



# 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                           |  |
| Fax                             |  |

## SECTION 2

Please complete entire section

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

**SECTION 2**

## Continued

|          |  |  |
|----------|--|--|
| <b>2</b> | <b>Do you have a venue that allows for the safe management of immunisation delivery?</b>   |  |
|          | <ul style="list-style-type: none"> <li>• privacy</li> <li>• a resting space</li> <li>• a waiting space</li> <li>• ensuring privacy of records</li> <li>• emergency personnel can gain easy access</li> </ul> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>3</b> | <b>Do you have the following compulsory equipment available during immunisations?</b>  |  |
|          | • cell phone or phone access   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|          | • an oxygen cylinder, flow meter, tubing and paediatric/adult masks  | 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"/> |
| <b>4</b> | <b>Will the following optional equipment be available during immunisations?</b>  |  |
|          | • 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"/> |
| <b>5</b> | <b>Do you have a current cold chain accreditation certificate? (Attach copy of certificate)</b>  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**SECTION 3**

Please write all responses on a separate sheet of paper

|           |   |
|-----------|---|
| <b>6</b>  | <b>List the DHBS where immunisations will be delivered by this programme.</b>   |
| <b>7</b>  | <b>Describe the settings where immunisations will be delivered by this programme.</b><br>(E.g. rest homes, medical centres, business premises)  |
| <b>8</b>  | <b>List the names of the vaccines that will be delivered by this programme.</b>   |
| <b>9</b>  | <b>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.</b>  |
| <b>10</b> | <b>What pre-vaccination information is provided to individuals (including consent and vaccine information)?</b><br>(Attach copies of all forms and written information)   |
| <b>11</b> | <b>How will each individual's details be recorded?</b><br>(Attach copies of all forms and written information)  |
| <b>12</b> | <b>How will information on vaccine administration and any post-vaccination adverse events be recorded?</b><br>(Attach copies of all forms and written information)  |
| <b>13</b> | <b>How will notice of vaccine administration be provided to the primary care provider?</b><br>(Attach copies of all forms and written information)<br><br><b>IMPORTANT:</b> 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. |
| <b>14</b> | <b>What information will be provided to the vaccinee post-vaccination (including provision of emergency care)?</b><br>(Attach copies of all forms and written information)  |
| <b>15</b> | <b>How will information on adverse reactions be reported?</b><br>(Attach copies of all forms and written information)   |
| <b>16</b> | <b>List the names (first name and family name) of all authorised vaccinators who will be vaccinating in this programme:</b><br><br><b>IMPORTANT:</b> 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

**Fax:** (09) 623 4673

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