



APPENDIX 1: PEER REVIEW OF CLINICAL PRACTICE FOR AUTHORISED VACCINATORS

For authorised vaccinators who have previously undertaken an independent clinical assessment and are now seeking to renew their authorisation from the Medical Officer of Health.

My Peer Reviewer is a current Authorised Vaccinator

Vaccinator Name:	Peer Reviewer:
Vaccination Venue:	Date:

Prerequisites		YES	NO
Vaccinator			
	Has completed an appropriate update (4 hours).	<input type="checkbox"/>	<input type="checkbox"/>
	Has current appropriate CPR certificate, Annual Practicing certificate, and is aware of the recommendation for Indemnity Insurance.		

Comments:

Emergency Equipment	
	Vaccinator has access to required emergency equipment and can demonstrate how to use this appropriately.
	Checks adrenaline, expiry date, and dose chart.
	Checks emergency equipment- bag-valve-mask, needles, syringes etc.
	Is aware of emergency policy.
	Vaccinator able to deal with unexpected reactions and anaphylaxis and has a plan for emergency assistance.

Comments:

Venue	
	Allows for safe management and delivery of immunisation.
	Allows for Privacy
	Has a Resting / waiting area
	Safety – has sharps container, spillages equipment.

Comments:

Cold Chain	
	Demonstrates familiarity with current National Standards for Vaccine Storage and Transport for Immunisation Providers, cold chain requirements, and is aware of the process should there be a cold chain breach.
	Can state daily fridge monitoring / reading process and documentation, and/or monitoring requirements and documentation for off-site.
	Can state vaccines stored correctly process (on and off site, as appropriate).

Comments:

	Pre-vaccination	YES	NO
	Meets/greets patient, or parent/caregiver and child.		
	Checks vaccinations to be given / correct spacing between vaccines.		
	Undertakes appropriate pre vaccination check, contraindications, current health status, current and historical treatment, and medical precautions.		
	Explains what vaccines are to be given.		
	Advises what the expected responses are likely to be.		
	Discusses risk versus benefit and allows time for questions.		
	Gives post immunisation advice in writing and contact numbers for aftercare.		
	Informs of the need to wait for 20 minutes post vaccination if required.		
	Obtains informed consent and documents this.		
	Administration		
	Washes hands before and after patient contact.		
	Washes hands before and after drawing up vaccine.		
	Checks correct vaccine, expiry date, and appearance.		
	Checks expiry date and appearance of diluent if applicable.		
	Reconstitutes correctly if applicable.		
	Draws up vaccine using aseptic technique if applicable.		
	Changes needles if applicable.		
	Uses correct needle size and length if applicable.		
	Correct identification and exposure of the site.		
	For a child: Positions child appropriately and holds securely.		
	Administers vaccine at the appropriate site/technique.		
	Disposes of the needles and syringes in sharps container.		
	Vaccinations given – site and age of vaccinee		
	Post vaccination		
	Completes all required documentation, and notifies NIR.		
	Puts on recall for next vaccination(s).		
	For child, completes WC / TO book and immunisation certificate as appropriate		
	Informs patient/caregiver of next vaccination date, if appropriate.		
	Repeats aftercare advice.		
	Advises vaccinee of signs and symptoms of unexpected responses and what to do if concerned.		
	If not usual provider - notifies usual provider of vaccination(s) administered.		
	Aware of how to notify any AEFI's to CARM.		

Peer Reviewers Comments

Signature:
 Contact Details:

Vaccinators Comments

Signature:
 Contact Details: