

## POISONS AND THERAPEUTIC GOODS ACT 1966

Section 10 Poisons and Therapeutic Goods Act 1966  
Clauses 170 and 171 of the Poisons and Therapeutic Goods Regulation 2008

### AUTHORITY

I, Dr Kerry Chant, Chief Health Officer, a duly appointed delegate of the Secretary, NSW Health, make this instrument pursuant to clauses 53, 170, and 171 of the Poisons and Therapeutic Goods Regulation 2008 for the purpose of section 10 of the Poisons and Therapeutic Goods Act 1966.



Dr Kerry Chant  
**Chief Health Officer (PH380, PH381)**

**Dated:** 26 June 2024

### Authority – Supply of vaccines by Aboriginal health practitioners

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#### 1) Authorisation

This instrument authorises an Aboriginal health practitioner to supply by administration a vaccine listed in clause 2 otherwise than on prescription subject to the conditions in clause 3 of this instrument.

#### 2) Vaccines to which this instrument applies

This instrument applies to:

- a. influenza and coryza vaccine 'influenza vaccine'.
- b. adrenaline (epinephrine)

#### 3) Conditions

This authorisation only applies where:

- A. The Authorised Aboriginal health practitioner acts in accordance with the NSW Aboriginal Health Practitioners Vaccination Standards approved by the Chief Health Officer issued in support of this authority, including in relation to training, and any limitations on the administration of a vaccine to a patient based on their age or other factor.

#### 4) Publication

This instrument will be published on the NSW Health website.

#### 5) Commencement

This authority commences on publication on the NSW Health website.

## NSW Aboriginal Health Practitioners Vaccination Standards

### A. APPROVED VACCINES

Name	Abbreviated/ alternate name	Limitations of use	Patient age
Adrenaline (epinephrine)			5 years and over
Influenza and coryza vaccine 'Influenza vaccine' <sup>†</sup>			5 years and over*

<sup>†</sup>Vaccination recommendations for individuals and administration processes must be in accordance with the digital edition of the Australian Immunisation Handbook.

\* Refer to the NSW Immunisation webpage for advice on eligibility for State funded and National Immunisation Program vaccines.

### B. COMPETENCY, TRAINING AND SCOPE OF PRACTICE

Authorised Aboriginal health practitioners (AHPs) must practice within their scope of practice, professional knowledge and expertise when undertaking vaccination (including management related to adverse events).

The AHP must only administer a vaccine while employed or engaged in a role where immunisation services are provided (which may be part of general AHP roles) or are otherwise engaged in a role to provide immunisation services. AHPs must only administer substances listed in the NSW Aboriginal Health Practitioners Vaccination Standards when acting in their capacity as an authorised AHP.

The authorised AHP must have the required knowledge for all authorised vaccines that they intend to administer. For all vaccines, authorised AHP must ensure their practice is consistent with the digital Australian Immunisation Handbook recommendations.

The authorised AHP must have access to, and comply with, the following:

- *The digital [Australian Immunisation Handbook](#)*– Australian Government Department of Health and Aged Care; and
- *[National Vaccine Storage Guidelines – 'Strive for 5'](#)* (current edition) – Australian Government Department of Health and Aged Care.

### C. General training

To become an authorised AHP, an AHP must have successfully completed an immunisation course which conforms to the National Immunisation Education Framework for Health Professionals, following accreditation by [Health Education Services Australia](#) (HESA) and published on the list of approved courses on the HESA website; **AND**

- act in accordance with the requirements for vaccines as specified in the digital [Australian Immunisation Handbook](#); **AND**
- complete the NSW Health [Vaccine Storage and Cold Chain Management online training module](#) (NSW Health employees should access this via My Health Learning, course code 155469768); **AND**

- hold current cardio-pulmonary resuscitation (Basic Life Support) competency issued within the last 12 months, including paediatric basic life support where relevant for practice; **AND**
- remain up to date on advice in the Australian Immunisation Handbook for all influenza vaccines that are being administered at the clinic; **AND**
- to maintain authority to immunise the authorised AHP must annually review best practice policy for immunisation and ensure their competence for each vaccine they administer. This may be, but is not limited to, attendance at seminars on current practices, or formal immunisation update courses.

