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# Appendix 3: Immunisation standards for vaccinators and guidelines for organisations offering immunisation services

## A3.1 Purpose

The ‘Immunisation standards for vaccinators’ (see section A3.3) are quality levels all vaccinators should achieve to ensure they can competently deliver safe and effective immunisation services.

The ‘Immunisation standards for vaccinators’ and the ‘Guidelines for organisations storing vaccines and/or offering immunisation services’ (see section A3.4) apply to all vaccinators, including those delivering National Immunisation Schedule vaccines, vaccines on an authorised programme or privately purchased vaccines.

The Schedule aims to protect children and adults against 14 serious vaccine-preventable diseases and offers publicly funded immunisation to individuals at risk of hepatitis A, influenza, varicella, TB, meningococcal and/or pneumococcal disease.

Note: The term ‘vaccinator’ used throughout these standards applies to *any* health professional offering a vaccinator service, including registered nurse vaccinators, authorised vaccinators, pharmacist vaccinators, GPs and midwives.

## **A3.2 Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996**

It is expected that all organisations and providers offering immunisation services practise in accordance with the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996. The Regulations establish the rights of consumers and the obligations and duties of providers to comply with the Code of Rights made pursuant to the Health and Disability Commissioner Act 1994.

The obligation under the Regulations is to take 'reasonable actions in the circumstances to give effect to the rights, and comply with the duties' in the Code of Rights. The Code of Rights is as follows.

- Right 1: Right to be treated with respect
- Right 2: Right to freedom from discrimination, coercion, harassment and exploitation
- Right 3: Right to dignity and independence
- Right 4: Right to services of an appropriate standard
- Right 5: Right to effective communication
- Right 6: Right to be fully informed
- Right 7: Right to make an informed choice and give informed consent
- Right 8: Right to support
- Right 9: Rights in respect of teaching or research
- Right 10: Right to complain

For more detailed information on the Code of Health and Disability Services Consumers' Rights, refer to the Health and Disability Commissioner's website ([www.hdc.org.nz](http://www.hdc.org.nz)).

## A3.3 Immunisation standards for vaccinators

### **Standard 1: The vaccinator is competent in all aspects of the immunisation technique and has the appropriate knowledge and skills for the task**

#### **Required characteristics of the vaccinator**

- 1.1 The vaccinator completes an appropriate training programme approved by the Ministry of Health. If a vaccinator is working as an authorised vaccinator or as a pharmacist vaccinator, they will also have undertaken a clinical assessment and vaccinate in accordance with their Scope of Practice.<sup>1</sup>
- 1.2 All vaccinators are required to have a summary<sup>2</sup> of their immunisation practice over the past 12 months.
- 1.3 The vaccinator remains current with developments in immunisation theory, practice and policy. At least every two years the vaccinator is required to have completed a vaccinator update course that meets the current *Vaccinator Update Course Standards*<sup>3</sup> and have evidence of completion.
- 1.4 The vaccinator maintains linkages with other providers associated with immunisation delivery; for example, immunisation coordinators, outreach immunisation providers and their local DHB NIR team.
- 1.5 Vaccinators are recommended to carry indemnity insurance for their personal/professional protection.

<sup>1</sup> Refer to Appendix 4.

<sup>2</sup> The summary should include type of immunisation practice as a vaccinator (eg, general practice, occupational health, pharmacy, etc); types of vaccinations given (eg, intramuscular, subcutaneous, intradermal); and other responsibilities related to immunisation (eg, cold chain-designated person, etc).

<sup>3</sup> Published by IMAC.

## **Standard 2: The vaccinator obtains informed consent to immunise**

### **Required characteristics of the vaccinator**

- 2.1 The vaccinator is able to assess the knowledge of the individual/parent/guardian regarding vaccine-preventable diseases and the process of immunity, and is able to provide evidence-based information to enable individuals/parent/guardian to make an informed choice and give informed consent.
- 2.2 The vaccinator communicates in a form, language and manner that enables the individual/parent/guardian to understand the information provided. Communication should be supported by evidence-based health information material.<sup>4</sup>
- 2.3 The vaccinator allows time to answer questions and obtains feedback indicating that the individual/parent/guardian understands which vaccine is being recommended and why.
- 2.4 The vaccinator informs the individual/parent/guardian about the NIR, including information on the use and disclosure of the information held on the NIR, how the information is stored, and that all vaccinations given will be recorded on the NIR (if applicable) unless the individual/parent/guardian chooses to opt off the NIR. If an individual/parent/guardian chooses to opt off the NIR, this process must be explained to them.
- 2.5 Consent does not need to be given in writing (except for school-based immunisation programmes and BCG vaccination), but the vaccinator must document in the clinical notes a summary of the discussion and note that verbal consent was obtained.
- 2.6 The vaccinator obtains consent for each immunisation episode and documents that the individual/parent/guardian has been made aware of the benefits and risks of the disease and the vaccine in order to make an informed choice about immunisation and the immunisation programme, including the NIR.<sup>5</sup>

<sup>4</sup> Refer to chapter 2, section 2.1.2.

<sup>5</sup> Refer to chapter 2, section 2.3.5.

- 2.7 If the individual/parent/guardian declines to be immunised/to immunise their child, the vaccinator provides information about keeping themselves and others healthy. The individual/parent/guardian should be advised that they can reconsider their decision at any time, and the declined immunisation will be offered again by their health provider.

## **Standard 3: The vaccinator provides safe immunisation**

### **Required characteristics of the vaccinator and immunisation setting**

- 3.1 The venue provides for privacy and is appropriate for the individual/parent/guardian. Facilities are available for assessment and management of adverse events, including anaphylaxis.<sup>6</sup>
- 3.2 If the venue is a non-clinical setting (eg, in a home, workplace or school) then a minimum of two immunisation team members must be present for vaccination; one of whom must be an authorised vaccinator or pharmacist vaccinator, the other must be a competent adult who is able to call for emergency support and has a current basic life support certificate.
- 3.4 The vaccinator can manage AEFIs, including anaphylaxis, and has a contingency plan for seeking emergency assistance.
- 3.5 Because of the potential for anaphylactic reactions, vaccinees (with their parents/guardians if applicable) are required to remain under observation for a minimum of 20 minutes after immunisation.
- 3.6 The vaccinator ensures continuity of the cold chain and adheres to the *National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017*<sup>7</sup> and the practice/clinic cold

<sup>6</sup> Refer chapter 2, section 2.3.3.

<sup>7</sup> Available at [www.health.govt.nz/coldchain](http://www.health.govt.nz/coldchain)

chain management policy. The vaccinator ensures the practice/ clinic achieves Cold Chain Accreditation.<sup>8</sup>

- 3.7 Before vaccinating, the vaccinator undertakes an appropriate clinical assessment (pre-vaccination screen).<sup>9</sup>
- 3.8 The vaccinator uses clean techniques in the preparation and administration of all vaccines,<sup>10</sup> visually checks the vaccine, checks expiry date, prepares vaccine as appropriate and uses vaccines within the recommended period after preparation.
- 3.9 The vaccinator provides verbal and written information that is evidence based and follows best practice principles about care after immunisation.<sup>11</sup>

## **Standard 4: The vaccinator documents information on the vaccine(s) administered, and maintains patient confidentiality**

### **Required characteristics of the vaccinator**

- 4.1 The vaccinator has had training in the correct use of their PMS, the SBVS or the NIR manual forms to enable them to correctly enter an individual's information on the NIR (if applicable) and to claim an immunisation benefit (if applicable).
- 4.2 The vaccinator documents the individual's personal details, including NHI number, name, date of birth, ethnicity, address, contact telephone number, next of kin details and primary health care provider (if the vaccinator is not the usual primary health care provider).

<sup>8</sup> See the Cold Chain pages on the Ministry of Health website ([www.health.govt.nz/coldchain](http://www.health.govt.nz/coldchain)).

<sup>9</sup> Refer to chapter 2, section 2.1.3.

<sup>10</sup> Refer to chapter 2, section 2.1, and Appendix 7.

<sup>11</sup> Refer to chapter 2, sections 2.1.2 and 2.3.1.

- 4.3 Having chosen the appropriate immunisation schedule, the vaccinator documents the following details:
- consent obtained
  - date vaccine administered
  - vaccine type and number in the series
  - batch number and expiry date
  - injection site (eg, ‘right deltoid’ not ‘upper arm’)
  - needle length
  - that the patient was observed for 20 minutes post-vaccination
  - if the vaccine was given by a non-standard route (the reasons must be documented)
  - the immunisation event in the child’s *Well Child Tamariki Ora My Health Book* (if applicable)
  - the date for the next immunisation in the child’s *Well Child Tamariki Ora My Health Book* (if applicable)
  - advice and resources given.
- 4.4 The vaccinator ensures the immunisation information is sent to the NIR (ie, electronically or manually) where applicable, unless the individual/parent/guardian has opted off the collection of their/their child’s immunisation information on the NIR.
- 4.5 The vaccinator ensures the immunisation certificate<sup>12</sup> is accurately completed following the 15-month and 4-year immunisation events.
- 4.6 If the practice/clinic is not the usual primary health care provider, then the individual’s primary health care provider is informed by the vaccinator within five working days of giving the vaccine, unless the individual declines for this to occur.
- 4.7 All clinical documentation is appropriately managed and stored to maintain confidentiality, and is made available to the individual/parent/guardian on request.

