



Application for new local immunisation programme

- Complete this form to obtain approval to deliver a new local immunisation programme in the Auckland region using authorised vaccinators.
- Allow up to four weeks for your application to be processed.
- Refer to the Ministry of Health *Immunisation Handbook* for more information.

SECTION 1

Please complete entire section

Name(s) of programme manager(s)	
Organisation name	
Street address	
Postal address	
Phone	
Email	

SECTION 2

Please complete entire section

1	Do you have knowledge of the provisions contained in the following legislation? (Available at www.hdc.org.nz and www.legislation.govt.nz)	
	<ul style="list-style-type: none">• Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<ul style="list-style-type: none">• Privacy Act 1993 (in relation to the storage and transfer of information)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<ul style="list-style-type: none">• Health and Safety at Work Act 2015 (in relation to having a suitable area for post-vaccination observation, correct disposal of vaccines, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<ul style="list-style-type: none">• Medicines Act 1981	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<ul style="list-style-type: none">• National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 2

Continued

2	Do you have a venue that allows for the safe management of immunisation delivery?	
	<ul style="list-style-type: none"> • privacy • a resting space • a waiting space • ensuring privacy of records • emergency personnel can gain easy access 	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Do you have the following compulsory equipment available during immunisations?	
	• cell phone or phone access	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• airways – infant through to adult	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• bag valve mask resuscitator (e.g. Ambu bag) suitable for the population being vaccinated	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• adrenaline	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• syringes (1mL, 2.5mL, 5mL), needles (1.58cm to 3.8cm)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• sharps box	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• alcohol swabs, cotton wool balls, gauze	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• thermometer and blood pressure monitoring equipment	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• vaccines	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• appropriately monitored insulated vaccine containers and equipment for transporting vaccine off-site	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• data logger with a probe, external display and alarm	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• gloves	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• 0.5% hypochlorite	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• approved biohazard bag	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Will the following optional equipment be available during immunisations?	
	• Intravenous cannula and administration sets	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• intravenous fluids	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• hydrocortisone for injection	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• sodium bicarbonate solution	Yes <input type="checkbox"/> No <input type="checkbox"/>
	• saline flush	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Do you have a current cold chain accreditation certificate? (Attach copy of certificate)	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 3

Please write all responses on a separate sheet of paper

6	List the DHBS where immunisations will be delivered by this programme.
7	Describe the settings where immunisations will be delivered by this programme. (E.g. rest homes, medical centres, business premises)
8	List the names of the vaccines that will be delivered by this programme. (List each vaccine by generic name rather than brand. Note any combination vaccines.)
9	Will there be at least one authorised vaccinator plus another competent adult who has a basic life support certificate present during immunisations? If no, please explain.
10	What pre-vaccination information is provided to individuals (including consent and vaccine information)? (Attach copies of all forms and written information)
11	How will each individual's details be recorded? (Attach copies of all forms and written information)
12	How will information on vaccine administration and any post-vaccination adverse events be recorded? (Attach copies of all forms and written information)
13	How will notice of vaccine administration be provided to the primary care provider? (Attach copies of all forms and written information) IMPORTANT: If you are not the usual primary care provider, then you <u>must</u> actively inform the individual's primary care provider of the vaccinations given by mail, fax etc.
14	What information will be provided to the vaccinee post-vaccination (including provision of emergency care)? (Attach copies of all forms and written information)
15	How will information on adverse reactions be reported? (Attach copies of all forms and written information)
16	List the names (first name and family name) of all authorised vaccinators who will be vaccinating in this programme: IMPORTANT: You must contact us if the authorised vaccinators in your programme change at any time in the future.

SECTION 4

Please read the declaration and sign

- I understand that as programme manager I am responsible for ensuring that the procedures and resources referenced in this application are in place when vaccinations are delivered.
- I understand that as programme manager I must promptly inform Auckland Regional Public Health Service before any changes are made to the programme referenced in this application.
- I understand that this programme must comply with the requirements stated in the Ministry of Health *Immunisation Handbook*, including current cold chain accreditation (refer to “Immunisation standards for vaccinators and guidelines for organisations offering immunisation services” and “Authorised vaccinators delivering a local immunisation programme”).
- I declare that all the information that I have provided is true and correct at the time of application.

Signature(s) of programme manager(s)

Date

SEND YOUR APPLICATION FORM AND REQUIRED DOCUMENTS TO ARPHS**Email:** vaccinator@adhb.govt.nz

Post: Vaccinator Authorisation
Auckland Regional Public Health Service
Private Bag 92 605
Symonds Street
Auckland 1150

IF YOU HAVE ANY QUESTIONS

If you need more information, refer to the Ministry of Health *Immunisation Handbook*. If you still have questions, contact us.

Email vaccinator@adhb.govt.nz or phone **(09) 623 4600 ext. 27091**