

Vaccines PHC Remote Guideline

Target Audience	All Clinical Employees
Jurisdiction	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS
Jurisdiction Exclusions	N/A
Document Owner	Kerrie Simpson Atlas Development Officer Primary Health Care Remote CAHS
Approval Authority	Chair NT Quality and Safety Manager Primary Health Care
Author	PHC Safety and Quality Team

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Purpose

Primary Health Care Remote guideline for staff on the responsibilities and procedures related to the provision of vaccines.

Guideline

1. General Information

Vaccination is a fundamental aspect of primary health care, particularly for Aboriginal and Torres Strait Islander people who experience a much greater burden of disease than do other Australians. Vaccination not only protects individuals, but also others in the community by increasing the general level of immunity and minimising the spread of infection.

When a person is vaccinated, their body produces an immune response. Vaccines are delicate biological substances, containing either a very small dose of a live but weakened form of virus, a very small dose of a killed bacteria or virus or small parts of bacteria, or a small dose of a modified toxin produced by bacteria.

The [Immunise Australia Program](#), funded by the Australian Government, is a combined Australian, State and Territory Government initiative, which aims to increase national immunisation rates and provides an agreed schedule of recommended childhood and adult immunisations in the [National Immunisation Program Schedule](#) (NIPS) (*scroll to bottom of Immunise Australia Program webpage*). The Northern Territory (NT) tailors the NIPS to meet the needs of the Territory population. Remote health centres in the Northern Territory provide vaccinations to clients through different mechanisms. These include:

MECHANISM	FUNDING	COMMENTS
National Immunisation Program Schedule (NIPS)	Australian Government	The NIPS outlines the recommended and fully funded vaccine plan by age group for the Immunise Australia Program. States and Territories choose whatever combinations of vaccines from this list that suit the needs of geographic and demographic conditions. <i>Note: under the 'No Jab No Pay' initiative when Polio (IPOL®) vaccination is required, a Medical Officer prescription must be</i>

MECHANISM	FUNDING	COMMENTS
		<i>obtained as this vaccination is not included in the Approved Scheduled Substance Treatment Protocols and Medicines List.</i>
Aboriginal and Torres Strait Islander People	Northern Territory Government	There are additions and variations to the standard vaccination schedule recommended for Aboriginal and Torres Strait islander children and adults (see NT Immunisation Schedules).
Adult & Special Groups Vaccination recommendations	Provider or self funded	Vaccines recommended for special groups, (See NT Adult Immunisation Schedule , and additional information in Pneumococcal vaccination and revaccination guideline NT , Hepatitis B vaccination and public health guidelines Northern Territory , Influenza Vaccine (including for pregnant women) and Pertussis (for pregnant women from the 28 th week of pregnancy, new fathers and carers). In the Territory, vaccine recommendations in this category are funded by the NTG.
Occupational Risk	Employer or self funded	<p>Personnel, whose place of work is associated with an increased risk of some vaccine preventable diseases, may require vaccination. This includes personnel working in remote areas such as health, education, police, power and water, and community council staff.</p> <p>Where health centres are involved with administering such vaccinations, in general the person should see a Medical Officer to obtain a prescription, and supply of the vaccine. Health centre staff will then be able to administer the vaccine, provided the vaccination is included in the Approved Scheduled Substance Treatment Protocols and Medicines List, Vaccination Schedule when Administering Workplace Staff Immunisation Program Vaccines to Adults in the Northern Territory (NT) Scheduled Substance Treatment Protocol or other vaccines where the prescription has been sighted.</p>
International Travel	Self funded	The Centre for Disease Control (CDC) and Primary Health Care (PHC) Remote recommend that PHC Remote staff should not provide vaccinations required for international travel. The preferred method is for people requiring vaccinations for international travel to access these through a regional town based General Practitioner (GP). Expertise is required to determine the required vaccinations for international travel and for some vaccinations, health practitioners are required to be licensed to be able to provide vaccinations, eg Yellow Fever. Information can be gained from several websites as listed in Key Associated Documents .

