

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 patients are required for this assessment. For those seeking Temporary Authorisation that includes infants, at least one patient must be aged under 2 years of age and IM vaccine given in vastus lateralis)			
Patient 1:		Patient 2:	
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:			