

**Brand of purpose built vaccine refrigerator that will store the yellow fever vaccine.
A data logger is required for weekly download.**

Refrigerator brand:

Data logger brand:

Data logger set for 5 min interval readings:

Submit with this application form:

- Purpose built fridge: Recent two days of twice-daily fridge temperature monitoring.
- Data logger: Recent record of two days of data logging with intervals set at 5mins.

Please complete the following information to demonstrate knowledge of the vaccine cold chain storage protocol.

- A cold chain breach is when the temperature goes outside the temperature range of: ___°C to ___°C for longer than ___ minutes.
- I have access to the additional protocols available under 'Cold chain management' at <www2.health.vic.gov.au/public-health/immunisation>
- I have reviewed the *National Vaccine Storage Guidelines – Strive for 5*.
- The facility has a written cold chain protocol that covers the following ten principles of safe vaccine storage management in the *National Vaccine Storage Guidelines – Strive for 5*:

1.
2.
3.
4.
5.
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7.
8.
9.
10.

- The front of the fridge is raised so that it tilts back slightly helping the door to shut.
- The fridge power point has a sign above stating - 'Vaccine refrigerator – do not turn off or disconnect'.
- An annual self-audit of the vaccine fridge will be conducted using the tool provided in the *National Vaccine Storage Guideline - Strive for 5*.

(d) General information**1) Dealing with adverse reactions**

This practice has all the equipment, drugs and procedures in place to deal with an immediate severe adverse event following immunisation, including anaphylaxis. All practitioners will report adverse events following vaccination to SAEFVIC – Victoria’s vaccine safety service. Agree:

2) Travel health advice

All practitioners listed in (b) have internet access to up-to-date travel advisory and travel health information during business hours. Agree:

3) On-line course training

All relevant practitioners will complete the yellow fever vaccine course every three years. Agree:

4) Change of circumstance

Notify the Immunisation Unit, Department of Health & Human Services, Victoria if you intend to cease provision of yellow fever vaccinations or if circumstances change in relation to the practice which will alter your capability to adhere to the requirements in this document. Changes may include but are not limited to, a change of responsible applicant, change of address, or a change of the practice name.

Please contact immunisation@dhhs.vic.gov.au or call 1300 882 008.

Agree:

The Department of Health and Human Services, Victoria reserves the right to audit yellow fever vaccine service providers at their discretion.

In signing this form, I acknowledge that failure to meet any of the listed requirements may result in removal of Yellow Fever Vaccine Approval by the Australian government or the Department of Health & Human Services, Victoria.

Has all the documentation been provided?

It is the applicants responsibility to ensure all information required is supplied. An incomplete application will not be processed.

Checklist:

- All sections on the form are complete.
- Purpose built vaccine fridge: Attach two days of twice-daily fridge temperature monitoring.
- Data logger: Attach two days of data logging with intervals set at 5mins.
- Copy of Course completion certificates attached for all listed practitioners.
- Additional list of Accredited practitioners who will administer the vaccine if more than five practitioners.
- Signed and dated Attachment B: Conditions Applying to an Approved Yellow Fever Vaccination Centre.

Signature of responsible practitioner:

Date / /

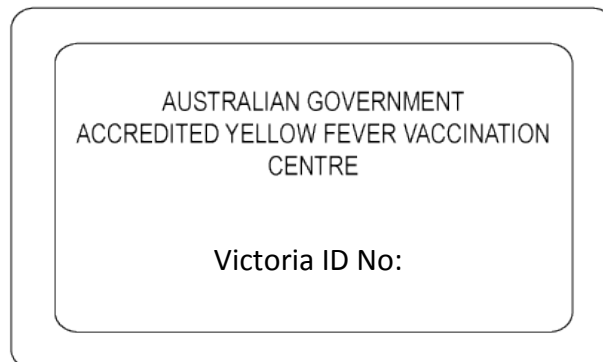
Please retain a copy and return the completed form to the Immunisation Unit, Department of Health & Human Services, Victoria.

Email: immunisation@dhhs.vic.gov.au

Attachment B: Conditions Applying to an Approved Yellow Fever Vaccination Centre

In the conditions appearing below:

- i. 'Appointment' means appointment as a Yellow Fever Vaccination Centre.
 - ii. 'Practice' means a medical practice appointed by the Department of Health and Human Services, Victoria, as a Yellow Fever Vaccination Centre.
 - iii. 'Applicant' means the medical practitioner or nurse practitioner applying to have the medical practice approved as a Yellow Fever Vaccination Centre and who takes responsibility for the practice continuing to meet WHO and Australian requirements for yellow fever vaccination.
 - iv. 'Accredited practitioner' means a medical practitioner or nurse practitioner who has achieved accreditation through successful completion of the Yellow Fever Vaccination Course.
 - v. 'Nurse Practitioner' means a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role.
1. The Applicant acknowledges that the Victorian Government is not liable for any costs incurred by the practice as a result of provision of yellow fever vaccination.
 2. All practitioners at the practice who administer or supervise administration of the yellow fever vaccine are accredited.
 3. The practice will issue an International Certificate of Vaccination or Prophylaxis against yellow fever in line with WHO and Australian requirements.
 - i. The vaccine administered has been approved by WHO.
 - ii. A person who has received the yellow fever vaccine must be provided with a certificate in the form specified in Annex 6 of the IHR.
 - iii. The certificate is signed by the clinician, who shall be a medical practitioner or other authorised health worker (nurse practitioner), supervising the administration of the vaccine. Either the medical practitioner (or other authorised health worker), or the nurse administering the vaccine under the delegation of the prescribing practitioner, may complete and sign the International Certificate of Vaccination or Prophylaxis.
 - iv. The certificate bears the official stamp of the administering centre using the model shown below, and includes the unique Victorian identification number issued by the Immunisation Unit, Department of Health and Human Services, and specifies Victoria as the Yellow Fever Vaccination Centre was approved.