For detailed information see [The Australian Immunisation Handbook 10th Ed.](#)

2. Definitions

Vaccination: administration of a vaccine.

Immunisation: the stimulation of the immune system by administering a vaccine.

Note: vaccination / immunisation in colloquial use is frequently used interchangeably.

Scheduled Substance Treatment Protocol (SSTP): is a protocol for possessing, supplying or administering a scheduled substance as approved by the Chief Health Officer (CHO) under Section 254 of the [NT Medicines, Poisons and Therapeutic Goods Act \(MPTGA\)](#).

Valid Consent: the voluntary agreement by an individual to a proposed procedure, given after sufficient, appropriate and reliable information about the procedure, including the potential risks and benefits, has been conveyed to that individual. (Ref: [The Australian Immunisation Handbook 10th Ed](#) section 2.1.3)

3. Responsibilities

3.1 Clinical Staff

Note: Nurses, Midwives and Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs) who have not participated in any recognised vaccine training course / certificate must not administer vaccines without an administration order / prescription and supervision from a medical practitioner. For details see [Gazette Notice Prescribed Qualifications to Supply or Administer or Possess Vaccinations](#) and [Immunisation: Health Professionals](#) website.

- Complete relevant vaccine provider qualifications as soon as possible (within six months) after commencing employment
- Administer vaccines according to the recommended [NT Immunisation Schedules](#)
- Maintain vaccination documentation, including health records, recall, Medicare, database records, etc
- Ensure all [Adverse Events Following Immunisation](#) (AEFI) are reported to CDC and on RiskMan

3.2 Primary Health Care Health Centre Manager (PHCM)

- Support staff in completing a relevant vaccine provider qualification
- Ensure sufficient vaccines are available for planned and opportunistic immunisation, with respect for budget / wastage implications
- Ensure vaccine record forms are sent to the immunisation database
- Ensure the [Vaccine Wastage Report Form](#) is submitted to CDC for any vaccine wastage
- Ensure vaccine monitoring practices are attended and relevant Quality Assurance Returns are completed
- Be aware of different funding arrangements for vaccines and budget implications

3.3 Professional Practice Nurse

- Ensure reminder e-mails re QA activities are distributed to health centres monthly
- Maintain cold chain quality assurance records
- Report quarterly to Management Team on vaccine Quality Assurance processes

3.4 Medicare Administration / Trainer

- Provide training for staff re Medicare processes
- Process immunisation claim forms

3.5 Centre for Disease Control (CDC), Immunisation Program

- Coordinate the [NT Upskilling Course](#) for vaccine providers
- Recommend, promote and facilitate the [NT Immunisation Schedules](#)
- Maintain the NT Immunisation Register (NTIR) and provide recall information
- Review completed Vaccine Wastage Report Forms
- Determine appropriateness of reporting AEFIs

4. Procedure

4.1 Pre-vaccination Procedures

4.1.1 Consent

Valid consent is required for the proposed vaccination. Before giving a vaccination, clinical staff should provide adequate information for the client / parent / carer, to make an informed decision. It is important to provide time for this discussion and to document that 'valid' consent was obtained prior to giving the vaccination. In general, PHC accepts that verbal consent is appropriate, providing it is valid by the reference [definition](#).

During a Healthy School Aged Kids (HSAK) Program, where the parent / carer may not be present, vaccination can only be given if written consent has been obtained. If the parent / carer is in attendance, even though prior written consent has been given, explicit verbal consent should be made prior to vaccination.

See [The Australian Immunisation Handbook 10th Ed.](#) pp 25-28, 2.1.3 Valid Consent.

Where a client declines vaccination following the provision of adequate information, this decision must be respected and documented accordingly utilising the [Refusal to Accept Medical Advice Form](#) (also available via PCIS / EACS). Consideration should be given to refer the client to an alternative practitioner.

