



## 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.

### Business Name:

Person Responsible:

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"/>	MMR	<input type="checkbox"/>	Other: list below
Hepatitis B	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>	
HPV	<input type="checkbox"/>	Tdap	<input type="checkbox"/>	
Influenza	<input type="checkbox"/>	Varicella	<input type="checkbox"/>	
Meningococcal	<input type="checkbox"/>	ZV	<input type="checkbox"/>	
Notes				

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

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

Details of Authorised Vaccinators who will be providing services under this programme are to be listed within this application form.

**Authorised Vaccinators** (Name, NZNC registration number)

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Notes -

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

Yes  No  Specify -

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**4. 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 -

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**5. 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 -

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**6. Documentation** (Please include copies of all documentation listed below)

**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 are 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 -

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

The following equipment will be available -

Emergency kit containing:

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

Notes -

**Optional additional emergency equipment**

- Oxygen cylinder, flow meter, tubing, paediatric/adult masks ..... Yes  No
- Airways – infant through to adult ..... Yes  No
- Blood pressure monitoring equipment ..... Yes  No
- Thermometer ..... Yes  No
- Intravenous cannula and administration sets ..... Yes  No
- Intravenous fluids ..... Yes  No
- Hydrocortisone for injection ..... Yes  No
- Saline flush ..... Yes  No

Notes -

**8. Authorised vaccinators who will be providing programme –**

- Only Authorised Vaccinators can give vaccines under an off-site programme.
- It is necessary to provide details of all Authorised Vaccinators who will be providing vaccination services under this programme.
- Ensure you advise this office if any of these vaccinators cease to provide services under this programme.

Notes -

Signature:

Applicant

Date: calendar

Signature:

Medical Officer of Health

Date: calendar

**Please scan in all documents and email to:**  
[vaccinator@cdhb.health.nz](mailto:vaccinator@cdhb.health.nz)

Dr R Pink, Medical Officer of Health  
 Community and Public Health  
 P O Box 1475, CHRISTCHURCH 8140