification of adverse events following immunisation (AEFI) to SAEFVIC (phone, fax, internet or post).

### 11.2 Common reactions

Providers should ensure that parents/guardians/vaccinees receive take home written information on common reactions to immunisations and what to do. Advice sheets on common reactions to immunisation are produced by the Immunisation Program and are available as a tear-off pad. (*Refer to section: Logistics of maintaining stock and vaccines for information on accessing these forms*).

Parent/guardian/vaccinees should be informed to contact their doctor or hospital if they are concerned about the wellbeing of their child/themselves post-immunisation.

### 11.3 Documentation

- record vaccination information in child record book or personal immunisation record card and clinical records (*Refer section: Vaccination records incorporating privacy*)
- childhood vaccination data should be forwarded to ACIR/HPV Register in accordance with protocol (*Refer section: Vaccination records incorporating privacy*)
- parents/ guardian/ vaccinees should be informed in writing of the time the next vaccination is due, which should also be noted in the patient records.

## 12.0 Immunisation emergency management procedures

Each local government immunisation provider should establish emergency procedures and protocols and ensure staff training and familiarity so that in the event of an anaphylactic reaction, relatively common reaction (for example: faint) or other unforeseen circumstance, the situation is dealt with promptly and correctly.

For the management of anaphylactic reaction see **Annex 5** or the latest edition of *The Australian Immunisation Handbook*.

At least one member of an immunisation team must be trained in resuscitation and Cardio Pulmonary Resuscitation (CPR) techniques. Endorsed nurse immunisers complete CPR training as part of their initial accreditation process. *It is recommended that all nurse immunisers nurses involved in immunisation practice complete an annual CPR update.*

A number of registered training agencies are available to local governments for the annual provision of appropriate CPR and resuscitation training and updates.

It is recommended that emergency procedures developed by local government immunisation providers include:

- clear documentation and easy availability at each session of:
  - address of venue
  - map reference of venue
  - nearest road junction and street names
  - landline and/or mobile telephone (with all staff aware of number)
  - key numbers including ambulance service, hospital (rural areas only) and police
- pre-identified roles for immunisation team members in case of emergency
- regular practice sessions of established emergency procedures for immunisation teams
- necessary emergency equipment that is checked regularly according to the manufacturers guidelines and local government protocol to ensure it is in working order
- notification procedures of adverse events following immunisation (AEFI).

### **Notification of anaphylaxis and unexpected adverse events following immunisation**

All cases of anaphylaxis or any unexpected adverse event following immunisation should be reported to SAEFVIC using the appropriate forms available at [www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation) (Refer section: *Adverse events following immunisation*).

## 13.0 Adverse events following immunisation

An adverse event may occur following immunisation. Such an event may be caused by the vaccine or may occur by chance after immunisation (that is it would have occurred regardless of vaccination). Any vaccine may cause an adverse event.

Adverse events following immunisation (AEFI) fall into three categories that are not mutually exclusive:

- local – least severe and most common
- systemic – less common than local
- allergic – least common but the most severe.

As part of the pre immunisation assessment at each immunisation visit, information should be sought regarding any adverse events that may have occurred following previous vaccinations or any known allergy.

### 13.1 Common minor adverse events

A detailed list of common minor adverse events for specific vaccines is found in the latest edition of *The Australian Immunisation Handbook* and is available from the Immunisation Program in a tear off pad format, which may be given to parents/guardians/vaccinees following vaccination (see section: *Logistics of maintaining stock and vaccines* to access these forms). These reactions are common and should be anticipated. While they may be distressing when they occur, they are not a contraindication to further vaccination and in general unless they are significant do not need to be reported.

Parents/guardians/vaccinees should be given advice how to manage these common reactions and should be informed of the risk of these events occurring as part of the consent process.

### 13.2 Serious adverse events

A serious adverse event is an uncommon or unexpected event following immunisation.

**Immunisation providers report adverse events following immunisation promptly, accurately and completely**

Prompt reporting of adverse events following vaccination is essential to ensure ongoing monitoring of vaccine safety, allow for timely corrective action when needed, and to continually update information regarding vaccine risk-benefit and contraindications. Reporting of adverse events following immunisation assists in the detection of changes in the rates of known adverse events, the detection of any adverse events previously undocumented or which result from incorrect vaccine delivery.

All staff working in or associated with local government immunisation programs (for example: maternal and child health nurses) need to be familiar with the requirements to report suspected adverse events following immunisation. Any serious or unexpected adverse event occurring following immunisation should be reported.

A non-exhaustive list of adverse events and their definition can be found in the current edition of *The Australian Immunisation Handbook*.

### 13.3 Reporting adverse events following immunisation

In Victoria **all** cases of anaphylaxis or serious adverse event should be reported by a nurse immuniser or medical officer to SAEFVIC

Reporting to SAEFVIC of AEFI can be done by:

- telephone 1300 882 924  
or
- completing the SAEFVIC notification form available at:  
[www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation)  
or
- online via [www.saefvic.org.au](http://www.saefvic.org.au)

If you would like assistance or have any queries contact SAEFVIC

- telephone 1300 882 924  
or
- email [saefvic@mcri.edu.au](mailto:saefvic@mcri.edu.au)

In addition to reporting to SAEFVIC, the adverse event and any subsequent decisions relating to the event should be clearly and fully explained to the patient/caregiver/vaccinee, accurately recorded in the vaccinees personal health record, computer held records and the clinical record.

Further information regarding AEFI may be attained from:

- <http://www.health.vic.gov.au/immunisation>
- Immunisation Program on 1300 882 008
- The latest edition of *The Australian Immunisation Handbook*
- <http://www.tga.gov.au/adr/bluecard.htm>

## 14.0 Vaccination records incorporating privacy

### 14.1 Privacy

Each local government should have its own privacy policy. Copies should be readily available to the public upon request, including at immunisation sessions.

Local government immunisation providers must comply with the *Information Privacy Act 2000* and *Health Records Act 2001* whenever personal information about clients or staff is collected, stored, transmitted, shared, used or disclosed. Further information regarding the legislation can be found at **Annex 6** or obtained from: [www.privacy.vic.gov.au](http://www.privacy.vic.gov.au)

Local government immunisation providers should be mindful of client privacy when conducting administrative procedures, collecting personal information and administering vaccines.

In addition to the above legislation, the use and management of vaccination records are also governed by the following:

- *Public Records Act 1973*
- *Health Insurance Commission Act 1973*
- Australian Standards for Record Management - AS ISO 15489.

### 14.2 Privacy notification

In accordance with the *Health Records Act 2001* parents/guardians and adult vaccinees should be given appropriate notice regarding the use of health information collected as part of the immunisation service.

Health privacy principle (HPP) 1.4 extracted from the *Health Records Act* is reprinted below and outlines the information that should be notified to individuals in relation to their health information.

HPP 1.4 At or before the time (or, if that is not practicable, as soon as practicable thereafter) an organisation collects health information about an individual from the individual, the organisation must take steps that are reasonable in the circumstances to ensure that the individual is generally aware of:

- (a) the identity of the organisation and how to contact it; and
- (b) the fact that he or she is able to gain access to the information; and
- (c) the purposes for which the information is collected; and
- (d) to whom (or the types of individuals or organisations to which) the organisation usually discloses information of that kind; and
- (e) any law that requires the particular information to be collected; and
- (f) the main consequences (if any) for the individual if all or part of the information is not provided.

**Immunisation providers use accurate and complete recording procedures**

### Information specific to vaccination records

Records should be generated and maintained where applicable for each vaccinee

- *client's personal immunisation record*
- *clinical record (local government database)*
- *notification to the ACIR (for children under seven years of age)*
- *notification to the HPV register*

## 14.3 Personal immunisation and clinical records

A permanent personal immunisation record (Child Health Record Book for children) should be established for each vaccinee and kept by that person or the child's parent/caregiver. The parent/caregiver/vaccinee should be encouraged to present the immunisation record each time they are seen by a health professional. In addition a clinical record should be established for each vaccinee and kept by the vaccination provider.

The *personal immunisation record* and *clinical record* should include the following information for each vaccinee including:

- vaccinee's full name, date of birth and Medicare number
- Aboriginal or Torres Strait Islander status (yes or no)
- details of vaccine given, including dose, brand name, batch number and route and site of administration
- name (and signature in client personal record) of the person providing the vaccination
- date of the vaccination
- date the next vaccination is due
- receipt of valid consent for vaccination.

### 14.3.1 Computerised clinical records

Local government immunisation providers use a computerised database for the generation of their clinical records such as ImPS. It is imperative that staff using these systems undergo adequate training in its use and are familiar with legislative requirements relevant to the records.

For ongoing support please contact the Immunisation Program on 1 300 882 008.

