



Northern
Territory
Government

DEPARTMENT OF HEALTH

Northern Territory Pharmacist-Led Immunisation Pilot (NT-PLIP)

Guidelines for Immunisations at Pharmacy Premises
in the
Northern Territory

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Enquiries

General enquiries about this publication should be directed to:

Manager

Medicines & Poisons Control

Environmental Health

Department of Health

PO Box 40596

CASUARINA NT 0811

Phone: (08) 8922 7341

Fax: (08) 8922 7200

Email: poisonscontrol@nt.gov.au

Website: [http://www.health.nt.gov.au/Environmental Health/Medicines and Poisons Control](http://www.health.nt.gov.au/Environmental_Health/Medicines_and_Poisons_Control)

Overview

These guidelines have been developed to support pharmacist-led vaccinations in the Northern Territory (NT) as part of the NT Pharmacist-Led Immunisation Pilot (NT-PLIP) in accordance with the *Medicines, Poisons and Therapeutic Goods Act 2012* and the *Health Practitioners Act 2005*. This document needs to be read in conjunction with the Scheduled substance treatment protocol (SSTP) titled “Pharmacist-Led Administration of Vaccines to Adults at Pharmacy Premises in the Northern Territory (NT)”¹

The aim is to ensure a safe and effective vaccination service that enables pharmacists to assess client eligibility, provide information about the vaccines to be given, obtain consent for vaccination, administer the vaccine, provide post vaccine advice and care, record client and vaccination details and meet legislative requirements.

The Northern Territory Chief Health Officer (CHO) has recommended a 12 month pharmacist-led immunisation pilot with an evaluation to assess the acceptability and safety of pharmacist-led vaccination as well as feedback from pharmacists about the training and premise requirements. Changes to the SSTP or protocols will be reviewed after the evaluation stage to inform future requirements for pharmacist-led vaccination.

These guidelines were developed by the Pharmacy Vaccination Working Party chaired by NT Centre for Disease Control (CDC) and is published under the authority of the CHO.

The working party would like to acknowledge Professor Lisa Nissen of the Queensland University of Technology and Pharmaceutical Society of Australia (Qld Branch) for advice and access to the ‘Queensland Pharmacy Immunisation Pilot’ (QPIP) documentation, and to the Western Australian Department of Health for access to the ‘Pharmacist Vaccination Code’.

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Part 1 Pharmacist Requirements

The educational and registration requirements for pharmacists to administer vaccines include all of the following:

- Current general registration as a pharmacist without conditions with the Pharmacy Board of Australia
- Completed immunisation training with NT modifications and maintain 3 yearly update of one of the following:
 - o APPIMM806A – Manage the delivery and administration of injections and immunisations – Pharmaceutical Society of Australia
 - o 10455NAT – Course in Conduct Immunisation Services within a Community Pharmacy Environment - Pharmacy Guild of Australia
 - o NT About Giving Vaccines (AGV) course – NT Department of Health (prior to March 2015)
 - o Other courses which meet the Australian Pharmacy Council accreditation standards as approved by the Chief Health Officer
- Current certificate Australasian Society of Clinical Immunology and Allergy (ASCIA) anaphylaxis e-training for pharmacists - maintain yearly update
- HLTAID003 – Provide first aid certificate - maintain 3 yearly update
- HLTAID001 – Provide Cardiopulmonary resuscitation (CPR) certificate - maintain yearly update
- Current professional indemnity insurance for immunisation scope of practice

Part 2 Pharmacy Requirements

2.1 Premises and Equipment

The requirements for the pharmacy premises for immunisation service delivery must include all of the following:

- The Facilities must meet the NT Pharmacy Premises Committee's 'Premises and Equipment Standard for Pharmacy Based Immunisation Programs'²
- Access to electronic system for recording of clinical information (e.g. Guildcare® software or equivalent)
- Accreditation with Quality Care Pharmacy Program (QCPP) www.qcpp.com or equivalent (as immunisations may occur in "pharmacy services" e.g. hospital pharmacies)
- Appropriate indemnity cover for the pharmacy business or pharmacy department for vaccinations

2.2 Staffing

The pharmacist can only provide vaccinations when an additional pharmacist or pharmacy assistant with current First Aid and CPR certificates is present at the premises. The pharmacist must have uninterrupted time to conduct the pre-vaccination and vaccination procedures and thus it is recommended that at busy times a second pharmacist is on duty when vaccinations are taking place.

2.3 Documentation

The following documents must be completed for each vaccination:

- Completion of the 'Pre-vaccination Checklist'³ including documenting valid consent
- Record of the vaccine name, dose and batch number given on to electronic system for recording of clinical information (e.g. Guildcare® software or equivalent)
- Completion of NT 'Adverse Event Following Immunisation Form'⁴ if required

2.4 Registration for the NT-PLIP

In order to register for the first 12 month pilot phase the following completed documents must all be lodged with the NT Department of Health:

- 'NT Pharmacist-Led Immunisation Pilot (NT-PLIP) Immunisation Pharmacist Registration'⁵ for each pharmacist vaccinator
- 'NT Pharmacist-Led Immunisation Pilot (NT-PLIP) Pharmacy Proprietor Registration Form'⁶ for each pharmacy premises

2.5 Pilot Audit Requirements

As part of the 12 month pilot pharmacists must:

- Participate in periodic audits of premises and educational requirements by the Department of Health
- Participate in the evaluation of the NT pilot by administering the 'Participant Questionnaire'⁷ and 'Pharmacist Feedback form'⁸

Part 3 Client and Vaccine Eligibility

3.1 Client Eligibility

All clients must be assessed for suitability and eligibility to receive vaccination in a pharmacy setting.

