

Administration of vaccines – Scope of practice for healthcare professionals

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Healthcare professionals can prescribe (if authorised) and administer vaccines if they meet their relevant professional standards and are practising within their lawful scope of professional practice within state and territory legislation. This resource is a guide only and aims to provide an overview of the scope of practice relating to healthcare professionals prescribing and administering vaccines. Additional links and information regarding the administration of COVID-19 vaccine and state and territory legislation, policy directives and guidelines are also listed. During a declared public health emergency, some healthcare workers may be able to administer relevant vaccines. Advice on this will be made available by the relevant jurisdiction.

This guide needs to be read in conjunction with the relevant state and territory legislation as there are differences between jurisdictions.

Immunisation providers should screen people before vaccination, obtain valid consent and ensure that the correct equipment and procedures are in place as per the [Australian Immunisation Handbook](#).

Contact your state or territory health departments for further information.

Table 1: Overview of the scope of practice for healthcare professionals administering vaccines. This table excludes COVID-19 vaccines outside the general practice setting (see [Table 3](#) for COVID-19 vaccines.)

	Can do	Cannot do	Qualifications, scope of practice and guidance for employers	Exceptions and additional notes
Medical practitioners	Medical practitioners can : <ul style="list-style-type: none"> • prescribe, prepare and administer vaccines • provide Q fever testing and vaccination; training is recommended and may be required for medical practitioners intending to conduct Q fever 	Medical practitioners cannot : <ul style="list-style-type: none"> • administer Q fever vaccine if they have not completed training in Q fever screening and vaccination as required by authorities within their relevant jurisdiction • administer yellow fever vaccine if: <ul style="list-style-type: none"> • they have not received yellow fever accreditation. 	Medical practitioners must: <ul style="list-style-type: none"> • have current registration with the Australian Health Practitioners Regulation Agency (AHPRA) • have both a provider and prescriber number for Medicare Australia to assist with patient access, to the Medicare rebates and Pharmaceutical Benefits Schemes 	Exception: <ul style="list-style-type: none"> • In South Australia, there is no required course to administer Q fever vaccine, but prior knowledge is required. • The Australian College of Rural and Remote Medicine

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	<p>screening and vaccination</p> <ul style="list-style-type: none"> apply for accreditation to prescribe and administer yellow fever vaccines on successful completion of an accredited course for yellow fever vaccination and are employed within an approved yellow fever vaccination centre. Yellow fever course must be completed every 3 years to maintain qualification. <p>Refer to Exceptions and additional notes column</p>	<p>The course must be completed every 3 years to maintain qualification.</p> <ul style="list-style-type: none"> they are unable to provide a certificate of completion to the approved yellow fever vaccination centre where they intend to practice it has been more than 3 years since they completed the yellow fever course. 	<ul style="list-style-type: none"> practice in accordance with federal, state and territory legislation and professional regulation governing medical practitioner practice ensure all vaccine encounters are reported to the Australian Immunisation Register (AIR). <p>Employers must (where applicable):</p> <ul style="list-style-type: none"> ensure the medical practitioner provides evidence of formal qualifications, including annual statement of proficiency in cardiopulmonary resuscitation (CPR) and anaphylaxis training if required by the relevant jurisdiction be satisfied that the medical practitioner is educated, authorised and competent to perform in this role. 	<p>(ACRRM) offer a Q fever course.</p>
Nurse practitioners	<p>Nurse practitioners can:</p> <ul style="list-style-type: none"> prescribe, prepare and administer vaccines provide Q fever testing and vaccination if it is within their scope of practice. Training is required for nurse practitioners intending 	<p>Nurse practitioners cannot:</p> <ul style="list-style-type: none"> administer Q fever vaccine if they have not completed training in Q fever screening and vaccination as required by authorities within their relevant jurisdiction or it is not within their scope of professional practice. 	<p>Nurse practitioners must:</p> <ul style="list-style-type: none"> be a registered nurse, registered in Division 1 of the Nursing and Midwifery Board of Australia (NMBA) with endorsement as a nurse practitioner meet the <u>Nurse practitioner standards for practice</u> 	<p>Exception:</p> <ul style="list-style-type: none"> In South Australia, there is no required course to administer Q fever vaccine, but prior knowledge is required. <u>The Australian College of Rural and</u>

