

Health (Drugs and Poisons) Regulation 1996

Drug Therapy Protocol - Immunisation Program Nurse

Environmental Health Branch
15 Butterfield Street
PO Box 2368
Fortitude Valley BC 4006
Telephone (07) 3328 9310
Facsimile (07) 3328 9354

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* states the circumstances and conditions under which an immunisation program nurse¹ 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 required minimum contents of the 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 Australian Medicines Handbook; 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 Product Information is available for a particular 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 10th day of May 2011.

Dr Jeannette Young
Chief Health Officer
Queensland 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 practise in an immunisation program; or (b) has obtained a qualification in immunisation approved by the chief executive.

Appendix 1

SPECIFIC VACCINES	RESTRICTIONS/CONDITIONS
<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 immunisation programs that have been endorsed by the Chief Health Officer - for use in specific situations as directed by a Public Health Medical Officer 	<p>Severe adverse reaction as specified in the current edition of the NHMRC Australian Immunisation Handbook</p> <p>Contraindications to 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</p> <p>Dose and route of administration of vaccines as specified in the current edition of the NHMRC Australian Immunisation Handbook or recommended/approved by the NHMRC</p>
<p>Japanese Encephalitis – inactivated JE vaccine</p>	<p>Vaccination program approved by the relevant Public Health Medical Officer</p>
<p>Q Fever – purified killed suspension of <i>Coxiella burnetii</i> (including skin tests)</p>	<p>Vaccination program approved by the Chief Health Officer</p>
<p>Tuberculosis – BCG (including tuberculin testing)</p>	<p>Queensland Tuberculosis Control Clinics (QTBC) only and visits to Aboriginal and Torres Strait Island communities by endorsed registered nurses for the purpose of administering BCG vaccine with the approval of the QTBC</p>
SPECIFIC VACCINES	INDICATIONS FOR USE ARE OUTLINED IN THE HEALTH MANAGEMENT PROTOCOL
<p>Diphtheria-tetanus-acellular pertussis adult/adolescent vaccine (dTpa)</p>	<p>These vaccines can be used as stated, or in combination form as available, under approved immunisation programs.</p>
<p>Diphtheria-tetanus-acellular pertussis infant/child vaccine (DTPa)</p>	
<p>Haemophilus influenzae type b (Hib)</p>	
<p>Inactivated polio vaccine (IPV)</p>	
<p>Hepatitis A inactivated vaccine (hepatitis A)</p>	
<p>Hepatitis B recombinant DNA vaccine (hepatitis B)</p>	
<p>Diphtheria-tetanus adult/adolescent vaccine (dT)</p>	
<p>Influenza inactivated vaccine</p>	
<p>Measles, mumps and rubella live attenuated vaccine (MMR) Measles, mumps, rubella and varicella live attenuated vaccine (MMRV)</p>	

Meningococcal C conjugate vaccine (MenCCV)	As directed by a Public Health Medical Officer in a case/outbreak situation
Meningococcal polysaccharide vaccine (4vMenPV)	As directed by a Public Health Medical Officer in a case/outbreak situation As directed by Oncology Services for re-vaccination of children post oncology treatment
Pneumococcal conjugate vaccine	
Pneumococcal polysaccharide vaccine	
Rotavirus live oral vaccine	
Varicella live attenuated vaccine (VV)	

Appendix 2

Health Management Protocol – Minimum Requirements

1. The employer must have a current Health Management Protocol that supports and details the clinical use, being the administration 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 interdisciplinary 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, immunisation program 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 a interdisciplinary team.

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 drug and the condition/situation for which it is intended
4. the recommended dose of the drug
5. the route of administration of the 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 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 the Chief Executive Officer of a Health Service District 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.