



New Zealand Nurses Organisation

Submission

To

Ministry of Health

On

**H5N1 PRE-PANDEMIC VACCINE
CONSULTATION DOCUMENT
NOT MoH OR New Zealand GOVERNMENT
POLICY**

Due by 15TH FEB 2008

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EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation recommends that you:
 - a. • **note** that, additional work is required by the MoH prior to implementation of this policy regarding informed consent.
 - b. • **note** that, MoH considers reconvening the Pandemic Influenza Reference Group to address issues raised in this submission.
 - c. • **note** that, NZNO seeks clarification from MoH on the reasons behind “indemnifying MoH or the New Zealand Government” in the case of this vaccine.

ABOUT THE NEW ZEALAND NURSES ORGANISATION

2. NZNO is a Te Tiriti o Waitangi based organisation which represents over 40 000 nurses and health workers. NZNO is the professional body of nurses and the leading nursing union in Aotearoa New Zealand. Our Māori partner, Te Runanga o Aotearoa, represents NZNO and Māori in nursing and health. Our members include nurses, midwives, students, kaimahi hauora, health care workers and other health professionals.
3. The NZNO vision is “Freed to care, Proud to nurse”. Te Runanga o Aotearoa’s vision is “Hei oranga motuhake mo ngā whānau me ngā hapū me ngā iwi”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.
4. NZNO has consulted its members and NZNO staff in the preparation of this submission.

NZNO POLICY AND POSITION ON THE ISSUE

5. NZNO has stated in previous submissions to MoH and select committees that:
 - that in the event of a pandemic, NZNO is mindful that health professionals, particularly registered nurses, enrolled nurses, nurse assistants and caregivers are more likely than any other profession to come into contact with, and die from, pandemic influenza, and given this, the health and safety and wellbeing of a critical workforce, that will save lives during a pandemic, must be protected.
 - ensuring adequately resourced surveillance, adequately trained and qualified health professionals, particularly doctors and nurses, and adequate resources are in the health sector to support the required workforce (doctors, nurses, police) and provide patient and community care.
 - It is vital that the government ensure that hospital infection control is consistent, that health care workers are trained and that critical shortages in infection control and patient care equipment are addressed. Lack of adequate resources and measures will affect health care

workers, and their ability to remain safe in performing their duties as health professionals.

NZNO RESPONSE TO THE PROPOSAL

6. NZNO advises a meeting / workshop with a facilitator that involves the following stakeholders: regional public health, public health nurses and medical representation, nurse practitioners, infection control, aged care, PHOs and DHB emergency planners, pharmacists and legal representation. This meeting would enable all participants to map the procedure for a mass vaccination programme that involves Section 29 legislation. In addition it is vital that the MoH reconvenes the Pandemic Influenza Reference Committee to discuss this issue at the same meeting.

Terms of reference for this workshop from a nursing perspective, are the following:

- A multidisciplinary focus on immunisation of health professionals' pre-pandemic and during a pandemic.
 - Informed consent for immunisation covered by section 29 legislation (discussed further in this submission)
 - Define the criteria for frontline workers. For example, some DHBs use aged care facilities for inpatient overflow, therefore those workers could be classed as front line.
7. The NZNO seeks clarification from the MoH as to why the caveat of "not being MoH or New Zealand government policy" is on this document? There are links to the national pandemic action plan for a pre-pandemic vaccine available and the use of such a vaccine is part of the action plan dialogue, therefore it must be MoH policy (see page 99 of national action plan). If this is not MoH or NZ Government Policy as stated on the title page what is it meant to be? Is it a guideline for different agencies? Will it become a policy? It is not clear what feedback would be most appreciated.
 8. The efficacy of the vaccine is not determined at this point as stated in the document. NZNO recommends that further research is warranted. NZNO seeks assurance that updated information is accessible and is transparent to those who potentially administer the vaccine and those receiving it. The Draft Information form does not include specific references / research on the vaccine which would be appreciated, particularly by health professionals.
 9. That freedom to choose to be vaccinated is respected as a right by New Zealanders. The document identifies the key target groups for those who would receive the vaccine and we agree with the qualifying staff groups identified. NZNO members have indicated that they believe that to remain in the frontline they do require vaccination, and wish for it to be extended to their family members. There will be questions raised by family members of staff such as "bring home that vaccination for our sick daughter!" NZNO recommends public education and staff education on this matter. It would be appropriate for the National Ethics Advisory Committee to comment on this.

10. The document clearly outlines the “strategy” for the distribution of the vaccine and the qualifying staff groups who will receive the vaccine but falls short of providing guidelines for consistent implementation of the “strategy”. From this document each responsible party will be required to develop their own processes on how they will implement the stages set down in this document. Consistency of implementation will be essential but the document does not provide clear guidelines for this.
11. NZNO agrees with the MoH that the cost of the immunisation is paid for by the MoH, however there should be no additional costs incurred if attending a PHO or other health providers for this immunisation. NZNO believes that such workplace specific immunisations should be free to all healthcare workers who are exposed to illnesses in the course of their work.
12. NZNO supports the role of the Director General of Health on the release of a vaccine in line with the actions required in the national influenza action plan. The document provides specific detail of the amount of vaccine available and who holds the power to release the vaccine for use in the event of a pandemic and who is responsible for each part of the process. The process from policy development, release of vaccine, records and funding appears to be well structured and clear. The document provides the bigger picture information and this is helpful.
13. NZNO is concerned that section 29 consent is not incorporated in the informed consent form. Section 29 requires the prescriber to explain to the recipient what is meant by unapproved medicines, and the reporting of Section 29 medicine administration to Medsafe. In the context of mass vaccination in an emergency, what is the best way to have this dialogue regarding unapproved medicines in an efficient manner? Should it occur before a pandemic situation as part of staff education to enable discussion on this theme?
14. Please clarify the use of the word *indemnify* and explain its purpose in the consent form. There is no other vaccine informed consent process where this is required of the person receiving the vaccine. Is this suggesting that the person receiving the vaccine agrees to legally exempt the MoH and New Zealand government from any loss, damage or penalties that could be incurred due to its effectiveness or lack of effectiveness?
15. Further to the above, why is this necessary when the ACC legislation applies to any treatment injury that may occur? If the consent for indemnity is required due to the vaccine being a section 29 drug under the Medicines Act, then it may be more effective to just explain that it is such a drug and what that means.
16. The indemnity clause in the consent form provides protection for the Ministry of Health and NZ Government but may be seen as a deterrent by some for signing consent. This may result in more frontline staff being infected by the virus and reduce the number of staff able to care for patients.

CONCLUSION

NZNO believes that further work is required by the MoH prior to this policy being introduced. It is essential the informed consent form has section 29 requirements included.

There is an issue for NZNO when the MoH have requested participants of the vaccine to indemnify the MoH of all responsibility when for the other immunisations offered to the New Zealand public are not asked to indemnify the MoH. The ACC legislation takes the place of suing for punitive damages; we seek clarification why MoH has stated this in the document.

It is imperative that NZNO is part of the development of the policies to implement the “strategy”.

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New Zealand Nurses Organisation