	Can do	Cannot do	Qualifications, scope of practice and guidance for employers	Exceptions and additional notes
	<p>to conduct Q fever screening and vaccination.</p> <ul style="list-style-type: none"> apply for accreditation to prescribe and administer yellow fever vaccines if it is within nurse practitioners scope of practice and, on successful completion of an accredited course for yellow fever vaccination and, are employed within an approved yellow fever vaccination centre. Yellow fever course must be completed every 3 years to maintain qualification. <p>Refer to Exceptions and additional notes column</p>	<ul style="list-style-type: none"> administer yellow fever vaccine if: <ul style="list-style-type: none"> it is not within their scope of professional practice they have not received yellow fever accreditation. The course must be completed every 3 years to maintain qualification. they are unable to provide a certificate of completion to the approved yellow fever vaccination centre where they intend to practice. it has been more than 3 years since they completed the yellow fever course. 	<ul style="list-style-type: none"> where relevant, have both a provider and prescriber number for Medicare Australia to assist with patient access, to the Medicare rebates and Pharmaceutical Benefits Schemes work within their scope of practice, in line with the relevant Commonwealth state and territory drugs and poisons legislation, and relevant health department and health service policy requirements as well as relevant workplace policies, procedures and protocols ensure all vaccine encounters are reported to AIR. <p>Employers must (where applicable):</p> <ul style="list-style-type: none"> ensure the nurse practitioner provides evidence of formal qualifications, including annual statement of proficiency in CPR and anaphylaxis training if required by the relevant jurisdiction. be satisfied that the nurse practitioner is educated, authorised and competent to perform in this role. 	<p><u>Remote Medicine (ACRRM)</u> offer a Q fever course for medical practitioners.</p>

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Authorised nurse or authorised midwife* immunisers	<p>Authorised nurse or authorised midwife immuniser can:</p> <ul style="list-style-type: none"> prepare and administer vaccines and adrenaline for the management of an adverse event as listed within the relevant medicines, poisons, drugs, controlled substances or therapeutic regulations or acts or authorities within their relevant jurisdictional workplace policies, procedures and protocols without a medication order from a medical practitioner or nurse practitioner. The exception to this is herpes zoster vaccine (Zostavax) which may require medical authorisation. Note exception for <u>Tasmania and Victoria</u> prepare and administer other vaccines if they have a medication order from a medical practitioner or nurse practitioner 	<p>Authorised nurse or authorised midwife immuniser* cannot:</p> <ul style="list-style-type: none"> prepare or administer vaccines not listed on the relevant medicines, poisons, drugs, controlled substances or therapeutic regulations or acts within their relevant jurisdictional workplace policies, procedures and protocols unless they have a medication order from a medical practitioner or nurse practitioner. 	<p>Authorised nurse or authorised midwife immuniser must:</p> <ul style="list-style-type: none"> be currently registered as a nurse (Division 1) or registered as a midwife with the NMBA without conditions on the registration which prevent the nurse or midwife administering a vaccine have completed an <u>accredited immunisation course</u> or as approved by their jurisdiction work within their scope of practice, in line with the relevant Commonwealth, state and territory drugs and poisons legislation and relevant health department and health service policy requirements as well as relevant workplace policies, procedures and protocols have maintained their knowledge and currency of practice in relation to immunisation and vaccinations ensure a medical practitioner or nurse practitioner is available to be contacted as required by the authorised nurse or authorised midwife immuniser ensure all vaccine encounters are reported to AIR. 	<p>Exceptions:</p> <ul style="list-style-type: none"> In Victoria, midwives who are not also registered Division 1 nurses cannot be authorised midwife immunisers In Victoria, authorised nurse immunisers can administer zoster vaccination to adults as per the NIP or as approved by the Victorian CHO providing it is within their personal scope of practice Authorised nurse or authorised midwife immunisers should check with their local state and territory regarding the authority to administer paracetamol as required in some vaccination settings In Tasmania, authorised nurse and authorised midwife immunisers can administer zoster vaccine if they have