AHPs **must also** have completed injection technique training through one of the following courses:

- an Aboriginal health practitioner core training course (entry level competency) that includes injection technique training in the curriculum; **OR**
- injection technique training through completion of the *Sydney University COVID-19 Vaccination Administration Training* program prior to December 2022; **OR**
- if the person was employed or engaged at Sydney Local Health District and supplied the COVID-19 vaccine in that capacity, the:
  - *Sydney Local Health District (SLHD) Vaccination Administration Practical Workshop* (prior to December 2022); **AND**
  - the *Sydney University COVID-19 Vaccination Administration on-line modules* (prior to December 2022); **OR**
- completion of the *Western NSW Local Health District Aboriginal Health Practitioner education package for influenza vaccination* following completion of the Australian College of Nursing HESA approved course with enrolment prior to 30 June 2024; **OR**
- an immunisation course which includes injection technique and conforms to the National Immunisation Education Framework for Health Professionals, following accreditation by [Health Education Services Australia](#) (HESA) and published on the list of approved courses on the HESA website and as listed on the NSW Health webpage: <https://www.health.nsw.gov.au/immunisation/Pages/hesa-approved-immunisation-courses.aspx>

**AND**

- complete a competency assessment in intramuscular (IM) injection through administration of a minimum of ten IM injections under the supervision of a registered nurse, midwife, nurse practitioner, or medical officer.

#### **D. REQUIREMENTS IN DELIVERING IMMUNISATION SERVICES**

Authorised AHPs must document pre- and post-vaccination assessments and administration of vaccines in accordance with procedures specified in the digital [Australian Immunisation Handbook \(AIH\)](#).

Storage of schedule 4 vaccines must be in accordance with each of the requirements under the Poisons and Therapeutic Goods Regulation 2008, and the current edition of the [National Vaccine Storage Guidelines – ‘Strive for 5’](#).

Authorised AHPs must work in line of sight of a, registered nurse or registered midwife and ensure that a medical officer is contactable for medical advice during the operational hours of the vaccination clinic.

Authorised AHPs must carry a complete anaphylaxis response kit, and be competent to administer adrenaline (epinephrine), as specified in the digital [Australian Immunisation Handbook](#) for the treatment and management of anaphylaxis during each immunisation clinic. All adverse events following immunisation (AEFIs) must be reported to the local Public Health Unit (by telephone on 1300 066 055), as required under the NSW Public Health Act 2010.

All administered vaccines must be recorded on the Australian Immunisation Register (AIR), preferably within 24 hours of administration but no later than 10 business days. Additionally, AHPs must document the administration of the vaccine in the patient's medical record.

## **E. IMMUNISATION CLINIC REQUIREMENTS**

Vaccine cold chain storage equipment must be monitored and comply with the current edition of the [National Vaccine Storage Guidelines – 'Strive for 5'](#).

The anaphylaxis response kit must be checked for completeness and currency of contents and placed in a readily accessible location prior to each immunisation clinic.

Emergency response protocols must be developed and include (but are not limited to), anaphylaxis response kit contents, phone access (particularly in rural / remote areas) and pre-identified roles and responsibilities during a severe adverse event following immunisation.

Informed consent requires that the authorised AHP provides information in relation to the benefits and risks of the specific vaccine, explaining the rationale and purpose of the vaccine to the patient (or parent/guardian).

The authorised AHP must obtain informed written or verbal consent from the patient (or parent / guardian) before the vaccination and must retain proof of consent for all vaccines listed in this document in accordance with the Health Records and Information Privacy Act 2002:

- for seven years, or
- until the patient is 25 years old if the patient was under 18 years old at the time of record.

The authorised AHP must not administer a vaccine to a person with a contra-indication to any vaccine as listed in the:

- I. The digital Australian Immunisation Handbook
- II. TGA approved Product Information.

Should the patient have a contraindication or precaution to the vaccine, refer the patient to a medical officer for assessment and review.

Resources – digital [Australian Immunisation Handbook](#) and the [National Vaccine Storage Guidelines – 'Strive for 5'](#) must be accessible during each immunisation clinic.

The authorised AHP must advise the person (or their parent/guardian) to remain at the clinic premises for 15 minutes post vaccination.

The authorised AHP must either observe, (or direct an appropriately trained staff member to observe), the person for 15 minutes post vaccination to monitor for acute adverse events or anaphylaxis.

The authorised AHP must provide each patient (and/or parent/guardian) with post-vaccination care as per the advice in the digital [Australian Immunisation Handbook](#) or the latest TGA Product Information in relation to what to expect following vaccination, and provide advice on when to seek medical attention, following each administration of a vaccine.



**Dr Kerry Chant AO PSM**  
**Chief Health Officer and Deputy Secretary**  
**Population and Public Health**  
26 June 2024