

2026 Assessment of clinical practice for vaccinators



For Health Care Professionals (HCP) undertaking to become authorised or pharmacist vaccinators

(As per current Vaccinator Foundation Course (VFC) Standards and Immunisation standards for vaccinators, Manatū Hauora)

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|---|---|--|-------------------------|---|--|
| Candidate name: (Signature required on the last page) | | Assessment date: | | Venue: | |
| Assessment type: Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> | | Type of vaccinator: _____ As appropriate to local PHU authorisation criteria | | | |
| Assessor name: | • Authorisation letter or FLVFC certificate (pharmacist/intern) Yes <input type="checkbox"/> No <input type="checkbox"/> • Current APC Yes <input type="checkbox"/> No <input type="checkbox"/> Exp date _____ • Prescription or SO (if needed) Yes <input type="checkbox"/> No <input type="checkbox"/> Role and Organisation: | | | For BCG assessment only: Current local authorisation and BCG course certificate sighted Yes <input type="checkbox"/> No <input type="checkbox"/> OR Authorisation to follow this assessment, BCG course certificate sighted Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | • Current CPR Yes <input type="checkbox"/> No <input type="checkbox"/> Exp date _____ • Vaccinator skills log signoff sighted Yes <input type="checkbox"/> No <input type="checkbox"/> • CCA/CCC/Pharmacy license current Yes <input type="checkbox"/> No <input type="checkbox"/> Exp date _____ | | | | |
| Vaccinee 1 age*: | | | Vaccinee 2 age*: | | |
| Vaccine: | Route/site: | | Vaccine: | Route/site: | |
| Vaccine: | Route/site: | | Vaccine: | Route/site: | |
| Vaccine: | Route/site: | | Vaccine: | Route/site: | |
| Vaccine: | Route/site: | | Vaccine: | Route/site: | |
| *NOTE: for whole-of-life authorisation, one vaccinee must be aged under 2 years and receive a vaccine in vastus lateralis | | | | | |
| • There are six standards from Appendix 3 of the IHB that vaccinators are assessed against during the clinical assessment. NOTE: evidence/judgement of these standards can overlap. 1. The vaccinator is competent in all aspects of the immunisation technique and has the appropriate knowledge and skills for the task. 2. The vaccinator obtains informed consent to immunise. 3. The vaccinator provides safe immunisation. 4. The vaccinator documents information on the vaccine(s) administered and maintains patient confidentiality. 5. The vaccinator administers all vaccine doses for which the vaccinee is due at each visit and only follows true contraindications. 6. The vaccinator reports adverse events following immunisation promptly, accurately, and completely. | | | | | |

| Evidence/Judgement | | Comments | C | NA | NYC |
|--|--|----------|---|----|-----|
| Section One: | Standard 3 - The vaccinator provides safe immunisation | | | | |
| <p>The vaccinator demonstrates:</p> <ul style="list-style-type: none"> • use of an appropriate venue with consideration for privacy, safety, and space for vaccination, family/whānau, breastfeeding persons • the availability of onsite emergency equipment (not expired), and the process to check the expiry of the adrenaline in the kit • the daily cold chain checks and has access to appropriate national standards and provider policy/SOPs • that they have a safe vaccination environment, e.g., access to sharps bins, hand hygiene, infection prevention and control processes. <p>The vaccinator is able to describe:</p> <ul style="list-style-type: none"> • how to identify adverse events following immunisation (AEFI) and can differentiate between anaphylaxis and other reactions • initial anaphylaxis treatment, including knowledge of appropriate adrenaline doses • management of cold chain breaches, including who to contact and access to contact details • staffing requirements to provide vaccination services. | | | | | |
| Section Two: | Standard 6 - The vaccinator reports adverse events following immunisation promptly, accurately, and completely | | | | |
| <p>The vaccinator is able to manage adverse events following immunisation and can describe:</p> <ul style="list-style-type: none"> • what AEFI require reporting • how they are reported, who can report and how to access the CARM form • who else should be informed of the event • where the AEFI are recorded, e.g., Well Child Tamariki Ora Book, GP, vaccinator records. | | | | | |
| Section Three: | Standard 5 - The vaccinator administers all vaccine doses due at each visit and only follows true contraindications | | | | |
| <p>Prior to vaccinating, the vaccinator:</p> <ul style="list-style-type: none"> • undertakes an appropriate pre-vaccination clinical assessment/check and identifies supporting resources • determines the current health status of vaccinee • enquires about reactions to previous immunisations and identifies true contraindications, including in relation to live attenuated vaccines (LAV) • confirms immunisation history (including date of last immunisation event), demonstrates status query done (as appropriate to setting) • can describe catch-up immunisation planning, including the spacing between two LAV or two vaccines with same antigens, what resources are available and who to contact for support. | | | | | |