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	<ul style="list-style-type: none"> administer the tuberculosis vaccine (BCG) if they have completed the training required by their jurisdiction and follow any other regulation as required by their state or territory. <p>Refer to Exceptions and additional notes column</p>		<p>Employers must:</p> <ul style="list-style-type: none"> ensure the authorised nurse or authorised midwife immuniser provides evidence of formal qualifications, including annual statement of proficiency in CPR and anaphylaxis training if required by the relevant jurisdiction be satisfied that the authorised nurse or authorised midwife is educated, authorised, competent and capable to perform in this role. 	<p>completed and meet the appropriate training requirements.</p> <ul style="list-style-type: none"> In Tasmania, authorised nurse and authorised midwife immunisers cannot administer tuberculosis (BCG) vaccine. Tuberculosis vaccine (BCG) can only be administered under a medical practitioner's order. In Queensland under the <u>Health Medicines and Poisons (Medicines) Regulation 2021</u>, registered nurses, midwives and enrolled nurses without notation can administer a medication to a person on the oral or written instruction of a dentist, doctor, nurse practitioner or physician's assistant.

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Registered nurses and midwives	<p>Registered nurses and midwives can:</p> <ul style="list-style-type: none"> prepare and administer vaccines with a medication order from a medical practitioner or nurse practitioner and the medical practitioner or nurse practitioner must be available for supervision or advice if required. <p>Refer to Exceptions and additional notes column</p>	<p>Registered nurses and midwives cannot:</p> <ul style="list-style-type: none"> administer vaccines without a medication order from a medical practitioner or a nurse practitioner. administer yellow fever vaccine unless they are employed within an approved yellow fever vaccination centre, have received a medical order from a yellow fever accredited medical practitioner or nurse practitioner who must be on site at the time of administration and the registered nurse is working within their individual scope of practice administer Q fever vaccine until the patient has been screened by a medical practitioner or nurse practitioner and a medical order for Q fever vaccine has been provided prior to the administration of the vaccine and the registered nurse is working within their individual scope of practice administer tuberculosis vaccine (BCG). 	<p>Registered nurses and midwives must:</p> <ul style="list-style-type: none"> be currently registered as a nurse (Division 1) or registered as a midwife with the NMBA without conditions on the registration which prevent the nurse or midwife administering a vaccine work within their scope of practice, in line with the relevant Commonwealth, state and territory drugs and poisons legislation, and relevant health department and health service policy requirements as well as relevant workplace policies, procedures and protocols ensure all vaccine encounters are reported to AIR. <p>Employers must:</p> <ul style="list-style-type: none"> ensure the registered nurse or registered midwife provides evidence of formal qualifications, including annual statement of proficiency in CPR and anaphylaxis training if required by the relevant jurisdiction. be satisfied that registered nurse or registered midwife is educated and competent and confident to perform in this role. 	<p>Exception:</p> <ul style="list-style-type: none"> In Queensland, under the <u>Health Medicines and Poisons (Medicines) Regulation 2021</u>, registered nurses, midwives and enrolled nurses without notation can administer a medication to a person on the oral or written instruction of a dentist, doctor, nurse practitioner or physician's assistant.

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Enrolled nurses	<p>Enrolled nurses can:</p> <ul style="list-style-type: none"> prepare and administer vaccines as follows: <ul style="list-style-type: none"> at the discretion of the medical practitioner or nurse practitioner with a medication order from a medical practitioner or nurse practitioner under direct[†] or indirect[‡] supervision of a registered nurse or a midwife registered with the NMBA if it is within their scope of practice and within their relevant workplace policies, procedures and protocols. <p>Refer to Exceptions and additional notes column</p>	<p>Enrolled nurses cannot:</p> <ul style="list-style-type: none"> administer vaccines without a medication order from a medical practitioner or nurse practitioner and without direct[†] or indirect[‡] supervision from a registered nurse or registered midwife. administer vaccines if they have a notation on their registration which advises that they do not hold a Board-approved qualification in administration of medicines administer yellow fever vaccine unless they are employed within an approved yellow fever vaccination centre, have received a medical order from a yellow fever accredited medical practitioner or nurse practitioner who must be on site at the time of administration and the enrolled nurse is working within their scope of practice and are directly or indirectly supervised by a registered nurse administer Q fever vaccine until the patient is screened by a medical practitioner or nurse practitioner and a medical order for Q fever vaccine has been 	<p>Enrolled nurses must:</p> <ul style="list-style-type: none"> be registered with the Nursing and Midwifery Board of Australia work within their scope of practice, in line with the relevant Commonwealth, state and territory drugs and poisons legislation, and relevant health department and health service policy requirements as well as relevant workplace policies, procedures and protocols satisfy the supervising registered nurse or midwife that they are qualified and competent to perform immunisation administration. Supervision can be direct[†] or indirect[‡] ensure all vaccine encounters are reported to AIR. <p>Employers must:</p> <ul style="list-style-type: none"> ensure the enrolled nurse provides evidence of formal qualifications, including annual statement of proficiency in CPR and anaphylaxis training if required by the relevant jurisdiction 	<p>Additional note:</p> <ul style="list-style-type: none"> Where the enrolled nurse has a notation on their registration which advises that they do not hold a Board-approved qualification in administration of medicines, they are not able to prepare and administer vaccines. <p>Exception:</p> <ul style="list-style-type: none"> In Queensland under the Health <u>Medicines and Poisons (Medicines) Regulation 2021</u>, registered nurses, midwives and enrolled nurses without notation can administer a medication to a person on the oral or written instruction of a dentist, doctor, nurse practitioner or physician's assistant.

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		provided prior to administration of the vaccine and the enrolled nurse is working within their scope of practice and are directly or indirectly supervised by a registered nurse.	<ul style="list-style-type: none"> be satisfied that the enrolled nurse is educated and competent to perform in this role and ensure they are familiar with the relevant workplace policies, procedures and protocols discuss the role of the enrolled nurse in administering medicines and vaccines with the supervising registered nurse or midwife ensure registered nurses or midwives are aware of their legal responsibility for supervising enrolled nurses. 	<ul style="list-style-type: none"> AND for enrolled nurses only, they must also be under the supervision of a dentist, doctor, midwife or registered nurse.
<p>Aboriginal and Torres Strait Islander health practitioner The practitioner may use the titles:</p> <ul style="list-style-type: none"> Aboriginal health practitioner Aboriginal and Torres Strait Islander health practitioner Torres Strait Islander 	<p>Aboriginal and Torres Strait Islander health practitioners can:</p> <ul style="list-style-type: none"> prepare and administer vaccines under direct[†] or indirect[‡] supervision of a medical practitioner or nurse practitioner if they are appropriately qualified, trained and authorised to provide immunisations within their scope of practice and within the relevant medicines, poisons, drugs, controlled 	<p>Aboriginal and Torres Strait Islander health practitioners cannot:</p> <ul style="list-style-type: none"> administer vaccines without a medication order or supervision from a medical practitioner or nurse practitioner. 	<p>Aboriginal and Torres Strait Islander health practitioners must:</p> <ul style="list-style-type: none"> be registered by the <u>Aboriginal and Torres Strait Islander Health Practice Board of Australia</u> and meet the <u>Board's registration standards</u> be employed by a general practice, Aboriginal Medical Service or Aboriginal Community Controlled Health Organisation that has an exemption to claim Medicare benefits under subsection 19(2) of the <i>Health Insurance Act 1973</i> 	<p>Exceptions:</p> <p>In Victoria, Aboriginal and Torres Strait Islander health practitioners cannot prepare and administer vaccines (except for COVID-19 vaccines under a Public Health Emergency Order [PHEO]).</p> <p>In Queensland, an <u>Aboriginal and Torres Strait Islander health</u></p>

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health practitioner.	<p>substances or therapeutic regulations or acts or authorities within their relevant jurisdiction</p> <p>Refer to Exceptions and additional notes column</p>		<ul style="list-style-type: none"> practice within their scope of practice, in line with the relevant state or territory drugs and poisons legislation and relevant health department and health service policy requirements as well as relevant workplace policies, procedures and protocols practice under direct or indirect supervision depending on their qualifications, competence and confidence ensure all vaccine encounters are reported to AIR. <p>The authorised medical practitioner or nurse practitioner providing supervision must:</p> <ul style="list-style-type: none"> retain responsibility for the health, safety and clinical outcomes of the patient. <p>Employers must:</p> <ul style="list-style-type: none"> ensure the Aboriginal and Torres Strait Islander health practitioner provides evidence of formal qualifications including annual statement of proficiency in CPR and anaphylaxis training if required by the relevant jurisdiction be satisfied that the Aboriginal and Torres Strait Islander 	<p><u>practitioner</u> working in an isolated practice area can prepare and administer vaccines with a medical order from a medical practitioner, dentist or nurse practitioner and in accordance with <u>the Health Medicines and Poisons (Medicines) Regulations 2021, Schedule 3 Part 2- Indigenous Health Workers in remote areas</u></p> <ul style="list-style-type: none"> In Northern Territory, Aboriginal and Torres Strait Islander health practitioners do not require direct or indirect supervision.

