

APPLICATION FOR APPROVAL OF AN IMMUNISATION PROGRAMME

The Medical Officer 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 Medical Officer of Health may administer vaccines covered by that specific programme without a prescription.

The decision of the Medical Officer of Health to approve an immunisation programme will depend on the proposed programme meeting criteria to ensure vaccinee safety. The following details about the Immunisation Programme are required when seeking Medical Officer of Health approval.

Name of programme _____

Name of programme manager _____

Postal address _____

Phone _____ Fax _____ Email _____

Programme manager signature _____ Date: ___/___/___

Please print
clearly

The person who signs above is responsible for ensuring that the procedures and resources listed below are in place when vaccinations are given.

Unless you advise us to the contrary we will provide your name and contact details to the local immunisation coordinator so that you can receive information relevant to immunisation practice.

Office Use Only

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| <p>1. Describe the settings in which you propose to vaccinate</p> | |
| <p>2. List the vaccinations you will be administering in this programme</p> | |
| <p>3. If people contact us seeking vaccines administered in your programme, are you happy for us to give them your contact details? i.e. are you interested in providing immunizations on a contract basis?</p> <p style="text-align: right;">Yes / No</p> | |
| <p>4. Staff It is strongly recommended that two people are 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.</p> <p>Will you have two vaccinators present Yes / No</p> <p>If no please explain details</p> | |
| <p>5. Legal Do you have knowledge of the Provisions contained in the following legislation:</p> <ul style="list-style-type: none"> • The Code of Health and Disability Consumers Rights Yes / No • Privacy Act (storage and transfer of information) Yes / No • The Health and Safety in Employment Act 1992 (suitable area for post-vaccination observation, correct disposal of vaccines, etc) Yes / No • Medicines Act 1981 and Medicines Regulations 44 (1984) Yes / No <p>These are all available on http://www.hdc.org.nz/ and http://www.legislation.govt.nz/</p> | |

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| <p>6. Venue Venue must allow for safe management of delivery of immunisations.</p> <ul style="list-style-type: none"> • Privacy Yes / No • Resting space Yes / No • Waiting space Yes / No • Maintenance of privacy of records Yes / No • Emergency personnel can gain easy access Yes / No | |
| <p>7. Documentation (* Please include copies of documents as appropriate)</p> <p>a. Pre vaccination:</p> <ul style="list-style-type: none"> • Attach information you will provide to vaccinees (including consent)* <p>b. Post vaccination:</p> <ul style="list-style-type: none"> • How will vaccinee 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*. • Will you be recording information in the national immunization register? Yes / No | |
| <p>8. Equipment</p> <p>Which of the following do you have available:</p> <ul style="list-style-type: none"> • 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 • 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 • Refrigerator at base office and max/min temperature recording charts* Yes / No • Gloves Yes / No • 0.5% Sodium hypochlorite Yes / No • Approved biohazard bag Yes / No • Hand-washing or hand-cleansing facilities Yes / No | |
| <p>9. Optional Additional Emergency Equipment</p> <ul style="list-style-type: none"> • Intravenous cannula 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 | |

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

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| 10. Authorised independent vaccinators to be providing programme You must provide details of all authorised independent vaccinators who will be providing services under this programme. Please ensure that you advise this office if any of these vaccinators cease to provided services under this programme in future | | |
| 1. | First name Family name | |
| 2. | First name Family name | |
| 3. | First name Family name | |
| 4. | First name Family name | |
| 5. | First name Family name | |
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