- Clients must be 16 years or older
- Clients with contraindications or precautions to vaccination as listed in the 'Australian Immunisation Handbook' are to be considered unsuitable for pharmacist vaccination and referred to a general practitioner (GP) or primary health care provider
- Clients who have previously had an anaphylactic reaction to any vaccine or vaccine component are to be considered unsuitable for pharmacist vaccination and should be referred to a GP or primary healthcare provider
- Clients who are pregnant are to be considered unsuitable for pharmacist vaccination and should be referred to a GP or primary health care provider

Clients who qualify for vaccination as part of the National Immunisation Program (NIP) or an NT vaccination program should be informed of their eligibility under NIP and offered the option to attend a GP or primary health care provider for free vaccination⁹.

3.2 Vaccines Approved for Pharmacist Administration

Vaccines available for administration in the pharmacy setting are limited to:

- Influenza vaccine
- Measles-mumps-rubella vaccine
- Diphtheria-tetanus-pertussis vaccine

Part 4 Vaccination Procedures

4.1 Facilities and Equipment Required

- The minimum approved standard for pharmacy premises and equipment is contained in the NT Pharmacy Premises Committee 'Premises and Equipment Standard for Pharmacy based Immunisation Programs'²
- A refrigerator compliant with QCPP (or equivalent) and the 'National Vaccine Storage Guidelines: Strive for 5'¹⁰ recommendations must be available for vaccine storage
- Equipment for the appropriate administration of vaccines and disposal of sharps and medical waste must be available in the vaccination service area
- The 'Anaphylaxis Response Protocol'¹¹ must be clearly displayed in the vaccination service area
- An 'Anaphylaxis Medical Response Kit'¹² must be kept in the vaccination service area and checked daily

NOTE: It is recommended that additional/several pharmacy staff members are trained in emergency response procedures, the immunisation service delivery, referral of client enquiries and handling client complaints, policies and procedures for collecting client information, privacy information and cultural safety.

NOTE: Either a pharmacist or other staff member can enter the client details into the Guildcare[®] software or equivalent, BUT only the pharmacist can complete the pre-vaccination checklist, consent process and administer the vaccine.

4.2 Assessing Patient Suitability for a Vaccination

- The pharmacist must complete the 'Pre-Vaccination Checklist'³ to assess the client's suitability for vaccination and only proceed with vaccination if eligible.
- See 3.1 for client eligibility.

4.3 Storage and Handling of Vaccines

- To ensure that vaccines are potent and effective, pharmacists should be familiar with the information contained in the 'National Vaccine Storage Guidelines: Strive for 5'
- A refrigerator compliant with QCPP (or equivalent) and the 'National Vaccine Storage Guidelines: Strive for 5'¹⁰ recommendations must be available for vaccine storage
- The minimum and maximum temperature of the vaccine storage refrigerator should be recorded twice daily

The following QCPP documents /procedures must be followed:

- P5A: Monitoring Refrigerator Temperature Procedure
- T5C: Refrigerator Temperature Record
- T5B: Equipment Calibration/Maintenance Schedule and Record

4.4 Pre-Vaccination Care

The pharmacist trained in vaccination will:

- Provide information to the client about the vaccine to be administered and assess the client's eligibility for vaccination including completing the 'Pre-Vaccination Checklist'³
- Obtain and record the client's consent
- Pharmacists will contact the Translating and Interpreting Service (TIS National) for clients if needed
- Ensure that at least one additional staff member is trained in Cardio Pulmonary Resuscitation (CPR) and First Aid and present at all times when vaccination is taking place
- Provide the client with information about the possible side effects of the vaccine and how to respond to them should they occur
- Provide the client with an information sheet specific to the vaccine they are to receive. (Influenza, Measles-Mumps-Rubella, Diphtheria-Tetanus-Pertussis)¹³ and respond to their questions
- Ensure that the 'Anaphylaxis Response Protocol'¹¹ and 'Anaphylaxis Medical Response Kit'¹² are readily accessible

4.5 Post-Vaccination Care

- The premises must provide an area for the client to wait for 15 minutes after their vaccination so the pharmacist (and/or other pharmacy staff) can observe that no adverse reaction has occurred. It is a recommendation this is adjacent to the vaccination area and adequate seating is available
- Provide the client with the 'Participant Questionnaire'⁷
- Stickers/wristbands (or other suitable alternatives) can be used to identify clients that have received a vaccine while they are in the waiting area
- The client should be given information about the possible side effects of the vaccination and advice on how to respond to them should they occur

4.6 Adverse Events following immunisation (AEFI)

- An AEFI refers to any untoward medical occurrence that follows vaccination whether expected or unexpected. AEFI are notifiable in the NT. It is important to report all AEFI in a timely way to identify any potential concerns with vaccines

- Clients who have had a previously had an AEFI following any vaccine should not be vaccinated in the pharmacy
- All AEFI must be recorded in the client's vaccination record on Guildcare® or equivalent
- Any AEFI must be reported to the Centre for Disease Control (CDC) using the NT 'Adverse Event following Immunisation / Vaccine Failure' form⁴

4.7 Vasovagal Episodes (Fainting)

- A vasovagal episode (faint) is more likely to happen immediately or within minutes of receiving a vaccine
- The pharmacist or other pharmacy staff should identify the client has fainted (not had an anaphylaxis reaction) and respond quickly ensuring the client's safety and privacy
- Ensure that the client has fully recovered prior to leaving the pharmacy

4.8 Anaphylaxis

- Anaphylaxis is more likely to happen within 15 minutes of receiving a vaccine, can be life threatening and requires an immediate response
- The pharmacist and/or other pharmacy staff should use their 'Anaphylaxis Medical Response Kit'¹² and follow the information provided on the 'Anaphylaxis Response Protocol'¹¹ to render assistance to the client
- Clients who have experienced anaphylaxis must be transferred to hospital via ambulance

4.9 Notification and Follow up of Adverse Events

The 'Adverse Event following Immunisation (AEFI) Form'⁴ available on the CDC Immunisation website must be completed and returned by fax on (08) 8922 8310 (Phone (08) 8922 8044 if required).