*Note: A parent / guardians decision to **not** proceed with routine immunisations for their child, will affect eligibility for certain Government payments (see [Section 4.4](#) for details).*

4.1.2 Pre-vaccination Checklist

Clinicians are required to perform a comprehensive pre-vaccination health screen of all persons to be vaccinated. This assists the clinician to identify any contraindications or precautions prior to administering a vaccine, and thus:

- eliminates or minimises the risk of adverse events
- helps to optimise an individual's immune response, and
- enhances the protection of a household contact against vaccine-preventable diseases.

A pre-vaccination checklist is available:

- within the EHR system
- in The [Australian Immunisation Handbook 10th Ed.](#) pp 28-38, 2.1.4 Pre-vaccination Screening
- the CDC website [Pre-vaccination checklist](#) (see page 2 of Vaccine safety for adolescent girls document)

If a condition or circumstance is identified whilst completing the checklist, and/or there is uncertainty on whether to proceed with the vaccination, refer to the Australian Immunisation Handbook, 10th Ed Table 2.1.2 which provides a decision support tool, detailing rationale for the recommended action.

Alternatively, contact CDC for advice. In **all** cases where a client is significantly immuno-compromised (for example: HIV, SLE, those receiving immunosuppressive agents / chemotherapy), advice should be sought from the Rural Medical Practitioner (RMP).

4.1.3 Equipment Required for Emergency Management of Anaphylaxis

It is important that practitioners are prepared for the unlikely event of a serious adverse event following immunisation. The following items must be present in the consultation room or location where the vaccine is administered:

Anaphylaxis Kit	Oxygen	CARPA STM
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4.2 Administering a Vaccination

Vaccinations should be administered according to recommended guidelines. Under the [NT MPTGA](#), if a vaccine for administration is not listed in an SSTP, clinical staff covered by the SSTP are not authorised to supply or administer the vaccine without a Medical Practitioner's direction (eg travel vaccines).

To administer vaccines against an SSTP, all nurses, midwives and ATSIHPs are required to comply with the qualifications prescribed by the NT CHO in [Gazette Notice Prescribed Qualifications to Supply or Administer or Possess Vaccinations](#). **Practitioners who do not comply with the prescribed qualifications must not administer vaccines without an administration order / prescription and supervision from a medical practitioner.** Also see [Immunisation: Health Professionals](#) website.

4.2.1 Administering a BCG Vaccination

BCG vaccination is part of the [NT Immunisation Schedule](#) for Indigenous babies (and some other groups) and is generally given in hospital following birth. Where this does not occur it may be given up to 6 months of age without the need for prior Mantoux screening test.

Any requirement to provide BCG vaccination in PHC remote health centres **must be** coordinated with the [Tuberculosis and Leprosy Unit](#). This will be to coordinate supply of the vaccine and availability of a suitably competent clinician to administer the BCG vaccination. If required the [Tuberculin / BCG Order for PHC Health Centres Form](#) can be used to order the vaccine.

4.3 Post-Vaccination

It is recommended that appropriate printed information be given to clients / carers where possible, which provides guidance for managing fever and injection site discomfort. Concurrently, plain language must be used when communicating post vaccination information (regarding what can be expected after a vaccine is given, including appropriate action to take should adverse reactions occur). The [CDC Vaccine Side Effect Advice](#) sheet can be utilised to point out areas of relevance to the client / carer. A mechanism for recording the use of post-vaccination information has been developed in the EHR.

