

Name of Programme (e.g. clinic name)	
Full Name of Applicant responsible for programme	
Expiry date of current approval (if applicable)	
Address (Work)	
Phone (Work)	
Email	
1. VACCINE(S) TO BE DELIVERED (TRAVEL VACCINES ARE NOT PERMITTED)	
2. LOCATION	
Specify location(s) – may be more than one (e.g. workplace, home, clinic)	
3. STAFF	Please circle
Will there be 2 people present during the immunisation event - one of whom will be an authorised independent vaccinator; the other will be either a registered nurse or have basic life support training?	Y / N
4. LINKAGES	Please circle
Do you have processes for regular contact with your local immunisation facilitator?	Y / N
5. NAME(S) OF AUTHORISED VACCINATORS PARTICIPATING IN PROGRAMME, & CURRENT AUTHORISATION EXPIRY DATE(S)	
6. LEGAL	Please circle
Do you have knowledge of the following Legislation?	
• The Code of Health and Disability Consumers' Rights Regulation 1996	Y / N
• Privacy Act 1993 (Storage and Transfer of Information)	Y / N
• The Health and Safety at Work Act 2015 (Having a suitable post vaccination observation area)	Y / N
• correct disposal of vaccines/needles, etc)	
• Medicines Act 1981 (See Appendix 3, Immunisation Handbook 2020)	Y / N
7. VENUE	Please circle
Does the venue allow for safe management of delivery of immunisations by providing:	
• Privacy?	Y / N
• Resting/waiting space?	Y / N
• Maintenance of privacy of records?	Y / N
8. VACCINE RECOMMENDATIONS, ELIGIBILITY AND DOCUMENTATION	Please circle
Have you documented processes for the following? *	
• Pre-vaccination information including consent	Y / N
• Identification of people eligible for free vaccination	Y / N
• Cold Chain management **	Y / N

VACCINE RECOMMENDATIONS, ELIGIBILITY & DOCUMENTATION CONTINUED	Please circle
<ul style="list-style-type: none"> Recording patient details, vaccine administration, and any adverse events following immunisation (AEFI) Notification to Primary Care Provider of vaccines given Post-vaccination information (including provision of emergency care) Reporting of adverse reactions 	Y / N Y / N Y / N Y / N
For influenza vaccinations: It will be necessary to provide the following information to the Medical Officer of Health: <ul style="list-style-type: none"> Number of recipients who were >65 yrs (all eligible for free vaccine) Number of recipients < 65 years who are eligible for free vaccine Number of non-eligible influenza vaccines given 	
9. EQUIPMENT	Please circle
Do you have the following available?	
<ul style="list-style-type: none"> Emergency kit containing: adrenaline 1:1000 (minimum of 3 ampules) syringes (1 mL), 25 mm needles for IM injection (minimum of six) adrenaline IM dose chart (ideally laminated) 	Y / N Y / N Y / N Y / N
<ul style="list-style-type: none"> cotton wool balls, gauze 	Y / N
<ul style="list-style-type: none"> cellphone or phone access 	Y / N
<ul style="list-style-type: none"> sharps box 	Y / N
<ul style="list-style-type: none"> bag valve mask resuscitator (eg, Ambu bag) suitable for the population being vaccinated 	Y / N
<ul style="list-style-type: none"> pen and paper for emergency use 	Y / N
<ul style="list-style-type: none"> appropriately sized syringes and needles for specific vaccine programme 	Y / N
<ul style="list-style-type: none"> cotton wool balls, gauze, surgical tape or plasters 	Y / N
<ul style="list-style-type: none"> vaccines 	Y / N
<ul style="list-style-type: none"> cold chain equipment as required by the <i>National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (2nd edition)</i> (see link in note below)^a 	Y / N
<ul style="list-style-type: none"> data logger with a probe, external display and alarm¹ 	Y / N
<ul style="list-style-type: none"> vomit bowl 	Y / N
<ul style="list-style-type: none"> tissues 	Y / N
<ul style="list-style-type: none"> gloves 	Y / N
<ul style="list-style-type: none"> appropriate surface cleaner 	Y / N
<ul style="list-style-type: none"> approved biohazard bag 	Y / N
10. OPTIONAL ADDITIONAL EMERGENCY EQUIPMENT	
<ul style="list-style-type: none"> an oxygen cylinder, flow meter, tubing and paediatric/adult masks 	Y / N
<ul style="list-style-type: none"> airways – infant through to adult 	Y / N
<ul style="list-style-type: none"> blood pressure monitoring equipment 	Y / N
<ul style="list-style-type: none"> thermometer 	Y / N
<ul style="list-style-type: none"> Intravenous cannula and administration sets: 	Y / N
<ul style="list-style-type: none"> intravenous fluids 	Y / N
<ul style="list-style-type: none"> hydrocortisone for injection 	Y / N
<ul style="list-style-type: none"> saline flush 	Y / N

^a Consider using a secondary back-up device in case the data logger gets damaged. See the *National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (2nd edition)* (available at www.health.govt.nz/publication/national-standards-vaccine-storage-and-transportation-immunisation-providers-2017).

* Documentation will be subject to periodic audit

** See the IMAC Cold Chain Standards

SIGNATURE:

DATE:

Return form to: Public Health Service, PO Box 647, NELSON, 7040
Please email to: NM-NPHS-VaccinatorApplications@tewhatuora.govt.nz