



Pharmacist Vaccination Self Audit Tool

Pharmacy Name	
Pharmacy Address	
Pharmacy Postal Address (if different)	
Pharmacy Email Address	
Name of Pharmacy Proprietor/s	

Auditor Pharmacist Name	
Signature	

Compliance Categories	The Vaccination Audits being undertaken in NSW categorise each of the requirements being audited, as Compliant, Non-Compliant Critical, Non-Compliant Major or Non-Compliant Minor. This self-audit tool colour codes requirements according to the Vaccination Audit Guidelines.
Critical	Issues likely to cause morbidity or mortality. Non-Compliance will result in referral to the Pharmacy Council of NSW. Pharmacy will be advised not to vaccinate until advised by the Pharmacy Council that the service can resume.
Major	Issues that could contribute to inappropriate vaccination or sub-standard patient care. Non-Compliance will result in referral to NSW Health and pharmacy advised it is recommended that no further vaccinations are administered until advised by NSW Health that service can resume.
Minor	Issues that are considered best practice for a vaccination clinic but pose minimal risk to staff and patient safety. Non-Compliant pharmacies will be advised that it is recommended that no further vaccinations are administered until identified issue/s are resolved – no further action required.



1. PHARMACIST TRAINING (Each pharmacist vaccinator in the pharmacy should comply with all items in this section)	COMPLIANT	
	YES	NO
<p>a. Pharmacist vaccinator has completed a training course that complies with the Australian Pharmacy Council <i>Standards for the Accreditation of Programs to Support Pharmacist Administration of Vaccines</i> by an APC Accredited Pharmacy education provider</p> <p>*Evidence required: Certificate of Completion for Vaccination Course</p>		
<p>b. Pharmacist vaccinator can demonstrate they have completed appropriate training for each vaccine they administer (training modules for influenza and/or MMR and/or dTpa)</p> <p>*Evidence required: Certificate of Completion for Vaccination Course (2019 onwards covers MMR & dTpa) or MMR/dTpa modules</p>		
<p>c. Pharmacist vaccinator with provisional registration may initiate and administer vaccines:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed appropriate training (including for each vaccine they are administering) <input type="checkbox"/> Under the supervision of a pharmacist who holds general registration, completed accredited vaccination training for the vaccines being administered <p>*Evidence required: Certificate of Completion for Intern's Vaccination Course and that when Intern is vaccinating, evidence there is a Pharmacist with General Registration and Vaccination Accreditation on duty to supervise.</p>		
<p>d. Pharmacist vaccinator must hold a valid and current cardio-pulmonary resuscitation (CPR) certificate</p> <p>*Evidence required: HLTAID001 Statement of Attainment with an issue date within 12 months</p>		
<p>e. Pharmacist vaccinator able to describe the CPR process including current compression rate recommendations for CPR.</p> <p>*Evidence required: Current recommendation is 100 compressions per minute. Refer to CPR course materials</p>		
<p>f. Pharmacist vaccinator must hold valid and current First Aid certificate.</p> <p>*Evidence required: HLTAID003 Statement of Attainment to be sighted by auditor within 3 years of issue.</p>		
<p>List any Pharmacist Training remedial actions taken:</p>		



2. GENERAL REQUIREMENTS	COMPLIANT	
	YES	NO
<p>a. Identify and advise the current minimum age of individuals that can receive vaccinations in a pharmacy environment:</p> <ul style="list-style-type: none"><input type="checkbox"/> Influenza<input type="checkbox"/> Measles-Mumps-Rubella (MMR)<input type="checkbox"/> Diphtheria-tetanus-pertussis (dTpa) <p>*Evidence required: Refer to NSW Health Pharmacist Vaccination Standards for current minimum ages (Below are minimum ages at 2/7/20)</p> <ul style="list-style-type: none"><input type="checkbox"/> Influenza-10 years<input type="checkbox"/> MMR-16 years<input type="checkbox"/> dTpa-16 years		
<p>b. Demonstrate ready access to the following resource:</p> <ul style="list-style-type: none"><input type="checkbox"/> The Digital Australian Immunisation Handbook (online edition) <p>Evidence required: Ready access to this resource: https://immunisationhandbook.health.gov.au/</p>		
<p>c. Describe their process to regular monitor on-line updates to 'The Australian Immunisation Handbook' online edition, including prior to administering a vaccination</p> <p>*Evidence required: Demonstrate use of the "View All Updates" section of the Australian Immunisation Handbook https://immunisationhandbook.health.gov.au/about-the-handbook/updates</p>		
<p>d. Demonstrate ready access to the following resource:</p> <ul style="list-style-type: none"><input type="checkbox"/> "Strive for 5" Vaccine Storage Guidelines <p>*Evidence required: Ready access to this resource: https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5</p>		
<p>List any General Requirements remedial actions taken:</p>		