All AEFIs are recorded in the NT Notifiable Diseases Database. CDC will undertake any follow up or investigation and notify the adverse event to the Therapeutic Goods Administration (TGA) for inclusion in the national database. The CDC may request that you complete a 60 day AEFI follow up investigation form with the client.

4.10 Protocol for Administration of the Vaccine

- Take the client into a private room or area which is equipped with seating, vaccine administration equipment, sharps container and the 'Anaphylaxis Response Medical Kit' and Protocol
- Complete the pre vaccination checklist and respond to any questions

- Contact the NT Immunisation Register (NTIR)¹⁴ on (08) 8922 8315 if client recall of previous vaccination is unclear
- Check that the client is not eligible for the NIP funded vaccination and inform them of the option to attend their GP or primary care provider for vaccination
- Explain that their vaccination data will be sent to and recorded on the NTIR
- Explain the vaccine administration process, benefits and potential side effects of the vaccine including anaphylaxis
- Record client consent for vaccination
- Discuss the need to wait 15 minutes after vaccination and ensure the client has time for this
- Ensure you have undertaken appropriate hand hygiene actions prior to starting the procedure
- Check that the vaccine is the correct one and how it should be delivered. Ensure it is within its expiry date and that the cold chain has been maintained and check for any discolouration or particles in the vaccine
- Administer the vaccine either intramuscularly or subcutaneously according to the Australian Immunisation Handbook recommendation
- Dispose of the used syringe and needle immediately in the sharps container
- Undertake appropriate hand hygiene actions
- Advise the client that they must remain in the pharmacy for 15 minutes and request they complete the 'Participant Questionnaire'
- Document the vaccine name, dose, batch number and expiry in the Guildcare® vaccination recording service report or equivalent
- Record details in the personal vaccination record, provide a copy to the client and forward a copy to the client's GP or Primary Care Provider (if the client has one) unless the client specifically requests otherwise
- Note the time of the administration and end of the 15 minutes wait time
- During this period check that the client is feeling well and is not having any adverse event
- Keep client in line of sight at all times
- Ensure that the likely post-vaccination effects and how to manage them have been discussed with the client
- Ensure the client has been given the relevant vaccine information sheets and the GP notification letter if requested
- Record any adverse event record in Guildcare® or equivalent
- If anaphylaxis occurs, commence anaphylaxis management and call an ambulance

- Complete the 'AEFI reporting form' and fax to CDC on 08 8922 8310.
- Send all vaccine information weekly to the NTIR, if Guildcare® is NOT being used
- At the end of the 15 minutes, check back with the client and if they are feeling well notify them that they can leave the pharmacy
- Send the completed 'Participant Questionnaire' to CDC weekly

4.11 More Information

- NT Centre for Disease Control (CDC)
 - o Phone: (08) 8922 8044
 - o Fax: (08) 8922 8310
 - o Website: http://health.nt.gov.au/Centre_for_Disease_Control/Immunisation/Recording_and_Reporting_Forms/
- Pharmacy Guild of Australia (NT Branch)
 - o Phone: (08) 8944 6900
- Pharmaceutical Society of Australia (SA/NT Branch)
 - o Phone: (08) 8272 1211

References

- ¹ Northern Territory Government Gazette S35 of 21 April 2015 available at:
<http://www.nt.gov.au/ntg/gazette/2015/docs/S35-2015.pdf>
- ² Pharmacy Premises Committee of the Northern Territory 'Premises and Equipment Standard for Pharmacy Based Immunisation Programs'
- ³ Pre-Vaccination Checklist (Appendix 3)
- ⁴ Adverse Event Following Immunisation/Vaccine Failure Form available at:
http://health.nt.gov.au/Centre_for_Disease_Control/Immunisation/Recording_and_Reporting_Forms/
- ⁵ NT-PLIP Pharmacist Registration Form (Appendix 12)
- ⁶ NT-PLIP Proprietor Registration Form (Appendix 13)
- ⁷ NT-PLIP Participant Information Sheet, Consent form and Questionnaire (Appendix 9)
- ⁸ NT-PLIP Pharmacist Survey Form (Appendix 10)
- ⁹ Information about NIP and NT funded vaccine programs to explain to people who may be eligible for free vaccines at a primary health centre or GP (Appendix 4)
- ¹⁰ National Vaccine Storage Guidelines – Strive for 5 – 2nd Edition
<http://www.health.gov.au/internet/immunise/publishing.nsf/content/IMM77-cnt>
- ¹¹ Anaphylaxis Response Protocol (Appendix 1)
- ¹² Anaphylaxis Medical Response Kit (Appendix 2)
- ¹³ Information sheets about influenza vaccine, diphtheria-tetanus-pertussis vaccine and measles-mumps-rubella vaccine (Appendices 6, 7 and 8)
- ¹⁴ NT Immunisation Register information (Appendix 5)



Appendix 1 – Anaphylaxis Response Protocol

1. **CALL FOR AN AMBULANCE (000 or 112)**
2. **If the client is conscious** lay them on their left side and keep the airway clear
If the client is unconscious lay them flat and elevate the legs (unless this results in breathing difficulty)
3. **Administer Adrenaline**
 - a. **DOSE OF ADRENALINE 1:1000 (1mg in 1mL)**
 - b. Use a 1 ml syringe and 23 gauge needle
 - c. Give 0.5 ml adrenaline of 1:1000 by deep intramuscular injection into the anterolateral thigh
 - d. Repeat at 5-minute intervals until improvement occurs
4. If breathing stops or the carotid pulse is not palpable, begin Cardio-Pulmonary Resuscitation (CPR)
5. Report all cases of anaphylaxis following vaccination to the Centre for Disease Control (CDC) on phone (08) 8922 8044 or fax (08) 8922 8310



Appendix 2 – Anaphylaxis Medical Response Kit

An appropriate strength adrenaline auto-injector (Epipen® or equivalent) may be used to treat anaphylaxis if available and preferred. However adrenaline, needles and syringes as listed below must also be available:

- Adrenaline 1:1000 (minimum of 3 ampoules)
- 1ml syringe and 23 gauge needles (minimum 3 each)
- Alcohol swabs
- Needles 19 gauge for drawing up
- Anaphylaxis Response Protocol
- Cotton swabs

Appendix 3 – Pre-Vaccination Checklist

The Pharmacist must complete this checklist

Pharmacists will contact the Translating and Interpreting Service (TIS National) for clients if needed.

