PHARMACY No. | B | | | | |

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TASMANIAN PHARMACY AUTHORITY

VERSION JULY 2018

APPLICATION FOR APPROVAL OF A VACCINATION AREA IN A PHARMACY BUSINESS PREMISES

This form is to be used if you are proposing to use an **existing approved and registered pharmacy business p**remises to offer vaccination services. There is no charge for this application.

If you are proposing to **alter** the pharmacy premises, such as to **add/construct** a new consulting/vaccination room, you must use **Form PA** (Application for Alterations).

Completed Form should be emailed to:
registrar@pharmacyauthority.tas.gov.au

PO Box 1082 Sandy Bay TAS 7005
Telephone: 0417 752 348

1 PHARMACY PREMISES

1.1 Names and email addresses of all owners of the pharmacy business

NAME	EMAIL

1.2 Details of pharmacy business premises where vaccinations are to be provided.

PHARMACY DETAILS	**Pharmacy Name:**	
	Street Address:	
		P/Code

1.3 Contact details of applicant (for all correspondence in relation to this application)

Name:
Phone/Mobile: _____
Email:

2 VACCINATION AREA DETAILS

2.1 Will the vaccinations/immunisations be provided by: *(tick all relevant boxes)*

	YES	NO
Staff (*including part time or casual employees)*		
Pharmacist		
Nurse		
Visitor/Third Party Providers *(including contractors)*		
Pharmacist		
Doctor		
Nurse		
Other *(specify)*		

2.2 Are the services to be offered on an ongoing basis or for a limited time?
*If for a **limited time**, please provide details of approximate frequency, dates and duration. Exact dates must be provided once known. This is to provide the Authority with sufficient detail to arrange an inspection of the premises while the temporary area is in place, if it so chooses.*

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2.3 Is the vaccination area:

	YES	NO
Private for sound*		
Private in terms of visibility*		
Accessible by disabled clients		
Of sufficient size to have three seats: for the practitioner, the client and a carer; and for the client to lie down if there is an adverse reaction **Please specify the room's dimensions:**		
**** If screens are being used**, please provide details about their construction and height:* …… ……		

2.4 Does the vaccination area have:

	YES	NO
A sharps disposal bin		
Medical waste bin		
Hand washing or hand sanitation facilities		
Access to a fridge which is monitored twice daily in accordance with the Strive for 5 requirements		
Room for a client to lie down and have first aid/CPR administered		
Sufficient room for all necessary equipment and records		
Seating nearby, visible from the dispensary, to observe clients after vaccinations		
Security and privacy of any/all client records either stored there or as relevant for the day's bookings		

2.5 Is the vaccination room also used for:

	YES	NO
Storage of stocks of scheduled items		
Storage or preparation of Webster packs		

3 FLOOR PLAN

3.1 Enclose a floor layout plan of the premises, drawn to approx scale, showing:

i) location, dimensions and area of dispensary. **Please clearly mark the boundary of the dispensary on the plans.**

ii) **Location and dimensions of the vaccination area**

iii) **Location of seating for clients after vaccinations**

iv) **Location of fridge which will store the vaccination products**

v) location(s) and dimension(s) of any other rooms or areas, eg: counselling, storage, office, staffroom, beauty treatment room, earpiercing room, pregnancy testing room, toilets;

vi) location of doors and windows.

DECLARATION

I hereby declare that the information provided in this application is true and correct; and that all vaccination activities undertaken in the pharmacy business premises will comply with Pharmaceutical Society of Australia's "Practice Guidelines for the Provision of Immunisation Services with Pharmacy" and any requirements of the Tasmanian Director of Public Health.

Please sign below: **Please PRINT your name legibly**

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Dated: _____/_____/20_____

False Declaration: *A person found guilty of making a false or misleading statement is guilty of an offence and is liable to penalties (Section 68, Pharmacy Control Act 2001).*

Checklist: the following items must be attached to this application.

❑ Internal layout plans which clearly show all of the items specified in Section 3.

Are you aware about the DHHS "Application form for approval of a vaccination program employing an authorised immuniser **(please circle one)** **YES / NO**

PERSONAL INFORMATION PROTECTION STATEMENT

Personal information will be collected from you by the Tasmanian Pharmacy Authority for the purpose of administering the ownership and registration of Tasmanian pharmacy business premises. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of the Tasmanian Pharmacy Authority, law enforcement agencies, Medicare Australia, the Australian Health Practitioner Regulation Agency, the Pharmaceutical Services Branch of the Department of Health and Human Services, courts and other organisations authorised to collect it. Your personal information will be managed in accordance with the *Personal Information Protection Act 2004*. You may access your personal information on request to the Tasmanian Pharmacy Authority. You may be charged a fee for this service.