3. PRE-VACCINATION <i>The pharmacist vaccinator will be required to describe the pre-vaccination process to the auditor. The following topics are addressed in audits:</i>	COMPLIANT	
	YES	NO
a. Identify and advise the indications for each vaccination authorised to administer *Evidence required: Indications as per The Australian Immunisation Handbook		
b. A thorough pre-vaccination assessment (including patient's age) is conducted and completed in accordance with the recommendations outlined in <i>The Digital Australian Immunisation Handbook</i> , prior to each administration of a vaccine *Evidence required: Ensure any pre-vaccination assessment (electronic or hard copy) meets these recommendations https://immunisationhandbook.health.gov.au/resources/handbook-tables/table-pre-vaccination-screening-checklist		
c. Advise how they check for contra-indications and precautions for each vaccine they are authorised to administer *Evidence required: Ensure pharmacists are aware of the processes for identified precautions and contraindications https://immunisationhandbook.health.gov.au/resources/handbook-tables/table-responses-to-conditions-or-circumstances-identified-through-the-pre		
d. Articulate what the process is for individuals identified with precautions or contraindications *Evidence required: Ensure pharmacists are aware of the processes for identified precautions and contraindications https://immunisationhandbook.health.gov.au/resources/handbook-tables/table-responses-to-conditions-or-circumstances-identified-through-the-pre		
e. Can articulate which patients are eligible for funded vaccinations under the National Immunisation Program (NIP) they are authorised to administer patient's eligibility status *Evidence required: Refer to the NIP Schedule		
f. Check whether the patient is eligible for funded vaccination *Evidence required: Any documentation, e.g. in Pre-Vaccination Assessment, Referral Notes etc		
g. Patient's vaccination history is checked on the Australian Immunisation Register (AIR) prior to vaccination administration *Evidence required: Written vaccination procedure that includes checking AIR prior to vaccination and evidence this occurs. Demonstrate being able to access the AIR to the auditor.		
h. Written consent must be obtained and retained for 7 years. *Evidence required: Consent form and filing process demonstrated.		
List any Pre Vaccination remedial actions taken:		



4. POST-VACCINATION: <i>The pharmacist vaccinator should describe the post-vaccination process to the auditor. The following topics are to be addressed:</i>	COMPLIANT	
	YES	NO
a. Pharmacist must advise person to remain on pharmacy premises for 15 minutes post-vaccination and must advise of possible risks in leaving earlier. *Evidence required: Written Vaccination procedure that includes this. Post Vaccination information given to the patient		
b. Pharmacist (or an appropriately trained pharmacy staff member) must directly observe the person for 15 minutes post-vaccination to monitor for acute adverse events or anaphylaxis. *Evidence required: Post vaccination waiting area within view of pharmacist or suitably trained staff member		
c. Pharmacist must note in vaccination record when the person leaves the pharmacy/premise earlier than 15 minutes post-vaccination. *Evidence required: Notes in records of patient leaving earlier than 15 mins post vaccination		
d. Pharmacist can describe signs and symptoms of adverse events, including anaphylaxis response. <input type="checkbox"/> Drowsiness & tiredness <input type="checkbox"/> Muscle ache <input type="checkbox"/> Localised reaction: pain, swelling, injection site nodule <input type="checkbox"/> Low grade temperature <input type="checkbox"/> Hives <input type="checkbox"/> Angioedema <input type="checkbox"/> anaphylaxis *Evidence required: description of symptoms		
e. Pharmacist can describe the process of anaphylaxis management: <input type="checkbox"/> Required adrenaline dosage <input type="checkbox"/> Frequency of adrenaline administration <input type="checkbox"/> Injection site location		
f. Pharmacist Can describe adverse events following immunisation (AEFI)		
g. Pharmacist can describe the process of reporting adverse events, including anaphylaxis response.		
List any Post Vaccination remedial actions taken:		



5. RECORDING OF VACCINATIONS	COMPLIANT	
	YES	NO
<p>a. All vaccinations administered are recorded onto the Australian Immunisation Register (AIR).</p> <p>*Evidence required at Audit: Auditor will check completed patient records in the AIR</p>		
<p>b. Records of the following are kept for each vaccine administered:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The person's name, address, date of birth and contact details <input type="checkbox"/> The brand, batch number and expiry date of the vaccine <input type="checkbox"/> The part of the body to which the vaccine was administered <input type="checkbox"/> The date on which the vaccine was administered <input type="checkbox"/> The pharmacist's name and contact details and his or her certificate of accreditation number <input type="checkbox"/> The address of the pharmacy at which the vaccination was administered <input type="checkbox"/> A unique reference number for the supply and administration <p>* Evidence required at Audit: Auditor will check completed patient records in the AIR</p>		
<p>c. A copy of the patient's records must be kept on the pharmacy premise for at least 2 years as per the <i>Poisons and Therapeutic Goods Regulation 2008</i></p> <p>* Evidence required at Audit: Auditor will check patient records in the pharmacy- hard copy or electronic</p>		
<p>List any Recording of Vaccinations remedial actions taken:</p>		

