

<p><b>BEFORE</b></p> 	<p><b>Registration at the practice and enrolment with a PHO:</b>  <b>Enrol all babies as early as possible</b> after their birth notification is received.                  Notifications are received through National Immunisation Register (NIR) provider inbox.                  Action this &lt;three days; “Accept” on to practice management system (PMS), using “B” code.                  Send enrolment form and first immunisation appointment for the baby.                  When the enrolment form is signed, ensure the baby’s code is changed to reflect their enrolment.</p> <p><b>Complete a NIR Authorised User Agreement</b> form to be able to access current data</p> <p><b>To ensure timeliness</b>, pre-call all children at least two weeks prior to the vaccination due date.</p> <p><b>Use your PMS</b> to identify children who are due or overdue for immunisations.</p> <p><b>Offer opportunistic vaccinations using PMS alerts.</b> Highlight overdue immunisations</p>
<p><b>EVALUATE</b></p> 	<p><b>Establish the parent/caregiver's understanding:</b> do they have any questions or concerns?</p> <p><b>Informed consent:</b> use ‘Let’s talk about immunisation’ flipchart and Child Immunisation booklet HE 1323 to communicate confidently. Offer appropriate, evidence-based <b>culturally appropriate and translated</b> information when available</p> <p><b>Parents/caregivers have the right to decline:</b> For NIR options for both decline or <b>opt off</b> work through the decline factsheet “OFFER information about delaying or declining immunisation”, do not record a “decline” <b>until the decision is explored</b> . . . even then revisit.</p> <p><b>Advise parent that child will be recalled next event keep recalls active</b></p> <p><b>Mitigate discomfort:</b> Research supports breastfeeding, cuddling and distraction during injection</p> <p><b>Use a NIR "status query"</b> to confirm vaccinations due; do not only rely on parental recall.                  Update the NIR if you have evidence of vaccination not recorded on the register</p>
<p><b>SAFETY</b></p> 	<p><b>Pre-vaccination checklist</b> (see Table 1, on reverse or the current immunisation handbook).</p> <p><b>Clinically assess the vaccinee</b> and use the correct needle size, length and site - see Table 5 and New Zealand Immunisation Handbook (NZIH).</p> <p><b>Appropriate emergency kit</b> is readily available; near where vaccines are given (Table 4 &amp; NZIH).</p> <p><b>Four injections</b> at one immunisation event is safe when <b>given in different sites</b></p> <p><b>Cold Chain:</b> ensure vaccines have been stored correctly between +2°C and +8°C.</p> <p><b>Post vaccination information</b> and advice is given and resources offered (Table 2).</p> <p><b>All vaccinators in primary care</b> should be “authorised”</p> <p><b>Vaccines are prescription medicines;</b> authorised vaccinators administer vaccines on the New Zealand National Immunisation Schedule without a prescription or a standing order. Pharmacist vaccinators administer reclassified vaccines (see table 3)</p>
<p><b>TIMELINESS</b></p> 	<p><b>Record future appointments in WellChild/Tamariki Ora book i.e.</b> book appointment for 3 month immunisation after six week vaccines given</p> <p><b>Consider reminders</b> using text messaging, and telephone calls out of business hours.</p> <p><b>Make every attempt for timely vaccination</b> at the provider chosen by the family</p> <p><b>Refer to the Outreach Immunisation Service (OIS)</b> promptly if unable to reach families after no response to three valid types of pre-call and/or recall attempts; including casual patients.</p> <p><b>Ensure all children referred to OIS have correct details</b> i.e. change of address</p> <p>Give immunisations <b>“on time every time”!</b></p>

**Table 1: Pre-vaccination checklist**

- Advise of 20 min wait following the immunisation
- Check family preferences to minimise discomfort
- Run a “status query” via the PMS prn
- Obtain consent for the vaccination event, and for the information to be held on the NIR

**Prior to immunisation, ascertain if the vaccinee:**

- is unwell on that day, has a fever (if concerned check temperature) or **has any new diagnosis**.
- has ever had a serious reaction to any vaccine
- has any severe allergies to vaccine components (e.g. gelatin, egg protein, neomycin)
- Has appropriate spacing between doses of the same vaccine (when was the last vaccination?)
- is pregnant (if appropriate) or planning pregnancy
- has an undiagnosed/evolving neurological condition