| Evidence/Judgement | | Comments | C | NA | NYC |
|---|---|----------|---|----|-----|
| Section Four: | Standard 2 - The vaccinator obtains informed consent to immunise | | | | |
| <p>The vaccinator:</p> <ul style="list-style-type: none"> • obtains consent for each immunisation episode from the individual/parent/guardian, and documents • has an appropriate knowledge of vaccine-preventable diseases, immunity and is able to tailor the immunisation conversation and consent process to the health literacy needs of the individual/parent/guardian/whānau • provides written and verbal information about diseases and risks/benefits of the vaccines as appropriate • can explain how to access interpreting services • picks up on cues, concerns, encourages questions, and allows time to reflect on information provided • explains required processes for the recording of vaccinations given or declined • explains the information required to be discussed if vaccinations are declined or delayed • explains rationale for post immunisation wait and rationale for variations. | | | | | |
| Section Five: | Standard 1 - The vaccinator is competent in the immunisation technique and has the appropriate knowledge and skills for the task | | | | |
| <p>The vaccinator:</p> <ul style="list-style-type: none"> • uses clean technique in preparing and administering the vaccine, including hand hygiene • checks the correct vaccine, visual appearance, the expiry date and demonstrates correct preparation • chooses the appropriate needle size, gauge and route for the vaccines given • can explain how to administer a subcutaneous injection, appropriate needle length and when it may be required • instructs the individual on how to position for safe and comfortable vaccination event (if parent/caregiver, how to hold infant or child securely and comfortably) • demonstrates correct site selection • administers the correct vaccines for the age, medical and immunisation history of the vaccine recipient • follows appropriate strategies for mitigation of vaccination pain and distress • demonstrates safe disposal of needles/syringes/vaccine applicators/vaccines and knowledge of management of spillages (blood or vaccine). | | | | | |

| Evidence/Judgement | | Comments | C | NA | NYC |
|--|---|--|---|----|-----|
| Section Six: | Standard 4 - The vaccinator documents information on the vaccine(s) administered and maintains patient confidentiality | | | | |
| <ul style="list-style-type: none"> • Full, clear, and comprehensive documentation is entered onto correct digital platform. • Information is entered correctly to ensure messaging to the immunisation register and payment of immunisation benefit. • The Immunisation Certificate is completed and explained to parent/caregiver/whānau (as appropriate). • Transfer of information discussed, and consent obtained to do this if vaccinator is not a primary health care provider. • All clinical documentation is appropriately managed and stored to maintain confidentiality and is made available upon request. • Other patient information on computer screen is not visible or accessible if workstation is left unattended (including the appointment book). | | | | | |
| Competent <input type="checkbox"/> Not Yet Competent <input type="checkbox"/> | | Assessment given to candidate: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Assessor's comments: | | Date: | | | |
| Assessor's signature: | | (NOTE: Assessor to recommend indemnity insurance to vaccinator) | | | |
| Candidate's comments (optional): | | | | | |
| Candidate's signature: | | Date: | | | |
| Date required to complete a vaccinator update course: | | Date required to complete CPR update: | | | |

Following this assessment:

Upload a copy of this assessment to the Health New Zealand | Te Whatu Ora Workforce Request Portal www.workforcerequests.health.nz or use this QR code.

Ensure that you also upload a copy of the Vaccinator skills log sign-off sheet.

Note: It is the vaccinator's responsibility to ensure they keep a copy (or original) of this clinical assessment form in a safe place for future reference

Pharmacist vaccinators must keep a copy of their clinical assessment. This is the only evidence of their pharmacist vaccinator status and must be provided to the employer and be available for any pharmacy audit. Pharmacists are encouraged to follow the standard authorisation process outlined above to expand their vaccination scope. Note: IMAC does NOT require a copy of the completed clinical assessment form. It is the vaccinator's responsibility to ensure they keep a copy (or original) of this clinical assessment form for any audit.

