

## ***Health (Drugs and Poisons) Regulation 1996***

### **Drug Therapy Protocol – Immunisation Program Nurse**



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

I, Jeannette Rosita Young, pursuant to the Health (Drugs and Poisons) Regulation 1996, section 175(4)(b) certify this document as the Drug Therapy Protocol – Immunisation Program Nurse.

**Circumstances and conditions**

1. An immunisation program nurse may administer a vaccine or restricted drug listed in Appendix 1, column 1 only:
  - 1.1 by a route of administration for the drug stated in Appendix 1, column 2; and
  - 1.2 subject to the conditions for the drug stated in Appendix 1, column 3 (if any); and
  - 1.3 in accordance with a Health Management Protocol that meets the requirements in Appendix 2 (the **relevant protocol**).<sup>1</sup>
2. The relevant Health Management Protocol and Australian Immunisation Handbook must be available to the immunisation program nurse at the time the immunisation program nurse is acting under this Drug Therapy Protocol.
3. Before administering a vaccine or restricted drug, the immunisation program nurse must be familiar with the contra-indication(s) and known side effects of the vaccine or drug, and advise the patient accordingly.
4. If Consumer Medicine Information is available for a particular vaccine or drug, the immunisation program nurse must, where reasonably practicable, offer the information to each person to whom the immunisation program nurse administers the vaccine or drug.

**Certification**

Drug Therapy Protocol – Immunisation Program Nurse (No. 1) 2016

Certified at Brisbane on this 12<sup>th</sup> day of September 2016.

Dr Jeannette Young  
**Chief Health Officer**  
**Department of Health**

**Notes:**

- (a) 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.
- (b) The immunisation program nurse must only practise under an immunisation program as defined in Appendix 9 of the Health (Drugs and Poisons) Regulation 1996.

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<sup>1</sup> Unless, in the opinion of the immunisation program nurse, such actions would be detrimental to the patient. In such instances, a doctor must be consulted.

## Appendix 1

Immunisation: Antigens and Immunoglobulins		
Scheduled substance	Approved route of administration	Restrictions/Conditions
Diphtheria	<p>These antigens may be used singularly or in combination form, as available.</p> <p>Dose and route of administration of vaccines is as specified in the current Australian Immunisation Handbook or recommended / approved by the NHMRC.</p> <p>If not listed, dose and route of administration is to be as per the approved product information.</p>	<p>Vaccines must be agents registered by the Therapeutic Goods Administration (TGA) and administered:</p> <ul style="list-style-type: none"> <li>in accordance with the current National Immunisation Program schedule (NIPs); or</li> <li>as approved by the National Health and Medical Research Council (NHMRC) for future inclusion in the NIPs; or</li> <li>for use under an immunisation program (see Note 1); or</li> <li>for use in other immunisation programs that have been approved by the Chief Health Officer; or</li> <li>for use in a case/outbreak situation, or other specific situations, as directed by a Public Health Medical Officer</li> </ul>
Tetanus		
Pertussis		
<i>Haemophilus influenzae</i> type b		
Hepatitis A		
Hepatitis B		
Human Papillomavirus		
Poliomyelitis		
Influenza		
Measles		
Mumps		
Rubella		
Meningococcal C		
Meningococcal (ACWY)		
Pneumococcal		
Rotavirus		
Varicella		
Tetanus immunoglobulin		

Restricted Immunisation Programs		
Scheduled substance	Approved route of administration	Restrictions/Conditions
<b>Japanese Encephalitis</b> – inactivated JE vaccine or live attenuated JE vaccine	<p>Dose and route of administration of vaccines is as specified in the current Australian Immunisation Handbook or recommended / approved by the NHMRC.</p>	The Japanese Encephalitis immunisation program is approved by the relevant Public Health Medical Officer.
<b>Q Fever</b> – purified killed suspension of <i>Coxiella burnetii</i> (including skin tests)		The Q Fever immunisation program is approved by the Chief Health Officer.
<b>Tuberculosis</b> – BCG (including tuberculin testing)		Only if the immunisation program nurse has completed the BCG and TST e-learning training package and is certified by the Tuberculosis Control Unit in their Hospital and Health Service and only under the Queensland Department of Health Tuberculosis Control Program.

Notes:

1. **Immunisation program** means—

- (a) an immunisation program carried out by the department (Queensland Health); or
- (b) an immunisation program carried out by a Hospital and Health Service; or
- (c) an immunisation program carried out by a local government; or
- (d) a certified immunisation program (certified by the Chief Executive Queensland Health or delegate)

2. The immunisation program nurse must consider and evaluate the potential for actual severe adverse reactions as specified in the current edition of the NHMRC Australian Immunisation Handbook.

3. The immunisation program nurse must consider and evaluate the contraindications to the administration of a vaccine as specified in the current edition of the NHMRC Australian Immunisation Handbook or as approved by the NHMRC to appear in future editions of the handbook. In other instances, refer to the contraindications section of the product information.

## Appendix 2

### Health Management Protocol – Minimum Requirements

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

### Content of a Health Management Protocol

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

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

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

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