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			health practitioner is educated, competent and confident to perform in this role and is in compliance with state or territory legislative requirements.	
<p>Aboriginal and Torres Strait Islander health workers</p> <p>The health worker may use the titles:</p> <ul style="list-style-type: none"> • Aboriginal health worker • Aboriginal and Torres Strait Islander health worker • Torres Strait Islander health worker 	<p>In Queensland, Aboriginal and Torres Strait Islander health workers working in an isolated practice area can prepare and administer vaccines with a medical order from a medical practitioner, nurse practitioner or physician's assistant.</p> <p>Refer to Exceptions and additional notes column</p>	<p>Aboriginal and Torres Strait Islander health workers cannot prepare or administer vaccines in either primary or outreach settings, except in Queensland</p>		<p>Exception:</p> <p>In Queensland, an <u>Aboriginal and Torres Strait Islander Health worker</u> working in an isolated practice area can prepare and administer vaccines with a medical order from a medical practitioner, nurse practitioner or physician's assistant in accordance with the <u>Health Medicines and Poisons (Medicines) Regulations 2021, Schedule 3 Part 2- Indigenous Health Workers in remote areas.</u></p>
<p>Pharmacist immuniser</p>	<p>Pharmacist immunisers can:</p> <ul style="list-style-type: none"> • prepare and administer vaccines if they are appropriately qualified, 	<p>Pharmacist immunisers cannot:</p> <ul style="list-style-type: none"> • administer vaccines contrary to state and territory regulation • supervise the administration of vaccines by an authorised 	<p>Pharmacist immunisers must:</p> <ul style="list-style-type: none"> • be registered with the <u>Pharmacy Board of Australia</u> and meet the board's 	<p>Additional note:</p> <ul style="list-style-type: none"> • Regarding authority to supply a poison or restricted substance by wholesale to an

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	<p>trained and authorised to provide immunisations within their scope of practice and as detailed within the relevant medicines, poisons, drugs, controlled substances or therapeutic regulations or acts or authorities for pharmacists within their relevant jurisdiction</p> <ul style="list-style-type: none"> supervise intern pharmacists to administer vaccines subject to relevant state or territory regulations for pharmacists. <p>Refer to exceptions and additional notes column</p>	<p>nurse or midwife immunisers within their community pharmacy.</p>	<p><u>registration standards</u> to be able to practise in Australia.</p> <ul style="list-style-type: none"> have successfully completed an accredited pharmacist immuniser course that meets the state/territory requirements practice within their scope of practice, in line with the relevant state or territory drugs and poisons legislation and relevant health department and health services policy requirements as well as relevant workplace policies, procedures and protocols ensure all vaccine encounters are reported to AIR refer to <u>NCIRS Vaccines from community pharmacy resource</u>. <p>Employers must:</p> <ul style="list-style-type: none"> ensure the pharmacist immuniser provides evidence of required qualifications, including annual statement of proficiency in CPR and anaphylaxis training if required by the relevant jurisdiction be satisfied that the pharmacist immuniser is educated, competent and confident to perform in this role. 	<p>authorised nurse immuniser or midwife immuniser, pharmacist immunisers must refer to the relevant medicines, poisons, drugs, controlled substances or therapeutic regulations or acts within their relevant jurisdiction.</p>

Table 2: National and jurisdiction legislation, authorisations, policy directives and guidelines relating to vaccinations