Question	Answer
What is your full name? Vaccine information needs to be recorded in relation to the vaccine recipient.	First Name: Last Name:
What is your date of birth? (dd/mm/yyyy)	Date of Birth:.....
People <16 years of age are not eligible for pharmacy-led vaccination. OFFER THESE GROUPS THE OPTION TO ATTEND A GP OR PRIMARY CARE PROVIDER FOR FREE VACCINATION: INFLUENZA Vaccine: Non-Indigenous people ≥65 years, indigenous people ≥ 15 years and people with chronic medical conditions. MMR Vaccine: People born after 1966 if no evidence of previous disease or 2 measles-containing vaccines. dTpa Vaccine: Parents and carers of infants under 7 months of age.	
Are you indigenous? OFFER THESE INDIGENOUS PEOPLE THE OPTION TO ATTEND A GP OR PRIMARY CARE PROVIDER FOR FREE VACCINATION: INFLUENZA vaccine: Indigenous people ≥15 years Indigenous adults may also be eligible for pneumococcal vaccine	Aboriginal ☐ TSI..... ☐ ATSI..... ☐ Neither..... ☐
Do you have any chronic medical conditions that required medical follow-up or hospitalisation in the past year?	Yes ☐ No ☐
Some people with chronic medical conditions are eligible for free influenza vaccine and may require additional vaccines. Refer to AIH pp 252-254 for a list of chronic medical conditions. Refer to GP or primary care provider for all vaccines.	

Have you lost your spleen or have a poor functioning spleen? If "Yes", these patients have complex vaccination requirements. Refer to GP or Primary Care Provider for all vaccines.	Yes..... ☐ No..... ☐
Do you have a disease^{*1} which lowers your immunity or are on treatment^{*2} which lowers immunity?	Yes..... ☐ No..... ☐
^{*1} e.g. leukaemia, cancer, HIV/AIDS etc. ^{*2} e.g. oral steroid medicines (such as cortisone and prednisone), radiotherapy, chemotherapy etc. If "Yes", these patients have complex vaccination requirements. Refer to GP or Primary Care Provider for all vaccines.	
Do you have a past history of Guillain-Barré syndrome? If "Yes", do NOT give Influenza vaccine. Refer to GP or Primary Care Provider for further advice.	Yes..... ☐ No..... ☐
Do you have a bleeding disorder? If "Yes", refer to GP or Primary Care Provider for all vaccines.	Yes..... ☐ No..... ☐
Are you unwell today with a temperature $\geq 38^{\circ}\text{C}$? If "yes", do NOT vaccinate today. Refer to GP or Primary Care Provider for medical care if required.	Yes..... ☐ No..... ☐
Are you pregnant? If "Yes", refer ALL pregnant women to a GP or primary care provider for free vaccination.	Yes..... ☐ No..... ☐
Are you planning a pregnancy? If "Yes", offer MMR with advice to avoid pregnancy for 1 month. Offer influenza and dTpa vaccine with no restriction to conception.	Yes..... ☐ No..... ☐

Have you had any severe allergies to any of the vaccine components? If "Yes", do NOT vaccinate. Refer to GP or Primary Care Provider.	Yes.....○ No.....○
Have you had ANY vaccines in the past month including travel vaccines? If "Yes", contact Centre for Disease Control on (08) 8922 8315 for advice.	Yes.....○ No.....○
Have you had an injection of immunoglobulin in the past year or received any blood products or a whole blood transfusion within the past 7 months? If "Yes", refer to GP or Primary Care Provider.	Yes.....○ No.....○
Do you have any other questions? Respond accordingly.	Yes.....○ No.....○
Do you consent to receiving a vaccination today? Record consent in Guildcare® or equivalent and proceed with vaccination.	Yes.....○ No.....○

Appendix 4 – Information about NIP¹ and NT Funded Vaccine Programs

Information about NIP and NT funded vaccine programs to explain to people who may be eligible for free vaccines at a primary health centre or General Practice.

Offer all these people the option to attend a GP or primary health provider for vaccinations subsidised under the National Immunisation Programme (NIP) or NT funded programmes:

- **Influenza – (NIP funded)**
 - o Pregnant women
 - o Indigenous people 6months to <5 years and 15 years and over
 - o Non-Indigenous people 65 years and over
 - o People with chronic medical conditions (see AIH pp 252-254)
- **MMR – (NT funded)**
 - o All people
- **dTpa – (NT funded)**
 - o Pregnant women from 28th week of gestation or post-natal (given with each pregnancy)
 - o Fathers and carers in the same household of a newborn up to 7 months of age

For more information visit:

http://health.nt.gov.au/Centre_for_Disease_Control/Immunisation

¹ People eligible for NIP funded vaccines must hold a Green or Blue Medicare card.

Appendix 5 – NT Immunisation Register Information

What is the NT Immunisation Register (NTIR)?

The NT Immunisation Register (NTIR) is a confidential and secure Department of Health database that accurately records all vaccines reported to it that are given to children and adults in the NT. Vaccines given outside the NT are not recorded on the NTIR unless it is a child less than 18 months of age.

What are the Benefits of Sending Vaccine Data with the NTIR?

The NTIR stores immunisation records in a single location providing an accurate immunisation history on each registered individual. It assists all healthcare providers to give the correct vaccines in a timely manner and avoid over or under immunisation. The NTIR also provides data on regional immunisation coverage which will assist the NT in achieving and maintaining high immunisation coverage.