6. IMMUNISATION AREA	COMPLIANT	
	YES	NO
<p><i>The NSW Pharmacist Vaccination Standards outline the requirements for the area where vaccines are administered. These standards relate to the patient's privacy, safety and comfort</i></p>		
<p>a. The immunisation service room is located where there is public access and does not require access through the dispensary or anywhere else the general public are not allowed to access.</p>		
<p>b. The immunisation service room is consistent with the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Doesn't permit the vaccination to be visible or audible to other persons in the pharmacy <input type="checkbox"/> Has adequate lighting <input type="checkbox"/> Is maintained at a comfortable ambient temperature <input type="checkbox"/> Hand sanitisation facilities are available <input type="checkbox"/> Ready access to a hand washing facility is available <input type="checkbox"/> Sufficient floor area, clear of equipment and furniture, to accommodate the person receiving the vaccination and an accompanying person, and to allow the pharmacist adequate space to manoeuvre including adequate space to manage anaphylaxis or perform CPR <input type="checkbox"/> Sufficient bench space (with an impervious surface), a chair and a first aid couch (or similar). 		
<p>List any Immunisation Area remedial actions taken :</p>		



7. EQUIPMENT <i>Pharmacies offering vaccination services must have the appropriate equipment and pharmacists will be required to demonstrate this to auditors</i>	COMPLIANT	
	YES	NO
<p>a. The following equipment must be available for vaccination service:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A temperature-monitored refrigerator manufactured (exclusively or principally) for the purpose of vaccine storage or temperature monitored portable cooler for mobile clinics <p>b. Cold Chain Monitoring demonstrating records for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Twice daily manually recording of minimum and maximum temperatures <input type="checkbox"/> Data logging downloaded and reviewed weekly, in addition to twice-daily manually recording <input type="checkbox"/> Refrigerator is serviced annually <p>*Evidence required: Records of twice daily Max/Min fridge temperatures, presence of Data Logger in fridge and records of downloaded data, Fridge service records within the past 12 months</p>		
<p>c. Cold chain breaches outside 2°C-8°C (excluding fluctuations up to 12°C for less than 15 minutes) have been appropriately managed, rectified and documented.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vaccines exposed to cold chain breach must not be administered without advice from the manufacturer/s. <p>*Evidence required: Documentation of any cold chain breach, inc. actions taken.</p>		
<p>d. All required consumables are available and <u>in-date</u>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appropriate vaccine(s) <input type="checkbox"/> Needles – check appropriate gauge/s if required <input type="checkbox"/> Syringes – if required <input type="checkbox"/> Cotton wool & paper tape OR plasters OR equivalent <p>*Evidence required: Consumables able to be located and sighted upon request</p>		
<p>e. A complete <u>in-date</u> anaphylaxis response kit must be available:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Minimum 3 in-date adrenaline vials 1:1000 <input type="checkbox"/> Minimum 3 x 25mm needles <input type="checkbox"/> Minimum 3 x 1mL syringes <input type="checkbox"/> Cotton wool (or equivalent) <input type="checkbox"/> Pen and paper to record <input type="checkbox"/> Laminated copy of 'Doses of intramuscular 1:1000 adrenaline for anaphylaxis' <input type="checkbox"/> Laminated copy of 'Recognition and treatment of anaphylaxis' <p>*Evidence required: All items able to be located and sighted upon request.</p>		



<p>f. Other equipment:</p> <ul style="list-style-type: none"><input type="checkbox"/> Appropriately sized sharps container to dispose of clinical waste (ensure it is not overfilled)<input type="checkbox"/> Alcohol-based hand sanitiser (minimum 60% ethanol concentration)<input type="checkbox"/> Laminated emergency response protocol on display<input type="checkbox"/> Surgical gloves (not mandatory but should be available if exposure to blood or bodily fluids likely) <p>*Evidence required: Equipment able to be located and sighted upon request, regular checking of all equipment and expiry dates</p>		
<p>g. The only vaccines administered in the pharmacy are authorised vaccines i.e. Influenza, MMR and dTpa (dependent on pharmacist training)</p>		
<p>List any Equipment remedial actions taken:</p>		

Guild Member Pharmacies requiring further assistance in preparing for a Vaccination Audit can book a one on one consultation with a Guild Pharmacist by clicking [here](#).