Jurisdiction	Legislation	Authorisations, policy directives and guidelines
National	Australian Immunisation Register Rule 2015 Australian Immunisation Register Act 2015	AHPRA Registered nurse standards for practice AHPRA Enrolled nurse standards for practice AHPRA Midwife standards for practice AHPRA Nurse practitioner standards for practice AHPRA Types of Medical Registration AHPRA Pharmacy Registration Standards AHPRA Aboriginal and Torres Strait Islander Health Practice Board of Australia Registration Standards AHPRA Supervised practice NMBA Decision making framework
Australian Capital Territory	ACT Government Medicines, Poisons and Therapeutic Goods Act 2008	Nurse and midwife immunisers Medicines, Poisons and Therapeutic Goods (Nurse and Midwife Immunisers) Direction 2020 (No 1) Pharmacist vaccinations
New South Wales	NSW Government Poisons and Therapeutic Goods Act 1966 No 31	Supply of Poisons and Restricted Substances – Authority for registered nurses and midwives Pharmacist initiation and administration of vaccines Aboriginal Health Worker Guidelines
Northern Territory	NT Government Medicines, Poisons, and Therapeutic Good Act 2012	Northern Territory Government Department of Health Medicines and poisons Pharmacist vaccinations Northern Territory of Australia Medicines, Poisons and Therapeutic Goods Act 2012 Qualifications Prescribed for Pharmacist to Supply and Administer Schedule 4 Vaccine Northern Territory of Australia Medicines, Poisons and Therapeutic Goods Act 2012 Prescribed Qualifications for Aboriginal and Torres Strait Islander Health Practitioners to Supply, Administer or Possess Vaccines S25 2017 Prescribed Qualifications for Nurses and Midwives to Supply, Administer or Possess Vaccines (p 4-6)

Jurisdiction	Legislation	Authorisations, policy directives and guidelines
		https://health.nt.gov.au/professionals/centre-for-disease-control/immunisation-health-professionals/covid-19-vaccine-protocol-cvap
Queensland	<p>QLD Government Health Medicines and Poisons (Medicines) Regulations 2021</p> <p>Therapeutic Goods Act 2019 (TG Act (Qld))</p>	<p>Legislation, standards and extended practice authorities:</p> <p>Extended practice authority - Midwives</p> <p>Extended practice authority - Registered nurses</p> <p>Extended practice authority - Pharmacists</p> <p>Extended practice authority - Aboriginal and Torres Strait Islander health practitioners</p> <p>Extended practice authority - Indigenous health workers</p> <p>Extended practice authority - Queensland Ambulance Service</p> <p>Extended practice authority - Physiotherapists</p>
South Australia	SA Government Controlled Substances (Poisons) regulations 2011	<p>Vaccine Administration Code</p> <p>Authorisation to administer a vaccine without a medical order:</p> <p>Frequently asked questions</p>
Tasmania	<p>Tasmanian Government Poisons Act 1971</p> <p>Tasmanian Poisons Regulations 2018</p>	<p>Tasmanian Vaccination Program Guidelines</p> <p>Authorised Immunisers in Tasmania</p>
Victoria	VIC Government Drugs, Poisons and Controlled Substances Act 1981 (the Act) and the Drugs, Poisons and Controlled Substances Regulations 2017 (the Regulations).	<p>Secretary Approval: Nurse Immunisers</p> <p>Victorian Pharmacist-Administered Vaccination Program Guidelines</p>
Western Australia	<p>WA Government Medicines and Poisons Regulation 2016</p> <p>WA Government Medicines and Poisons Act 2014</p>	<p>Structured Administration and Supply Arrangement (SASA)</p> <p>WA Health Administering Vaccines</p>

COVID-19 vaccination

All COVID-19 immunisation providers must complete the mandatory COVID-19 vaccination training offered by the Australian College of Nursing and any other mandatory training required by relevant states and territories.

All employers must ensure the immunisation providers and healthcare professionals involved in the administration of COVID-19 vaccines have completed the mandatory COVID-19 vaccination training modules and any other additional or supplementary training required by relevant states and territories.

Table 3: State and territory jurisdictional links for immunisation providers administering COVID-19 vaccines

