

 **APPLICATION FOR LOCAL IMMUNISATION PROGRAMME**

**For Approval by Medical Officer of Health**

**Approval is being sought by:**

|  |  |
| --- | --- |
| **Name of** **Organisation** |  |
| **Postal Address**(including PO Box) |  | **Postcode** |
| **Contact Name** |  | **Phone:** |
| **Email Address** |  |

*\*Please refer to Immunisation Handbook 2020*

**Attach Cold Chain Accreditation Certificate Approval for your organisation \***Appendix 6

|  |  |
| --- | --- |
| **Programme Description** eg. Staff influenza programme, outreach imms to community, etc |  |
| **How many current authorised vaccinators are covered by this application?** |  |
| **List vaccines you require approval for** |  |

**Please provide copies of the following documents with your application:**

|  |  |  |  |
| --- | --- | --- | --- |
| **4a** | Each Vaccinator | Current Vaccinator Approval for Bay of Plenty and Lakes District Health Board regions signed by the Medical Officer of Health\*  |  |
|  | Support Person | Current certificate in basic life support\* |  |

**Please provide copies of the following processes for each vaccine:**

|  |  |  |  |
| --- | --- | --- | --- |
| **7a** | Pre-vaccination | What information is provided to individuals (including consent and if applicable, information about the NIR)\* |  |
|  | How do you identify persons eligible for free vaccination?\* |  |
| **7b** | Post-vaccination | How will an individual’s 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 vaccine post-vaccination (including provision of emergency care)?\* |  |
| How will information on adverse reactions be reported?\* |  |

**We must receive ALL the above documentation to complete this application**

*Approval will be valid for two years from the date of approval letter*

|  |  |
| --- | --- |
| Signed by Applicant | Date |

**Please send all documents to:** enquiries@toiteora.govt.nz

|  |
| --- |
| Toi Te Ora Office use only |
| Date received | Checked by |
| Date Approved | Approved by |



**Local Immunisation Programme**

**A4.4 Authorised Vaccinators Delivering an Immunisation Service**

Ministry of Health Immunisation Handbook 2020, Appendix A4.4. Authorised vaccinators need to supply the following details of their practice, which will be considered if they decide to seek Medical Officer of Health approval for a Local Immunisation Programme.

|  |  |
| --- | --- |
| **Name of Organisation**:  |  |
| **1.** | **Location** (specify) | Yes / No |
| **2.** | **Staff** There should be two people present for outreach or non-clinical immunisation, one of whom must be an authorised vaccinator, the other must be a competent adult able to call for emergency support. | Yes / No |
| **3.** | **Linkages with the immunisation coordinator**Do you have processes for regular contact with your immunisation coordinator? | Yes / No |
| **4.** | **Person specification** Attach copies of the following documentation:* Current approval as an authorised vaccinator issued by the local Medical Officer of Health for all vaccinators covered by the local programme is required (provide list of names on the last page of this document and attach copies of the authorised vaccinator approvals)\*
* Current certificate of basic life support\* (for the second person if they are not an authorised vaccinator)
 | Yes / No |
| **5.** | **Legal**You should have knowledge of the provisions contained in the following legislation:* The Code of health and Disability Consumers’ Rights Regulation 1998
* Privacy Act 1993 (in relation to the storage and transfer of information)
* The Health and Safety in Employment Act 1992 (in relation to having a suitable area for post-vaccination observation, correct disposal of vaccines, etc.)
* Medicines Act 1981
 | Yes / No |
| **6.** | **Venue**The venue must allow for the safe management of delivering of immunisations including:* Privacy
* A resting space
* A waiting space
* Ensuring privacy of records
 | Yes / No |
| **7.** | **Documentation**You should have documented processes for the following:1. *Pre-vaccination*
* What information is provided to individuals (including consent and if applicable, information about the NIR)?**\***
* How do you identify persons eligible for free vaccination?**\***
1. *Post-vaccination*
* How will an individual’s 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 vaccine post-vaccination (including provision of emergency care)?**\***
* How will information on adverse reactions be reported?**\***
 | Yes / No |

|  |  |  |
| --- | --- | --- |
| **7.** | **Documentation *(continued)***Note: For influenza vaccinations delivered by occupational health without NIR access, it will be necessary to provide the following information to the Medical Officer of Health:* Number of recipients who were ≥65years (free vaccines)
* Number of people ≤65years eligible for free influenza vaccine
* Number of non-eligible influenza vaccines given
 | Yes / No |
| **8.** | **Equipment**The following should be available:• Emergency kit containing:– adrenaline 1:1000 (minimum of 3 ampules)– syringes (1 mL), 25 mm needles for IM injection (minimum of six)– adrenaline IM dose chart (ideally laminated)– cotton wool balls, gauze• cellphone or phone access• sharps box• bag valve mask resuscitator (eg, Ambu bag) suitable for the population being vaccinated• pen and paper for emergency use• appropriately sized syringes and needles for specific vaccine programme• cotton wool balls, gauze, surgical tape or plasters• vaccines• cold chain equipment as required by the National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (2nd edition)#• data logger with a probe, external display and alarm1• vomit bowel• tissues• gloves• appropriate surface cleaner• approved biohazard bag | Yes / No |
| **9.** | **Optional additional emergency equipment**  • an oxygen cylinder, ﬂow meter, tubing and paediatric/adult masks• airways – infant through to adult• blood pressure monitoring equipment• thermometer• Intravenous cannula and administration sets:• intravenous ﬂuids• hydrocortisone for injection• saline flush | Yes / No |
| **Note: Please ensure that you have included the documentation marked with an asterisk (\*)****#** See the*National Guidelines for Vaccine Storage and Distribution*(www.health.govt.nz/coldchain) |

Below list names of vaccinators taking part in the programme and attach copy of approval.

(*All vaccinators must be fully authorised in Bay of Plenty & Lakes region)*

|  |  |  |
| --- | --- | --- |
| **Name** | **Authorisation Expiry Date** |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |