


Vaccination by NSW Pharmacists

A registered pharmacist initiating and administering influenza vaccine under his/her own authority to a person aged 18 years or older in a NSW retail pharmacy must comply with the following three components of clause 48A of the *NSW Poisons and Therapeutic Goods Regulation 2008* which prescribes rules for:

- Completing an accredited vaccination training course,
- Conducting vaccinations under the  NSW Pharmacist Vaccination Standards, and
- Recording each vaccination.

This provision applies to a pharmacist who holds general registration or provisional registration with the Pharmacy Board of Australia. A pharmacist with provisional registration who has completed an accredited vaccination training course may initiate and administer influenza vaccine only when under the supervision of a pharmacist who holds general registration, has completed an accredited vaccination training course and has determined influenza vaccination is appropriate for the particular person.

For more detailed information visit:

<http://www.health.nsw.gov.au/pharmaceutical/pharmacists/Pages/pharmacist-influenza-vaccinations.aspx>

How to register with the AIR

Influenza vaccinations given by NSW pharmacists to persons aged 18 years or older should be reported to the Australian Immunisation Register (AIR). To send influenza vaccination details to the AIR, pharmacists must first apply to register with the AIR which requires approval by the Manager of the NSW Health Immunisation Unit. Once approved, pharmacists will receive an AIR registration number and be able to send influenza immunisation data to the AIR.

NSW pharmacists will need to:

1. Complete the **Australian Immunisation Register, Application to register as a vaccination provider** form which can be found at:
<https://www.humanservices.gov.au/health-professionals/forms/im004>
2. Sign the declaration at the bottom of this **Vaccination by Pharmacists** application form
3. Forward the completed AIR and Vaccination by Pharmacists application forms for the attention of the Manager of the NSW Health Immunisation Unit at
vaccreports@doh.health.nsw.gov.au

PHARMACIST DECLARATION

I..... (*print full name*),

Australian Health Practitioner Regulation Agency (AHPRA) number

declare that I:

1. have completed an accredited vaccination training course, and;
2. will conduct vaccination clinics as specified in the **NSW Pharmacist Vaccination Standards**, and;
3. will report each influenza vaccination administered to the **Australian Immunisation Register**.

Signed..... Date: / /