

## PEER ASSESSMENT OF CLINICAL PRACTICE FOR VACCINATORS (for temporary authorisation)

For assessment of those who have completed a **full IMAC Vaccinator Foundation Course** but who are currently unable to complete a clinical assessment. Please ensure form 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](mailto:imacreg@auckland.ac.nz).

\*Note: We cannot process incomplete forms/applications.\*

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

<b>Vaccinator Name:</b>	<b>Venue</b>	
<b>Peer assessor &amp; designation:</b>	<b>Date:</b>	
<b>Prerequisites</b>	<b>YES</b>	<b>NO</b>
<b><i>Vaccinator</i></b>		
Has achieved an appropriate vaccinator training programme - certificate sighted.		
Has current appropriate CPR certificate or is booked on next available course. APC & is aware of indemnity insurance recommendation		
Prescriptions or standing order sighted for assessment vaccination events		
<b>Comments:</b>		
<b><i>Emergency Equipment</i></b>	<b>YES</b>	<b>NO</b>
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		
<b>Comments:</b>		
<b><i>Venue</i></b>	<b>YES</b>	<b>NO</b>
Allows for safe management & delivery of immunisation		
Privacy		
Resting/waiting area		
Safety – sharps container/spillages		
<b>Comments:</b>		
<b><i>Cold Chain</i></b>	<b>YES</b>	<b>NO</b>
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)		
<b>Comments:</b>		

<b>Pre-vaccination</b>		<b>YES</b>	<b>NO</b>
Meet/greet patient or parent/caregiver & child			
Checks vaccinations to be given/ correct spacing between vaccines			
Undertakes appropriate pre vaccination check, 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			
<b>Administration</b>		<b>YES</b>	<b>NO</b>
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: Positioned appropriately & held securely			
Administers the vaccine at the appropriate site/technique			
Disposes of the needles & syringes in sharps container			
<b>PLEASE PROVIDE ALL THREE ITEMS of information for each patient:</b>			
<b>Vaccination/s given, site/s &amp; age of vaccinee</b> (Two patients are required for this assessment. For those seeking Temporary Authorisation that includes infants, at least one patient must be aged under 2 years & IM vaccine given in vastus lateralis)			
<b>Patient 1:</b>		<b>Patient 2:</b>	
<b>Post vaccination</b>		<b>YES</b>	<b>NO</b>
Completes all required documentation & notifies NIR			
Puts on recall for next vaccinations			
For child, completes WCTO book & immunisation certificate as appropriate			
Informs patient/caregiver of next vaccination date			
Repeats aftercare advice			
Advises vaccinee / or carer of signs & symptoms of unexpected responses & 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			
<b>Peer Assessor's Comments:</b>			
Signature & designation:			
Contact Details:			
<b>Vaccinators Comments:</b> I am aware that until I get my authorisation approval letter I must continue to vaccinate under standing orders or prescriptions.			
Signature:			
Contact Details:			