For technical support please go to the following site: [www.imps25.com](http://www.imps25.com)

**It is the responsibility of local government immunisation providers (both immunisation teams and management) to ensure that the administration of all vaccination records complies with relevant legislation**

## 14.4 Reporting data to national immunisation registers

### ACIR

Immunisation providers should send details of all vaccinations given to children under the age of seven years to the national database ACIR. Data recorded on ACIR is collected

under the *Health Insurance Commission Act 1973*. This Act authorises immunisation providers to forward immunisation data to the ACIR.

It is important that data is submitted promptly to ACIR as it provides:

- an important means of accountability and evaluation of the childhood immunisation program
- a central immunisation history for each child
- a method to determine immunisation coverage at local, state and national levels.

It is also used to determine a family's entitlement to Commonwealth payments of the Childcare benefit and Maternity Immunisation Allowance. If a child's ACIR record is inaccurate, the family may lose these benefits. Council payments are also dependent on accurate and timely reports being received at ACIR.

### **HPV register**

The National HPV program register is a confidential database that collects details about HPV vaccinations given in Australia.

The main benefits of the register are:

- provision of a certificate of completion to the recipient
- reminder notices will be issued to recipients for missed dose(s)
- future updates about boosters may be sent to recipients if required
- monitor effectiveness of the HPV vaccine program on cervical cancer rates.

Local government should send details of HPV vaccinations administered to the HPV register.

Further information is available at:

[www.hpvregister.org.au](http://www.hpvregister.org.au)

or by phone on 1800 478 734

## **14.5 Accessing ACIR data**

Access to ACIR records for immunisation providers and use of the data must comply with legislation under the *Privacy Act 1988*, the *Health Insurance Commission Act 1973* and the Health Insurance Commission Regulations.

Under this legislation, information about children and their immunisation status can be released to a recognised immunisation provider (local councils, medical practitioners and DH) where the information is sought for a purpose relating to the immunisation or health of the child.

Providers who request identifiable information sign a written agreement under section 46e (2) of the *Health Insurance Act* to allow its release. The agreement lists conditions of release for the information including:

- not using the ACIR information except for the purpose for which it was provided
- not, either directly or indirectly, giving the ACIR information to another person
- ensuring that any record of the ACIR information that is in the applicant's possession is protected by security safeguards, that it is reasonable in the circumstances to take, against loss of the record or misuse of the information.

All staff should understand the conditions related to the use of this data.

More information and forms are available from the ACIR website:

[www.medicareaustralia.gov.au/provider/pubs/forms/acir.jsp](http://www.medicareaustralia.gov.au/provider/pubs/forms/acir.jsp)

As routine practice, parents/caregivers should be informed that immunisation information will be passed to ACIR and under what circumstances this information is released.

The ACIR general enquiry contact number is 1800 653 809 or for internet enquiries is 1300 650 039.

## **14.6 School immunisation programs**

When conducting school immunisation programs some local governments may choose to use school class lists of the year levels involved.

Parents/guardians and the school should be given 'proper notice' of the use and purpose of any school class lists provided to local government. This requirement is in accordance with the *Health Records Act 2001*. (*Health Privacy Principle 1.4*)

Schools may wish to provide notice to parents/guardians for example in the school newsletter. (*Refer section: School immunisation programs*).

## **14.7 Retaining and disposing of immunisation records**

It is a requirement that Immunisation records are retained for a period of time following immunisation. Providers should ensure that their procedures comply with the Public Record Office Standard 09/05 Retention and Disposal Authority for Records of Local Government Functions.

### **14.7.1 Records of the administration of vaccines to children including consent forms where there is no central Commonwealth register of the administration of vaccinations.**

Includes all vaccination records of vaccinations administered prior to the introduction of the Australian Childhood Immunisation Register.

Includes records of consent of patients and records of patients where the patient suffers a significant adverse reaction and the matter is referred to another agency for support and continuing care.

Includes records of the handling of vaccines, vaccine preparation and administration, storage and cold chain management.

#### **Temporary**

Destroy 25 years after the administration of the vaccine. Hold in agency or Approved Public Record Office Storage Suppliers (APROSS) pending destruction.

Electronic records should be maintained in readable format pending destruction.

### **14.7.2 Records of the administration of vaccines to children including consent forms where there is a central Commonwealth register of the administration of vaccinations.**

Includes records of patients subsequently added to the Australian Childhood Immunisation Register.

Includes records of consent of patients and records of patients where the patient suffers a significant adverse reaction and the matter is referred to another agency for support and continuing care.

Includes records of the handling of vaccines, vaccine preparation and administration, storage and cold chain management.

### **Temporary**

Destroy 7 years after the administration of the vaccine. Hold in agency or APROSS pending destruction.

Electronic records should be maintained in readable format pending destruction.

#### **14.7.3 Records of the administration of vaccines to adults including consent forms.**

Includes records of consent of patients and records of patients where the patient suffers a significant adverse reaction and the matter is referred to another agency for support and continuing care.

Includes records of the handling of vaccines, vaccine preparation and administration, storage and cold chain management.

### **Temporary**

Destroy 7 years after the administration of the vaccine. Hold in agency or APROSS pending destruction.

Electronic records should be maintained in readable format pending destruction.

#### **14.7.4 Records of the administration and facilitation of immunisation programs.**

### **Temporary**

Destroy when administrative use concludes. Hold in agency or APROSS pending destruction.

Electronic records should be maintained in readable format pending destruction.

To obtain relevant publications, supplies of relevant forms, and answers to any enquiries first contact your local government records manager or Public Record Office Victoria:

(03) 9348 5600

e-mail: [prov.agency.queries@prov.vic.gov.au](mailto:prov.agency.queries@prov.vic.gov.au)

web: [www.prov.vic.gov.au](http://www.prov.vic.gov.au)

**An organisation covered by the Public Records Act cannot delete health information until the period of retention required under the Public Records Act has been reached**

## 15.0 Monitoring and evaluation of immunisation services

In order to assist local governments plan their immunisation service in consideration of their public health obligations and the conduct of an effective and safe program, a philosophy of active planning, review and monitoring is encouraged.

It is recommended that data gained through monitoring and reviews of the service is analysed and interpreted to assist local government immunisation providers to ensure optimal quality of immunisation services and to improve the efficient and effective use of available personnel and resources.

It is recommended that local government immunisations providers establish a framework for these practices. The following information may be useful to assist local government providers to establish a monitoring and evaluation framework relevant to their scope of practice. In accordance with the remainder of these guidelines, local government immunisation providers are encouraged to seek appropriate assistance, if required, in the formulation of their own monitoring and evaluation framework.

### 15.1 Vaccine coverage

#### 15.1.1 Childhood vaccinations

The ACIR collects immunisation data for children under the age of seven years and produces reports of immunisation coverage.

Coverage reports are distributed by DH to immunisation providers on a quarterly basis. These reports are inclusive of individual vaccine coverage and coverage at NHMRC target ages of 12 and 24 months and five years. Coverage rate assessments for local government are based on all children residing in their municipality (*regardless of where immunised*).

To ensure the most accurate data in coverage rates, it is recommended that local government immunisation providers engage in active follow up of all children residing in their municipality.

It is also recommended that local government immunisation providers routinely check through their monthly ACIR Statement of Payment. These Statements provide feedback on data reported which requires clarification.

#### 15.1.2 School-age vaccinations

State coverage of vaccines given at school age on the NIP (Year 7 Hepatitis B, Human papillomavirus (girls only) and Varicella vaccines and Year 10 dTpa vaccine) is calculated and published by DH.

Local government immunisation providers should produce the required ImPS generated report. Councils that do not use ImPS should collect and forward data to the Immunisation Program on the 'Local Council School-based Program' form provided by DH.

Information is inclusive of:

- total number of enrolments in the LGA
- total number of children immunised at a school visit
- total number of children immunised elsewhere.

The ImPS generated report will be requested by DH at the end of the calendar year.

For those councils that do not use the ImPS program the form is emailed to local government immunisation providers each year and is requested to be returned to DH at

the conclusion of each local government's school program.

- It is recommended that local government immunisation providers regularly meet with other regional providers of immunisation services to analyse data and review coverage in their area and plan campaigns to target specific groups as necessary.

## **15.2 Rates of vaccine-preventable disease:**

The incidence of vaccine preventable diseases is the outcome measure that demonstrates the effectiveness of an immunisation program in terms of control, elimination or eradication of a particular disease. This information may be attained by accessing the Victorian Infectious Diseases Epidemiology and Surveillance website:  
<http://www.health.vic.gov.au/ideas/surveillance/index.htm>

- It is recommended that local government immunisation providers are aware of the notifiable diseases data of vaccine preventable diseases covered by the NIP for their area.

## **15.3 Immunisation administration technique**

- It is recommended that local government immunisation providers review incidences of local reactions and local infections as possible indicators of poor immunisation techniques requiring improvement within their own service.

## **15.4 Policies and protocols (including emergency procedures)**

- The local government immunisation provider should regularly review all policies and protocols relevant to their scope of practice with team members.
- Of particular importance is the regular review of emergency procedures and ensuring that all team members practice and know their roles.
- In the case of a serious adverse reaction or other emergency event occurring, a debriefing of all involved and a review of action taken should be undertaken shortly after the event. (Refer section: *Immunisation emergency management procedures*).
- If in the reviewing of documents, it is found there are opportunities to improve the response and/or procedures, these 'lessons learnt' should be incorporated into practice as soon as possible.

## **15.5 Parent/caregiver satisfaction**

In the interests of public health, local government immunisation providers have a responsibility to provide sessions that both deliver quality immunisation services and are also user friendly to encourage parents/guardians to return for follow-up vaccinations.

- In order to assess if the immunisation service provided meets the needs of the parents/guardians and improve the service offered to clients, it is recommended that the local government immunisation provider conducts regular consumer reviews of their service. Possible methods in conducting these reviews include:
  - written questionnaires at sessions
  - discussion with focus groups
  - personal interviews at sessions
  - telephone interviews
  - mail-out questionnaires
  - comments box at sessions.

- Possible areas for the local government immunisation provider to ascertain feedback in order to analyse the service include:
  - the parents/caregivers overall satisfaction with the service
  - session length, times and frequency
  - session accessibility – parking, public transport etcetera
  - waiting times
  - information given prior to vaccination
  - quality and quantity of written information
  - session layout – privacy for injections, waiting area
  - opportunities to discuss concerns with staff
  - parent/guardian awareness of alternative immunisation services
  - parent/ guardian awareness of whom to contact in case of concerns or a reaction.

For the effective use of resources, local government immunisation providers may wish to incorporate consumer immunisation surveys into those conducted for other aspects of council's services for example: maternal and child health.

## 16.0 Occupational health and safety issues

Local government immunisation providers should maintain up to date, easily retrievable protocols relevant to their scope of practice in immunisation concerning all relevant aspects of Occupational health and safety including:

- blood spills
- disposal of infectious waste
- needle stick injuries
- medication errors
- equipment used
- prevention of transmission of infectious diseases in the health care setting
- general occupational health and safety workplace issues (*The Occupational Health and Safety Act 2005*).

All staff should be familiar with the content of the protocols and how to follow them.

For relevant information to form the basis of local government protocols refer to the latest edition of the Australian Government *Infection Control Guidelines*  
[www.health.gov.au/internet/main/publishing.nsf/Content/icg-guidelines-index.htm](http://www.health.gov.au/internet/main/publishing.nsf/Content/icg-guidelines-index.htm)

In addition the local government immunisation provider should ensure existing general occupational health and safety protocols are appropriate and relevant to immunisation practice in their LGA. This includes interior and exterior of venues where sessions are held.

## Annex 1: Summary table – Procedures for a vaccination encounter

The Australian Immunisation Handbook 9<sup>th</sup> Edition 2008 (Page 375)

This table summarises the information provided in Chapters 1.3–1.5 and provides an overview of the requirements before, during and after a vaccination encounter. This table can also be photocopied and used as an audit tool, if required.

### Pre-vaccination procedures (Chapter 1.3)

- **Prepare anaphylaxis response kit:** check availability of the protocols, equipment and drugs necessary for the management of anaphylaxis, before each vaccination session. (1.3.1)
- Only vaccine that has been transported and stored at the correct **cold chain** temperature of between +2°C to +8°C should be administered. Follow the *National Vaccine Storage Guidelines: Strive for 5*. (1.3.2)
- Perform **pre-vaccination screening** to determine the person's medical fitness for vaccination, and possible need for additional vaccines. Any concern about the person's eligibility for vaccination must be discussed with a medical practitioner, paediatrician or public health physician with expertise in vaccination (see Appendix 1 for phone numbers for State/Territory health authorities.) If a person's health status or suitability for vaccination cannot be determined, defer vaccination and seek advice. (1.3.4)
- Review the individual's vaccination history and, based on documented evidence, **decide on the appropriate vaccine(s) to be administered**. If the recommended vaccination schedule for age has not been completed, plan and document a 'catch-up' schedule and discuss this with the person or parent/carer. (1.3.5)
- **Obtain valid consent** from the person to be vaccinated, or that person's parent/carer: this includes providing the appropriate information about the risks and benefits of vaccination and the risks of vaccine-preventable diseases. (Written vaccination information can be provided to parents as early as the last trimester of pregnancy or at the well-baby check.) Advise the person to be vaccinated, or the parent/carer of a child, of the incidence of common adverse events that may occur following vaccination. This advice and the parent's consent should be documented. It is important that the parent be given a contact phone number in case a significant adverse event occurs within 24 to 48 hours of the vaccination. (1.3.3)

### Administration of vaccines (Chapter 1.4)

- **Follow standard occupational health and safety guidelines** to minimise the risk of needle-stick injury. (1.4.1)
- Depending on the vaccine(s) that are to be administered, and the age and size of the person to be vaccinated, decide on the appropriate injection site and route, and the injection equipment required (ie. syringe size, needle length and gauge) as recommended in the current NHMRC immunisation guidelines. Use a new, sterile, disposable syringe and needle for each injection. (1.4.2–1.4.6)
- **Prepare the vaccine (check whether the vaccine is injectable or oral):**
  - *Check each individual dose* (ie. ampoule, pre-filled syringe or vial) to see that the expiry date has not lapsed, and that there is no particulate matter or colour change in the vaccine.
  - *Reconstitute the vaccine as needed* immediately before administration, preferably using a separate needle to draw up the diluent or as recommended by the manufacturer. Use only the diluent supplied with the vaccine. Mix fully, and draw up the vaccine.
- **Locate the injection site** by fully uncovering the appropriate limb(s) and visualising the correct anatomical markers. Position the limb for vaccination so that the muscles are relaxed (usually a flexed position). Keep the limb as immobile as possible without using excessive restraint. Ensure

that the skin is visibly clean. (1.4.7–1.4.8)

- **Administer the vaccine(s)** using the recommended technique (IM, SC or Oral). For injectable vaccines, follow the recommendations for administering more than 1 vaccine into a limb during the encounter. *Do not inject oral vaccines*. Remove the needle briskly after IM injection. (1.4.5, 1.4.9)

### Post-vaccination procedures (Chapter 1.5)

- **Immediate after-care**

- Dispose of used needles, syringes and vaccine vials/ampoules in accordance with standard infection control guidelines.
- Cover the puncture wound quickly with a dry cotton wool ball and hypoallergenic tape as needed. Apply gentle pressure for 1–2 minutes but do not massage.
- Remove the cotton wool and tape after a few minutes.
- Continue using comfort and distraction techniques to alleviate any distress and pain. Note: paracetamol is not used routinely at the time of vaccination but may be recommended as required for fever or pain. (1.5.1)

- **Managing adverse reactions, documentation and follow-up**

- Remind the vaccinated person, or the parent/carer of a child, about the possible **common adverse events following immunisation** and how to manage them. It is preferable to provide this as written information (see inside back cover of this *Handbook*).
- Before departure, inform the person or the parent/carer, preferably in writing, of the **date of the next scheduled vaccination**.
- The vaccinated person and/or parent/carer should be advised to remain in a nearby area for a **minimum of 15 minutes** after the vaccination. The area should be close enough to the vaccinator, so that the child/person can be **observed** and medical treatment can be readily obtained if needed.
- Take the opportunity to **check the vaccination status of other family members (as appropriate)** and provide (or refer) for catch-up vaccination.
- **Document the details of vaccination:**
  - (i) on a record to be retained by the person, or the parent/carer of a child,
  - (ii) on the relevant clinical record (electronic or hard-copy), and
  - (iii) on an ACIR (or equivalent) encounter form, for children <7 years of age.
- Remind the vaccinated person, or the parent/carer of a child, to promptly **report any significant adverse event following immunisation** to the vaccinator, so that it can be reported to either the Adverse Drug Reactions Advisory Committee (TAS) or to the relevant State/Territory health authorities (ACT, NSW, NT, QLD, SA, VIC and WA). (1.5.2–1.5.4)

## Annex 2: Legislation

Complete legislation pertinent to immunisation practice may be found at the following website: <http://www.health.vic.gov.au/legislation/>

### The responsibility of local government in the provision of immunisation services:

#### **Public Health and Wellbeing Act 2008 No. 46 of 2008**

##### **PART 3—ADMINISTRATION**

##### **Division 3—Councils**

#### **24 Function of Councils**

The function of a Council under this Act is to seek to protect, improve and promote public health and wellbeing within the municipal district by—

- (a) creating an environment which supports the health of members of the local community and strengthens the capacity of the community and individuals to achieve better health;
- (b) initiating, supporting and managing public health planning processes at the local government level;
- (c) developing and implementing public health policies and programs within the municipal district;
- (d) developing and enforcing up-to-date public health standards and intervening if the health of people within the municipal district is affected;
- (e) facilitating and supporting local agencies whose work has an impact on public health and wellbeing to improve public health and wellbeing in the local community;
- (f) co-ordinating and providing immunisation services to children living or being educated within the municipal district;
- (g) ensuring that the municipal district is maintained in a clean and sanitary condition.

##### **PART 8—MANAGEMENT AND CONTROL OF INFECTIOUS DISEASES, MICRO-ORGANISMS AND MEDICAL CONDITIONS**

##### **Division 7—Immunisation**

#### **144 Application of sections 145 and 146**

Sections 145 and 146 apply in relation to any child that is to attend a primary school.

**145 Immunisation status certificates to be produced before attendance at primary school**

The parent of a child must give an immunisation status certificate in respect of each vaccine-preventable disease to the person in charge of each primary school that the child is to attend.

**146 Obligations of person in charge of primary school**

- (1) A person in charge of a primary school must take reasonable steps to obtain an immunisation status certificate in respect of each child attending the primary school.
- (2) A person in charge of a primary school must take reasonable steps to ensure that the student immunisation record in respect of each child attending the primary school is kept up to date.

**147 Immunisation status certificate**

- (1) An immunisation status certificate is a document—
  - (a) which is provided to a parent of a child under section 46E(1)(c) of the Health Insurance Act 1973 of the Commonwealth; or
  - (b) which is issued by—
    - (i) a person authorised to do so by a Council; or
    - (ii) a person who is a recognised immunisation provider within the meaning of section 46A of the Health Insurance Act 1973 of the Commonwealth; or
    - (iii) a person who is prescribed to be a prescribed person for the purposes of this section—

which certifies that the person issuing the document has been given the evidence required by subsection (2) in respect of each vaccine-preventable disease; or
  - (c) which is a document which is prescribed to be a prescribed document for the purposes of this section.
- (2) The evidence required is one of the following—
  - (a) evidence as to whether or not the child has been immunised against the vaccine-preventable disease;
  - (b) laboratory evidence that the child has developed a natural immunity against the vaccine-preventable disease and does not require immunisation;
  - (c) a statutory declaration made by a parent declaring that the parent believes that the child has been immunised against the vaccine-preventable disease;
  - (d) evidence of a kind which is prescribed for the purposes of this section.

### **148 Issuing of immunisation status certificate**

- (1) A person authorised to do so by a Council may issue an immunisation status certificate to a parent of a child if—
  - (a) the parent produces for each vaccine-preventable disease evidence of the kind required by section 147(2); and
  - (b) the child—
    - (i) resides in the municipal district of the Council; or
    - (ii) attends or proposes to attend a primary school located in the municipal district of the Council.
- (2) A person who is—
  - (a) a recognised immunisation provider within the meaning of section 46A of the Health Insurance Act 1973 of the Commonwealth; or
  - (b) prescribed to be a prescribed person for the purposes of section 147—

may issue an immunisation status certificate to a parent of a child if the parent produces for each vaccine-preventable disease evidence of the kind required by section 147(2).

### **149 Effect of immunisation status certificate**

A person in charge of a primary school may rely on statements in an immunisation status certificate.

## **PART 11—GENERAL PROVISIONS**

### **238 Management and control of infectious disease, micro-organisms and medical conditions**

- (1) Without limiting the generality of section 232, the regulations may prescribe—
  - (a) a definition of *immunised* in relation to each vaccine-preventable disease;
  - (w) the retention of immunisation status certificates by persons in charge of primary schools;
  - (x) the persons to whom and the circumstances in which the person in charge of a primary school must allow access to immunisation status certificates;
  - (y) matters relating to the closing of primary schools and children's services centres because of an infectious disease;
  - (z) matters relating to the regulation or restriction of attendance at a primary school or children's services centre because of an infectious disease.

## The use, handling and administration of vaccines:

Version No. 005

### Drugs, Poisons and Controlled Substances Regulations 2006

S.R. No. 57/2006

#### PART 2—DRUGS OF DEPENDENCE, SCHEDULE 4 POISONS, SCHEDULE 8 POISONS AND SCHEDULE 9 POISONS

##### Division 1—Possession

#### 5. Possession of Schedule 4 poisons, Schedule 8 poisons and Schedule 9 poisons

(1) A person or class of persons shown in an item in Column 1 of the following table is authorised to have in his or her possession a Schedule 4 poison, Schedule 8 poison or Schedule 9 poison to the extent shown in Column 2.

|   |  |
|---|--|
| 19. A municipal council, an environmental health officer or a nurse employed or appointed by a municipal council. | Those Schedule 4 poisons that are necessary for immunisation programs coordinated by a municipal council in accordance with its functions under the <b>Health Act 1958</b> . |
|---|--|

- (2) A nurse is authorised to possess those Schedule 4 poisons, Schedule 8 poisons or Schedule 9 poisons that are necessary for administration to a patient under the care of that nurse in accordance with—
- (a) the instructions of and upon the authorisation for that patient by—
    - (i) in the case of a Schedule 4 poison, Schedule 8 poison or Schedule 9 poison, a registered medical practitioner or dentist; or
    - (ii) in the case of a Schedule 4 poison or Schedule 8 poison, a nurse practitioner; or
    - (iii) in the case of a Schedule 4 poison specified in his or her endorsement of registration, an authorised optometrist; or
  - (b) the conditions of a permit to purchase or obtain and use a poison or controlled substance for the provision of health services; or
  - (c) the approval of the Secretary under sub-regulation (3).
- (3) Subject to sub-regulation (4), the Secretary may approve the possession of a Schedule 4 poison, Schedule 8 poison or Schedule 9 poison by a nurse or class of nurses without the direct supervision of—

- (a) in the case of a Schedule 4 poison, Schedule 8 poison or Schedule 9 poison, a registered medical practitioner or dentist; or
  - (b) in the case of a Schedule 4 poison or Schedule 8 poison, a nurse practitioner; or
  - (c) in the case of a Schedule 4 poison specified in his or her endorsement of registration, an authorised optometrist.
- (4) The Secretary must not grant an approval referred to in sub-regulation (3) unless the Secretary considers that the approval—
- (a) is necessary for the provision of health services; and
  - (b) is within the competence of a nurse without the direct supervision of a registered medical practitioner, dentist, nurse practitioner or authorised optometrist (as the case requires)

### **Division 3—Supply**

#### **25. Persons authorised to write prescriptions**

- (1) A person other than a registered medical practitioner, veterinary practitioner or dentist must not write a prescription for a Schedule 9 poison.
- Penalty: 100 penalty units.
- (2) A person other than a registered medical practitioner, veterinary practitioner, dentist or nurse practitioner must not write a prescription for a Schedule 8 poison.
- Penalty: 100 penalty units.
- (3) A person other than a registered medical practitioner, veterinary practitioner, dentist, nurse practitioner or authorised optometrist must not write a prescription for a Schedule 4 poison.
- Penalty: 100 penalty units.
- (4) A registered medical practitioner or dentist must not write a prescription for a Schedule 4 poison, Schedule 8 poison or Schedule 9 poison other than for the treatment of a person named on the prescription.
- Penalty: 100 penalty units.
- (5) A nurse practitioner must not write a prescription for a Schedule 4 poison or Schedule 8 poison other than for the treatment of a person named on the prescription.
- Penalty: 100 penalty units.
- (6) An authorised optometrist must not write a prescription for a Schedule 4 poison other than for the treatment of a person named on the prescription.
- Penalty: 100 penalty units.

- (7) A veterinary practitioner must not write a prescription for a Schedule 4 poison, Schedule 8 poison or Schedule 9 poison other than for the treatment of an animal named or described on the prescription.

Penalty: 100 penalty units.

#### **Division 4—Storage**

##### **34. General security requirement—Schedule 4 poisons**

- (1) A person to whom this regulation applies must store any Schedule 4 poisons in the person's possession in a lockable storage facility.

Penalty: 100 penalty units.

##### **36. Storage requirements**

- (1) A person to whom this regulation applies must—
- (a) store any Schedule 4 poison in the person's possession in a lockable storage facility; and
  - (b) store any Schedule 8 poison or Schedule 9 poison in the person's possession in a lockable room or in a lockable storage facility which is firmly fixed to a floor or wall; and
  - (c) take all reasonable steps to ensure that the storage facilities for Schedule 4 poisons, Schedule 8 poisons and Schedule 9 poisons remain locked and secured to prevent access by an unauthorised person at all times, except when it is necessary to open them to carry out an essential operation in connection with the poisons stored in them.

Penalty: 100 penalty units.

#### **Division 5—Records**

##### **38. Definition of transaction**

In this Division "**transaction**" means the manufacture, preparation, use, transfer within and between premises, administration, sale, supply, disposal or destruction of a Schedule 4 poison, Schedule 8 poison or Schedule 9 poison.