**Additional precautions to check prior to immunisation with a live vaccine, ascertain if the vaccinee:**

- has lowered immunity/ on immunosuppressive drugs
- has had any live vaccines in the last four weeks
- has had an injection of immunoglobulin or blood transfusions within the last 11 months

**Table 2: Post vaccination information**

- Record details in the **Well Child Tamariki Ora book (WCTO)**; vaccines given, injection site, and route used
- Record the following information in the PMS:
  - Vaccines given (dose and series), injection sites, route, needle length and gauge
  - Informed consent obtained (i.e. who)
  - NIR consent (vaccines given recorded on the NIR)
  - That the vaccinee was well
  - Any known allergies or contraindications
  - That they waited 20 mins
  - Details of adverse event(s) following immunisation
  - Next immunisation event recorded in **WCTO book**

**Advice**

- Advice needs to be given verbally and in writing
- Discuss expected responses and what to do
- Discuss when to contact the vaccinator or after hours medical service if worried/concerned
- Provide immunisation information and after hours contact number (e.g. Aftercare sheet HE1504 or resource appropriate for that immunisation event)
- Check the injection site prior to the vaccinee leaving

**Table 3: Authorised/Pharmacist vaccinator processes**

- Complete an approved Vaccinator Training Course
  - Pass open book assessment & clinical assessment
  - For authorisation apply to Medical Officer of Health
  - Have current indemnity insurance
- Authorisation/Pharmacist vaccinator update is valid for two years; individual are responsible for re-application after approved Vaccinator Update Course, two yearly.

**Table 4: Emergency kit**

- Adrenaline 1:1000 (3 ampoules) and dosage chart
- Syringes: 1.0mL (minimum of 3) (tuberculin not insulin)
- Needles: a range of needle lengths and gauges, including 23G or 25G x 25mm, 22G x 38mm
- Range of airways, paediatric sizes if vaccinating children
- An oxygen cylinder (check that it is filled)
- Adult and paediatric bag valve mask resuscitator ( e.g. Ambu bag), oxygen tubing and a range of oxygen masks
- Access to a telephone

NB: A second person must be onsite at the time of vaccination and for at least 20 minutes post vaccination.

**Oral vaccines:** Encourage the parent/caregiver to hold infant, administer rotavirus vaccine between inside cheek and gum slowly. **Give before injections.**

**Table 5: Needle gauge and length, by site and age**

Age	Site	Gauge & length	Rationale
<b>Intramuscular injection</b>			
Birth	Vastus lateralis	23-25 G x 16 mm	
6 weeks	Vastus lateralis	23-25 G x 16 or 25 mm	Choice of needle length will be based on the <b>vaccinator’s professional judgement.</b>
3 – 14 months	Vastus lateralis	23-25 G x25mm	A 25 mm needle will ensure deep IM vaccine deposition
15 months – 3 years	Deltoid or Vastus lateralis	23-25 G x16mm 23-25 G x25mm	The vastus lateralis site remains an option in young children when the deltoid muscle bulk is small and multiple injections are necessary
3 – 7 years	Deltoid  Vastus lateralis <sup>a</sup>	23-25 G x16mm  21-22 G x25mm	A 16 mm needle should be sufficient to effect deep IM deposition in the in most children
Older children (> 7 years), adolescents and adults	Deltoid <sup>b</sup>  Vastus lateralis <sup>a</sup>	23-25 G x16mm, or 23-25G x25mm or 21-22G x38mm  21-22 G x38mm	Most adolescents and adults will require a 25 mm needle to effect deep IM deposition
<b>Subcutaneous injection</b>			
Deltoid	25-26 G x16mm	Insertion angle of 45° is recommended. The needle should never be longer than 16mm to avoid or inadvertent IM administration	

<sup>a</sup> Consideration may be given to the vastus lateralis as an alternative vaccination site, providing it is not contraindicated

<sup>b</sup> For females weighing <60kg use a 23-25 G x16mm needle; for 60-90kg use a 23-25G x25mm needle; for >90kg use a 21-22G x38mm needle. Adolescent/ adult males, use a 23-25G x25mm