• This form is for authorised vaccinators who would like to renew their authorisation in the Auckland region.

- This form must be sent with a completed "Application for vaccinator authorisation" form.
- Section A must be completed by you (the applicant) first.
- Section B must be completed by a peer reviewer who is currently an authorised vaccinator and has observed you providing vaccinations with the last 2 years.

SECTION A: FOR APPLICANT Please complete entire section	
Name of applicant	
Standard 1 The vaccinator is competent in the immunisation technique and has the appropriate knowledge and skills for the task (selected required characteristics)	You are equipped to deal with: anaphylaxis other reactions related to immunisation resuscitation spillages (blood or vaccine) safe disposal of equipment
Standard 2 The vaccinator obtains informed consent to immunise	In your vaccination practice, you consistently: □ obtain consent □ communicate immunisation information effectively and in a culturally appropriate way □ support communication with suitable health education material □ allow time to answer questions and obtain feedback □ keep a written record that consent has been obtained
Standard 3 The vaccinator provides safe immunisation	In your vaccination practice, you consistently: ensure continuity of the cold chain advise that vaccinees remain under observation for a minimum of 20 minutes after immunisation inform the vaccine/caregiver about care after immunisations ascertain date of last immunisation enquire about reactions following previous vaccinations check for true contraindications determine current health of the vaccinee use aseptic techniques in preparing and administering all vaccines visually check the vaccine reconstitute vaccines with diluent provided (as appropriate) change needle between preparing and administering vaccine use correct needle size and length

SECTION A: FOR APPLICANT Continued				
Standard 3 continued	In your vaccination practice, you consistent	ly:		
The vaccinator provides safe immunisation	\square position vaccinee appropriately			
	☐ administer vaccine in appropriate site			
	\square insert needle at correct angle, give vaccine gently			
	\square dispose of needles and syringes in sharps container			
	\square encourage comfort measures before, during and after vaccination			
Standard 4	In your vaccination practice, you consistently:			
The vaccinator documents information on the	$\hfill\Box$ document relevant information, including recall date (if appropriate) in clinical records and vaccinee-held records			
vaccine(s) administered and	\square ensure the immunisation certificate is accurately completed, if applicable			
maintains patient confidentiality	$\hfill\Box$ obtain the vaccinee's/caregiver's consent to inform the usual provider, if you are not the usual provider			
	\square ensure all personal documentation is appropriately treated and stored			
	$\hfill\Box$ give immunisations according to the National Immunisation Schedule recommendations for age			
Standard 5	In your vaccination practice, you consistently:			
The vaccinator administers all vaccine doses	\square plan catch-up immunisation with a minimum number of visits, if required			
	$\hfill \square$ defer or avoid vaccinating only if contraindicated or on vaccinee/caregiver request			
Comments If you have any additional comments about your vaccination practice, please write below.				
Declaration				
I confirm that this self-assessment represents a true and accurate record of my vaccination practice.				
Signature of applicant		Date		

SECTION B: FOR PEER REVIEWER Please complete entire section			
Name of peer reviewer			
Phone			
Email			
Organisation			
I am currently an authorised vaccinator and have observed the applicant providing vaccinations within the last 2 years			
☐ Yes			
\square No (you cannot act as peer reviewer for this applicant)			
Comments			
If you have any comments about the applicant's vaccination practice, please v	vrite below.		
Declaration			
To my knowledge, the applicant's self-assessment is an accurate record of her/his vaccination practice. In my judgement the applicant demonstrates appropriate clinical skills to be a competent vaccinator.			
Signature of peer reviewer	Date		

Auckland Regional Public Health Service Ratonga Hauora-ā-lwi ō Tāmaki Makaurau





