



# Peer reviewed self-assessment form

- 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 vaccinee/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**

The vaccinator provides safe immunisation

**In your vaccination practice, you consistently:**

- position vaccinee appropriately
- administer vaccine in appropriate site
- insert needle at correct angle, give vaccine gently
- dispose of needles and syringes in sharps container
- encourage comfort measures before, during and after vaccination

**Standard 4**

The vaccinator documents information on the vaccine(s) administered and maintains patient confidentiality

**In your vaccination practice, you consistently:**

- document relevant information, including recall date (if appropriate) in clinical records and vaccinee-held records
- ensure the immunisation certificate is accurately completed, if applicable
- obtain the vaccinee's/caregiver's consent to inform the usual provider, if you are not the usual provider
- ensure all personal documentation is appropriately treated and stored
- give immunisations according to the National Immunisation Schedule recommendations for age

**Standard 5**

The vaccinator administers all vaccine doses

**In your vaccination practice, you consistently:**

- plan catch-up immunisation with a minimum number of visits, if required
- 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 No (you cannot act as peer reviewer for this applicant)**Comments**

If you have any comments about the applicant's vaccination practice, please write 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