<sup>12</sup> Refer to Appendix 5.

## **Standard 5: The vaccinator administers all vaccine doses for which the vaccinee is due at each visit and only follows true contraindications**

### **Required characteristics of the vaccinator**

- 5.1 The vaccinator adheres to the National Immunisation Schedule and delivers all the immunisations recommended for that visit, unless the individual/parent/guardian does not consent to this.
- 5.2 When catch-up immunisation is required, this is planned with the minimum number of visits/injections and in conjunction with the individual/parent/guardian.
- 5.3 A dose of vaccine is deferred or avoided only when contraindicated or the individual/parent/guardian has chosen to defer/avoid it. The reason for deferral or avoidance must be documented.<sup>13</sup>

## **Standard 6: The vaccinator reports AEFIs promptly, accurately and completely**

### **Required characteristics of the vaccinator**

- 6.1 All serious or unexpected AEFIs are reported by the vaccinator to the Medical Assessor, CARM,<sup>14</sup> and to the individual's primary health care provider (if the vaccinator is another person). If the individual/parent/guardian does not consent to being identified, the report should be made without personal identification.
- 6.2 The vaccinator informs the individual/parent/guardian that if an adverse event occurs, they can also report it to CARM.
- 6.3 When a CARM report is received, and further doses of the vaccine have been contraindicated, the vaccinator advises the local DHB NIR Administrator so that an appropriate AEFI code is recorded in the individual's NIR record.

<sup>13</sup> Refer to chapter 2, section 2.1.4, and the specific disease chapters.

<sup>14</sup> Refer to chapter 1, section 1.6.3, for the adverse event reporting process.

- 6.4 The vaccinator seeks specialist (eg, GP, paediatrician, infectious diseases physician or medical officer of health) opinion if uncertain about the safety of further doses, and referral is made to secondary care if required.
- 6.5 The vaccinator ensures the adverse event, and any subsequent decisions relating to the event, are effectively communicated to the individual/parent/guardian and clearly documented in the child's *Well Child Tamariki Ora My Health Book* (if applicable) and in the patient records, and appropriate follow-up is carried out.

### **A3.4 Guidelines for organisations storing vaccines and/or offering immunisation services**

These guidelines apply to all organisations who store vaccines and/or offer immunisation services, including (but not limited to) general practices, public health units, community pharmacies, travel clinics, occupational health clinics, emergency medical services, research units and hospital wards/clinics/departments/pharmacies.

#### **The organisation that employs vaccinators to offer immunisation services has links to primary health care and to Well Child Tamariki Ora providers**

##### **Required characteristics**

- Immunisation is delivered, not in isolation, but as an integrated part of primary health care services, including Well Child Tamariki Ora for children.
- If possible, at the time of immunisation, the organisation undertakes other health promotion and/or disease prevention activities as applicable, such as the Well Child National Schedule or Care Plus.
- Immunisation events, childhood and adult, are well communicated to other health services linked to the individual (eg, primary health care, outreach immunisation services, pharmacies, occupational health).

## **The organisation achieves high immunisation coverage of its population**

### **Required characteristics**

- The organisation has an effective, secure, NHI-based system for recording and reporting immunisations and identifying individuals requiring immunisation.
- Respecting the individual's/parent's/guardian's rights to make an informed choice, the organisation takes all steps to ensure that an individual's immunisation schedule commences on time and that subsequent events are administered on the due date.
- The organisation has electronic linkage to the NIR for registration and immunisation event notification, and uses the NIR to assist with follow-up. If electronic linking is not available, manual processes must be used.
- The organisation has a robust reminder (pre-call) system which encourages the delivery of on-time immunisation and timely follow-up for overdue immunisation.
- The organisation has an effective communication strategy to target high-needs population groups.
- Attendance at the practice/organisation is used as an opportunity to remind individuals/parents/guardians of the importance of immunisation and, if appropriate, to check and offer to bring up to date the individual's immunisation status.
- Those who do not respond to recall and who have not declined to take part are referred to the outreach immunisation service, as per local protocol.

## **The organisation supports vaccinators and NIR administrators**

### **Required characteristics**

- The organisation has comprehensive immunisation-related policies based on best practice, informed consent, the vaccination process and management of adverse events.

