* 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.

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| SECTION 1 Please complete entire section |
| Name(s) of programme manager(s) | Click or tap here to enter text. |
| Organisation name | Click or tap here to enter text. |
| Street address | Click or tap here to enter text. |
| Postal address | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

| 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](http://www.hdc.org.nz) and [www.legislation.govt.nz](http://www.legislation.govt.nz)) |
| * Health and Disability Commissioner (Code of Health and Disability Services Consumers’ Rights) Regulations 1996
 | Yes [ ]  No [ ]  |
| * Privacy Act 1993 (in relation to the storage and transfer of information)
 | Yes [ ]  No [ ]  |
| * Health and Safety at Work Act 2015 (in relation to having a suitable area for post-vaccination observation, correct disposal of vaccines, etc.)
 | Yes [ ]  No [ ]  |
| * Medicines Act 1981
 | Yes [ ]  No [ ]  |
| * National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017
 | Yes [ ]  No [ ]  |
| 2 | Do you have a venue that allows for the safe management of immunisation delivery? |
| * privacy
* a resting space
* a waiting space
* ensuring privacy of records
* emergency personnel can gain easy access
 | Yes [ ]  No [ ]  |
| 3 | Do you have the following compulsory emergency equipment available for vaccinations? |
| * Emergency kit containing:
	+ adrenaline 1:1000 (minimum of 3 ampules)
 | Yes [ ]  No [ ]  |
| * + syringes (1mL), 25mm needles for IM injection (minimum of 6)
 | Yes [ ]  No [ ]  |
| * + adrenaline IM dose chart (ideally laminated)
 | Yes [ ]  No [ ]  |
| * + cotton wool balls, gauze
 | Yes [ ]  No [ ]  |
| * cell phone or phone access
 | Yes [ ]  No [ ]  |
| * sharps box
 | Yes [ ]  No [ ]  |
| * bag valve mask resuscitator (e.g. Ambu bag) suitable for the population being vaccinated
 | Yes [ ]  No [ ]  |
| * pen and paper for emergency use
 | Yes [ ]  No [ ]  |
| * appropriately sized syringes and needles for specific vaccine programme
 | Yes [ ]  No [ ]  |
| * cotton wool balls, gauze, surgical tape or plasters
 | Yes [ ]  No [ ]  |
| * vaccines
 | Yes [ ]  No [ ]  |
| * cold chain equipment as required by the National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (2nd edition)
 | Yes [ ]  No [ ]  |
| * data logger with a probe, external display and alarm
 | Yes [ ]  No [ ]  |
| * gloves, tissues, vomit bowl
 | Yes [ ]  No [ ]  |
| * appropriate surface cleaner
 | Yes [ ]  No [ ]  |
| * approved biohazard bag
 | Yes [ ]  No [ ]  |
| 4 | Optional additional emergency equipmentThe Ministry of Health *Immunisation Handbook* lists the following optional additional emergency equipment:  |
| * oxygen cylinder, flow meter, tubing and paediatric/adult masks; airways – infant through to adult;
 |
| * intravenous cannula and administration sets; intravenous fluids; hydrocortisone for injection; and saline flush.
 |
| 5 | Do you have a current cold chain accreditation certificate? (Attach copy of certificate) | Yes [ ]  No [ ]  |

| 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 vaccinations? If no, please explain. |
| 10 | Describe what pre-vaccination information is provided to individuals, either verbally or in writing, (including consent and vaccine information)? (Attach copies of all forms and written information) |
| 11 | Describe how each individual’s details will be recorded?(Attach copies of all forms and written information) |
| 12 | Describe how information on vaccine administration and any post-vaccination adverse events will be recorded? (Attach copies of all forms and written information) |
| 13 | Describe how notice of vaccine administration will 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 must actively inform the individual’s primary care provider of the vaccinations given by mail, fax etc. |
| 14 | Describe what information will be provided to the vaccinee post-vaccination (including provision of emergency care)?(Attach copies of all forms and written information) |
| 15 | Describe how information on adverse reactions will 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. |

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| 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)*(To insert a digital signature, click the image in the centre below.)* | DateClick or tap here to enter text. |

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| SEND YOUR APPLICATION FORM AND REQUIRED DOCUMENTS TO ARPHS |
| Email: vaccinator@adhb.govt.nzPost: Vaccinator AuthorisationAuckland Regional Public Health ServicePrivate Bag 92 605Auckland 1149 |

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| 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 |