

PEER ASSESSMENT OF CLINICAL PRACTICE FOR VACCINATORS

This form is for a peer assessor when assessing vaccinators who have completed a **full IMAC Vaccinator Training Course** but who are currently unable to complete a full clinical assessment. Completion of this assessment enables application for temporary vaccinator authorisation. To apply for temporary authorisation, complete the application form and send in documentation to imacreg@auckland.ac.nz

Peer assessor must be a currently authorised vaccinator or pharmacist vaccinator (minimum of 2 years vaccinating experience)

Vaccinator Name:	Venue	
Peer assessor and designation:	Date:	
Prerequisites	YES	NO
Vaccinator		
Has achieved an appropriate vaccinator training programme - Certificate sighted.		
Has current appropriate CPR certificate or is booked on to next available course. APC and is aware of indemnity insurance recommendation.		
Prescriptions or standing order sighted for assessment vaccination events.		
Comments:		
Emergency Equipment	YES	NO
Vaccinator has access to the required emergency equipment and can demonstrate how to use this appropriately		
Checks adrenaline & expiry date and dose chart		
Checks emergency equipment – bag-value-mask, needles, syringes, etc.		
Aware of emergency policy		
Vaccinator able to deal with unexpected reactions and anaphylaxis and has a plan for emergency assistance		
Comments:		
Venue	YES	NO
Allows for safe management and delivery of immunisation		
Privacy		
Resting/waiting area		
Safety – sharps container/spillages		
Comments:		
Cold Chain	YES	NO
Demonstrates familiarity with current National Standards for Vaccine Storage and Transport for Immunisation Providers, cold chain requirements and is aware of the process should there be a cold chain breach		
Daily fridge monitoring/readings and documentation, and/or monitoring requirements and documentation for off site		
Vaccines stored correctly (on and off site, as appropriate)		
Comments:		

Pre-vaccination	YES	NO
Meet/greet patient or parent/caregiver and child		
Checks vaccinations to be given/ correct spacing between vaccines		
Undertakes appropriate pre vaccination check, contraindications, current health status, current and historical treatment, medical precautions		
Explains what vaccines are to be given		
Advises what the expected responses are likely to be		
Discusses risk versus benefit and allows time for questions		
Gives post immunisation advice in writing and contact numbers for aftercare		
Informs re need to wait for 20 minutes post vaccination if required		
Informed consent obtained and documented		
Administration	YES	NO
Washes hands, before and after patient contact and before drawing up vaccines		
Checks correct vaccine, expiry date and appearance		
Checks expiry date and appearance of diluent if applicable		
Reconstitutes correctly if applicable		
Draws up vaccine using aseptic technique if applicable		
Changes needles if applicable		
Uses correct needle size and length if applicable		
Correct identification and exposure of the site		
For a child: Positioned appropriately and held securely		
Administers the vaccine at the appropriate site/technique		
Disposes of the needles and syringes in sharps container		
Vaccinations given, site and age of vaccinee: (a minimum of two events are required for this assessment. For those seeking Temporary Authorisation for infants and adults, at least one patient must be aged under 2 years of age and IM vaccine given in vastus lateralis)		
Post vaccination	YES	NO
Completes all required documentation and notifies NIR		
Puts on recall for next vaccinations		
For child, completes WC/TO book and immunisation certificate as appropriate		
Informs patient/caregiver of next vaccination date		
Repeats aftercare advice		
Advises vaccinee of signs and symptoms of unexpected responses and what to do if concerned		
If not usual provider- notifies usual provider of vaccination(s) administered		
Aware of how to notify any AEFIs to CARM		
Peer Assessors Comments:		
Signature and designation:		
Contact details:		
Vaccinators Comments: I am aware that until I get my authorisation approval letter I must continue to vaccinate under standing orders or prescriptions.		
Signature:		
Contact details:		