



## 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 programmes 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 supply the following details of a proposal and request Medical Officer of Health approval for a local immunisation programme.

**Business Name:**.....

**Person Responsible:**.....

**Address:** .....

**Phone:**.....

**Email:**.....

### **Details of Outreach Immunisation Protocol:**

<b>1.</b>	<b>Outreach / Offsite Location/s</b> (specify) .....	
<b>2.</b>	<b>Vaccines to be administered</b> (specify) .....	
<b>3.</b>	<b>Do you give consent for us to provide your details to enquirers seeking vaccination services, if applicable?</b> Yes / No	
<b>4.</b>	<b>Staff</b> There must be two people present for outreach or offsite immunisation – one of whom must be an Authorised Vaccinator, the other must be either a registered nurse or have first aid and basic life support training.  Details of Authorised Vaccinators who will be providing services under this programme must be listed at end of application form.	
<b>3.</b>	<b>Linkages</b> with the Local and/or Regional Immunisation Coordinator If “yes” specify .....	Yes / No

**4. Legal**

Do you have knowledge of the Provisions contained in the following legislation:

- |  |          |
|--|----------|
| • The Code of Health and Disability Consumers Rights   | Yes / No |
| • Privacy Act (storage and transfer of information)  | Yes / No |
| • The Health and Safety at Work Act 2015 (suitable area for post-vaccination observation, correct disposal of vaccines, etc) | Yes / No |
| • Medicines Act 1981   | Yes / No |

**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 |

**6. Documentation** (\* Please include copies of documents as appropriate)**a. Preparation:**

- Current Cold Chain Accreditation or Compliance Certificate\*

**b. Pre vaccination:**

- What provision of information is provided to patients (including consent)\*
- How will you identify persons eligible for free vaccination\*

**c. 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\*.

**NOTE: Please ensure that you have included the documentation marked with an \***

**7. Equipment**

Which of the following do you have available:

- |   |          |
|---|----------|
| • Cell phone / phone access   | Yes / No |
| • Oxygen cylinder, flow meter, tubing and paediatric / adult masks                | Yes / No |
| • Airways – infant through to adult   | Yes / No |
| • Ambubag   | Yes / No |
| • Adrenaline  | Yes / No |
| • Syringes (1ml, 2.5ml, 5ml), Needles (1.58cm to 3.8cm)                           | Yes / No |
| • Sharps box  | Yes / No |
| • Alcohol swabs, Cotton wool balls / gauze etc                                    | Yes / No |
| • Thermometer   | Yes / No |
| • Vaccines  | Yes / No |
| • Appropriate sized chilly bin and ice packs (refer to IMAC Cold Chain Standards) | Yes / No |
| • Min-Max thermometer or recording device for monitoring the chilly bin           | Yes / No |
| • Gloves  | Yes / No |
| • 0.5% Hypochlorite   | Yes / No |
| • Approved biohazard bag  | Yes / No |

<b>8. Optional Additional Emergency Equipment</b>		
• Intravenous cannulae and administration sets		Yes / No
• Intravenous fluids		Yes / No
• Hydrocortisone for injection		Yes / No
• Antihistamine for injection		Yes / No
• Soda bicarbonate		Yes / No
• Saline Flush		Yes / No

<b>9. Authorised vaccinators who will be providing programme</b>		
Only Authorised Vaccinators can give vaccines under an off-site programme. Please provide details of all Authorised Vaccinators who will be providing vaccination services under this programme. Please ensure that you advise this office if any of these vaccinators cease to provide services under this programme in the future.		
<b>1.</b>		
	First name	Family Name
<b>2.</b>		
	First name	Family Name
<b>3.</b>		
	First name	Family Name
<b>4.</b>		
	First name	Family Name
<b>5.</b>		
	First name	Family Name
<b>6.</b>		
	First name	Family Name

**NOTE: Please ensure that you have included the documentation marked with an \***

Applicant signature: ..... Date: .....

Approved: ..... Date: .....  
 Medical Officer of Health

<b>Please scan in all documents and email to:</b> <a href="mailto:vaccinator@cdhb.health.nz">vaccinator@cdhb.health.nz</a>	Dr R Pink Medical Officer of Health Community and Public Health P O Box 1475 CHRISTCHURCH 8140
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**PLEASE ALLOW UP TO 4 WEEKS FOR YOUR APPLICATION TO BE PROCESSED**