

Standard

June 2016

Queensland pharmacist vaccination standard

Introduction

The Queensland Pharmacist Vaccination Standard (QPV standard) establishes the requirements for a pharmacist who wants to participate in the pharmacist vaccination program in Queensland in accordance with the *Health (Drugs and Poisons) Regulation 1996* (HDPR) and the Drug Therapy Protocol – Pharmacist Vaccination Program.

Pharmacist Requirements

'Pharmacist' means a person registered under the *Health Practitioner Regulation National Law (Queensland) 2009* in the pharmacy profession.

Pharmacists with provisional registration may provide vaccinations provided they have completed the appropriate training as outlined below, and, are observed and directly supervised by a registered pharmacist who is also lawfully allowed to vaccinate. It is particularly important that the supervising pharmacist confirms the decision to vaccinate (e.g. such as reviewing the pre-vaccination screening tool) and observes the administration of the vaccine. The Pharmacy Board of Australia clearly indicate that the final legal responsibility lies with the supervising pharmacist for activities undertaken by the intern pharmacist.

Pharmacists authorised to administer vaccines and adrenaline in accordance with the HDPR are to be:

- registered with the Pharmacy Board of Australia without any registration conditions or undertakings
- have successfully completed any of the following:
 - prior to 31 March 2016 the training program for the Queensland Pharmacist Immunisation Pilot I and II (QPIP I & II)
 - from 1 April 2016 – successfully completed a training program accredited to meet the standards set by the Australian Pharmacy Council's '*Standards for the accreditation of programs to support Pharmacist Administration of vaccines*'
 - Successfully completed an interstate training program accredited to meet the standards set by the Australian Pharmacy Council's '*Standards for the accreditation of programs to support Pharmacist Administration of vaccines*'. Please note that this will **only allow influenza vaccination** unless additional training occurs for the other two vaccinations available under the Drug Therapy Protocol. For measles this must include both training around the vaccination and the administration of the vaccine
 - For pertussis this must include training about the vaccination (administration is the same as for influenza)
- hold appropriate professional indemnity insurance for vaccination
- hold a **current** Australian recognised qualification in first aid which includes Cardiopulmonary Resuscitation (CPR)
- Hold a current anaphylaxis management certificate (this could be included in the qualification in first aid as above).



Consumers must be able to assure themselves that the pharmacist who will vaccinate them has successfully completed the required training. This may be achieved in a number of ways such as displaying a copy of a certificate of training completion in the consulting room or including a statement of training completing the information materials provided to consumers at the time of consent.

Pharmacists must ensure that they undertake yearly Continuing Professional Development (CPD) in the area of immunisation to ensure they are up to date in their practice. Where the time elapsed since initial practical training is more than 12 months and where a pharmacist has not administered at least two (2) subcutaneous measles vaccines in the preceding 12 months, practical refreshment of this subcutaneous injection technique and review of the measles recommendations, contraindications, precautions and possible adverse events as specified in the *Australian Immunisation Handbook* must be undertaken before administration of a measles-containing vaccine. In monitoring compliance with this QPV standard, officers authorised under the Queensland *Health Act 1937* may request evidence that CPD requirements are met and that first aid, CPR and anaphylaxis qualifications are current.

Patient Requirements

- The HDPR allows for administration of the vaccines as noted in Appendix 1 of the Drug Therapy Protocol (DTP) – Pharmacist Vaccination Program. The DTP also allows for administration of adrenaline to manage anaphylaxis.
- Pharmacists are only to administer the nominated vaccines to adults (aged 18 years or over).
- Pharmacists are to vaccinate those patients within the scope of a pharmacist's practice, professional knowledge and expertise.
- Patients with contraindications or cautions to vaccination as listed in the current edition of the *Australian Immunisation Handbook* are to be considered unsuitable for pharmacist vaccination and should be referred to their local medical practitioner.
- Patients who qualify for the National Immunisation Program (NIP) must be offered referral to their local General Practitioner or other participating NIP service, but may be vaccinated in the pharmacy if they decline the referral and are advised of the cost to them of the service.

Pharmacy Premises Requirements

Vaccine administration by pharmacists is only to be conducted at pharmacy premises that provide an appropriate area for clinical care of patients.

Pharmacy premises are to have the following minimum facilities and staffing resources:

- A screened or private consulting room that ensures patients' privacy and confidentiality, including during verbal discussions with:
 - sufficient space to allow the presence of the patients, a carer if necessary, pharmacist vaccinator, consumables, equipment and documentation
 - seating for the patients and their carer during the vaccination
 - sufficient space and appropriate surfaces for the patient to lie down in the event of an adverse reaction and for staff to safely perform resuscitation procedures
 - an area that provides for direct visual observation with sufficient seating where patients can wait for at least 15 minutes following the vaccination
 - hand washing facilities/hand sanitising products available to allow for the performance of appropriate hand hygiene before and after vaccine administration.