##### **46. Administration of drugs and poisons to be authorised**

- (1) A registered medical practitioner or dentist who orders the administration of a Schedule 4 poison, Schedule 8 poison or Schedule 9 poison to a person—
- (a) must provide that instruction in writing in a legible and durable form; and
  - (b) must date and confirm that order with his or her signature.

Penalty: 100 penalty units.

- (2) A nurse practitioner who orders the administration of a Schedule 4 poison or Schedule 8 poison to a person—

(a) must provide that instruction in writing in a legible and durable form; and

(b) must date and confirm that order with his or her signature.

Penalty: 100 penalty units.

(3) An authorised optometrist who orders the administration of a Schedule 4 poison to a person—

(a) must provide that instruction in writing in a legible and durable form; and

(b) must date and confirm that order with his or her signature.

Penalty: 100 penalty units.

(4) A person must not administer a Schedule 4 poison, Schedule 8 poison or Schedule 9 poison to another person on the instruction of a registered medical practitioner or dentist if—

(a) in the case of a Schedule 4 poison, it is more than 12 months after the date on which the instruction was given; or

(b) in the case of a Schedule 8 poison or Schedule 9 poison, it is more than 6 months after the date on which the instruction was given.

Penalty: 100 penalty units.

(5) A person must not administer a Schedule 4 poison or Schedule 8 poison to another person on the instruction of a nurse practitioner if—

(a) in the case of a Schedule 4 poison, it is more than 12 months after the date on which the instruction was given; or

(b) in the case of Schedule 8 poison, it is more than 6 months after the date on which the instruction was given.

Penalty: 100 penalty units.

(6) A person must not administer a Schedule 4 poison to another person on the instruction of an authorised optometrist if it is more than 12 months after the date on which the instruction was given.

Penalty: 100 penalty units.

(7) A person referred to in Column 1 of Part 2 of the table in regulation 5 must not administer a Schedule 4 poison or Schedule 8 poison other than to the extent authorised by Column 2 of Part 2 of the Table.

Penalty: 100 penalty units.

## **Approval under regulation 5(3) Drugs, Poisons and Controlled Substances Regulations 2006**

A nurse registered in division 1 of the register of nurses endorsed under section 27A of the *Health Professions Registration Act 2005* by the Nurses Board of Victoria in the approved area of practice – Immunisation, may possess and administer the Schedule 4 poisons:

- (1) vaccines listed in Appendix 1, and
  - (2) such other Schedule 4 poisons as are necessary for the treatment of anaphylactic reactions to the vaccines listed in Appendix 1,
- under the following circumstances:
- (a) the nurse is employed or contracted by:
    - (i) a medical practitioner
    - (ii) a municipal council which employs, contracts or ensures access to a medical practitioneror
    - (iii) a health services permit holder who employs, contracts or ensures access to a medical practitioner.
  - (b) the medical practitioner referred to in paragraph (a) is available to provide advice to the nurse on the use of the Schedule 4 poisons when needed,
  - (c) the nurse possesses and administers only the Schedule 4 poisons obtained by the medical practitioner, municipal council or health services permit holder by whom he or she is employed or contracted, and
  - (d) the nurse administers the Schedule 4 poisons in:
    - (i) the performance of his or her duties with the medical practitioner, municipal council or health services permit holder (as the case requires),
    - (ii) accordance with the edition of the Australian Immunisation Handbook that is current at the time of the administration, and
    - (iii) accordance with any guidelines issued by the Department of Health.

### **APPENDIX 1**

|                                      |               |                                 |
|--------------------------------------|---------------|---------------------------------|
| Diphtheria                           | Measles       | Rubella                         |
| <i>Haemophilus influenzae</i> type B | Meningococcus | <i>Streptococcus pneumoniae</i> |
| Hepatitis A                          | Mumps         | Tetanus                         |
| Hepatitis B                          | Pertussis     | Varicella                       |
| Human papillomavirus                 | Polio         |                                 |
| Influenza                            | Rotavirus     |                                 |

This approval is effective from 1 January 2010 and supersedes the approval of 10 May 2007

**Manager, Drugs and Poisons**  
**Delegate of the Secretary, Department of Health**

## **Approval under regulation 5(3) Drugs, Poisons and Controlled Substances Regulations 2006**

**Vaccinations Approved by the Secretary**  
link: <http://www.health.vic.gov.au/dpu>

### **APPENDIX 1**

#### ***APPROVED CLIENT GROUPS FOR IMMUNISATION BY ACCREDITED NURSE IMMUNISERS***

**Standard Vaccination Procedures must be followed according to The Australian Immunisation Handbook current at the time of administration.**

##### **DIPHTHERIA**

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

- immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule or as approved by the Victorian Chief Health Officer
- immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

##### **but excludes:**

- immunisation for travel purposes.<sup>1</sup>
- immunisation of contacts in the event of a case of diphtheria, unless directed by DH to do so.<sup>2</sup>
- immunisation with diphtheria antitoxin.<sup>3</sup>

##### **TETANUS**

Approval for nurses to immunise with vaccine(s) against tetanus includes:

- immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule or as approved by the Victorian Chief Health Officer
- immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration.

##### **but excludes:**

- immunisation for travel purposes.<sup>1</sup>
- immunisation for tetanus prophylaxis related to wound management.<sup>4</sup>
- immunisation with tetanus immunoglobulin.<sup>3</sup>

##### **PERTUSSIS**

Approval for nurses to immunise with vaccine(s) against pertussis **includes:**

- immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook

current at the time of administration or as approved by the Victorian Chief Health Officer

**but excludes:**

- immunisation for travel purposes.<sup>1</sup>
- immunisation of contacts in the event of a case of pertussis, unless directed by DH

**MEASLES**

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

- immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule or as approved by the Victorian Chief Health Officer
- immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

**but excludes:**

- immunisation for travel purposes.<sup>1</sup>
- immunisation of contacts in the event of a case of measles, unless directed by DH to do so.<sup>2</sup>
- immunisation with normal human immunoglobulin (NIGH) for the prophylaxis of measles when contact with a case.<sup>3</sup>

**MUMPS**

Approval for nurses to immunise with vaccine(s) against mumps **includes:**

- immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule or as approved by the Victorian Chief Health Officer
- immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration

**but excludes:**

- immunisation for travel purposes.<sup>1</sup>
- immunisation of contacts in the event of a case of mumps, unless directed by DH to do so.<sup>2</sup>
- immunisation with normal human immunoglobulin (NIGH) for the prophylaxis of mumps when contact with a case.<sup>3</sup>

**RUBELLA**

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

- immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule or as approved by the Victorian Chief Health Officer
- immunisation of non pregnant seronegative women of child bearing age<sup>5</sup>

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

**but excludes:**

- immunisation for travel purposes.<sup>1</sup>
- immunisation of contacts in the event of a case of rubella, unless directed by DH to do so.<sup>2</sup>
- immunisation with normal human immunoglobulin (NIGH) for the prophylaxis of rubella when contact with a case.<sup>3</sup>

### **POLIOMYELITIS**

Approval for nurses to immunise with vaccine(s) against poliomyelitis includes:

- immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule or as approved by the Victorian Chief Health Officer
- immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration.

**but excludes:**

- immunisation for travel purposes.<sup>1</sup>

### **HAEMOPHILUS INFLUENZAE TYPE B**

Approval for nurses to immunise with vaccine(s) against *Haemophilus influenzae* type B (Hib) infections **includes:**

- immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule or as approved by the Victorian Chief Health Officer
- immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration.

**but excludes:**

- immunisation for travel purposes.<sup>1</sup>

### **HEPATITIS B**

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

- immunisation of children and adults as per the NHMRC Recommended Immunisation Schedule or as approved by the Victorian Chief Health Officer
- immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration.

**but excludes:**

- immunisation for travel purposes.<sup>1</sup>
- immunisation following acute exposure to potentially infected blood or bodily fluids.<sup>7</sup>

- immunisation with hepatitis B immunoglobulin following acute exposure to potentially infected blood or bodily fluids.<sup>3,7</sup>

## **HEPATITIS A**

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

- immunisation of children and adults as per the recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration or as approved by the Victorian Chief Health Officer
- immunisation of children and adults as per the catch up vaccination and other variations to the schedule recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration.

### **but excludes:**

- immunisation for travel purposes.<sup>1</sup>
- immunisation of contacts in the event of a case of hepatitis A, unless directed by DH to do so.<sup>2</sup>
- immunisation with normal human immunoglobulin (NIGH) for the prophylaxis of hepatitis A when contact with a case<sup>3</sup>

## **INFLUENZA**

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

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

### **but excludes:**

- immunisation for travel purposes.<sup>1</sup>

## **HUMAN PAPILLOMAVIRUS**

Approval for nurses to immunise with vaccine(s) against human papillomavirus **includes:**

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

### **but excludes:**

- immunisation for travel purposes.<sup>1</sup>

## **ROTAVIRUS**

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

- immunisation of infants as per the recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration.

