APPENDIX 16: RE-CERTIFICATION OR REVIEW OF YELLOW FEVER VACCINATION CENTRE

BE COMPLETED BY DESIGNATED MEDICAL PRACTITIONER(S) IN CENTRE BEING REVIEWED

(*This form is to be used for the three-yearly re-certification of a certified YFVC, and for structured desk-based reviews of an already certified YFVC where required. It confirms that*

1. The YFVC continues to meet certification requirements, and

2. Clinicians prescribing or administering Yellow Fever vaccine within the YFVC remain approved and up to date with training.

Please use a 'New application' form in the event of a transfer of a previously approved medical practitioner to a different premises, or significant physical changes to an existing medical practice since certification as a YFVC.)

Name and Address of medical practice from where it is proposed to operate the Yellow Fever Vaccination Centre:

Phone number:

Email address:

Web address or another Web presence:

Dates of subsequent renewal:

Amendments (and dates) to the list of HSE-approved clinicians authorized to prescribe and/or administer Yellow Fever vaccine at this YFVC since the last approval:

1.Clinician Name: joined ☐ left ☐ (tick one) YFVC on (date)

2. Clinician Name: [ ] joined [ ] left [ ] (tick one) YFVC on (date) [ ]

3. Clinician Name: [ ] joined [ ] left [ ] (tick one) YFVC on (date) [ ]

This application is for re-certification to operate a Yellow Fever Vaccination Centre and is subject to the following conditions:

1. The Premises mentioned above continues to be maintained to acceptable standards for the provision of medical services and Immunisations.

2. The Yellow Fever vaccinations (YFV) administered at the YFVC are WHO approved and licensed by the Health Products Regulatory Authority.

3. The YFV products will be stored in accordance with NIAC and HSE guidance.

4. All YFVs will be administered only by approved clinicians (medical practitioners or nurses) with current Yellow Fever training, in accordance with HSE guidance.

5. At least one of the approved medical practitioners will be present and available on the premises for 15 minutes after the last YFV is administered. This is in line with the HSE 'Supporting Information for Vaccinators in General Practice' guidelines. https://www.hse.ie/eng/health/immunisation/hcpinfo/

6. The approved clinician who administers YFV will issue (1) "International Certificates of Vaccination or Prophylaxis" against Yellow Fever completed in accordance with Annexes 6 & 7 of the International Health Regulations 2005 (3rd Edition, 2016) and (2) stamped with an official YFVC stamp

7. The premises and relevant medical records (limited to sections relating to Yellow Fever vaccination) will be made available to the HSE for review or inspection where required, including through desk-based review of documentation, in accordance with applicable data protection requirements.

Clinicians (medical practitioners/nurses) currently working at the medical practice who will be administering Yellow Fever vaccine		
Name (block capitals) of clinician (Medical Practitioner/Nurse (as per IMC/NMBI register).	**Signature of Medical Practitioner/Nurse**	**IMC/NMBI Registration Number**

	Yes / No
Is the medical practice under the governance and oversight of a Designated Medical Practitioner, as defined in this guidance?	Y/N?
Does the medical practice conform to acceptable standards for provision of medical services?	Y/N?

Have all clinicians (medical practitioner or nurse) administering Yellow Fever vaccine (YFV):
• Completed approved Yellow Fever training
• Undertaken updating of training every three years (if required)
• Completed and kept current additional required training including:
  • Basic Life Support (BLS)
  • Anaphylaxis management
  • Cold chain management – if appropriate
	Y/N?

Details of training:	

Will evidence of completion of approved and current Yellow Fever–specific training for all clinicians who will prescribe/administer YFV be submitted with the application (e.g., certificate of completion)?	Y/N?
The medical practice confirms that clinicians who are not approved or whose training is not current do/will not prescribe or administer Yellow Fever vaccine.	Y/N?
Do clinicians (medical practitioners and nurses) administering YFV undertake to maintain up-to-date training as described above, and make evidence of completion of required training available for audit?	Y/N?
Will all YFV administered be approved by WHO and licensed by the Health Products Regulatory Authority?	Y/N?
Will all YFV be administered only by approved clinicians (Medical practitioners or nurses) with current training?	Y/N?
Are the recommended vaccine storage conditions being observed as per NIAC and HSE guidelines?	Y/N?
Have there been any physical changes to the premises since it was last certified as a Yellow Fever Vaccination Centre?	Y/N?

Please state any physical changes to the premises here:

Will a permanent record of all YFVs administered be kept?	Y/N?
Will patients be given a copy of their YFV record to maintain as part of their own vaccination records?	Y/N?
Will protocols, equipment, and emergency medications be checked before each vaccination session to ensure they are present, functioning, and in date?	Y/N?
Are there appropriate facilities to deal with adverse events from vaccination, with all clinicians involved appropriately trained?	Y/N?
Will adverse events be reported to the Pharmacovigilance Unit, Health Products Regulatory Authority?	Y/N?
Will used vials be disposed of in sharps container?	Y/N?

Will International Certificates of Vaccination or Prophylaxis be signed only by approved clinicians with current Yellow Fever training, in accordance with Annexes 6 and 7 of the International Health Regulations (2005)?	Y/N?
Will the Certificates be completed in accordance with Annexes 6&7 of the International Health Regulations (2005) 3rd Edition (2016), and be stamped using the official YFVC stamp?	Y/N?
The medical practice acknowledges that approval to prescribe or administer YFV is person-specific and YFVC-specific, and that approval of an individual clinician does not permit administration of YFV outside a certified YFVC.	Y/N?
For re-certification, the medical practice confirms that the following documentation has been submitted for all clinicians approved to prescribe or administer Yellow Fever vaccine: ☐ Evidence of completion of suitable Yellow Fever training (within the last three years) for all clinicians approved to prescribe and/or administer YFV ☐ Evidence of current Medical Council (medical practitioners) or NMBI (nurses) registration ☐ Evidence of current medical indemnity / insurance	Y/N?

Signed by Designated Medical Practitioner

Name in block capitals

Please return completed and signed form to:

Name

Assigned HSE Service

For Office use

I have reviewed the YFVC re-certification application of:

Comments:

For the attention of Dr:

Title:

I recommend / do not recommend that this medical practice be granted certification as a Yellow Fever Vaccination Centre.

Signed:

Assigned HSE service:

Address:

Date: