

PEER REVIEW OF CLINICAL PRACTICE FOR PROVISIONAL VACCINATORS

For assessment of those who have completed the IMAC Provisional Vaccinator Course. Please ensure form is completed IN FULL.
Assessed vaccinators: please attach form with completed Authorisation Application form, vaccinator course certificate(s), current APC/ATP registration and appropriate CPR certification & send to imacreg@auckland.ac.nz.

Note: We cannot process incomplete forms/applications.

Peer reviewer must be a currently authorised vaccinator or pharmacist vaccinator (minimum 2 years vaccinating experience)

Vaccinator Name:	Venue:	
Peer assessor name:	Date:	
Prerequisites	YES	NO
<i>Vaccinator</i>		
Has achieved an appropriate provisional vaccinator training programme - certificate sighted		
Has current appropriate CPR certificate or is booked on next available course. APC (if applicable) & is aware of indemnity insurance recommendation		
Prescriptions or standing order sighted for assessment vaccination events		
Comments:		
<i>Emergency Equipment</i>		
Vaccinator has access to the required emergency equipment & can demonstrate appropriate use		
Checks adrenaline & expiry date & dose chart		
Checks emergency equipment – bag-value-mask, needles, syringes, etc.		
Aware of emergency policy		
Vaccinator able to deal with unexpected reactions & anaphylaxis & has a plan for emergency assistance		
Comments:		
<i>Venue</i>		
Allows for safe management and delivery of immunisation		
Privacy		
Resting/waiting area		
Safety – sharps container/spillages		
Comments:		
<i>Cold Chain</i>		
Demonstrates familiarity with current National Standards for Vaccine Storage and Transport for Immunisation Providers, cold chain requirements & is aware of the process should there be a cold chain breach		
Daily fridge monitoring/readings & documentation, &/or monitoring requirements & documentation for off site		
Vaccines stored correctly (on & off site, as appropriate)		
Comments:		

Pre-vaccination	YES	NO
Meet/greet patient or parent/caregiver & child		
Checks vaccinations to be given/ correct spacing between vaccines		
Complete appropriate pre-vaccination check - vaccination history, contraindications, current health status, current & historical treatment, medical precautions		
Explains what vaccines are to be given		
Advises what the expected responses are likely to be		
Discusses risk versus benefit & allows time for questions		
Gives post-immunisation advice in writing & contact numbers for aftercare		
Informs re need to wait for 20 minutes post vaccination if required		
Informed consent obtained & documented		
Administration		
Washes hands before & after patient contact & before drawing up vaccines		
Checks correct vaccine, expiry date & appearance		
Checks expiry date & appearance of diluent if applicable		
Reconstitutes correctly if applicable		
Draws up vaccine using aseptic technique if applicable		
Changes needles if applicable		
Uses correct needle size & length if applicable		
Correct identification & exposure of the site		
For a child: Held securely & clear instructions given to caregiver		
Administers the vaccine at the appropriate site/technique		
Disposes of the needles & syringes in sharps container		
PLEASE PROVIDE ALL THREE ITEMS of information for each patient:		
1. Vaccination/s given 2. Site/s 3. Vaccinee age (min of two patients required)		
Patient 1	Patient 2	
Post vaccination		
Completes all required documentation and notifies NIR		
Puts on recall for next vaccinations		
For child, completes WCTO book and immunisation certificate as appropriate		
Informs patient/caregiver of next vaccination date		
Repeats aftercare advice		
Advises vaccinee / or carer of signs and symptoms of unexpected responses and what to do if concerned		
If not usual provider – notifies usual provider of vaccination(s) administered		
Aware of how to notify any AEFIs to CARM		
Peer Assessor's Comments:		
Signature & designation: Contact details:		
Vaccinators Comments: I am aware that until I get my authorisation approval letter I must continue to vaccinate under standing orders or prescriptions. I am also aware that when I get my provisional authorisation it is for influenza and MMR only.		
Signature: Contact details:		