What Information Will Be Recorded on the NTIR?

The information collected and stored on the NTIR about any adult who receives a vaccine in a pharmacy may include:

- The client's full name, date of birth, address, Indigenous status and Medicare number
- The name and volume of each vaccine administered
- The date when each vaccine was administered
- The name of the pharmacy where the vaccine was administered

A unique hospital registration number (HRN) will be created or utilised to consolidate all vaccine data relating to the individual.

How Will Information Be Collected by the NTIR?

Information about the vaccine encounter (see above) will be entered onto the current electronic system for recording of clinical information (e.g. Guildcare® software or equivalent) at the point of service. Each week the relevant data for vaccines received in pharmacies throughout the NT will be extracted and emailed to the manager of the NTIR (Charles.Strebor@nt.gov.au) for input into the NTIR.

An individual can choose to decline or opt out of sharing their vaccine history with the NTIR. If this is their choice, they should advise the pharmacist verbally at the time of the

vaccination. Individuals can ask for a copy of their own immunisation records by contacting the NTIR on (08) 8922 8315.

Who Has Access to Data Stored on the NTIR?

Information stored on the NTIR is protected under the NT *Information Act* and is only accessible by the following groups of individuals for the reasons stated:

- Healthcare providers for the purpose of providing healthcare to an individual:
 - o Medical Officers / General Practitioners
 - o Nurses (including School Nurses)
 - o Aboriginal and Torres Strait Islander Health Practitioners
 - o Pharmacists
 - o Public Health Officers appointed under *Notifiable Diseases Act*
- Researchers may be granted access for health research that has been approved by a Human Research Ethics Committee in the NT. Applications for access will be considered and approved on an individual basis, subject to the researcher providing details of the research project and evidence of ethics approval
- Immunisation Data Entry Officers (based at CDC) have access to the immunisation register for the purpose of updating and correcting information in the register and providing data to health care professionals

The NTIR is used to undertake statistical analysis to calculate vaccine coverage estimates to assist with program delivery. The reports produced will be in a form that does not identify any individual whose information is held in the NTIR.

For more information visit:

http://health.nt.gov.au/Centre_for_Disease_Control/Immunisation



Appendix 6 – Information Sheet about Influenza Vaccine

Influenza

Influenza ("flu") is a contagious disease that spreads around Australia each year. In the Top End influenza can occur at any time of the year, but in Central Australia the flu season is more likely to occur between June and October.

Flu is caused by influenza viruses, and is spread mainly by coughing and sneezing.

Anyone can get flu. Symptoms come on suddenly and may last several days. They can include fever/chills, sore throat, muscle aches, fatigue, cough, headache or runny or stuffy nose.

Flu can make some people much sicker than others. These people include young children, people 65 and older, Indigenous people, pregnant women, and people with certain health conditions such as heart, lung or kidney disease, nervous system disorders, or a weakened immune system. Flu vaccination is especially important for these people and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhoea and seizures in children.

Each year **thousands of people in Australia die from flu**, and many more are hospitalized. **Flu vaccine** is the best protection against flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

Influenza Vaccine

You are getting an injectable flu vaccine, which is an "**inactivated**" vaccine. These vaccines do not contain any live influenza virus and cannot give you the flu.

Flu viruses are always changing. Each year's flu vaccine is made to protect against three or four viruses that are likely to cause disease that year. Flu vaccine cannot prevent all cases of flu, but it is the best defence against the disease. Flu vaccination is recommended every year.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year. Some illnesses that are not caused by influenza virus are often

mistaken for flu. Flu vaccine will not prevent these illnesses. The vaccine can only prevent influenza.

Who Should NOT Be Vaccinated?

People who are allergic to influenza vaccines or any of the components in the vaccine should NOT be vaccinated. People who have previously had Guillian-Barré syndrome should seek specialist medical advice before receiving vaccination.

What are the Possible Side Effects of the Vaccine?

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own within 1-2 days. Serious reactions are very rare.

Common side effects following inactivated flu vaccine may include soreness, redness, swelling or burning at the injection site, muscle aches, low grade fever, headache, and fatigue.

Management of Common Side Effects

Applying a cool wet cloth to the site and offering paracetamol are effective methods to respond to fever or injection swelling or redness. Sometimes small, hard lumps (injection site nodules) may persist for some weeks or months but are no cause for concern and require no treatment. If symptoms continue or you are concerned see your health provider.

Serious Side Effects

Severe allergic reactions are rare but could occur after any vaccine (estimated less than 1 in a million doses). If this occurs, phone 000 or 112 for an ambulance or attend your nearest hospital.

Please report any serious reactions to your health provider.

After-Hours Helpline Numbers

- *In an Emergency* 000 or 112
- NT Health Direct 1800 186 026
- Health Direct Australia 1800 022 222

For more information visit:

http://health.nt.gov.au/Centre_for_Disease_Control/Immunisation

Appendix 7 – Information Sheet about Measles, Mumps, and Rubella Vaccine (MMR)

Measles, mumps and rubella are very infectious diseases, and spread easily from person to person through the air.

Measles

- Measles virus causes rash, cough, runny nose, red eyes, and fever
- It can lead to ear infection, pneumonia, seizures, brain damage and death

Mumps

- Mumps virus causes fever, headache, muscle pain, loss of appetite, and swollen glands
- It can lead to deafness, meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, and rarely sterility

Rubella (German Measles)

- Rubella virus causes rash, arthritis (mostly in women) and mild fever
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects

Who Should Get MMR Vaccine and When?

- Any adult born during or after 1966 should have 2 doses of MMR vaccine, unless they can show that they have either been vaccinated or had all three diseases
- The 2 doses of MMR should be given at least 4 weeks apart

Who Should NOT be Vaccinated?

