



Sharp & To the Point

STATE LEGISLATION ~ IMMUNISATION BY GP NURSES

Clarification of the State Legislation/ Regulation supporting Immunisation by Practice Nurses in General Practice

The Australian Government fact sheet about the new MBS item 10993, states that "the practice nurse must be appropriately qualified and trained, including compliance with any state or territory requirements, to provide the relevant service for the particular item".
Ref: www.hic.gov.au/providers/resources

What is the current relevant legislation supporting nurse practice in South Australia (SA)?

The Controlled Substances Act 1984 (amended 1994), the Nurses Act 1999 and Consent to Medical Treatment and Palliative Care Act 1995 support nurse practice in South Australia.

source: www.austlii.edu.au/legis/sa

How is immunisation generally provided in General Practice in SA?

Either the General Practitioner (GP) provides the vaccinations or the GP prescribes the vaccines prior to a nurse administering the vaccines.

What are the changes with the introduction of the new MBS Item 10993?

The new Medicare item 10993 can be claimed by General Practitioners where a practice nurse administers any vaccine under the Therapeutic Goods Act.

How does the introduction of the new MBS Item 10993 affect Registered Nurses?

If there is no prescription or consult by a General Practitioner prior to vaccination Registered Nurses need to support the state legislation and work under Standing Drug Orders (SDOs).

Where can I obtain the Standing Drug Orders?

Model Standing Drug Orders developed by the SA Immunisation Coordination Unit (SAICU) can be downloaded from the website www.dhs.sa.gov.au/pehs in the immunisation section. Legally, to support the nurse in their practice, each specific vaccine order will require annual endorsement by a Medical Officer and the employer of the practice/organisation.

SEeking contributions for the next Sharp and to the Point newsletter! What would you like to know? Do you have any issues of interest or concerns that you would like highlighted to other immunisation providers. If so we would like to hear about them: please email to susan.lewis@dhs.sa.gov.au
The next issue will request your participation in the evaluation of the newsletter to establish its usefulness and how it can be improved.

How does the introduction of the new Medicare item affect Enrolled Nurses?

The current legislation does **not** support Enrolled Nurses to work **autonomously** under Standing Drug Orders. Client assessment by a Registered Nurse or a Medical Practitioner is required prior to an Enrolled Nurse administering a vaccine. Therefore in the case of a practice employing only Enrolled Nurses, the General Practitioner must assess the client and prescribe the vaccine prior to the Enrolled Nurse (EN) administering the vaccine. Enrolled Nurses are required under the *Nurses Act 1999* to work with the supervision of a RN who provides oversight, direction, guidance or support whether given directly or indirectly. Please note that there is a process whereby Enrolled Nurses can apply to practice without supervision of a RN, which has to be authorised by the Nurses Board of SA. Contact 8223-9777 for further information.

What are the responsibilities of the employer employing nurses who administer vaccines?

It is the responsibility of the employing organisation to ensure policies are in place to support the delivery of immunisations.

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All nurses are required by the Nurses Board of South Australia to demonstrate the Australian Nursing Council competencies for Registered and Enrolled nurses in their practice. Website: www.anci.org.au

What are the responsibilities of nurses working in General Practice who provide immunisation services?

The nurse must ensure that they are competent to provide immunisation services. Competency can be gained through participation in appropriate training and education programs.

The SA Immunisation Coordination Unit will be supporting the education of all nurses working in General Practice with the provision of regular immunisation updates. This will take the form of short programs developed specifically to meet the needs of all nurses immunising in General Practice. Information will also be available from the Local Immunisation Coordinators in the Division of General Practice.

A L E R T

The Vaccine Distribution Centre is currently receiving **Oral Polio** vaccines from GSK with a **very short expiry date**. The price of this vaccine has increased significantly and to aid us in minimizing the wastage of Oral Polio it is requested that providers only order what is required for use within a fortnight. Each multidose vial has about 10 doses and opened vials of OPV can be used in subsequent sessions if the expiry date has not passed, it has been stored between 2°- 8° C and it has not been used in outreach clinics. Please refer to the SAICU Policy regarding the ordering of vaccines. For further information contact the **Vaccine Distribution Centre on 8226 7320**



Q. What are the preferred sites for the administration of 3 vaccines in a child aged 4 years?

A. The deltoid is recommended by the NHMRC as best practice. If 3 injections are required 2 can be given in the same arm at least 25mm apart. If there is insufficient muscle mass for this technique, then one injection should be given into each deltoid, and an anterolateral thigh used for the third injection (preferably the least reactogenic vaccine eg MMR). Pge 16 handbook

Q. Do the changes to the ASVS and the Handbook affect which vaccinations I have to report to the Australian Childhood Immunisation Register?

A. No. All vaccines administered to children less than 7 years of age should be notified to ACIR, regardless of whether they are part of the NIP or the ASVS. Immunisation providers are strongly encouraged to submit data on all vaccines administered to children in order to maintain a complete immunisation history for the child on the register.

The ACIR will record vaccines listed on the Australian Standard Vaccination Schedule (ASVS), that are not funded under the NIP, as non-standard vaccines.

Q. Where a medical practitioner provides a consultation prior to the patient receiving an immunisation or wound management by a practice nurse, is the medical practitioner still able to claim for their own professional service?

A. Yes, the medical practitioner can claim for both their own professional service and the service provided by the practice nurse. If you want to know more: ref: www.hic.gov.au

Q. What types of immunisations provided in general practice can be claimed under the immunisation item (10993)?

A. The reference to vaccines registered under the Therapeutic Goods Act (in Fact Sheet 02 January 2004) includes all vaccines on the Australian Standard Vaccination Schedule and vaccines covered in the Australian Immunisation Handbook 8th Edition.

The following substances cannot be claimed under this item: vaccines used experimentally; homeopathic substances; immunotherapy for allergy, eg desensitisation preparations; and other substances that are not vaccines. There may also be state/territory limitations on the administration of some vaccines, such as those for tuberculosis, Yellow Fever and Q-fever



The NHMRC recommend that in those cases where 3 or more injections are required on the ASVS, they should be given at the one visit without unnecessary delay. Ref: Pge 14 8th edition



Prior to vaccinating persons under the age of 16 years, a valid consent must be obtained from the custodial parent or legal guardian. Other members of the family and friends do not have the legal capacity to provide consent.



Influenza vaccination for high risk children.

The NHMRC recommend annual influenza vaccination for children who are at increased risk of influenza related complications. Children with chronic cardiac conditions including cyanotic congenital heart disease, children with chronic suppurative lung disease (including bronchiectasis and cystic fibrosis), children with immune deficiency and children with chronic illness including chronic metabolic diseases, chronic renal failure and haemoglobinopathies are identified on page 172 of the Australian Immunisation Handbook 8th edition as those at high risk. Immunisation providers are encouraged to discuss influenza vaccination with their clients especially those in the high risk groups. Please note that this vaccine is currently not funded for these groups.



Anti-Immunisation Scare: The Inconvenient Facts (1999)

Dr. Steve Basser

Dr. Basser, in an article from the Australian Skeptic Web site, analyses the "quality of science of one particular, very public, opponent of immunisation -- Dr. Vera Scheibner." Dr. Basser finds that "the gaps in her research...call into question her objectivity and cast doubts on her ability to speak as an expert witness. It should be a matter of great concern that material such as Dr Scheibner's is being promoted by groups who ostensibly argue for the right of parents to make up their own minds. How can parents be expected to do this when they are being denied access to so much information?" http://childrensvaccine.org/html/ip_ad_vocacy.htm

Lou Holmes
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SINCE THE COMPLETION OF MY TRAINING at the Adelaide Children's Hospital over 20 years ago I have been fortunate enough to work as a Midwife/ Community Health Nurse in East Arnhem and in Port Augusta with the Royal Flying Doctor Service. My love of the outback and work with Aboriginal people lead me to lecturing at TAFE in the certificate course for Aboriginal Health Workers and spending time working in Alice Springs. In 1998 I was seconded to the DHS as rural coordinator of the Measles Control Campaign. This provided me with further insights into the requirements of providing a quality immunisation program. It also made me aware of how little information I had provided for my Aboriginal parents when immunising their children. I thought "Yuppa, your baby needs a needle" was more than enough information. Today I work for the City of Playford as a Community Health Nurse-Immunisation Services. My role is to plan and implement the school immunisation program and to provide a quality immunisation clinic for the public.

A L E R T ~ Vaccination Information South Australia (VISA) has been disseminating information concerning immunisation programs. VISA is a voluntary organisation, that supports the work of Vera Scheibner. Vera is a well-known anti-immunisation lobbyist who claims that all vaccines are ineffective and unsafe.

It is important that parents and school staff are provided with accurate information so that they can make an informed choice about immunisation. The aim of anti-immunisation lobbyists is to discourage immunisation through the selective use of information presented in a fashion that supports their claims. Parents can become confused if they are provided with selective information and not presented with all the facts. Further information is available from:

<http://www.dhs.sa.gov.au/pehs/immunisation-index.htm>

STOP PRESS ~ Congratulations!

In March 2004, Alison Day, the Immunisation Coordinator at SADI and Helen Bowes, the Local Immunisation Coordinator in the Western Division of General Practice are both moving on to senior nursing positions within their chosen fields. SAICU would like to thank them for their wonderful contributions to the SA Immunisation Program and wish them well for the future.



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