Government of **Western Australia**
WA Country Health Service

Structured Administration and Supply Agreement

SASA Details	
Title:	Administration of Japanese Encephalitis (JE) Vaccines by Enrolled Nurses
Identifying Number:	2023/ED-CO-23-133572

Issuing Authority	
Hospital Name:	WACHS CEO under section 6 Medicine and Poisons Regulations 2016
Address:	189 Wellington Street, PERTH 6000
Contact:	9223 8525

Authorised Persons	
Practitioners:	Enrolled Nurses (EN) when working under the indirect supervision of a Registered Nurse (RN) eligible to administer JE vaccines under the *Government of Western Australia Department of Health SASA 030/2-2023*
Location:	When employed by, or contracted to provide services to WACHS
Qualification:	• Registered with AHPRA • Successfully completed approved training and have the competencies in accordance with Appendix 1

Authorised Medicine

Enrolled Nurses may only administer the following Japanese Encephalitis (JE) vaccines in accordance with this SASA and in accordance with the latest *Australian Immunisation Handbook* and *ATAGI clinical guidance on Japanese encephalitis virus vaccines*:

- Imojev® – live attenuated vaccine subcutaneous injection
- JEspect® – inactivated vaccine intramuscular injection
- Ixiaro® – inactivated vaccine intramuscular injection (Overseas product approved for supply in Australia under Section 19A of the *Therapeutic Goods Act 1989*)

Imojev® is the primary vaccine available for the WA Targeted JE Vaccination Program. JEspect® can be given to those who cannot have Imojev®.

Medicine Name:	**Japanese Encephalitis Vaccine (Live Attenuated Vaccine)**	Brand:	**Imojev®**
Form:	Injection	Strength:	0.5 mL (reconstituted)
Dose:	People aged ≥ 9 months: 0.5 mL single injection of the reconstituted vaccine	Quantity:	One vial containing vaccine powder and one vial containing diluent
Route:	Subcutaneous Injection		
Instructions:	Imojev® must be reconstituted. Using aseptic technique, add the entire contents of the diluent container to the vial and shake until the powder completely dissolves. Use the reconstituted vaccine within 1 hour.		
Medicine Name:	**Japanese Encephalitis Vaccine (Inactivated Vaccine)**	Brand:	**JEspect® / Ixiaro®**
Form:	Injection	Strength:	0.5 mL
Dose:	• Infants and children aged ≥ 2 months to < 3 years should receive 2 doses, each of 0.25 mL, 28 days apart # • Children aged ≥ 3 years and adults should receive 2 doses, each of 0.5 mL, 28 days	Quantity:	Pre-filled syringe

Children less than 3 years of age requiring a JEspect® **/** Ixiaro® vaccine are required to be referred to their GP

	apart. For persons aged ≥ 18 years at risk of immediate exposure, the 2 doses of the vaccine can be given 7 days apart.		
Route:	Intramuscular Injection		
Instructions:	Shake well before administration. Once shaken, the vaccine should appear as a white cloudy suspension.		

Approved Circumstances	
Authorised to:	Administer JE vaccines in accordance with the latest *Australian Immunisation Handbook* and *ATAGI clinical guidance on Japanese encephalitis virus vaccines* under the indirect supervision of a Registered Nurse
Place:	All public health units, nursing posts, community health clinics, remote area clinics within WACHS
Patients:	Only eligible persons through the WA Targeted JE Vaccination Program may receive a JE vaccine in accordance with this SASA
Medical Condition:	Immunisation against Japanese Encephalitis (JE) infection in persons eligible through the WA Targeted JE Vaccination Program

Clinical / Other Information	
Patient Inclusion:	Eligible persons through the WA Targeted JE Vaccination Program. (Note: Children less than 3 years of age requiring a JEspect® **/** Ixiaro® vaccine are required to be referred to their GP)
Patient Exclusion:	• Anaphylaxis after a previous dose of any JE vaccine • Anaphylaxis after any component of a JE vaccine • People with an acute febrile illness should not receive JE vaccines • Imojev® is contraindicated in people who are immunocompromised • Imojev® is contraindicated in pregnant women. Women should avoid pregnancy for 28 days after vaccination. • Breastfeeding women should not receive Imojev® because it is not known whether the virus is excreted in breast milk • Do not give Imojev® within 6 weeks after giving immunoglobulins or immunoglobulin-containing blood products. It is preferable to wait 3 months. • People who request a JE vaccine for travel purposes are not eligible for a vaccine under the WA Targeted JE Vaccination Program, and instead should visit their GP, travel doctor or other immunisation provider
Special Instructions:	• Working under the indirect supervision of a Registered Nurse (RN) eligible to administer JE vaccines under the *Government of Western Australia Department of Health SASA 030/2-2023*
Administration Notes:	• Written or documented verbal consent must be obtained from the person, parent or guardian, before each instance of vaccination • Administer as per the latest version of the *Australian Immunisation Handbook* • Refer to the latest version of the *Australian Immunisation Handbook* for information relating to the co-administration of JE vaccines with other vaccines • The vaccine administered must be recorded in the patient's clinical record (e.g. CHIS) and the Enrolled Nurse must ensure a record is included in the Australian Immunisation Register (AIR) • All adverse events occurring following immunisation must be notified to the Western Australian Vaccine Safety Surveillance (WAVSS) system • Record keeping is in accordance with Part 12 of the *Medicines and Poisons Regulations 2016*

