

# **NEW APPLICATION TO ORDER GOVERNMENT-FUNDED VACCINES**

For new providers to order government-funded vaccines in accordance with the <u>WA Immunisation Schedule</u>, the Communicable Disease Control Directorate (CDCD) requires a formal application request on letterhead, with reference to the specific conditions to receive government-funded vaccines as follows:

# 1. MEDICINES AND POISONS REGISTRATION:

- For most immunisation service providers, a poisons permit is required from the <u>Medicines and Poisons</u> <u>Regulation Branch</u>, or
- For sole providers, the <u>AHPRA</u> registration details are required.

For more information visit <u>Structured Administration and Supply Arrangements (SASA)</u> or contact the <u>Medicines and Poisons Regulation Branch</u>.

# 2. COLD CHAIN MANAGEMENT:

- WA <u>Cold chain management</u> must be followed in accordance with the <u>National Vaccine Storage</u> <u>Guidelines – Strive for 5</u> for transporting and storing vaccines.
- Providers must advise their <u>WA Health public health unit</u> when a cold chain breach occurs or to seek thermal stability advice for other incidents where government-funded vaccines are involved.

#### 3. AUSTRALIAN IMMUNISATION REGISTER (AIR) PROVIDER NUMBER(S):

All government-funded vaccines must be reported to the Australian Immunisation Register. For more information visit <u>Guide to AIR</u>.

#### 4. FORMAL APPLICATION REQUIREMENTS:

- Please complete the table and the declaration on this form.
- The formal application letter and the declaration on this form must be signed by the primary Doctor/ Nurse Practitioner.

# Vaccine ordering account details

Formal business account name	Account Name:	
The vaccine delivery address <u>during standard</u> <u>business hours</u>	Vaccine Delivery Address:	
	Suburb:	Postcode:
	Business Address (if different to a	bove delivery address):
Specific instructions for vaccine deliveries (e.g. practice closed on certain days or times of the day)	Delivery Instructions:	
Name and contact details of responsible person for vaccine management and delivery of vaccine orders <u>during office hours</u>	Name/Role:	
	Phone:	Mobile:
Primary account email address specific for vaccine ordering and delivery communications (a generic email ensures	Email:	
staff at your premises can attend to system generated emails and important notifications)		

# **Registration and storage details**

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Name and provider details of the primary prescribing doctor/nurse practitioner	Name:	AHPRA No. and expiry date:	AIR Provider No.:
Name and provider details of additional Doctor(s)/Nurse Practitioner(s) who administer government-funded vaccines	Name(s):	AHPRA No(s). and expiry date(s):	AIR Provider No.:
Registration of poisons permit	Poisons Permit No.	Expiry Date:	
Location Site ID The site number assigned by Services Australia	AIR Site ID:		
Make and model of vaccine refrigerator			
Make and model of data logger			
Provide purpose for the account application and immunisation programs being run (e.g. general practice, aged care)			
For office use only	Provider Group:	Public Hea	llth Unit:

# Provider Declaration (Primary doctor or nurse practitioner who authorises this application)

To receive government-funded vaccines, I, on behalf of this practice/clinic, agree to:

- Ensure medicines and poisons registrations are current;
- □ Comply with the recommendations outlined in the <u>Australian Immunisation Handbook</u>;
- □ Comply with the <u>National Vaccine Storage Guidelines 'Strive for 5'</u>;
- Report all incidents involving government-funded vaccines, including all cold chain breaches and vaccine wastage to WA Health;
- Administer government funded vaccines in accordance with the WA Immunisation Schedule;
- □ Report all immunisations to the Australian Immunisation Register (AIR);
- □ Comply with WA Health vaccine management audit processes when required.

Name:	Signature:
Role in the practice/clinic:	

# Please complete and email documents including your poisons permit to vaccineorders@health.wa.gov.au.

Accounts take between 5 to 7 working days to be created in the system. Your primary account email address will be used by the Vaccine Orders team to send account details and instructions to you when your account is ready.