## **MENINGOCOCCAL INFECTIONS**

Approval for nurses to immunise with vaccine(s) against meningococcal disease **includes:**

- immunisation of children and adults as per the recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration, or as approved by the Victorian Chief Health Officer

**but excludes:**

- immunisation for travel purposes.<sup>1</sup>
- immunisation of contacts in the event of a case of meningococcal, unless directed by DH to do so.<sup>2</sup>

## **PNEUMOCOCCAL INFECTIONS**

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

- immunisation of children and adults as per the recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration or as approved by the Victorian Chief Health Officer

**but excludes:**

- immunisation for travel purposes.<sup>1</sup>

## **VARICELLA**

Approval for nurses to immunise with vaccine(s) against varicella **includes:**

- immunisation of children and adults as per the recommendations in the NHMRC Australian Immunisation Handbook current at the time of administration or as approved by the Victorian Chief Health Officer

**but excludes:**

- immunisation for travel purposes.
- immunisation with Zoster immunoglobulin for prophylaxis when contact with a case<sup>3</sup>

Contra-indications must be observed as in the NHMRC Australian Immunisation Handbook current at the time of administration. Due to the nature of some medical conditions especially involving immunosuppression, the final decision that immunisation is indicated should be made by the individual's treating doctor due to the specialist nature of the condition.

### GENERAL NOTES

**Valid consent must be obtained for each immunisation in accordance with the protocol listed in the NHMRC Australian Immunisation Handbook that is current at the time of administration. The process of establishing if contra-indications exist and valid consent given must include the use of a Pre-Immunisation Checklist\*\* given to the parent/person to be immunised.**

Cold chain must be maintained as per the recommendations of NHMRC Australian Immunisation Handbook current at the time of administration.

Notification that a vaccine has been given must be sent to the Australian Childhood Immunisation Register (ACIR), if the client is aged under 7 years.

A reasonable check of the client's immunisation history must be undertaken before immunisation, either by the Child Health Record, the ACIR or the client's usual immunisation provider.

A record of the immunisation(s) given must be provided to the client, either on the Child Health Record, or on the adult immunisation record card\*\*.

1. Travel medicine is a specialist area that should include a medical consultation.
2. A case of this vaccine preventable disease is notifiable to the Department of Human Services under the Health (Infectious Diseases) Regulations 1990. DH will provide advice on the further management of the case and contacts.
3. Approval to immunise does not include the administration of immunoglobulin preparations.
4. Tetanus prone wounds should be reviewed in a medical consultation.
5. Seronegative women of child bearing age who are being immunised with rubella containing vaccine should be advised to have rubella serology performed 2 months after immunisation to check immune status.
6. Although immunisation is indicated, the final decision that immunisation is indicated should be made by the individual's treating doctor due to the specialist nature of the condition.
7. Should require consultation with infection control specialist.

\*\*Available from DH Immunisation Program.

**Relevant legislation and standards for immunisation practice**

- *Public Health and Wellbeing Act 2008* (Vic)
- DHS - Approval under regulation 5(3) Drugs, Poisons and Controlled Substances Regulations 2006, Delegate of the Secretary, Department of Health
- ANCI National Competency Standards for the Registered Nurse, 4th Edition, 2006, Australian Nursing Council Inc
- Code of Ethics for Nurses in Australia, 2008, ANC, ANF, RCN
- Code of Professional Conduct for Nurses in Australia, 2008, ANC
- *Drugs, Poisons and Controlled Substances Act 1981* (Vic)
- Drugs, Poisons and Controlled Substances Regulations 2006 (Vic)
- *Medical Treatment Act 1988* (Vic)
- *Health Professions Registration Act 2005* (Vic)
- *Privacy Act 1988* (Cwlth)
- *Health Records Act 2001* (Vic)
- *Health Insurance Commission Act 1973* (Cwlth)
- *Children, Youth and Families Act 2005* (Vic)
- *Information Privacy Act 2000* (Vic)
- Working with Children Regulations 2006 (Vic)
- Public Record Office Standard 09/05 Retention and Disposal Authority for Records of Local Government Functions
- Health (Immunisation) Regulations 1999 (Vic)

Complete legislation pertinent to immunisation practice may be found at the following website: <http://www.health.vic.gov.au/legislation/>

## Annex 3: Resources

The following resources may assist local government in the provision of a quality immunisation service.

### **Texts:**

The latest edition of the *The Australian Immunisation Handbook* is the gold standard for immunisation practice in Australia. The text is updated and reprinted regularly. It is recommended that all local government immunisation providers have adequate copies of this text for the use and reference of their immunisation teams.

### **Web-based resources:**

The Immunisation Program has produced extensive resources for both provider and public use, which are available on-line at: <http://www.health.vic.gov.au/immunisation/>

The information produced is broad and enables providers to choose and utilise the material for the direct use of their clients or alternatively allows for the production of their own information.

Providers are encouraged to navigate under the following headings on the home page above to familiarise themselves with the contents of these pages.

### **Fact sheets**

- Includes the disease, immunisation type and side effects and school based consent cards
  - Adolescent diphtheria, tetanus and pertussis (whooping cough) - Year 10 school based immunisation program
  - Adult/adolescent diphtheria, tetanus and pertussis
  - Adult immunisation
  - Chickenpox vaccination childhood and Year 7 school based immunisation program
  - Childhood pneumococcal disease
  - Diphtheria, tetanus, pertussis (whooping cough) and poliomyelitis
  - Diphtheria, tetanus, pertussis (whooping cough) hepatitis B, poliomyelitis and *Haemophilus influenzae* type b
  - Hepatitis B vaccine - Year 7 school based immunisation program
  - Infant hepatitis B
  - Influenza
  - Measles, mumps and rubella
  - Meningococcal serogroup C disease
  - Poliomyelitis
  - Pneumococcal disease
  - Starting Primary School? (School entry immunisation status certificate)
  - Tetanus and diphtheria
  - Rotavirus
  - Human papillomavirus –HPV Year 7 school based immunisation program

- **In your language** Fact sheets are available in multiple languages including *Arabic, Bosnian, Chinese, Croatian, Dari, Greek, Indonesian, Italian, Karen, Khmer/Cambodian, Macedonian, Maltese, Polish, Russian, Serbian, Sinhalese, Somali, Spanish, Turkish and Vietnamese.*
- National Immunisation Program Schedule

### **Provider forms**

- Order resources online
- Immunisation forms
- Cold Chain Breach and consent forms

### **Provider information**

- Quick guide: catch-up immunisation
- Immunisation Program Newsletter
- SAEFVIC
- Criteria for use of government vaccine
- Oral RotaTeq vaccine –dose cut-off dates
- Victorian Immunisation Strategy 2009-2012
- Introducing vaccines- a history
- Immunisation guidelines for health care workers

### **Local council information**

- Guidelines for immunisation practice in local government

### **Resources**

- Travel vaccines including Yellow fever vaccinating centres
- Links Immunisation related and disease specific
- Nurse Immuniser information
- List of local councils

The Australian Department of Health and Ageing - Immunise Australia web site also contains a number of useful resources for both providers and parents/caregivers: <http://www.immunise.health.gov.au/>

The booklet 'Understanding Childhood Immunisation' is available in many languages and may be accessed at: <http://www.immunise.health.gov.au>  
A range of educational tools may be developed from this resource.

The ACIR website may be accessed for further information at:  
<http://www.medicareaustralia.gov.au/public/services/acir/index.jsp>

The Public Health Association of Australia website may also be a valuable resource for immunisation practice and contains proceedings from the previous Biennial Immunisation Conference. <http://www.phaa.net.au/>

### **Providers may wish to access other web sites on immunisation:**

<http://www.health.gov.au>  
<http://www.cdc.gov/vaccines>  
<http://www.immunize.org>  
<http://www.cdc.gov/mmwr/>  
<http://www.ncirs.usyd.edu.au>

## Annex 4: Pre-immunisation checklist

The Immunisation Program has developed a pre-immunisation checklist adapted from material from the National Immunisation Program. The checklist assists in the process of pre-vaccination assessment. It should be shown and discussed with parents, or the person to be vaccinated, prior to vaccination. For ease of reference, this checklist can be displayed in the clinic and/or a copy given to parents/guardians to read for discussion with the vaccinator.

This checklist will be adapted and updated as the immunisation schedule changes. Please refer to [www.health.vic.gov.au/immunisation](http://www.health.vic.gov.au/immunisation) for the current version.