Jurisdiction	COVID-19 vaccine authorisations, policy directives, guidelines and additional training requirements
Australian Capital Territory	ACT Health Nurse & Midwife Immunisers ACT Health Pharmacist vaccinations
New South Wales	NSW Government Poisons and Therapeutic Goods Regulations 2008- Authority NSW Health Statewide Protocol for the Supply or Administration of COVID-19 Vaccine (December 2021) NSW Health Poisons and Therapeutic Goods Regulation 2008 NSW Government Authorised Nurse Immunisers 2020 Standard operating procedure for administration of COVID-19 vaccines in NSW vaccination clinics Authority to supply poisons and restricted substances – Registered Nurses and Registered Midwives Authorised Nurse/Midwife Immuniser authority NSW Government Poisons and Therapeutic Goods Act 1966-Authority for residential facilities (awaiting update) NSW Government Pharmacist Initiation and Administration of Vaccine NSW Pharmacist Vaccination Standards Authority to Supply Poisons and Restricted Substances- Defence Medical Technician
Northern Territory	NT Government Gazette, Medicines, Poisons, and Therapeutic Goods ACT 2012-Declarations and approval – COVID-19 Vaccine COVID-19 Vaccine Administrative Protocol COVID-19 vaccine protocols
Queensland	Queensland Government Health Medicines and Poisons (Medicines) Regulations 2021 Queensland Government Therapeutic Goods Act 2019 (TG Act (Qld)) First Nations COVID-19 vaccination training (training module complements the ACN COVID-19 training module) Queensland Health COVID-19 vaccination training

South Australia	<u>Controlled Substances Act 1984</u> <u>Poison Regulations - Licences to possess either an S4 and/or an S8 drug</u> <u>SA Health Vaccine Administration Code</u> <u>Vaccine standing drug order</u> approved by organisational Drug and Therapeutics Committee or local endorsement committee
Tasmania	<u>Tasmanian Government Poisons Regulations 2018</u> <u>Tasmanian Government Information for Immunisation Providers</u>
Victoria	<u>Victorian Government Medicines and poisons - Secretary approvals</u> <u>Victorian COVID-19 e-Learning Competency</u> (This competency forms part of the pre-requisite training requirements for Victorian emergency authorised registered health professionals to administer COVID-19 vaccines). <u>Victorian COVID-19 AstraZeneca Supplementary eLearning</u> (This supplementary training has been developed to support vaccine providers to confidently deliver the AstraZeneca COVID-19 vaccine to people aged under 50 years.) <u>Victorian COVID-19 Vaccination Guidelines</u> <u>Drugs, Poisons and Controlled Substances Regulations 2017, Regulation 161</u>
Western Australia	<u>WA Government Structured Administration and Supply Arrangement (SASA)-information found under ‘CEO of Health SASA’.</u> <u>WA COVID-19 Vaccination Program (Supplementary program to be used in conjunction with the ACN COVID-19 training module).</u>

* An authorised nurse/midwife immuniser can also be a direct entry midwife who has completed one of the following: Direct entry midwifery (Bachelor of Midwifery); Double degree (Bachelor of Nursing/Bachelor of Midwifery) or postgraduate qualification in midwifery following a nursing degree (graduate diploma and master’s level) and is able to immunise if they have completed an accredited immunisation course. Exception: In Victoria, midwives who are not also registered Division 1 nurses cannot be authorised midwife immunisers.

† Direct supervision is when the supervisor is present and personally observes, works with, guides and directs the person who is being supervised.

‡ Indirect supervision is when the supervisor works in the same facility or organisation as the supervised person but does not always observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the person receiving care and the needs of the person who is being supervised.

Additional resources

- [Accredited Immunisation Education Programs](#): Health Education Services Australia
- [COVID-19 frequently asked questions](#): Australian Health Practitioner Regulatory Agency and National Boards
- [Information for Yellow Fever Vaccination Centres and Providers](#): Australian Government Department of Health
- [New Individual Training Requirement for Yellow Fever Vaccination Providers](#): Australian Government Department of Health
- [Yellow Fever Vaccination Course](#): Australian College of Rural and Remote Medicine (ACRRM)
- [Q Fever - Early Diagnosis and Vaccination](#): Australian College of Rural and Remote Medicine (ACRRM)
- [Australian Q Fever Register](#)
- [National Immunisation Education Framework for Health Professionals](#): Australian Government Department of Health
- [ASCIA anaphylaxis e-training for health professionals](#)
- [Vaccines from community pharmacy – at a glance](#): National Centre for Immunisation Research and Surveillance
- [COVID-19 vaccines from community pharmacy](#): National Centre for Immunisation Research and Surveillance

Disclaimer: This information has been collated by staff of the PHN Immunisation Support Program (a joint initiative of NCIRS and NPS MedicineWise) and checked for accuracy by a range of stakeholders. Great care is taken to provide accurate information at the time of creation; however, users are responsible for checking the currency of this information. Once printed, this document is no longer quality controlled. Content considered correct as of 3 February 2022.