POLICY ON IMMUNISATION IN EMERGENCY DEPARTMENTS

1. PURPOSE AND SCOPE

The Australasian College for Emergency Medicine (ACEM) recognises that immunisation is one of the cornerstones of modern public health. The emergency department is an area where opportunistic immunisation of the unimmunised can be provided. It should be noted that emergency departments are not resourced to be primary providers of routine immunisation

The policy is applicable to emergency departments in general.

2. POLICY

Emergency departments will support primary health and public health in the implementation and maintenance of immunisation programs.

ACEM recommends effective collaboration between public health authorities and hospital resources (including emergency departments) to ensure a cooperative and efficient approach to rapid community immunisation and urgent response to infectious outbreaks.

ACEM recommends collaboration between public health and hospitals to ensure adverse vaccine reactions are recognized and reported.

ACEM supports the immunisation of all staff in emergency departments to prevent communication of diseases. In addition, all hospital staff should be advised about the benefits of immunisation against vaccine preventable diseases including influenza.

3. PROCEDURE AND ACTIONS

To promote the health and wellbeing of the community, ACEM supports the following principles:

(a) Emergency departments should be resourced to provide immunisation status screening for children and "at risk" adults.

(b) Vaccines that are immediately clinically indicated should be given in the ED. When immunisations are given in the ED it is important that this information is transmitted to a primary care practitioner so that complete immunisation records are maintained.

(c) Incomplete immunisations should be appropriately referred for further management.

(d) Emergency departments should consider the administration of routine immunisations if other resources are not available or if there is concern regarding patient compliance with referral procedures.

All health care personnel should be aware of their immunisation status and be offered immunisation against any vaccine preventable diseases.
4. DOCUMENT REVIEW

Timeframe for review: every two (5) years, or earlier if required.

4.1 Responsibilities

Document authorisation: Council of Advocacy Practice and Partnerships
Document implementation: Public Health Committee
Document maintenance: Policy and Research Department

4.2 Revision History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date of Version</th>
<th>Pages revised / Brief Explanation of Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1</td>
<td>Oct-04</td>
<td>Approved by Council</td>
</tr>
<tr>
<td>V2</td>
<td>Mar-12</td>
<td>Approved by Council</td>
</tr>
<tr>
<td>V3</td>
<td>Feb-16</td>
<td>Approved by Council</td>
</tr>
</tbody>
</table>

“Procedures and Actions” has been amended to include a recommendation to advise hospital staff of the benefits of immunization.
Under section 3, “Procedures and Actions”, item (a) has been amended to note the need for EDs to have the capacity to provide immunization status screening.