### Pre-immunisation checklist

#### What to tell your doctor or nurse before immunisation:

**The conditions below do not necessarily mean that immunisation cannot be given. Before the immunisation, tell the doctor or nurse if any of the following apply to the person to be immunised:**

| <b>For all vaccines if you:</b>  |
|--|
| • Are unwell on the day of immunisation (temperature over 38.5°C)  |
| • Have had a severe reaction to any vaccine  |
| • Have a severe allergy to anything  |
| • Are pregnant or planning pregnancy within one month  |
| • Are of Aboriginal or Torres Strait Island descent (relates to the adult influenza and pneumococcal vaccine program)  |
| • Has a chronic illness  |
| • Preterm baby born less than 32 weeks gestation or less than 2000g birthweight  |
| • Have had a vaccine containing live viruses within the last month (such as MMR, chickenpox or BCG)  |
| • Are taking steroids of any sort other than inhaled asthma sprays or steroid creams (for example, cortisone or prednisone).                                     |
| • Have had immunoglobulin or a blood transfusion in the last 3 months, or intravenous immunoglobulin in the last nine months.                                    |
| • Have a disease or are having treatment which causes low immunity (for example, leukaemia, cancer, HIV/AIDS, radiotherapy or chemotherapy).                     |
| • Live with someone who has a disease or is having treatment which causes low immunity (for example, leukaemia, cancer, HIV/AIDS, radiotherapy or chemotherapy). |
| • Have a past history of Guillian-Barré syndrome   |

| <b>Before any immunisation takes place, the doctor or nurse will ask:</b> |
|---|
| • Have you read this information?   |
| • Do you understand the information?                                      |
| • Do you need more information to decide whether or not to proceed?       |

## Annex 5: Recognition and management of anaphylaxis

The following information is copied from the current Australian Immunisation Handbook.

### Anaphylaxis and vasovagal episodes

Anaphylaxis following routine vaccination is very rare, but can be fatal. All immunisation providers must be able to distinguish between anaphylaxis, convulsions and fainting.

Fainting (vasovagal episode) is relatively common after vaccination of adults and adolescents, but infants and children rarely faint. Sudden loss of consciousness in young children should be presumed to be an anaphylactic reaction, particularly if a strong central pulse is absent. A strong central pulse (for example carotid) persists during a faint or convulsion.

The features listed in the table below may be useful in differentiating these two conditions. If the diagnosis is unclear and anaphylaxis is considered, management should be instituted with the prompt administration of adrenaline.

### Clinical features which may assist differentiation between a vasovagal episode and anaphylaxis

|                           | Vasovagal episode  | Anaphylaxis  |   |
|---------------------------|--|--|---|
| <b>Onset</b>              | Immediate, usually within minutes of or during vaccine administration. | Usually within 15 minutes, but can occur within hours, of vaccine administration.  |   |
| <b>Signs and symptoms</b> | Skin   | Generalised pallor, cool, clammy skin.   |   |
|                           | Respiratory  | Skin itchiness, generalised skin erythema (redness), urticaria (wheals) or angioedema (localised oedema of the deeper layers of the skin or subcutaneous tissues). |   |
|                           | Cardiovascular   | Cough, wheeze, stridor, or signs of respiratory distress (tachypnoea, cyanosis, rib recession).  |   |
|                           |  | Bradycardia, weak/absent peripheral pulse, strong carotid pulse.   |   |
|                           |  | Tachycardia, weak/absent peripheral and carotid pulse.   |   |
|                           | Hypotension – usually transient and corrects in supine position.       | Hypotension – sustained and no improvement without specific treatment.   |   |
|                           | Neurological   | Feels faint, light-headed.   | Sense of severe anxiety and distress.                                     |
|                           |  | Loss of consciousness – improves once supine or head down position.  | Loss of consciousness – no improvement once supine or head down position. |

### **Signs of anaphylaxis**

Anaphylaxis is a severe adverse event of rapid onset, characterised by sudden respiratory distress and/or circulatory collapse. Early signs include involvement of the skin, for example: generalised erythema, urticaria; and/or gastrointestinal tract, for example: diarrhoea, vomiting. In severe cases, there is circulatory failure with alteration in the level of consciousness, hypotension and weak or absent pulses, and/or marked respiratory distress from upper airway oedema or bronchospasm.

Immunisation providers should be able to recognise all the following symptoms and signs of anaphylaxis:

- cutaneous, such as the rapid development of widespread urticarial lesions (circumscribed, intensely itchy wheals with erythematous raised edges and pale, blanched centres) or erythema
- upper airway obstruction, such as hoarseness and stridor, resulting from angioedema of the hypopharynx, epiglottis and larynx
- lower airway obstruction, such as subjective feelings of retrosternal tightness, and dyspnoea with audible expiratory wheeze from bronchospasm
- limpness and pallor, which are signs of severe anaphylaxis in children
- profound hypotension in association with tachycardia, and/or other signs of cardiovascular disturbance, such as sinus tachycardia or severe bradycardia
- abdominal cramps, diarrhoea and/or vomiting.

### **Management of anaphylactic reactions**

Rapid administration of adequate amounts of adrenaline is the cornerstone of treatment of anaphylaxis. (It is also the cornerstone of treatment of an anaphylactoid reaction, regardless of the certainty of the diagnosis).

Anaphylaxis occurs without warning, usually within five minutes of giving the vaccine.

Both a protocol for the management of anaphylaxis and adrenaline must always be immediately at hand whenever vaccines are given.

- If the patient is unconscious, lay him/her on the left side and position to keep the airway clear.
- Give adrenaline by intramuscular injection (see below for dosage) for any signs of anaphylaxis, except for erythema (flushing) or itching alone, which are observed for progression.
- If there is no improvement in the patient's condition by 5 minutes, repeat doses of adrenaline every 5 minutes until improvement occurs.
- If oxygen is available, administer by facemask at a high flow rate.
- Send for professional assistance. Never leave the patient alone.
- Begin expired air resuscitation for apnoea, check for a central pulse. If central pulse not palpable, commence external cardiac massage (ECM).
- All cases should be admitted to hospital for further observation and treatment.

Experienced practitioners may choose to use an oral airway if the appropriate size is available, but its use is not routinely recommended unless the patient is unconscious. Note: Antihistamines and/or hydrocortisone are not recommended for the emergency management of anaphylaxis.

**Adrenaline doses**

**Adrenaline 1: 1000 (one in one thousand)**

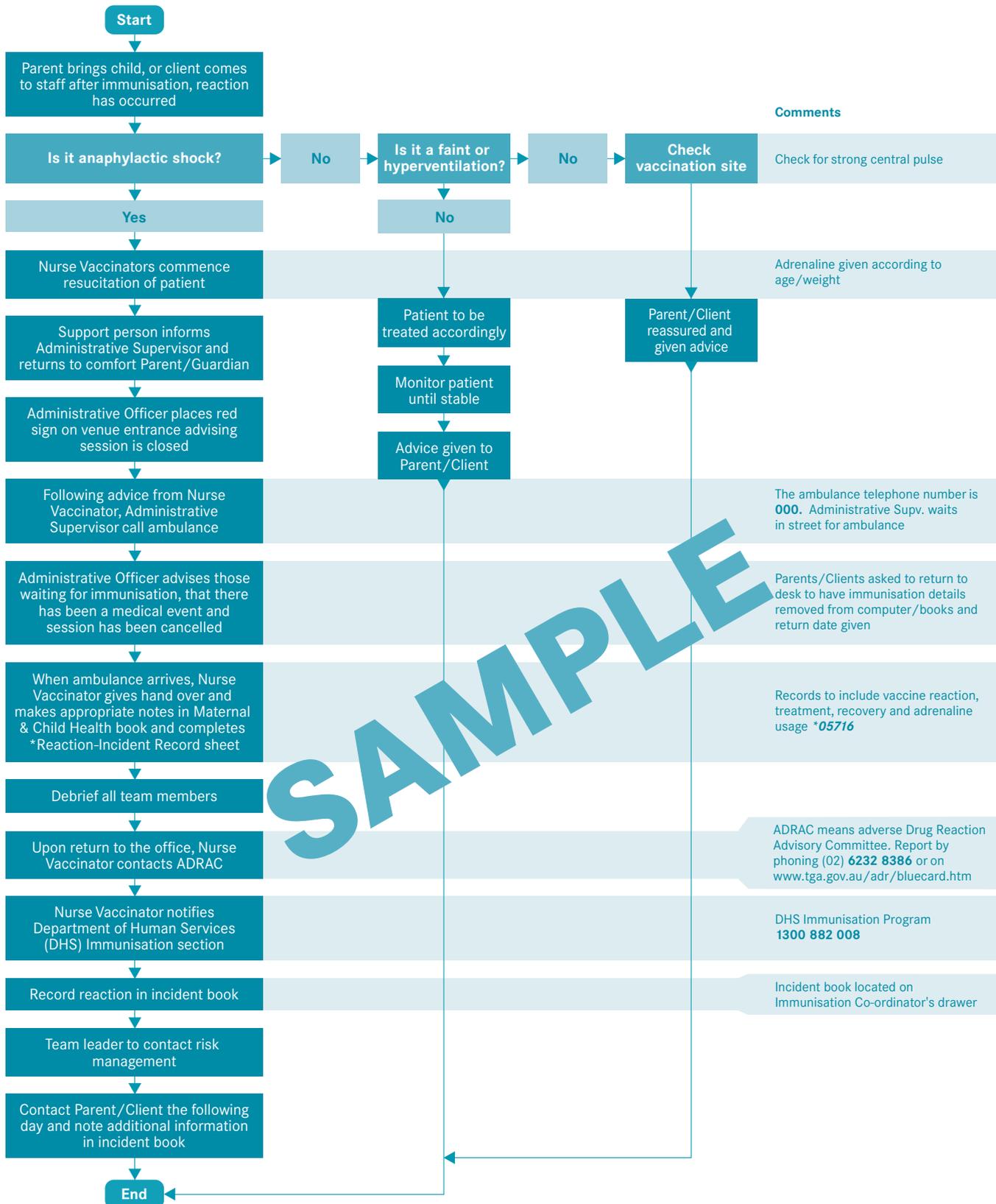
- Adrenaline 1:1000 contains 1 mg of adrenaline per ml of solution in a 1ml glass vial.
- The recommended dose of 1:1000 adrenaline is 0.01 ml/kg body weight (equivalent to 0.01 mg/kg) up to a maximum of 0.5 ml or 0.5 mg, given by deep intramuscular injection.

**Doses of 1:1000 (one in one thousand) adrenaline for infants and children**

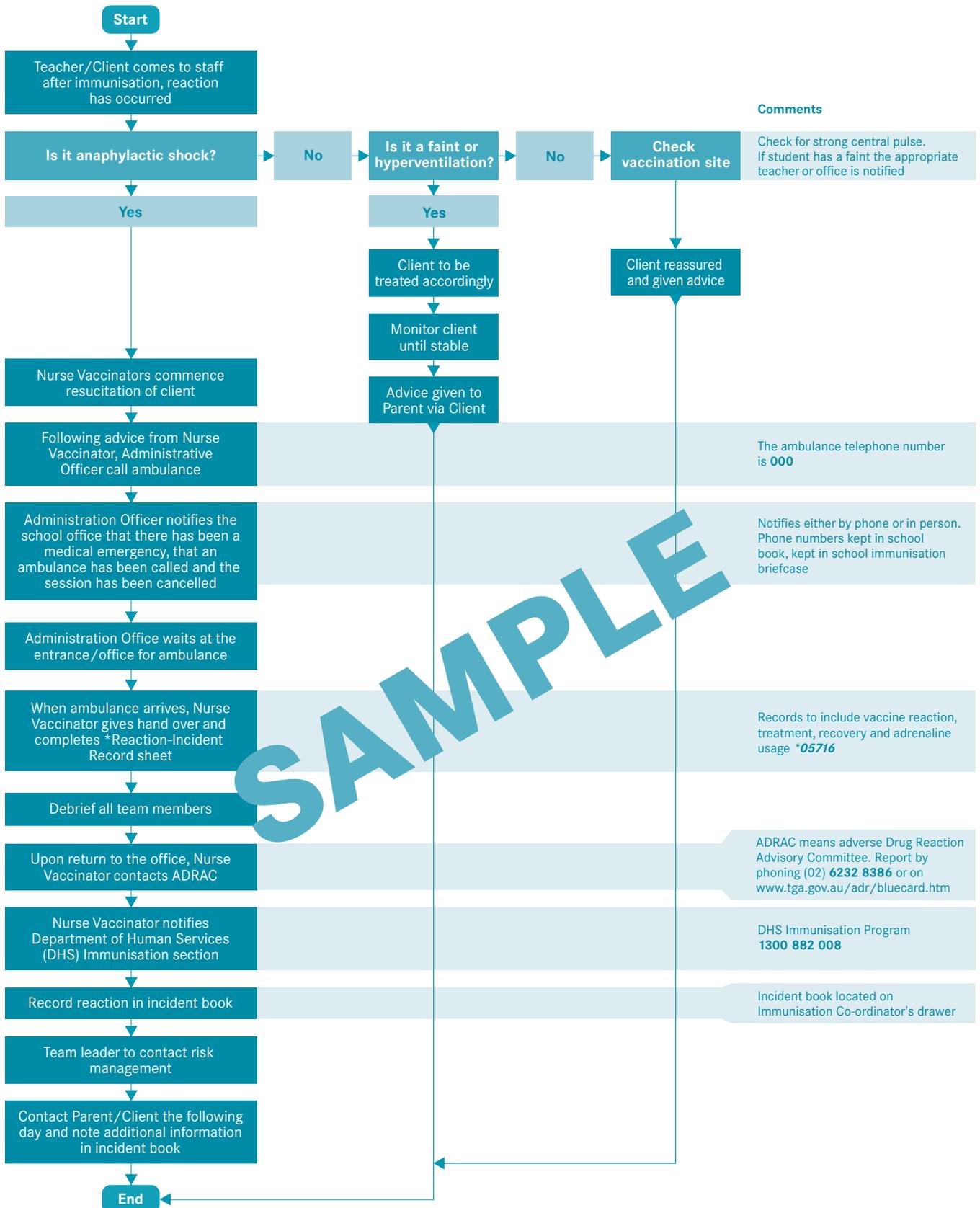
|                             |               |
|-----------------------------|---------------|
| Less than 1 year            | 0.05 - 0.1 ml |
| 1-2 years (approx. 10 kg)   | 0.1 ml        |
| 2-3 years (approx. 15 kg)   | 0.15 ml       |
| 4-6 years (approx. 20 kg)   | 0.2 ml        |
| 7-10 years (approx. 30 kg)  | 0.3 ml        |
| 11-12 years (approx. 40 kg) | 0.4 ml        |
| 13 years and over           | 0.5 ml        |

- The use of 1:1000 adrenaline is recommended because it is universally available. Use a 1 ml syringe to improve the accuracy of measurement when drawing up small doses.
- The dose of 1:1000 (one in one thousand) adrenaline for adults is 0.5 ml (0.5 mg).
- Repeat every 5 minutes as necessary until there is clinical improvement.

## Reaction to Vaccine (Public Session) Procedure



## Reaction to Vaccine (School Session) Procedure



## Annex 7: Personal and health information privacy

### **Information Privacy Act 2000 and Health Records Act 2001**

#### **Information Privacy Act 2000**

*Information Privacy Act 2000* regulates the collection and handling of personal information in Victoria. The *Information Privacy Act* covers all Victorian public sector agencies including local government. In immunisation practice the *Information Privacy Act* covers personal information (that is not health information) about staff and others who are not being provided with immunisation services.

#### **Objectives of the Information Privacy Act are:**

- to balance public interest in the free flow of information with respect to privacy and protection of personal information;
- to promote responsible and transparent handling of personal information; and
- to promote public awareness of these practices.

#### **The Health Records Act 2001**

The *Health Records Act 2001* regulates the collection and handling of health information in Victoria.

The Act contains provisions which:

- establish a framework to protect the privacy of a person's health information
- provide people with an enforceable right of access to their own health information.

Organisations subject to the *Health Records Act* include any public or private sector organisation that holds health information including health reports concerning clients or customers such as Victorian Government Departments, Local Government, Schools, Kindergartens and Childcare Centres and Maternal and Child Health Services.

The *Freedom of Information Act 1982* continues to provide for a person's access to their own health information where it is held by public sector agencies including Local and State Government departments.

The *Information Privacy Act 2000* and the *Health Records Act 2001* each contains a set of Privacy Principles which must be adhered by organisations and relate to the information handling life cycle including the collection, use, disclosure, quality, security, retention and transfer of, and access to, people's personal and health information.

Further information regarding notifying a person about the collection of information and gaining consent from a person can be found at: <http://www.health.vic.gov.au/hsc/>

**It is the responsibility of each individual organisation and agency to have appropriate information handling procedures in place to support compliance with the *Information Privacy Act* and the *Health Records Act*.**

**Existing provisions in other Acts that require information to be managed in particular ways override the more general provisions of privacy legislation.**

The Office of the Victorian Privacy Commissioner is an independent statutory office to provide information and guidance for Victorian government agencies and local councils in the collection and handling of personal information. The Office is also responsible for ensuring organisations comply with the *Information Privacy Act*. Further information regarding the *Information Privacy Act 2000* and the 10 Information Privacy Principles can be found at: [www.privacy.vic.gov.au](http://www.privacy.vic.gov.au)

The Health Services Commissioner is responsible for the implementation of the *Health Records Act* including educating organisations that collect and handle health information as well as educating Victorians regarding their rights under the *Health Records Act*. Further information regarding the *Health Records Act 2001* and the 11 Health Privacy Principles can be found at: [www.health.vic.gov.au](http://www.health.vic.gov.au)

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