

APPLICATION FOR APPROVAL OF AN IMMUNISATION PROGRAMME

Authority:

- The Director-General of Health and local Medical Officers of Health may designate a specific immunisation programme as an “approved immunisation programme”. Such programs are additional to the National Immunisation Schedule.
- Where this occurs nurses, who have been authorised by the Director-General or a Medical Officer of Health, may administer vaccines covered by that specific programme without a prescription.
- Authorisation to administer the National Schedule vaccines does not automatically enable the vaccinator to administer vaccines to well populations or in circumstances not covered by the National Schedule.
- The decision of the local Medical Officer of Health to approve an immunisation programme will depend on the proposed programme meeting criteria to ensure patient safety.

I submit the following details of a local immunisation programme proposal and request Medical Officer of Health approval.

DETAILS OF BUSINESS

Business Name

Person Responsible

Work Address

Phone

Email

DETAILS OF OFFSITE IMMUNISATION PROGRAMME -

Outreach / Offsite Location(s), specify

Vaccines to be administered, specify

All immunisations covered by the immunisation schedule including the local programs			<input type="checkbox"/>
Immunisations for employees in the work environment			<input type="checkbox"/>
Childhood immunisations as per the NZ Schedule			<input type="checkbox"/>
National immunisation schedule vaccines			<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	Meningococcal	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	MMR	<input type="checkbox"/>
HPV	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>
Influenza	<input type="checkbox"/>	Tdap	<input type="checkbox"/>
		Varicella	<input type="checkbox"/>
		ZV	<input type="checkbox"/>

1. Do you give consent for us to provide your details to **enquirers seeking vaccination services**, if applicable? Yes ☐ No ☐ Notes -

2. Do you have links with the **Local and / or Regional Immunisation Coordinator**?

Yes ☐ No ☐ Name / Practice

- 3. Staff** – All vaccinators providing immunisation services need to have a minimum of 2 people present, one of whom is an authorised vaccinator, the other a competent adult able to call for emergency support and who holds a basic life support certificate.

Details of Authorised Vaccinators who will be providing services under this programme

Authorised Vaccinators (Name, NZNC registration number)

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4. Notes -

5. Legal Do you have knowledge of the Provisions contained in the following legislation

- Privacy Act (storage and transfer of information) Yes ☐ No ☐
- The Code of Health and Disability Consumers Rights Yes ☐ No ☐
- The Health and Safety at Work Act 2015 Yes ☐ No ☐
- Medicines Act 1981 Yes ☐ No ☐

Notes -

6. Venue Venue must allow for safe management of delivery of immunisations

- Privacy Yes ☐ No ☐
- Resting space Yes ☐ No ☐
- Waiting space Yes ☐ No ☐
- Maintenance of privacy of records Yes ☐ No ☐

Notes -

7. Documentation

Preparation:

Current Cold Chain Accreditation or Compliance Certificate. **Copy attached** Yes ☐ No ☐

Pre vaccination:

What provision of information is provided to patients (including consent)?

How will you identify persons eligible for free vaccination?

Post vaccination:

How will patient details be recorded?

What is the means of recording administration of a vaccine(s) and any post-vaccination adverse events?

How will notice of administration be provided to the primary care provider?

What information will be provided to the vaccinee post-vaccination (including provision of emergency care)?

How will information on adverse reactions be reported?

Copies of documentation listed above is attached Yes ☐ No ☐

Notes

8. Check list of Emergency Equipment required for off-site vaccinations

The following equipment will be available in an Emergency Kit containing:

Adrenaline	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Syringes (1ml), 25mm needles for IM injection (minimum of 6)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adrenaline IM dose chart (ideally laminated)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cotton wool balls / gauze etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cell phone or phone access.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sharps box	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bag valve mask resuscitator (eg Ambubag) suitable for population being vaccinated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pen and paper for emergency use	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Appropriately sized syringes and needles for specific vaccine programme	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cotton wool balls, gauze, surgical tape or plasters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vaccines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cold chain equipment as required by the National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Data logger with a probe, external display and alarm	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vomit bowl	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tissues	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gloves	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Appropriate surface cleaner	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Approved biohazard bag	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notes -		

Optional additional emergency equipment

Oxygen cylinder, flow meter, tubing, paediatric/adult masks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Airways – infant through to adult	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blood pressure monitoring equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Thermometer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Intravenous cannula and administration sets	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Intravenous fluids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hydrocortisone for injection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Saline flush	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Notes -		

9. Authorised vaccinators who will be providing programme

- Only Authorised Vaccinators can give vaccines under an off-site programme.
- Details are provided for all Authorised Vaccinators who will be providing vaccination services under this programme.
- Advise this office if any of these vaccinators cease to provide services under this programme.

Signature:

Applicant

Date:

Signature:

Medical Officer of Health

Date:

Dr R Pink, Medical Officer of Health
Te Mana Ora (Community and Public Health)
P O Box 1475, CHRISTCHURCH 8140

Please scan in all documents and email to:
CW-NPHS-Vaccinator@tewhatauora.govt.nz

PLEASE ALLOW UP TO 4 WEEKS FOR YOUR APPLICATION TO BE PROCESSED