

PEER REVIEW OF CLINICAL PRACTICE FOR PROVISIONAL VACCINATORS

For provisional vaccinators who have completed the IMAC Provisional Vaccinator Foundation Course. To apply for provisional authorisation, please ensure this form is completed in full and send with all other documentation to vaccinatorauthorisations@health.govt.nz.

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 (current or less than 12mths expired). APC (if applicable) and 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 and can demonstrate how to use this appropriately		
Checks adrenaline and expiry date and 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 and is aware of the process should there be a cold chain breach		
Daily fridge monitoring/readings and documentation, and/or monitoring requirements and documentation for off site		
Vaccines stored correctly (on and 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 and allows time for questions		
Gives post-immunisation advice in writing and contact numbers for aftercare		
Informs re need to wait for 20 minutes post vaccination if required		
Informed consent obtained & documented		
Administration		
Washes hands, before and after patient contact and before drawing up vaccines		
Checks correct vaccine, expiry date and appearance		
Checks expiry date and 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 and length if applicable		
Correct identification and exposure of the site		
For a child: Held securely and clear instructions given to caregiver		
Administers the vaccine at the appropriate site/technique		
Disposes of the needles and syringes in sharps container		
Please provide all of the following: Vaccinations given, site and age of vaccinee for both patients (a min of two patients are required):		
Patient 1	Patient 2	
Post vaccination		
Completes all required documentation and notifies NIR		
Puts on recall for next vaccinations		
For child, completes WC/TO book and immunisation certificate as appropriate		
Informs patient/caregiver of next vaccination date		
Repeats aftercare advice		
Advises vaccinee 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 Reviewer's Comments: I confirm I meet the requirements to be a peer assessor as outlined on page 1 of this form.		
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 a limited range of vaccines.		
Signature: Contact details:		