



Australasian College
for Emergency Medicine

Immunisation in emergency departments

Policy P38

Document Review

Timeframe for review:	Every three years, or earlier if required
Document authorisation:	Council of Advocacy, Practice and Partnerships
Document implementation:	Council of Advocacy, Practice and Partnerships
Document maintenance:	Department of Policy, Research and Partnerships

Revision History

Version	Date	Pages revised / Brief Explanation of Revision
V1	Oct 04	Approved by Council
V2	Mar 12	Approved by Council
V3	Feb 16	Approved by Council 'Procedures and Actions' amended to include a recommendation to advise hospital staff of the benefits of immunisation; and note the need for EDs to have the capacity to provide immunization status screening
V4	Nov 20	Application of new document style 'Procedures and Actions' amended to recommend ED staff have access to patient immunisation records 'Related Documents' added
V5	Sept 21	Policy expanded with respect to opportunistic vaccination of vulnerable populations

Related documents

This Policy should be read in conjunction with the following ACEM documents.

- [G26 Reducing the Spread of Communicable Infectious Diseases in the ED](#)
- [P56 Policy on Public Health](#)
- [ACEM COVID-19 Clinical Guidelines](#)
- [Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses](#)
- [American College of Emergency Physicians Policy Statement: Immunization of Adults and Children in the Emergency Department](#)

1. Purpose and scope

ACEM recognises that immunisation against vaccine-preventable disease is one of the cornerstones of modern public health.

Emergency departments (EDs) frequently provide healthcare for populations at risk of being incompletely immunised. It should be noted that EDs are not resourced to be primary providers of routine immunisation, but opportunistic immunisations may be given to incompletely immunised patients who have limited access to other immunisation providers.

The policy is applicable to EDs in Australia and Aotearoa New Zealand.

2. Policy

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

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

ACEM believes that EDs offer an important opportunity to vaccinate vulnerable populations¹ that may be difficult to reach by other health services. The population benefit of this vaccination will likely outweigh any cost to the health system, especially during a pandemic.

ACEM recognises that in response to pandemics, EDs will require supernumerary and earmarked resources to rapidly immunise the vulnerable populations that attend. Such supernumerary resourcing should specifically support activities including:

- gaining informed consent from populations who are presenting for entirely different purposes and may, for various reasons including language, have a limited capacity to provide such consent;
- evaluating for any possible exclusions, for example around surgery;
- documenting the immunisation, including accessing and checking for any previous doses on the Australian Immunisation Register or NZ National Immunisation Register;
- administering the vaccine and ensuring logistically, for example through batching, minimised vaccine wastage due to compromise of cold-chain integrity;
- observing the patient for the necessary time post-immunisation; and
- ensuring follow-up for any additional doses required, including arranging an appointment at a specific time and place, and informing the primary health care provider (should there be one).

The transition from an elimination strategy to mitigation of the effects of pandemic illness on vulnerable populations is a particular example where EDs, while not promoting themselves as primary vaccination centres, are well placed to offer opportunistic vaccination to some vulnerable patient groups and contribute to broader vaccination strategies.

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

ACEM supports the immunisation of all ED staff to prevent transmission of vaccine preventable diseases. ED staff should be advised about the benefits of immunisation against vaccine preventable diseases and supported through their employer to ensure complete immunisation, including for influenza.

¹ Vulnerable populations include (but are not limited to): First Nations peoples, those with a disability, refugees, persons experiencing homelessness, culturally and linguistically diverse populations, people with mental health issues, those who come to the ED due to alcohol and other drug use, people in judicial custody and state care, older persons and the socially isolated.

3. Procedures and actions

To promote the health and wellbeing of the community, ACEM supports the following principles for action.

- 3.1 EDs should be resourced to provide immunisation status screening. This includes providing ED staff access to the Australian Immunisation Register, New Zealand National Immunisation Register, or other equivalent patient immunisation records.
- 3.2 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 shared with a primary care practitioner so that complete immunisation records are maintained.
- 3.3 Patients with incomplete immunisations should be appropriately referred by ED staff to a primary healthcare provider or an immunisation outreach team for further management.
- 3.4 EDs should consider the administration of routine immunisations if other community and primary healthcare resources are not available or if there is concern regarding patient compliance with referral procedures.
- 3.5 Patients requiring immunisations to be given in the ED should be provided with appropriate information regarding the expected benefits and possible side effects.
- 3.6 All health care personnel, including ED staff, should be aware of their immunisation status and be offered immunisation against any vaccine preventable diseases.



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