- Anyone who has ever had a severe allergic reaction to a previous MMR vaccine or any component of MMR vaccine
- Pregnant women
 - o Pregnant women who need the vaccine should wait until after giving birth
 - o Women should avoid getting pregnant for 4 weeks after vaccination with MMR vaccine
- Anyone with diseases that lower the immune system such as:
 - o HIV infection

- o Cancer
- Anyone receiving treatment with drugs that affect the immune system, such as high dose steroids, radiation or chemotherapy
- Anyone with a low platelet count (a blood disorder)
- If you have had another “live” vaccine in the last 4 weeks, a blood transfusion or other blood product in the last year you may need to delay vaccination. Please discuss with your health provider.

What are Possible the Side Effects?

- With a vaccine, like any medicine, there is a chance of side effects
- These are usually mild and go away on their own within several days
- Serious reactions are very rare
- Common side effects following MMR vaccine may occur 7 -10 days later and can include fever, mild rash that is not infectious, runny nose, puffy eyes, swelling of glands in the cheeks or neck
- Side effects occur less often after the second dose of vaccine

Management of Common Side Effects

- Applying a cool wet cloth to the site and offering paracetamol are effective methods to respond to fever or injection swelling or redness
- Sometimes small, hard lumps (injection site nodules) may persist for some weeks or months but are no cause for concern and require no treatment
- If symptoms continue or you are concerned see your health provider

Serious Side Effects

- Serious side effects are rare but a severe allergic reaction could occur after any vaccine (estimated less than 1 in a million doses)
- If this occurs, phone 000 or 112 for an ambulance or attend your nearest hospital
- Report any serious reactions to your health provider

After-Hours Helpline Numbers

- *In an Emergency* 000 or 112
- NT Health Direct 1800 186 026
- Health Direct Australia 1800 022 222

For more information visit:

http://health.nt.gov.au/Centre_for_Disease_Control/Immunisation

Appendix 8 – Information Sheet about Diphtheria, Tetanus, Pertussis Vaccine (dTpa)

Any protection provided by childhood vaccination against diphtheria, tetanus and pertussis wanes over time and booster doses are needed during adult and adolescence.

Tetanus (Lockjaw)

- Tetanus enters the body through cuts and scratches and causes painful muscle tightening and stiffness, usually all over the body
- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe
- Tetanus kills about 1 out of 5 people who are infected

Diphtheria

- Diphtheria is spread by coughing and sneezing and can cause a thick coating to form in the back of the throat
- It can lead to breathing problems, paralysis, heart failure, and death

Pertussis (Whooping Cough)

- Pertussis is spread by coughing and sneezing and causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep
- It can also lead to weight loss, incontinence, and rib fractures
- Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death

Who Should Get dTpa Vaccine and When?

- A booster dose of this vaccine is given routinely at school at aged 13 years as part of the National Immunisation program
- The vaccine is also recommended for healthcare professionals and anyone having close contact with young infants especially those under the age of 6 months
- Pregnant women should get a dose of dTpa vaccine either from 28 weeks of pregnancy or immediately after the birth of each baby to protect the newborn from pertussis
- Infants are most at risk for severe, life-threatening complications from pertussis
- Fathers and other carers in contact with young infants should also be vaccinated

Who Should NOT be Vaccinated?

- Anyone who has ever had a severe reaction to dTpa vaccine or any component in this vaccine you should not be vaccinated

What are the Possible Side Effects?

- With a vaccine, like any medicine, there is a chance of side effects
- These are usually mild and go away on their own within several days
- Serious reactions are very rare
- Common side effects may include pain, redness, swelling at the site where the injection was given, mild fever, headache, tiredness and body aches

Management of Common Side Effects

- Applying a cool wet cloth to the site and offering paracetamol are effective methods that can alleviate injection site reactions and fever
- Sometimes small, hard lumps (injection site nodules) may persist for some weeks or months but are no cause for concern and require no treatment
- If symptoms continue, see your health care provider

Serious Side Effects

- Severe allergic reactions are rare but could occur after any vaccine (estimated less than 1 in a million doses)
- If this occurs, phone 000 or 112 for an ambulance or attend your nearest hospital
- Report any serious vaccine reactions to your health provider

After-Hours Helpline Numbers

- *In an Emergency* 000 or 112
- NT Health Direct 1800 186 026
- Health Direct Australia 1800 022 222

For more information visit:

http://health.nt.gov.au/Centre_for_Disease_Control/Immunisation

Appendix 9 – NT Pharmacist-Led Immunisation Pilot (NT-PLIP) Participant Information Sheet

The NT Pharmacy Immunisation pilot aims to find out what people like and value about pharmacists giving vaccines. It will also look at safety of the service. Information will be used by the Department of Health to improve pharmacy vaccination services in the future.

The questionnaire will only record your age and general information and so will not identify you by name or address. You can choose not to complete the survey and can change your mind later if you do not want your survey included in the research project. If you do not complete the survey you can still receive your vaccine at the pharmacy.

The research project has been approved by the Top End Human Research Ethics Committee.

What Information Will the Research Team Have?

The research team will see the surveys and vaccine information without names or contact details from the pharmacy computer system.

What Will Happen after the NT Pharmacy Immunisation Pilot is Completed?

The results of the study will be provided to the Northern Territory Chief Health Officer and will inform future planning of vaccination programs in NT. The summary report may be obtained from your pharmacist on request.

Who Do I Contact If I Have Any Questions?

Your pharmacist should be able to provide answers to all your questions but if you would like any further information about the pilot please contact Dr Rosalind Webby, Head of Immunisation, Department of Health on (08) 8922 8044.

What If I Have Any Concerns or Complaints about the Conduct of this Project?

If you have any concerns or complaints about the ethical conduct of this project you may contact the Menzies School of Research Ethics committee or Ethics administration officer
Phone: (08) 8946 8687 or (08) 8946 8686 | Email: ethics@menzies.edu.au

Thank you for your assistance with this project.

NT Pharmacist-Led Immunisation Pilot (NT-PLIP)

Participant Questionnaire

Please complete these questions about your vaccination visit today.

