

Health (Drugs and Poisons) Regulation 1996

Drug Therapy Protocol – Immunisation Program Nurse



**Queensland
Government**

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Health (Drugs and Poisons) Regulation 1996
Drug Therapy Protocol – Immunisation Program Nurse

This drug therapy protocol, made under s175(3) of the *Health (Drugs and Poisons) Regulation 1996* (HDPR) states the circumstances and conditions under which an immunisation program nurse¹ practising under an immunisation program² is authorised to administer a vaccine or other restricted drug listed in Appendix 1 to this document..

Conditions and circumstances of this drug therapy protocol

1. An immunisation program nurse may only administer those vaccines or other restricted drugs listed in Appendix 1 for which a Health Management Protocol has been developed and approved by their employer. The minimum requirements for a Health Management Protocol are contained in Appendix 2.
2. The actions of the immunisation program nurse must at all times be in accordance with this Drug Therapy Protocol and the Health Management Protocol.
3. The immunisation program nurse must have access to current versions of the following literature:
 - 3.1 A copy of this Drug Therapy Protocol; and
 - 3.2 The Health Management Protocol relevant to this Drug Therapy Protocol; and
 - 3.3 A current MIMS Annual; and
 - 3.4 A copy of the *Health (Drugs and Poisons) Regulation 1996*; and
 - 3.5 The NHMRC Australian Immunisation Handbook.
4. The immunisation program nurse must be aware that practising within the Drug Therapy Protocol does not relieve that person of their legal responsibility or accountability for that person's actions and may not provide immunity in case of negligence.
5. Prior to the administration of a vaccine or other restricted drug, the immunisation program nurse must familiarise themselves with the contra-indication(s) and known side effects of the drug, and advise the patient accordingly.
6. When Consumer Medicine Information is available for a particular vaccine or restricted drug, the immunisation program nurse should provide this information to each person when administering medication.
7. The immunisation program nurse must only practise under an immunisation program as defined in Appendix 9 of the *Health (Drugs and Poisons) Regulation 1996*.

Certification

Certified at Brisbane on this 16th day of September 2013.

Dr Jeanette Young
Chief Health Officer
Department of Health

¹ An immunisation program nurse means a registered nurse who – (a) immediately before 1 July 2010, held an annual licence certificate endorsed under the *Nursing Act 1992* that authorised the registered nurse to practice in an immunisation program; or (b) has obtained a qualification in immunisation approved by the chief executive. See http://www.health.qld.gov.au/health_professionals/medicines/medpoison.asp

² See Dictionary Appendix 9 of the HDPR for the meaning of immunisation program.

Appendix 1

Table 1 General circumstances, restrictions and conditions applying to all vaccines administered by an immunisation program nurse

Circumstances under which an Immunisation Program Nurse is authorised to administer a vaccine or other Restricted Drug	Restrictions/Conditions applying to the administration of all vaccines
<p>An agent registered by the Therapeutic Goods Administration (TGA) for vaccination:</p> <ul style="list-style-type: none"> • in accordance with the current National Immunisation Program schedule (NIPs); or • as approved by the National Health and Medical Research Council (NHMRC) for future inclusion in the NIPs; or • for use in other immunisation programs that have been approved by the Chief Health Officer; or • for use in a case/outbreak situation, or other specific situations, as directed by a Public Health Medical Officer; or • vaccines in Table 2; or • vaccines used in Restricted Immunisation Programs – Table 3. 	<ul style="list-style-type: none"> • Consider and evaluate the potential for actual severe adverse reactions as specified in the current edition of the NHMRC Australian Immunisation Handbook. • Consider and evaluate contraindications to the administration of a vaccine as specified in the current edition of the NHMRC Australian Immunisation Handbook or as approved by the NHMRC to appear in future editions of the handbook. In other instances, refer to the contraindications section of the product information. • Ensure the dose and route of administration of vaccines is as specified in the current edition of the NHMRC Australian Immunisation Handbook or recommended/approved by the NHMRC.

Table 2 Vaccines that include the following antigens which may be administered by an immunisation program nurse

Antigens	Conditions of Use
Diphtheria	<p>These antigens may be used singularly or in combination form, as available, under an approved^a immunisation programs or an immunisation program carried out by a local government, hospital and health services, the department (Queensland Health) or a certified immunisation program^b.</p> <p>^a Approval by the Chief Health Officer.</p> <p>^b Certified by the chief executive Queensland Health or delegate.</p>
Tetanus	
Pertussis	
<i>Haemophilus influenzae</i> type b	
Hepatitis A	
Hepatitis B	
Human Papillomavirus	
Poliomyelitis	
Influenza	
Measles	
Mumps	
Rubella	
Meningococcal C	
Meningococcal (ACWY)	
Pneumococcal	
Rotavirus	
Varicella	

Table 3 Restricted immunisation programs

Restricted Immunisation Programs	Restrictions on Use
Japanese Encephalitis – inactivated JE vaccine	The immunisation program is approved by the relevant Public Health Medical Officer.
Q Fever – purified killed suspension of <i>Coxiella burnetii</i> (including skin tests)	The immunisation program is approved by the Chief Health Officer.
Tuberculosis – BCG (including tuberculin testing)	Only if the Immunisation Program Registered Nurse is certified by the Centre for Healthcare Related Infection Surveillance and Prevention and Tuberculosis Control and only under the Queensland Department of Health Tuberculosis Control Program

Note: **Immunisation program** means—

- (a) an immunisation program carried out by the department (Queensland Health); or
- (b) an immunisation program carried out by a local government; or
- (c) a certified immunisation program

Appendix 2

Health Management Protocol – Minimum Requirements

1. The employer must have a current Health Management Protocol that supports and details the clinical use, administration or supply of vaccines and other Restricted Drugs listed in Appendix 1 of this Drug Therapy Protocol.
2. The Health Management Protocol must be developed or another organisation's Health Management Protocol may be adopted by an inter-disciplinary health team appointed by the employer under whose jurisdiction the Health Management Protocol will be implemented.
3. As a minimum, the team must consist of a medical practitioner, an immunisation program registered nurse and pharmacist, and may include other identified professional personnel as considered appropriate by the employing organisation.
4. Following a period of two years or sooner if considered necessary, the Health Management Protocol must be reviewed by the inter-disciplinary.

Content of a Health Management Protocol

The Health Management Protocol must be developed in accordance with the current edition of the NHMRC Australian Immunisation Handbook and must clearly identify:

1. the procedures for clinical assessment, management, and follow-up of patients.
2. the procedures for obtaining informed consent.
3. the name, form and strength of the vaccine or other restricted drug and the condition/situation for which it is intended.
4. the recommended dose of the vaccine or other restricted drug.
5. the route of administration of the vaccine or other restricted drug.
6. the procedures for recording vaccinations, and the procedures for documenting and notifying adverse reactions to vaccinations.
7. the type of equipment and management procedures required for management of an emergency associated with the use of the vaccine or other restricted drug.

Endorsement of a Health Management Protocol by the Chief Executive Officer of a Health Service District or Chief Executive Officer of a non-Queensland Health employing organisation.

1. A new or reviewed Health Management Protocol must be endorsed and dated by Chief Executive Officer of a Hospital and Health Service or the Chief Executive Officer of a non-Queensland Health employing organisation.
2. The Health Management Protocol shall be effective for a maximum of two (2) years from the date of endorsement by the employer.