- The organisation uses a pharmaceutical refrigerator to store vaccines, has a vaccine cold chain policy in place and achieves Cold Chain Accreditation<sup>15</sup> for all areas within the organisation storing vaccines.
- The organisation provides training and support workers (eg, kaiāwhina, community health workers) for vaccinators working in the community.
- The organisation supports the need for vaccinators to have access to ongoing education and training on all aspects of immunisation at least every two years and when there are changes to the Schedule.
- The organisation provides initial and ongoing training and support specific to the NIR, PMS, and/or the SBVS (if applicable).

## **The service is readily available, with no barriers to access**

### **Required characteristics**

- No fee is charged to the individual/guardian for the immunisations that are on the Schedule or high-risk programmes (or for completing the child's immunisation certificate), except for an administration fee for the tetanus-diphtheria boosters at ages 45 and 65 years.
- Regardless of their immigration and citizenship status, all children aged under 18 years are eligible to receive funded Schedule vaccines, and providers may claim the immunisation benefit for these children. Non-residents who were under age 18 years when they commenced HPV vaccination are currently funded to complete the course, even if they are aged 18 years or older when they complete it. Further information on eligibility can be found on the Ministry of Health website.<sup>16</sup>
- Immunisations are provided to both enrolled and casual patients at all times when the organisation or service is open.
- A person's immunisation status is checked at each visit to the service.

<sup>15</sup> See the Cold Chain pages on the Ministry of Health website ([www.health.govt.nz/coldchain](http://www.health.govt.nz/coldchain)).

<sup>16</sup> See [www.health.govt.nz/eligibility](http://www.health.govt.nz/eligibility)

- The organisation is culturally appropriate (ie, all health workers are assessed as culturally competent, reflect the populations they serve and offer a range of health information resources<sup>17</sup> in different languages).

## A3.5 Recommended resources

**Ministry of Health** (available at [www.health.govt.nz/our-work/preventative-health-wellness/immunisation](http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation))

- The current *Immunisation Handbook*
- National Immunisation Register Privacy Policy
- The current *National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017*
- Cold Chain Management Policy Template
- Cold Chain Accreditation Provider Self-Assessment Form
- Cold Chain Accreditation Provider Reviewer Form
- *Kōrero Mārama: Health Literacy and Māori – Results from the 2006 Adult Literacy and Life Skills Survey*, February 2010 ([www.health.govt.nz/system/files/documents/publications/korero-marama.pdf](http://www.health.govt.nz/system/files/documents/publications/korero-marama.pdf))

**Immunisation Advisory Centre** ([www.immune.org.nz](http://www.immune.org.nz))

- *Vaccinator Training Course Standards*
- *Vaccinator Update Course Standards*

### Other

- Medical Council of New Zealand. 2010. *Best Health Outcomes for Pacific Peoples: Practice implications*. URL: [www.mcnz.org.nz](http://www.mcnz.org.nz)

<sup>17</sup> Ministry of Health immunisation resources are available in English and a variety of languages from the HealthEd website ([www.healthed.govt.nz](http://www.healthed.govt.nz)) or from the local health education authorised provider.

- Royal New Zealand College of General Practitioners. *Aiming for Excellence: CORNERSTONE accreditation programme*. URL: [www.rnzcgp.org.nz/cornerstone-general-practice-accreditation](http://www.rnzcgp.org.nz/cornerstone-general-practice-accreditation)
- Pharmacy Council of New Zealand. 2016. *Pharmacist Vaccinator Statement*. URL: [www.pharmacycouncil.org.nz/New-Zealand-Registered-Pharmacists/Standards-and-Guidelines/Standards-and-guidelines](http://www.pharmacycouncil.org.nz/New-Zealand-Registered-Pharmacists/Standards-and-Guidelines/Standards-and-guidelines)

### **A3.6 Relevant legislation and regulations<sup>18</sup>**

- Health (Immunisation) Regulations 1995
- Medicines Act 1981
- Medicines Regulations 1984
- Health (Infectious and Notifiable Diseases) Regulations 1966, Amendment No. 2, regulation 44A
- Health Act 1956, section 22F
- Health Information Privacy Code 1994
- Health and Disability Commissioner Act 1994: Code of Health and Disability Services Consumers' Rights 1996<sup>19</sup>
- Health Practitioners Competence Assurance Act 2003
- Privacy Act 1993
- Care of Children Act 2004
- Accident Compensation Act 2001
- Health and Safety at Work Act 2015
- Resource Management Act 1991
- Primary Maternity Services Notice 2007,<sup>20</sup> pursuant to section 88 of the New Zealand Public Health and Disability Act 2000

<sup>18</sup> See [www.legislation.govt.nz](http://www.legislation.govt.nz)

<sup>19</sup> See [www.hdc.org.nz](http://www.hdc.org.nz)

<sup>20</sup> See [www.health.govt.nz](http://www.health.govt.nz)