Question	Answer
How old are you?	16 - 30 years ☐ 31 - 45 years ☐ 46 - 65 years ☐ Older than 65 years..... ☐
Are you an Aboriginal or Torres Strait Islander Australian?	Yes..... ☐ No ☐
Do you have any chronic medical illnesses that require regular medical follow-up or hospitalisation?	Yes (Specify)..... ☐ No ☐
Which vaccine(s) did you receive today?	Influenza ☐ Measles, Mumps, Rubella (MMR) ☐ Whooping Cough (Pertussis), Diptheria, Tetanus ☐
Where have you previously been vaccinated?	Never been vaccinated..... ☐ GP Clinic ☐ Community or Aboriginal Health Service ☐ At Work ☐ Other (Specify) ☐

When did you last receive any vaccines?	Never been vaccinated..... ☐ Last year ☐ More than 1 year ago ☐ As a child ☐ Unsure ☐ Other (Specify) ☐
Why did you receive your vaccine at the pharmacy today? Please choose as many answers as applicable.	My GP recommended ☐ My pharmacist recommended ☐ I don't want to get sick..... ☐ I am travelling overseas..... ☐ I have a new baby in my house ☐ I read about it on the internet/newspaper ☐ The service was quick/easy to access.... ☐ No appointment required / It was easy to book appointments ☐ Allows me flexibility to choose where I get my immunisation service ☐ The location of the pharmacy ☐ Friendly staff and relaxed environment... ☐ Other (Specify) ☐
How satisfied were you with the vaccine service provided today?	1 (Very Unsatisfied)..... ☐ 2 (Somewhat Unsatisfied) ☐ 3 (Satisfied) ☐ 4 (Somewhat Satisfied) ☐ 5 (Very Satisfied)..... ☐

Did you receive the pre-vaccination checklist and have all your questions answered?	Yes..... ☐ No ☐
Were the risks and benefits of the vaccination explained to you?	Yes..... ☐ No ☐
If this pharmacy vaccination service was NOT available, where would you have received your vaccine?	I would have had a vaccine ☐ GP Clinic ☐ Community or Aboriginal Health Service ☐ At Work ☐ Other (Specify) ☐
Would you be happy to receive your vaccination in a pharmacy in the future?	Yes..... ☐ No ☐
Would you recommend this service to others?	Yes..... ☐ No ☐
Can you think of anything we could do to improve the vaccination program?	Yes..... ☐ No ☐
Any other comments?	

Thank you for assistance with this feedback.

Please return this form to the pharmacist who will forward it to:

Dr Ros Webby
 Head of Immunisation
 Centre for Disease Control
 Department of Health
 PO Box 40596 Casuarina NT 0811

Appendix 9 – NT Pharmacist-Led Immunisation Pilot (NT-PLIP) Consent Form

Participant Consent to Participate in the NT Pharmacist Immunisation Pilot

- I have been provided with information about the NT Pharmacist Immunisation pilot evaluation
- I understand that completing the questionnaire is entirely voluntarily
- I have been given the opportunity to ask any questions about the questionnaire at the pharmacy
- I understand that this information cannot be collected and analysed for any other purpose other than evaluation of the NT pharmacist immunisation pilot
- I understand that my questionnaire will be kept confidential and will not be used to identify any health professional or practice in the project
- I understand that I can contact Dr Rosalind Webby on (08) 8922 8804 or Menzies School of Ethics on (08) 8946 8687 or email ethics@menzies.edu.au if I have any concerns about the ethical conduct of the project.

Participant Name:

Participant Signature:

Date:

Witness Name:

Witness Signature:

Date:

Translator Name:

Translator Signature:

Date:

Appendix 10 – Northern Territory Pharmacist-Led Immunisation Pilot (NT-PLIP) Pharmacist Survey

This form should be completed by every pharmacist vaccinator involved in the NT-PLIP. The information collected will be used by the NT pharmacist-led working party to evaluate the impact that pharmacist vaccinator role has had on individual pharmacists in the NT. Only de-identified and collated data will be shared.

1. Which immunisation training course did you complete and where?

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.....

.....

2. Do you feel that your training adequately prepared you for this role? (*Please Circle*)

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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3. How could it be improved?

.....

.....

.....

4. How difficult was it to manage giving vaccinations along with your other professional duties? (*Please Circle*)

- a. Easy
- b. Okay, once we got the system in place
- c. Somewhat difficult but will improve
- d. With great difficulty/stress
- e. Impossible

5. How difficult was it to manage the reporting and record keeping requirements of the vaccination pilot? *(Please Circle)*
- a. Easy
 - b. Okay, once we got the system in place
 - c. Somewhat difficult but will improve
 - d. With great difficulty/stress
 - e. Impossible

6. List up to three positives you gained from this new role as a pharmacist delivering a vaccination service.

.....

.....

.....

7. List up to three things you would like to see changed to improve this role.

.....

.....

.....

8. Do you hope to continue providing a Pharmacist-led immunisation service? *(Please Circle)*

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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9. Please explain why.

.....

.....

.....

Thank you for assistance with this feedback.

Please return this form to the pharmacist who will forward it to:

Dr Ros Webby
Head of Immunisation
Centre for Disease Control
Department of Health
PO Box 40596 Casuarina NT 0811

Appendix 11 – NT Pharmacist-Led Immunisation Pilot (NT-PLIP) Requirement Checklist

The Chief Health Officer is soon to approve requirements for pharmacists to administer vaccines for a 12 month Northern Territory (NT) pharmacist-led immunisation pilot (NT-PLIP).

Under the NT-PLIP pharmacists who met the following requirements will be able to administer 3 vaccines: Influenza vaccine, Measles, Mumps & Rubella (MMR) vaccine and Diphtheria, Tetanus & Pertussis (dTpa) vaccine to adults aged 16 years and over.