Clinical Guidelines	• The Enrolled Nurse must have successfully completed an approved immunisation training course meeting the requirements of Appendix 1. The training must relate to the vaccines being administered, as detailed in the authorised medicine section of this SASA. • All Enrolled nurses will need to successfully complete the Department of Health Immunisation clinical competency assessment tool. The competency tool will need to be completed each time an EN commences working in a different immunisation program. The RN completing the assessment must be an immunisation provider with a minimum of two years of current immunisation practice. • As per the Nursing and Midwifery Board of Australia Enrolled Nurse Standards for Practice – *"Indirect supervision is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly 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."* • Sites where immunisation is being conducted must be appropriately equipped to treat patients in the event of an anaphylactic reaction • Vaccine selection, vaccine administration and follow up care should be in accordance with the latest version of the *Australian Immunisation Handbook* • The vaccines are procured by an authorised person or an appropriate Medicines and Poisons Permit holder • Procurement, storage and administration is in accordance with Part 9 of the *Medicines and Poisons Regulations 2016* • Storage and transport of the vaccines is in accordance with the *National Vaccine Storage Guidelines: Strive for 5* and any requirements of the product information for the vaccine

Approval			
Date of Issue:	14/05/2023		
Date of Expiry:	13/05/2025		
Clinical Governance Committee			
Committee:	WACHS Medicines and Therapeutics Executive Subcommittee		
Pharmacist	Adam Hort		
Date:	*19/04/2023*	Signature:	Adam Hort
Nurse	Gaby Hutchinson		
Date:	24/04/2023	Signature:	Gaby Hutchinson
Senior Medical Practitioner			
Name:	Dr Helen Van Gessel		
Date:	26/04/2023	Signature:	Helen Van Gessel
A/ Chief Executive			
Name:	Mr Rob Pulsford		
Date:	14/05/2023	Signature:	Rob Pulsford

References:

a. Government of Western Australia, Department of Health. Structured Administration and Supply Arrangement (SASA) - Administration of Japanese Encephalitis (JE) Vaccines by Registered Nurses [Internet]. Perth (AU): Department of Health WA; January 2023. Available from: https://www.health.wa.gov.au/~/media/Corp/Documents/Health-for/Medicines-and-Poisons/Word/SASA_030_1_2022_RN_JE.docx

b. Nursing and Midwifery Board of Australia. Enrolled Nurse Standards for Practice [Internet]. Nursing and Midwifery Board AHPRA; 2016. Available from: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/enrolled-nurse-standards-for-practice.aspx

c. Government of Western Australia, WA Country Health Service. Medication Prescribing and Administration Policy [Internet]. Perth (AU): WA Country Health Service; Date of Last Review May 2022. Available from: https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/WACHS/Medication%20Prescribing%20and%20Administration%20Policy.pdf

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e. Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health and Aged Care, Canberra, 2022. Available from: https://immunisationhandbook.health.gov.au/

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APPENDIX 1

Approved Training and Competencies

All Enrolled Nurses administering a Japanese Encephalitis (JE) vaccine in accordance with this SASA must have successfully completed an immunisation course approved by the Chief Executive Officer of the Department of Health, accredited by Health Education Services Australia (HESA) or an equivalent course relating to the vaccines being administered provided by a Registered Training Organisation (RTO) or a university, and must maintain their competency through yearly updates.

Approved courses must require participants to demonstrate satisfactory knowledge, understanding and minimum competencies in the following areas:

a. Storage, transport and handling of vaccines (cold chain);
b. Obtaining informed consent for vaccination;
c. Indications and contraindications for vaccination;
d. Administration of vaccines as per National Health and Medical Research Council (NHMRC) Immunisation Guidelines;
e. Cardiopulmonary resuscitation (CPR);
f. Diagnosis and management of anaphylaxis and
g. Documentation of vaccination and critical incidents.

All Enrolled nurses will need to successfully complete the Department of Health Immunisation clinical competency assessment tool. The competency tool will need to be completed each time an EN commences working in a different immunisation program. The RN completing the assessment must be an immunisation provider with a minimum of two years of current immunisation practice.