4.4 Documentation

At the time of vaccination, the staff member providing the vaccination should:

- Document providing the vaccination in the client's Electronic Health Record (EHR) including:
 - ~ consent
 - ~ details of the vaccine given including the brand name, dose and batch number
 - ~ route and site of administration
 - ~ name of the person providing the vaccination
 - ~ date of vaccination
- Document providing the vaccination on the hand-held / personal immunisation record card if relevant
- Complete the Medicare Assignment Form (MAF) and have the client or parent / carer sign the form and file according to the filing mechanism used in the health centre (Only required for ATSIHPs). See [Medicare Overview](#).
- Health centre staff should not routinely update and return the CDC recall list. However the CDC recall list should be updated and returned to CDC to report demographic changes such as

updating the name of a newborn previously recorded as 'baby of' and changes to the client's usual health centre. Additionally in circumstances when vaccinations may be administered but not recorded in the client's EHR until the following week, this record will not be included in the EHR weekly report which is collated for Monday to Sunday each week. In this circumstance details of vaccinations given must be provided on the CDC recall list. The updated CDC recall list should be returned via internal mail to the Immunisation Database, CDC Darwin or faxed to 08 8922 8897.

Submission of immunisation data via PCIS / EACS to CDC leads to entry of data on the [Australian Childhood Immunisation Register](#) (ACIR). Nationally, the ACIR provides a central immunisation history for each child that is accessible to any immunisation provider. Data held on the ACIR is used to determine relevant Australian Government benefit payments. ACIR is administered by Medicare Australia and children enrolled in Medicare are automatically included on the ACIR.

4.4 Eligibility for Some Australian Government Benefits

To promote immunisation, some Government benefits are only available for children and young people (under 20 years of age) who are up to date with immunisation or have an exemption. Therefore families, who want to receive relevant benefits for a child of any age, must either:

- make sure their child is fully immunised with vaccines currently provided under NIPS, or
- provide an [Immunisation medical exemption form](#) completed by a Medical Practitioner certifying:
 - ~ the vaccines a child or young individual can't receive
 - ~ whether the contraindication is temporary or permanent, or
 - ~ the vaccines the child or young individual is immune to

Note: As of January 2016 Objections on the basis of personal, philosophical or religious beliefs, sometimes referred to as vaccination objections, will no longer be a valid exemption. See the [Australian Government Department of Human Services Update No Jab No Pay - Immunisation Catch-up Arrangements](#) website for relevant benefits and information.

4.5 Adverse Events Following Immunisation (AEFI)

An adverse event is an unwanted or unexpected event following immunisation and may be related to the vaccine or may have occurred by chance after the immunisation. Any vaccine may cause an adverse event and while not mutually exclusive, adverse events can be categorised in three ways: local; systemic; or allergic. See [Vaccine Side Effect Advice](#) for more information on common AEFI and what to do about them.

Note: to monitor for AEFI the vaccinated person and/or parent/carer should be advised to remain in the health centre for a minimum of 15 minutes after the vaccination.

Surveillance for AEFI is an integral part of a vaccination program. In general, common AEFI do not need to be reported and are managed at the local level with advice and symptomatic treatment as necessary. Any serious or unexpected adverse event occurring following immunisation should be discussed with CDC and reported on RiskMan.

When additional written notification is requested by CDC, details should be provided on the [NT Adverse Event Following Immunisation form](#). CDC will determine if this AEFI should be reported to the [Advisory Committee on the Safety of Medicines \(ACSOM\)](#). Information on AEFI is available in [The Australian Immunisation Handbook 10th Ed.](#)

4.6 Catch-up Vaccinations

The impetus for 'catch-up' vaccinations is two fold. Firstly when new age groups are offered vaccines previously not available to them under [NIPS](#) and secondly when clients have an incomplete vaccination record. Every opportunity should be taken to check the vaccination status of clients and provide missing doses. Advice on planning a catch-up program should be obtained from CDC Immunisation Officer.

4.7 Transport Storage and Handling of Vaccines

See [Cold Chain](#) and Purpose Built Vaccine Refrigerators Operating Instructions & Education.

