



# CYPRUS INTERNATIONAL INSTITUTE FOR ENVIRONMENTAL AND PUBLIC HEALTH

IN ASSOCIATION WITH THE  
HARVARD SCHOOL OF PUBLIC HEALTH

## Best Practices for Immunizing Health Care Workers EVALUATION TOOL

❖ Evaluating Institution:-----

❖ Date: -----

### Program Description

➤ Project Name: -----

➤ Vaccine: -----

➤ Project Site: -----

➤ Project Website: -----

➤ Country: -----

*Please tick 'x' where applicable. If not applicable, please leave blank.*

### A. Timing/ Availability

	Yes	No
Was the program annual?		
What was the duration of the intervention?		
< 6 months [ ] > 6 months [ ] > 12 months [ ]		
Was the intervention continuous?		
Was the intervention sustainable?		
Did it take place at a time reasonable to increase vaccination rates (such as in the case of flu vaccine)?		
Was vaccination access available for HCW from all work shifts?		



# CYPRUS INTERNATIONAL INSTITUTE FOR ENVIRONMENTAL AND PUBLIC HEALTH

IN ASSOCIATION WITH THE  
HARVARD SCHOOL OF PUBLIC HEALTH

---

Was vaccination available at place of work (i.e. on ward)?		
--	--	--

## B. Mobilization

	Yes	No
Was the program mandatory?		
Did those that declined vaccination sign a declination form?		
Were there any educational activities that took place (meetings, lectures, leaflets)?		
Was the top management involved?		
Was the administrative health care service personnel involved?		
Was there a needs assessment conducted before program start?		
Was the group administering the immunization acceptable to the target group?		

## C. Financial coverage

	Yes	No
Were immunizations provided for free?		
Was there a co-pay that the HCW had to cover?		

## D. What was the main source of funding for the program?

	Yes	No
State health insurance system		
Special governmental fund for HCWs' health care		
EU/WHO co-funded project		
NGO action financed by government		



# CYPRUS INTERNATIONAL INSTITUTE FOR ENVIRONMENTAL AND PUBLIC HEALTH

IN ASSOCIATION WITH THE  
HARVARD SCHOOL OF PUBLIC HEALTH

NGO action financed from other sources		
Other sources		

## E. Immunization Profile

	Yes	No
Which of the groups below did the program target?		
Medical doctors		
Nurses		
Allied Health Professionals in contact with patients (i.e. pharmacist, dieticians, psychologists, laboratory technicians, administrative health care service personnel, scientific/research staff etc)		
Allied Health Professionals who were not in contact with patients (i.e. administrative health service personnel, public health personnel, scientific/research staff)		
Were immunizations provided to all in the above ticked target group (s)?		
Were immunizations provided based on the age of the HCW?		
Were immunizations provided based on the occupational risks (specialty) of the HCW?		
Did the program include a range of vaccinations or only influenza?		
Did it take place at the workplace?		
Was access to vaccinations easy / convenient for the HCWs?		
Were vaccination clinics used?		
Were mobile carts etc. used when vaccinating HCWs?		



## CYPRUS INTERNATIONAL INSTITUTE FOR ENVIRONMENTAL AND PUBLIC HEALTH

IN ASSOCIATION WITH THE  
HARVARD SCHOOL OF PUBLIC HEALTH

### F. Evaluation

	Yes	No
Was there a target goal of vaccination coverage among HCW set?		
Were vaccination coverage rates among HCW within facilities regularly measured/monitored?		
Were vaccination coverage rates among HCW within facilities regularly reported?		
Was the number of persons declining vaccination registered?		
Was a surveillance system of communicable vaccine preventable diseases at the workplace developed?		
Was feedback provided to upper management?		
Was feedback provided to the administrative health care service personnel?		
Was feedback provided to MoH?		
Were HCWs evaluating the program too?		
Were reasons for non-participation in the program reported and evaluated?		
Were target population comments and suggestions taken into account in order to improve the program?		

### G. Information System

	Yes	No
Were immunization cards used?		
Was a registry used?		
Was another information system used?		