Briefing for decision

Administering adrenaline in immunisation programmes

Date due to MO:	30 September 2025	**Action required by:**	13 October 2025
Security level:	IN CONFIDENCE	**Reference:**	H2025072528
To:	Hon Simeon Brown, Minister of Health		
Consulted:	Health New Zealand: ☒		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☒		

Contact for telephone discussion

Name	Position	Telephone
Allison Bennett	Group Manager, Health System Settings, Strategy & Policy	s 9(2)(a)
Suzanne Townsend	Manager, Regulatory Policy, Health System Settings	

Author: Meg Larken, Senior Policy Analyst, Strategy & Policy

Minister's office to complete:

☐ Approved	☐ Decline	☐ Overtaken by events
☐ Needs change	☐ Seen	
☐ See Minister's Notes	☐ Withdrawn	

Comment:

Briefing for decision

Administering adrenaline in immunisation programmes

Security level:	IN CONFIDENCE	**Date:**	30 September 2025
To:	Hon Simeon Brown, Minister of Health		

Purpose of report

1. This paper seeks your agreement to make a minor amendment to the Medicines Regulations 1984, to enable adrenaline and other medicines clinically recommended for immunisation programmes to be supplied and administered without the need for standing orders.

Summary

2. Vaccinators need to be able to administer adrenaline to treat post-vaccination anaphylaxis, which is very rare, but life-threatening.

3. When vaccinator authorisation was introduced in 1992 under regulation 44A of the Medicines Regulations 1984, this enabled nurse vaccinators to administer vaccines without a prescription or standing order when a general practitioner (or other prescriber) was not onsite. Vaccinators are authorised by a Medical Officer of Health, and the vaccines and immunisation programmes are approved by the Director-General of Health.

4. A misunderstanding has emerged over time that adrenaline was covered by the vaccinator authorisation. However, the authorisation only covered vaccines (not other medicines). This means that some immunisation providers may not be aware of the requirement for an authorisation (either a prescription or standing order) for administering adrenaline.

5. To address this, on 22 September Health New Zealand communicated to the sector to clarify the requirements and provide guidance on preparing standing orders.

6. Standing orders involve unnecessary administrative work, for example, requiring every administration of the medicine be counter-signed, that duplicates the vaccinator authorisation process. We therefore propose amending the regulations so that authorised vaccinators can be authorised to administer any medicines that are part of an approved immunisation programme.

7. This change would be a minor amendment, and does not reflect a new policy decision, as authorisation of supply and administration by vaccinators via standing orders has been occurring for many years.

8. We therefore propose that you agree to issue drafting instructions to the Parliamentary Counsel Office without first going to Cabinet for policy approval. We will then begin targeted statutory consultation with affected organisations. We expect to be able to send you the amendment regulations around 20 November.

Recommendations

We recommend you:

a)	**Note** the authorised vaccinator scheme allows non-prescribers to administer vaccines without a prescription but does not allow them to administer any other medicine.	**Noted**
b)	**Note** that standing orders are required for authorised vaccinators to access and administer adrenaline, which is needed to treat anaphylaxis.	**Noted**
c)	**Note** our advice that standing orders impose an unnecessary administrative burden.	**Noted**
d)	**Agree** to amend the Medicines Regulations 1984 to enable medicines that are part of an approved immunisation programme to be administered and supplied by authorised vaccinators and vaccinating health workers without a prescription or standing order.	**Yes/No**
e)	**Agree** to issue drafting instructions to PCO to give effect to the above recommendation.	**Yes/No**
f)	**Note** this change will support safely increasing immunisation and meeting the Health Targets.	**Noted**
g)	**Note** if you agree to amend the Regulations, the Ministry will undertake targeted consultation with affected stakeholders.	**Noted**

Allison Bennett
Group Manager, Health System Settings
Strategy & Policy
Date: 30 September 2025

Hon Simeon Brown
Minister of Health
Date:

Administering adrenaline in immunisation programmes

Authorised vaccinators need a standing order to administer adrenaline

9. An important part of immunisation safety is access to adrenaline, which is essential to treat post-vaccine anaphylaxis. This is a very rare (fewer than one case for every million immunisations) but life-threatening medical emergency. Authorised vaccinators are trained and required to demonstrate ongoing competency in recognising and responding to anaphylaxis, including the administration of the appropriate dose of adrenaline.

10. Adrenaline is a pharmacist-only medicine. Its supply or administration to a patient by non-prescribing registered healthcare professionals requires either a prescription or a standing order. A standing order is a written instruction issued by a medical practitioner, dentist, nurse practitioner or optometrist. It authorises a specified person or class of people (eg, paramedics, registered nurses) who do not have prescribing rights to administer and/or supply specified medicines and some controlled drugs.

11. Historically, vaccinators worked alongside general practitioners in a medical centre or school-based immunisation programme. In recent years the vaccinator workforce has expanded to community health care providers that may not have ready access to a general practitioner or other prescriber. These include services that are nurse-led, rural, Hauora Māori, mobile outreach or occupational health services.

