

Peer Review Assessment

For authorised vaccinators seeking re-authorisation from the Medical Officer of Health. This peer review is optional. It is recommended that authorised vaccinators seeking re-authorisation complete a peer review as part of their clinical competence requirements for annual practising certification and /or PDRP requirements.

Instructions for peer reviewer:

- The reviewer completes this form.
- You should be currently **approved as an Authorised Vaccinator**
- Ensure a calm, supportive environment for the assessment
- The person being assessed should demonstrate to your satisfaction each of the items below
- It is your responsibility to complete this assessment accurately and honestly
- Please contact your Immunisation Coordinator or Medical Officer of Health if you have concerns about competency in any of the areas you assess.

Name of Vaccinator:	Vaccination Venue:	
Name of Reviewer:	Date:	
Vaccination Given:	Vaccine Site & Route:	
Competencies:		
Emergency Equipment / Management of Anaphylaxis: (Standard 1 & 3)	Yes	No
Check oxygen & masks (adult and paediatric)		
Check adrenaline and expiry date		
Emergency equipment – airways (all sizes), ambubag, needles, syringes etc		
Emergency management plan for dealing with anaphylaxis and other reactions		
Venue: (Standard 3)	Yes	No
Allows for safe management & delivery of immunisation		
Privacy		
Resting space/waiting space		
Safety-sharps containers/spillages		
Cold Chain: (Standard 1)	Yes	No
Daily temperature readings documented and retained		
Packing and monitoring chilly bin for offsite vaccinations or vaccine transportation		
Vaccines stored correctly		
Demonstrates familiarity with: <ol style="list-style-type: none"> 1. Practice/ Service Cold Chain Policy 2. Annual Cold Chain Management guide 3. Vaccines Storage & Distribution National Standards 2012 		
Can explain what to do in a Cold Chain failure		
Pre-vaccination: (Standard 1, 2, 3 & 5)	Yes	No
Meet/greet parents/caregivers and child		
Checks vaccinations to be given		
Checks history, contraindications, current health status/ treatments & medical warnings		
Explain what vaccines are to be given		
Discuss what side effects there may be		
Discuss risks versus benefits		
Discuss post-immunisation advice and give contact numbers for aftercare		
Inform must stay in clinic for 20 minutes post vaccination		
Informs about NIR and storage of information held on NIR		
Allows time to answer questions		
If happy to proceed obtains consent – verbal or written – and documents		

Administration: (Standard 1 & 3)		Yes	No
Washes hands			
Checks: Correct vaccine Expiry date and appearance Draws up vaccine using aseptic technique Checks mixes and diluents Changes needles Uses correct needle size and length			
Prepares child: Good access Held securely			
Administers vaccine in appropriate site/s			
Disposes of needles and syringes in sharps container			
Washes hands			
Post vaccination: (Standard 1, 4 & 6)		Yes	No
Completes documentation in files and/or computer			
Put on recall for next vaccinations (if applicable)			
Completes Well Child Tamariki Ora Book (if applicable)			
Completes Immunisation Certificate (if applicable)			
Informs caregiver of next vaccination date (if applicable)			
Repeats aftercare advice			
Keeps client in clinic for 20 minutes and inspects site/s before leaving			
Reports adverse events promptly , accurately and completely			
Peer Reviewer's Comments:			
<input type="checkbox"/> Competent assessment – no concerns <input type="checkbox"/> Competent assessment – a few minor points discussed <input type="checkbox"/> Concerns raised – have telephoned Immunisation Co-ordinator for advice			
Signature:		Contact Details:	
Vaccinator's Comments:			
Signature:		Contact Details:	