- Sufficient appropriately trained pharmacy staff to ensure patients' safety during post-vaccination monitoring and any adverse event management. Ideally the pharmacy should have two pharmacists available at any one time – one to act as the dedicated vaccinator and the other to manage the general business of the dispensary. Pharmacies with only one pharmacist on duty **must** assess their workflows to ensure they are able to provide **uninterrupted** care to an individual patient when vaccinating and have staff on-site with current training in first aid (including CPR and management of anaphylaxis) that can assist in providing after-vaccination care or managing an emergency situation.

Equipment requirements

Pharmacy premises are to have minimum equipment that allows for safe vaccination including:

- monitored refrigerated storage facilities – consistent with the *National Vaccine Storage Guidelines Strive for 5* (latest edition)
- access to the most current editions of the *Australian Immunisation Handbook* and the *National Vaccine Storage Guidelines Strive for 5*
- as per recommendations in the most recent edition of the *Australian Immunisation Handbook*:
 - all necessary consumables required for vaccine administration
 - at least one adrenaline auto-injector for the immediate treatment of an anaphylactic reaction.

Note: Consider stocking additional adrenaline auto-injectors as backups; alternative forms of injectable adrenaline (e.g. prefilled syringes, ampoules) may be used as backup but pharmacists should ensure that they are confident and competent in administration of these forms of adrenaline
 - equipment to allow for appropriate disposal of sharps and clinical waste
 - an in-date and complete anaphylaxis response kit
- an emergency response protocol on display
- appropriate record management storage.

Written Procedures

Pharmacy business owners are to maintain up-to-date written policies and procedures for:

- storage and handling of vaccine, including cold chain monitoring
- pre-vaccination suitability screening
- patient exclusion and referral to a General Practitioner or other NIP service
- patient education and counselling
- obtaining and documenting patient consent
- vaccine administration
- handling of sharps and maintaining infection control including management of needle stick injury and exposure to blood or bodily fluids
- disposal of sharps and clinical waste
- post-vaccination patient monitoring
- response to emergencies, specifically anaphylaxis
- adverse event management and reporting
- documentation and clinical record keeping
- quality assurance of service
- management of staff training records.

Note: If these written procedures are part of other accreditation/assurance programs they can be used rather than having separate documents to comply with the standards.

Infection Control Management Plan

In addition to the written policies and procedures listed above, pharmacy business owners are required to have an infection control management plan that has been prepared in accordance with the requirements of Chapter 4 of the *Public Health Act 2005*.

Vaccine Storage

Vaccines are to be stored securely to prevent access by unauthorised persons and to ensure they remain viable. Storage and transport should be in accordance with the *National Vaccine Storage Guidelines Strive for 5* (current edition).

Consent

The pharmacist is to obtain informed consent in accordance with requirements of the most recent edition of the *Australian Immunisation Handbook*. The pharmacist must record that informed consent was given and retain this information for seven (7) years from the date that consent was obtained as part of the documentation for the vaccination.

Adverse Events

Patient immunised are to be directly observed 15 minutes post-vaccination to monitor for acute adverse events or anaphylaxis. Patients are to be advised to remain on the premises during the observation period. Patients who choose to leave early are to be counselled on the possible risks and appropriate notes should be made in the clinical record that they left the premises before the post-vaccination period ended.

If an adverse event following immunisation occurs the pharmacist is to provide acute management within their scope of competence and professional knowledge. Pharmacists should notify the Queensland Ambulance Service immediately to assist in ongoing management of anaphylaxis. All vaccine reactions are to be notified to the Department of Health via the [Adverse Event Following Immunisation](#) (AEFI) reporting form available on the Queensland Health website

<https://www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/aefi-reporting-form.pdf>.

Records

The pharmacist is to make a record of every occasion on which a vaccine is administered to a patient. The record must be kept for seven (7) years from the date on which the vaccine was administered. These records may be kept manually or electronically provided the software meets industry standards for security and privacy. The record must include the following information:

- brand, batch number and expiry date of the vaccine(s) provided
- name, address, date of birth, contact details and gender of the patient
- date on which the vaccine was given
- pharmacist name and signature (if records are kept manually)

The pharmacist is to make all reasonable efforts to notify any General Practitioner or primary health care provider nominated by the patient (or carer) of:

- patient name and address
- type of vaccine administered with vaccine details
- date of vaccination
- any adverse event observed.

The pharmacist should ensure that any electronic record such as the proposed Australian Immunisation Register or personal electronic medical records are updated at the time of vaccination. It is noted that at the time of writing these systems are not yet available in all areas of the State, however, pharmacists should be aware that they will be required to update them when they become available.

Approved by: Dr Jeannette Young, Chief Health Officer

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Contact information

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