4.8 Vaccine Wastage

There are a variety of situations where the integrity of vaccines may be compromised, for example: fridge malfunction, power outage, transport issues or vaccines expiry date reached before they are able to be used. Where this integrity is questioned, staff should discuss this with the Immunisation Officer, CDC who can advise regarding the appropriate use or disposal of the vaccines in question.

Where advice is given for the disposal of vaccines, a [Vaccine Wastage Report Form](#) is used to record this. Reporting all vaccine wastage provides an indication of PHC vaccine wastage across all health centres and enables accurate reporting to CDC and the Australian Government.

Implementation, Review & Evaluation Responsibilities

	Method	Responsibility
Implementation	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	Health Policy Guidelines Program
Review	Document is to be reviewed within three years, or as changes in practice occur	Atlas Development Officer, Primary Health Care CAHS
Evaluation	Evaluation will be ongoing and informal, based on feedback.	Atlas Development Officer, Primary Health Care CAHS

Key Associated Documents

Forms	<p>Cold Chain Storage Check PHC Remote Forms – CAHS TEHS</p> <p>Strive for 5 Vaccine Refrigerator Temperature Chart</p> <p>Vaccine Wastage Report Form</p> <p>NT Adverse Event Following Immunisation form (available from CDC)</p> <p>Hospital Pharmacy Order PHC Remote Form – includes vaccine orders</p> <p>Medicare Assignment Form (MAF), available from Medicare Trainers</p> <p>Refusal to Accept Medical Advice Form, also available via PCIS / EACS</p> <p>Tuberculin / BCG for PHC Health Centres Form</p>
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	<p>Cold Chain PHC Remote Guideline</p> <p>Client Recall Systems PHC Remote Guideline</p> <p>Medicare - Overview PHC Remote Guideline</p> <p>Quality Assurance Overview PHC Remote Guideline</p> <p>Section 250 NT MPTGA PHC Remote Guideline</p> <p>Anaphylaxis Kit Contents List</p> <p>Approved Scheduled Substance Treatment Protocols and Medicines List PHC Remote</p> <p>Vaccination Schedule - Administering Workplace Staff Immunisation Program Vaccines (Adults) in NT SSTP</p>

	<p>NT Medicines, Poisons and Therapeutic Goods Act and Regulations Gazette Notice Prescribed Qualifications to Supply or Administer or Possess Vaccinations</p> <p>DoH Medicines and Poisons Control website Medicines and Poisons Notices - provides links to relevant Gazettal Notices</p> <p>Australian Government Department of Human Services Update No Jab No Pay - Immunisation Catch-up Arrangements Australian Childhood Immunisation Register (ACIR) - Immunisation medical exemption form</p> <p>DoH Centre for Disease Control (CDC) CDC Resources and Publications Pneumococcal vaccination and revaccination guideline NT Hepatitis B vaccination and public health guidelines Northern Territory, Influenza Vaccine Pertussis Pre-vaccination checklist (see page 2 of Vaccine safety for adolescent girls document) Immunisation website, provides all NT Immunisation Schedules Influenza Tuberculosis and Leprosy Unit Vaccine Provider information - Free Influenza Vaccine for all Pregnant Women Vaccine Side Effect Advice (intranet)</p> <p>Immunise Australia Program National Immunisation Program Schedule (scroll to bottom of Immunise Australia Program webpage) The Australian Immunisation Handbook 10th Ed National Vaccine Storage Guidelines - Strive for 5, 2nd Ed Myths and Realities - Responding to arguments against vaccination, a guide for providers, 5th Ed. 2013 Department of Health and Ageing Australian Childhood Immunisation Register</p> <p>International Travel: Australia International Travel: World Health Organisation (WHO) PCIS Website Immunisations given - Add a New Immunisation Bulk Entry User Reference Guide Healthy Under 5 Kids (HU5K) Care Plans - see Initiating the Childhood 0-4 Years Vaccination Care Plan</p> <p>EACS Website</p>
References	As above

Evidence Table

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A