The following checklist is intended to enable pharmacists and pharmacy proprietors to assess their compliance with the NT-PLIP guidelines for providing a vaccine service from a community pharmacy or pharmacy service.

No.	Premises & Equipment Requirements	Compliance
1	Facilities comply with the NT Pharmacy Premises Committee's <i>'Premises and Equipment Standard for Pharmacy Based Immunisation Programs'</i>	
2	Access to GuildCare® software or equivalent (for clinical information recording)	
3	Accreditation with Quality Care Pharmacy Program (QCPP - www.qcpp.com) or equivalent where immunisations occur in 'pharmacy services' e.g. hospital or Defence pharmacies	
4	Current appropriate indemnity cover for the pharmacy business which includes provision of an immunisation service	
No.	Immunisation Pharmacist Requirements	Compliance
5	General registration with the Pharmacy Board of Australia with no conditions	

6	Completed an immunisation training course with NT modifications either: • APPIMM806A - Manage the delivery and administration of injections and immunisations – (Pharmaceutical Society of Australia) • 10455NAT - Course in conduct immunisation services within a community pharmacy environment – (Pharmacy Guild of Australia) and maintain 3 yearly updates.	
7	Current Certification from Australasian Society of Clinical Immunology and Allergy (ASCI) in 'Anaphylaxis e-training for Healthcare professionals or pharmacists'; and maintain yearly updates.	
8	Current Certification in HLTAID003 - Provide First Aid (or HLTAID001 which includes CPR); and maintain 3 yearly updates.	
9	Current Certification in HLTAID001 - Provide Cardio Pulmonary Resuscitation (CPR); and maintain yearly updates.	
10	Current professional indemnity insurance which includes vaccination in scope of practice.	
No.	Staffing Requirements	Compliance
11	The pharmacy to provide sufficient trained support staff with current First Aid and CPR certificates to be present at the premises when vaccination services are taking place. Vaccines are only administered by an authorised Immunisation Pharmacist when an additional pharmacist or pharmacy assistant trained in CPR and first aid is present.	
12	The pharmacy's staff and roster must allow the authorised Immunisation pharmacist to have uninterrupted time to conduct the pre-vaccination assessment and vaccination procedures.	
No.	Documentation & Audit Requirements	Compliance
13	Complete Pharmacist Registration Form for each authorised Immunisation pharmacist and return to Immunisation Unit CDC NT (see attached form).	

14	Complete Pharmacist Proprietor Registration Form for the pharmacy and return to Immunisation CDC NT (see attached form).	
15	Agree to participate in periodic audits of premises and pharmacists educational requirements by the NT Department of Health	
16	Agree to participate in the evaluation of the NT-PLIP by administering participant questionnaires and completing pharmacist feedback forms.	
17	The pharmacy workflow includes the completion of the “ <i>Pre-vaccination Checklist</i> ” prior to every vaccination	
18	The pharmacy workflow includes the completion of the ‘ <i>NT Adverse Event following Vaccination Form</i> ’ if required following each vaccination.	

Appendix 12 – Northern Territory Pharmacist-Led Immunisation Pilot (NT-PLIP) Immunisation Pharmacist Registration Form

- I have been provided with information about the NT Pharmacist-Led Immunisation Pilot
- I have completed appropriate training and will maintain appropriate updates to meet the requirements under NT legislation to administer vaccines in the NT
- I will only vaccinate in a pharmacy premises when an additional pharmacist or pharmacy assistant with current First Aid and Cardio Pulmonary Resuscitation (CPR) certificates is present at the premises. I will ensure I have uninterrupted time to conduct the pre vaccination and vaccination procedures
- I have current professional indemnity cover for providing and administering vaccines
- I will work in a premises that meets the NT Pharmacy Premises Committee's 'Premises and Equipment Standard for Pharmacy Based Immunisation Programs and is accredited through the Quality Care Pharmacy Program (QCPP - www.qcpp.com) or equivalent and has indemnity for the premises for providing an vaccination service.
- I will maintain vaccination records on GuildCare® software (for data recording) or equivalent
- I will report all adverse events following immunisation to the Centre for Disease Control, NT
- I will participate in periodic audits of premises and educational requirements by the Department of Health
- I will participate in the evaluation of the NT pilot by providing participant questionnaire forms to clients post vaccination and forward completed forms to Immunisation Unit, Centre for Disease Control NT, PO Box 40596 Casuarina NT 0811

Participant Name:

Participant Signature:

Date:

Witness Name:

Witness Signature:

Date:

Translator Name:

Translator Signature:

Date:

Please return this form to the pharmacist who will forward it to:

Dr Ros Webby

Head of Immunisation

Centre for Disease Control

Department of Health

PO Box 40596 Casuarina NT 0811

Appendix 13 – Northern Territory Pharmacist-Led Immunisation Pilot (NT-PLIP) Pharmacy Proprietor Registration Form

- I confirm that the following pharmacy premises will participate in the NT Pharmacist-Led Immunisation Pilot:
 - o Pharmacy Trading Name ... _____
 - o Business Name: _____
 - o Address: _____
 - o Phone _____
 - o Fax _____
 - o Email _____
- I confirm that:
 - o I am signing this form as a representative of any partners I may have in this business
 - o This pharmacy premises meets the NT Pharmacy Premises Committee's 'Premises and Equipment Standard for Pharmacy Based Immunisation Programs'
 - o This pharmacy premises is accredited under the Quality Care Pharmacy Program (QCPP www.qcpp.com) or equivalent
 - o This pharmacy business holds appropriate indemnity for providing an immunisation service
- My staff will participate in the evaluation of the NT Pharmacist-Led Immunisation Pilot through completion of surveys

Participant Name:

Participant Signature:

Date:

Witness Name:

Witness Signature:

Date:

Translator Name:

Translator Signature:

Date:

Please return this form to the pharmacist who will forward it to:

Dr Ros Webby

Head of Immunisation

Centre for Disease Control

Department of Health

PO Box 40596 Casuarina NT 0811