

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"/>	Varicella	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	MMR	<input type="checkbox"/>	ZV	<input type="checkbox"/>	
HPV	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>			
Influenza	<input type="checkbox"/>	Tdap	<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)	
•	•
•	•
•	•
•	•
•	•

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:

Please scan in all documents and email to:
vaccinator@cdhb.health.nz

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

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