 **Administration of Vaccines by Student Nurses Standing Order**

|  |  |  |  |
| --- | --- | --- | --- |
| Issue date: |  | Review date: |  |

This standing order is not valid after the review date. The review date is one year after the date the order was signed by the issuer.

|  |  |
| --- | --- |
| **Standing Order Name** | Administration of vaccines from the National Immunisation Schedule by undergraduate student nurses on placement, under direct supervision of an Authorised Vaccinator. |
| **Rationale** | Any vaccines administered by any persons other than an Authorised Vaccinator must be administered under a Standing Order or prescription (Section 44A Medicines Regulations 1984)  Student nurses on clinical placement need experience that will prepare them for the registered nurse role. This includes administration of vaccines in primary health care (administration means all activities related to the immunisation event i.e. assessment, informed consent, communication, providing education and administering the vaccine dose). |
| **Scope (condition and patient group)** | Administration of vaccines from the National Immunisation Schedule for the prevention of vaccine preventable diseases in children and adults aged from birth to 17 years.  Administration of vaccines from the immunisation schedule for the prevention of vaccine preventable diseases in adults aged 18 years and over. |
| **Red Flags** | If at any time the Authorised Vaccinator supervising the student nurse in administration of the vaccine has concerns over their ability, then at the discretion of the Authorised Vaccinator they may take over the administration of the vaccine. |
| **Assessment** | The vaccination is due to be given as per the current on-line version of the National Immunisation Schedule |
| **Indication** | An undergraduate student nurse on placement who is working under the direct supervision of an Authorised Vaccinator and the following are in place:   * The vaccine is scheduled * Informed consent is achieved * The Authorised Vaccinator accepts responsibility for supervising the student nurse to administer the vaccine |
| **Medicine** | Vaccines as per the current on-line version of the National Immunisation Schedule |
| **Dosage instructions** | Dose as per the current version of the Immunisation Handbook (on-line or hard copy) |
| **Route of administration** | Route as per the current version of the Immunisation Handbook (on-line or hard copy) |
| **Quantity to be given** | One dose as per the current on-line version of the National Immunisation Schedule |
| **Contraindications** | Anaphylaxis to a previous dose or any component of the vaccines is an absolute contraindication to further vaccination with that vaccine. |
| **Precautions** | * See sections 2 and 4 of the on-line Immunisation Handbook for pre-vaccination checklists and precautions. |
| **Additional information** | The Authorised Vaccinator is responsible for the direct supervision and oversight of the student nurse administering a vaccine under this standing order.  The Authorised Vaccinator is responsible for all documentation related to the vaccination event.  This standing order does not apply to any registered nurse working under the supervision of an Authorised Vaccinator. |
| **Follow-up** | Any adverse event that occurs in the course of administration of this Standing Order must be reported within 48 hours and investigated as a critical incident. |
| **Countersigning and auditing** | Countersigning is not required. Audited monthly.  **OR**  Countersigning is required within ***XX*** days |
| **Competency/training requirements** | The Authorised Vaccinator supervising the undergraduate student nurse must satisfy themselves that the student is adequately prepared to undertake the administration of the vaccine. |
| **Supporting documentation** | National Immunisation Schedule at [www.health.govt.nz/our-work/preventative-health-wellness/immunisation/new-zealand-immunisation-schedule](http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/new-zealand-immunisation-schedule)  Immunisation Handbook 2014 at <http://immunisation.book.health.govt.nz/>  Individual medicine data sheets at [www.medsafe.govt.nz](http://www.medsafe.govt.nz)  Standing Order Guidelines, Ministry of Health, 2012  Medicines (Standing Order) Regulations 2012 (Standing Order Regulations) |
| **Definition of terms used in standing order** | National Immunisation Schedule- the schedule issued by the Ministry of Health which stipulates the timing, medicine name, dosage and route for administration of vaccines.  Registered nurse – a health practitioner deemed to be registered with the Nursing Council of New Zealand as a practitioner in the profession of nursing  Authorised vaccinator – a registered nurses authorised to administer vaccines under section 44A of the Medicines Regulations (1984)  Undergraduate student nurse – a student enrolled in an approved Bachelor of Nursing programme and on placement for clinical experience as part of that programme. |

|  |  |
| --- | --- |
| **Medical Centre or Clinic:** |  |

|  |
| --- |
| **Signed by issuers** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Student nurses operating under this standing order** |

We the undersigned agree that we have read, understood and will comply with this standing order and all associated documents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_