*Stamp not to scale

- v. The certificate is an individual certificate and not a collective one. Separate certificates must be issued for each child.
- vi. The certificate is signed by the person vaccinated. A parent or guardian shall sign the certificate when the child is unable to write. If the person vaccinated is illiterate, their signature shall be their mark and the indication by another that this is the mark of the person vaccinated.
- vii. The certificate is printed and completed in English or French. The certificate may also be completed in another language on the same document in addition to either English or French. The certificate must be dated correctly in the sequence of day, month and year, with the month written in letters.
- viii. The certificate is valid for the duration of the life of the person vaccinated. The validity dates are to be recorded as the date 10 days after the vaccination date until 'lifetime.'
- ix. An equivalent document issued by the Armed Forces to an active member of those Forces shall be accepted in place of an international certificate if:
 - (a) the document embodies medical information substantially the same as that required by the international certificate; and
 - (b) the document contains a statement in English or French and where appropriate in another language in addition to English or French recording the nature and date of the vaccination.
- x. Any exemption to vaccination will consist of a dated and signed medical exemption letter on letterhead stationery from an approved Yellow Fever Vaccination Centre. The letter should clearly state that yellow fever vaccine is contraindicated on medical grounds and display the centre's official stamp. Medical exemption letters should be written for the current trip only. The Medical Contraindications to Vaccination section of the International Certificate of Vaccination or Prophylaxis also needs to be completed, stamped and signed.

MEDICAL CONTRAINDICATION TO VACCINATION
Contre-indication médicale à la vaccination

This is to certify that immunization against
 Je soussigné(e) certifie que la vaccination contre

_____ for
 (Name of disease – Nom de la maladie) pour

_____ is medically
 (Name of traveler – Nom du voyageur) est médicalement

contraindicated because of the following conditions:
 contre-indiquée pour les raisons suivantes :

 (Signature and address of physician)
 (Signature et adresse du médecin)

- 4. In addition to the certificate, it is important that a record of yellow fever vaccination is made in the Australian Immunisation Register (the AIR), including the batch number. The AIR allows for a permanent and accessible record of vaccination. Batch numbers are recorded in the AIR by selecting the Batch Number field under the Vaccine/Brand field when recording or updating an immunisation encounter.
- 5. Patients referred to the practice for yellow fever vaccination will only be provided with relevant travel advice. Other non-urgent medical problems or their complications identified during the consultation will be managed only with the consent of the referring doctor or will be returned to the referring doctor for treatment.
- 6. Changes relating to the particulars of the practice, including any change of name or address, shall be immediately notified to the Immunisation Unit, Department of Human Services, Victoria. At the discretion of the Immunisation Unit, the appointment may be transferred to a new address without any requirement to reapply.

7. If the Applicant leaves the practice, another medical practitioner or nurse practitioner must agree to take responsibility for the practice continuing to meet clinical standards for yellow fever vaccination by completing the relevant form and forwarding to the Immunisation Unit, Department of Health and Human Services, Victoria, within 7 days.
8. The practice will notify the Immunisation Unit, Department of Health and Human Services, Victoria, if it intends to cease provision of yellow fever vaccinations or if circumstances change which will alter its capability to adhere to the requirements in this document within 7 days.
9. The practice will notify the Immunisation Unit, Department of Health and Human Services, Victoria, of all medical practitioners and nurse practitioners accredited to administer the yellow fever vaccine, and if they leave the practice, within 7 days.
10. All relevant practitioners will complete the yellow fever vaccine course every 3 years and the completion certificate is to be provided to the Immunisation Unit, Department of Health and Human Services, Victoria, within 7 days.
11. The practice will participate in periodic surveys distributed by the Immunisation Unit, Department of Health and Human Services, Victoria, related to yellow fever vaccine provision.
12. Details of the practice, such as the name of the practice, address and telephone number, will be included in lists of Yellow Fever Vaccination Centres on the Immunisation Unit, Department of Health and Human Services, Victoria website.
13. The practice will, from time to time, allow a person or persons authorised in writing by the Immunisation Unit, Department of Health and Human Services, Victoria, to enter premises used by the practice for the purposes of conducting yellow fever vaccinations in order to ensure compliance with all specified conditions. The practice will provide all records relating to yellow fever vaccinations to that person or persons upon request, with an adequate timeframe given by the Immunisation Unit, Department of Health and Human Services, Victoria, to allow for the accessing of records.
14. A breach of any of the above conditions by the practice may, at the discretion of the Immunisation Unit, Department of Health and Human Services, Victoria, result in
 - i. a probationary period, subject to the conditions set by the Victorian Government, or
 - ii. withdrawal of the appointment.
15. The appointment may be immediately withdrawn in the case of a breach of patient safety, evidence-based practice or medical ethics.
16. On being notified in writing by the Immunisation Unit, Department of Health and Human Services, Victoria that the appointment to provide yellow fever vaccinations has been withdrawn, the practice shall cease to conduct vaccinations on the date stipulated in the notification.
17. If the medical practice, of which I am the responsible practitioner, is appointed as an approved Yellow Fever Vaccination Centre, I hereby agree to the above conditions.

Name and signature of responsible practitioner:

Name:..... **Signature:**.....

Date:/...../.....

Please submit completed forms to Immunisation Unit, Department of Health & Human Services, Victoria

Email: immunisation@dhhs.vic.gov.au