



## 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.

### Peer reviewer must be a currently authorised independent vaccinator

<b>Vaccinator Name:</b>		<b>Peer Reviewer:</b>	
<b>Vaccination Venue:</b>		<b>Date:</b>	
<b>Prerequisites</b>		<b>YES</b>	<b>NO</b>
<b>Vaccinator:</b>			
Has completed an appropriate update programme (4 Hours),			
Has current CPR certificate, practicing certificate, indemnity insurance			
<b>Comments:</b>			
<b>Emergency Equipment:</b>			
Checks oxygen & masks (adult & paediatric)			
Checks adrenaline & expiry date			
Checks emergency equipment- airways(all sizes), ambubag, needles, syringes, etc.			
Aware of emergency policy			
Vaccinator able to deal with anaphylaxis and other reactions (i.e. contingency plan for emergency assistance)			
<b>Comments:</b>			
<b>Venue:</b>			
Allows for safe management and delivery of immunisation			
Privacy			
Resting/waiting area			
Safety – sharps container/spillages			
<b>Comments:</b>			
<b>Cold Chain:</b>			
Daily fridge monitoring/readings and documentation			
Vaccines stored correctly			
Demonstrates familiarity with practice's cold chain policy and Annual Cold Chain Management Guide and can explain what to do in the event of a cold chain failure.			
<b>Comments:</b>			

	<b>Pre-vaccination</b>	<b>YES</b>	<b>NO</b>
	Meet/greet patient or parent/caregiver and child		
	Checks vaccinations to be given/ nil recently received		
	Checks history, contraindications, current health status, receiving any treatment, medical precautions, wellchild check and weight for child/baby		
	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 re need to wait for 20 minutes post vaccination		
	Informed consent obtained and documented		
	<b>Administration</b>		
	Washes hands		
	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		
	Changes needles		
	Uses correct needle size and length		
	Correct identification and exposure of the site		
	For a child: Held securely		
	Administers the vaccine at the appropriate site/technique		
	Disposes of the needles and syringes in sharps container		
	Washes hands again		
	<b>Post vaccination</b>		
	Completes all documentation on files and/or computer		
	Puts on recall for next vaccinations		
	For child, completes well child book and immunisation certificate if appropriate		
	Informs patient/caregiver of next vaccination date		
	Repeats aftercare advice		
	Keeps vaccinee in clinic for 20 minutes and inspects site before leaving		
	If not usual provider- policy exists regarding notifying usual provider of vaccination(s) administered		
<b>Peer Reviewer's Comments</b>			
Signature: Contact Details:			
<b>Vaccinator's Comments</b>			
Signature: Contact Details:			

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