Pharmacist-administered vaccination program expansion

Consultation response template

Are there any other issues with pharmacists being able to administer the measles-mumps-rubella vaccine? It is important that pharmacists administering vaccines in pharmacy settings have a dedicated room or private consultation area that is not visible or audible to other persons in the pharmacy (it should be noted that storerooms or staffrooms are not appropriate consultation areas). MMR-containing vaccines contain live attenuated vaccine viruses and are contraindicated in persons who are immunocompromised and in pregnant women (pregnancy should be avoided for 28 days after vaccination). Therefore pharmacists will need a quiet and private space to take a comprehensive history to rule out contraindications to receiving the vaccine and provide contraceptive advice for women of childbearing age. The pharmacist needs to ensure that the correct post vaccination care procedures are followed including "*The vaccinated person and/or parent/carer should be advised to remain in the vicinity for a minimum of 15 minutes after the vaccination. The area should be close enough to the immunisation service provider so that the vaccinated person can be observed and medical treatment provided rapidly if needed*" AND "*inform the vaccinated person or parent/carer, preferably in writing, of any expected adverse events following immunisation, and of the date of the next scheduled vaccination(s)*".[1]
Are there any other issues with pharmacists being able to administer influenza, pertussis-containing and measles-mumps-rubella vaccines to 16 and 17 year olds? APNA recognises that the proposal suggests "a pharmacist immuniser will need to be satisfied that the adolescent has the capacity and maturity to understand what is being proposed and provide their own consent". However given the following requirements in the Australian Immunisation Handbook, APNA strongly suggests that a clear policy regarding consent considerations for young people being vaccinated is developed. For example, the Handbook indicates that "*in general, a parent or legal guardian of a child has the authority to consent to vaccination of that child; however, it is important to*

[1] Australian Government Department of Health. (2017). The Australian Immunisation Handbook. Retrieved from: http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part2~handbook10-2-3

check with your state or territory authority where any doubt exists. A child in this context is defined as being under the age of 18 years in Tasmania, Victoria and Western Australia; under the age of 14 years in New South Wales; and under the age of 16 years in the Australian Capital Territory, South Australia and the Northern Territory. Queensland follows common law principles."

'*Valid consent can be defined as 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. As part of the consent procedure, persons to be vaccinated and/or their parents/carers should be given sufficient information (preferably written) on the risks and benefits of each vaccine, including what adverse events are possible, how common they are and what they should do about them".*[2]

A clear consent policy will help safeguard the patient and the pharmacist. For instance, if the young person is asked about their previous vaccination history as a small child, a consent policy may state that the young person has time to check with parents or GP before agreeing to vaccination. This might require the young person returning for a scheduled appointment for vaccination at the pharmacy.

Ideally the pharmacist should be able to access the young person's health record to confirm previous vaccination history, possible contraindicated diagnosis and allergies. From the current proposal it is not clear if this will be possible.

Do you have any other suggestions about the planned expansion to the Pharmacist-Administered Vaccination Program?

As per the Australian Immunisation Handbook, pharmacists should ensure that there is at least one other staff member who holds a current first aid and cardiopulmonary resuscitation certificate, including knowing the dosage and skills to administer adrenaline, on duty in the pharmacy when the vaccines are administered and for a minimum period of 15 minutes afterwards. Furthermore, pharmacies particularly outside of shopping centres will need to ensure access to a defibrillator.

Pharmacies are required to nominate a responsible pharmacist and register with the Department of Health & Human Services before they begin providing vaccinations. Registration will require completion of an application form for a government funded vaccine account. In recognition of the importance of data capture and reporting, it will be important to ensure all pharmacist immunisers who have registered with the Department have also registered with the Australian Immunisation Register (AIR) and ensure that immunisations provided are recorded on the AIR. This is critical to prevent duplication.

Do you have any other comments about expansion of the Pharmacist-Administered Vaccination Program?

APNA supports improving patient access to vaccinations across Victoria. Whilst pharmacists may be appropriately trained to administer various vaccinations, APNA believes consideration must be given to patient safety. GP's or nurses are generally better trained and more experienced in attending to

[2] Australian Government Department of Health. (2017). The Australian Immunisation Handbook. Retrieved from: http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part2~handbook10-2-1#2-1-3

patients in an emergency situation. Furthermore, live vaccines must be given with care after an appraisal of the immune status of the patient. Pharmacists are not required by the regulation to have a medical officer who can provide them with vaccine advice. In addition pharmacists have no recall systems to ensure a second MMR or flu vaccine is given to immune compromised patients.Therefore APNA believes a clinical setting may be more appropriate for vaccination programs.

It is currently unclear how continuity of care with other health professionals will be maintained. For example, if a pharmacists administers a vaccination, how will this be communicated to the patients GP? Conversely, how will the pharmacist access the clients health records to assess their medical history such as previous immunisations, possible contraindicated diagnosis and allergies?

Furthermore, will there be a cost to the patient to access vaccinations via a pharmacist administered model?

General practice nurses are experts in administering vaccines and working in partnership with GP's in complex vaccine scenarios. They have ready access to patient notes to both audit doses of vaccine given and recall patients with no or one recorded MMR vaccine. This workforce could be better utilised by:

1, Scholarships for general practice nurses to become nurse immunisers.

2. Payments to practices to set up nurse delivered immunisation services after hours or home and outreach visits (noting that payments should be attractive to the practice to utilise nurses but not so attractive that is becomes a financial incentive for GPs).

3. Payments to the practice to audit and recall patients who are not recorded as having two MMR vaccines, this could be a payment when a second MMR is reported to the register.

4. Payments to retroactively record adult vaccination history on AIR.

4. Removal of the regulation that nurses and councils must have a medical officer contracted. This is expensive and reduces nurses opportunity to create novel nurse immunisation services-such as nursing agencies vaccinating in workplaces.

Name: Darren Carr

Title: CEO

Organisation: Australian Primary Health Care Nurses Association (APNA)

Contact email/telephone phone: 1300 303 184 or email darrencarr@apna.asn.au

Please use the above template to provide your feedback by email to sarah.bird@dhhs.vic.gov.au by **Wednesday 12 September 2018**.