12. The vaccinator authorisation, introduced in 1992, enabled nurse vaccinators to administer vaccines without a prescription or standing order when a prescriber was not onsite. It appears that it was assumed that adrenaline was covered by the vaccinator authorisation under regulation 44A of the Medicines Regulations 1984. This assumption appears to have been carried over into vaccinator training.

13. However, the vaccinator authorisation only permits authorised vaccinators who are not prescribers to administer a *vaccine* without a prescription or standing order. Administering any other restricted medicine, such as adrenaline, requires a prescription or standing order.

14. While the majority of authorised vaccinators would be covered by a standing order, it is likely that some are not aware of the requirement.

Standing orders are not satisfactory solution

15. To address the misunderstanding and ensure that all providers are aware of the legal requirements, last week Health NZ sent communications to the sector to clarify the legal requirements and provide guidance on preparing and managing standing orders.

16. Standing orders are not satisfactory for this situation on an ongoing basis, for several reasons:

    - Issuing a standing order means being legally responsible for the work done under it. Service providers that do not have a prescriber in their organisation will need to find

an external prescriber willing to issue and manage a standing order at arm's length. Not all prescribers are comfortable with this scenario if they are not familiar with the organisation or its staff.

- Standing orders involve ongoing administrative work. Issuers of standing orders must either counter-sign every administration of medicine under the order or conduct a monthly audit of work done under the order. Standing orders must also be reviewed annually. While adrenaline is rarely administered, the standing order would need to be reviewed annually. These aspects of standing orders, while appropriate when needed, take up staff time and can be particularly challenging for small providers with limited capacity.
- In the case of a sudden disease outbreak, such as a measles outbreak, the administrative load of the standing order requirement will be a barrier to a timely, coordinated response.
- Besides adrenaline, there are other medicines used in immunisation programmes that require standing orders, including oral liquid paracetamol and oral liquid ibuprofen for children receiving the Bexsero vaccine for Meningococcal B (liquid paracetamol and ibuprofen being pharmacy-only medicines).

A solution is a simple regulation change

17. We recommend amending the Medicines Regulations so that a person may be authorised to supply and administer all medicines that are part of an approved immunisation programme rather than just vaccines. The specific medicines authorised would be listed in the National Immunisation Schedule or approved by the Director-General as part of a vaccination programme.

18. We also recommend amending the authorisation process for unregulated health care workers who can become vaccinators upon successful completion of training. At all times, these vaccinating health workers must work under the clinical supervision and direction of a suitably qualified practitioner.

19. These workers do not currently administer adrenaline, which will be done by the supervising practitioner. However, amending the Regulations will allow them to be authorised to supply and administer other medicines (such as liquid paracetamol, to manage more common vaccine reactions). It will enable the immunisation programme to develop in an efficient way as new medicines are introduced, with appropriate safeguards.

20. Systematising the medicine requirements for the immunisation programme would have significant benefits for the operation of immunisation programmes while maintaining appropriate safeguards. It would provide a clear legal framework for authorised vaccinators, improve efficiency going forward and support providers to achieve the Health Target for immunisations.

21. It would also future-proof the process of adding new medicines, because it would enable the inclusion of new immunisation agents that are not classified as vaccines to be added to approved immunisation programmes and administered by authorised vaccinators.

Process to amend the Regulations

22. The proposed regulation change is considered a minor amendment as it does not involve new policy or broader impacts. The amendments would add other medicines to regulation 44A and 44AA alongside vaccines. It is proposed that drafting instructions be issued to the Parliamentary Counsel Office without obtaining prior Cabinet policy approval. If this approach is agreed upon, targeted consultation will be conducted to meet statutory requirements and prepare for implementation. Health NZ has indicated support for the proposal, and it is anticipated that other stakeholders may also be supportive.

23. Following consultation, we will provide you with the draft regulations and a draft paper for the Legislative Cabinet Committee, as per the usual process for amending regulations.

24. This initiative does not require a public announcement. Communications to the health sector can be managed through the Ministry of Health and Health NZ's channels.

Equity

25. This proposal will improve equity as it will particularly benefit mobile outreach, rural and Hauora Māori providers and the populations they serve.

Next steps

26. If you agree, the Ministry of Health will send drafting instructions to the Parliamentary Counsel Office and begin targeted consultation. We plan to provide you with draft amendment regulations in November, along with a draft paper for the Cabinet Legislation Committee.

Indicative timeline – amendment regulations for immunisation programmes

Process step	*Date*
MoH consults with sector MoH sends drafting instructions to PCO	24 October
MoH sends draft LEG paper and amendment regulations to Minister	20 November
Minister's office lodges LEG paper with Cabinet office PCO lodges the regulations	4 December
Cabinet Legislation Committee consideration	11 December
Cabinet consideration Executive Council	15 December
Gazette notice and announcement Health NZ updates Immunisation Handbook	18 December
Regulations take effect 28 days later (unless waived)	16 January 2026

ENDS.