



2022 ASSESSMENT OF CLINICAL PRACTICE FOR VACCINATORS

For Nurses and Pharmacists undertaking to become authorised or pharmacist vaccinators
(As per current Vaccinator Foundation Course (VFC) Standards and Immunisation standards for vaccinators, Ministry of Health)

Candidate name: (Signature required on the last page)	Assessment date:	Venue:
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Assessment type: Initial / Reassessment criteria
 Type of vaccinator: _____ as appropriate to local PHU authorisation

Assessor name: Role and Organisation:	<ul style="list-style-type: none"> • VFC achieved cert sighted Yes / No • Current APC sighted Yes / No • Prescription/standing order sighted Yes / No • Current CPR certificate sighted Yes / No • Advised indemnity recommendation Yes / No • Provider CCA/CCC compliant? Yes / No 	<input type="checkbox"/> For BCG assessment only: Current local authorization, and BCG course certificate sighted Yes/No OR <input type="checkbox"/> Authorisation to follow this assessment BCG course cert sighted Yes/No
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Vaccinee 1 age*: _____ (one child under 2 years required for VL & Delt Auth)	Vaccinee 2 age: _____																
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*NOTE: for full/across the lifespan authorisation one vaccinee must be aged under 2 years and receive vaccine in vastus lateralis

<p>There are six standards vaccinators are assessed against during clinical assessment NOTE: evidence/judgement of these standards can overlap</p> <ol style="list-style-type: none"> 1. The vaccinator is competent in all aspects of the immunisation technique and has the appropriate knowledge and skills for the task 2. The vaccinator obtains informed consent to immunise 3. The vaccinator provides safe immunisation 4. The vaccinator documents information on the vaccine(s) administered and maintains patient confidentiality 5. The vaccinator administers all vaccine doses for which the vaccinee is due at each visit and only follows true contraindications 6. The vaccinator reports adverse events following immunisation promptly, accurately and completely 					
Evidence/Judgement		Comments	C	NA	NYC
Section One:	Standard 3 The vaccinator provides safe immunisation				
<p>The vaccinator demonstrates management of:</p> <ul style="list-style-type: none"> • Providing an appropriate venue, including privacy, space for family/whānau, breastfeeding mother • Adverse Events following Immunisation (AEFI) & can differentiate between anaphylaxis and other reactions. • Onsite emergency equipment including how often is it checked and documented? • The Cold chain and has access to appropriate national standards. • Cold chain breaches, initial steps and who to contact. • Safe vaccination environment. Access to sharps bins, hand hygiene, infection, prevention and control processes. <p>The vaccinator is aware of staffing requirements to provide vaccination services.</p>					
Section Two:	Standard 6 The vaccinator reports adverse events following immunisation promptly, accurately and completely				
<p>The vaccinator is able to manage adverse events following immunisation and can describe:</p> <ul style="list-style-type: none"> • What AEFI require reporting. • How AEFI are reported and who else should be informed of the event. • How to access the CARM form. • Who can report adverse events to CARM. • Where the AEFI are recorded e.g. Well Child Tamariki Ora Book, GP, vaccinator records 					
Section Three:	Standard 5 The vaccinator administers all vaccine doses due at each visit and only follows true contraindications				
<p>Prior to vaccinating the vaccinator:</p> <ul style="list-style-type: none"> • Undertakes an appropriate pre-vaccination clinical assessment/check & identifies supporting resources. • Determines the current health status of vaccinee. 					

<ul style="list-style-type: none"> • Enquires about reactions to previous immunisations and identifies true contraindications, including in relation to live attenuated vaccines (LAV) • Confirms immunisation history (including date of last immunisation event), demonstrates status query done (as appropriate to setting). • Describe catch-up immunisation planning including knows the spacing between two LAV or between vaccines with same antigens, what resources are available & who to contact for support. 				
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Evidence/Judgement		Comments	C	NA	NYC
Section Four:	Standard 2 The vaccinator obtains informed consent to immunise				
The vaccinator: <ul style="list-style-type: none"> Obtains consent for each immunisation episode from the individual/parent/guardian/whānau and document. Assesses individual/parent/guardian knowledge of vaccine preventable diseases and immunity and discuss as appropriate. Provides written and verbal information about diseases and risks/benefits of the vaccines as appropriate. Demonstrates how to access interpreting services. Picks up on cues, concerns, encourage questions, and allow time to reflect on information provided Explains required processes for National Immunisation Register including option for opt off. Explains the information required to be discussed if vaccinations are declined. Explains rationale for post immunisation wait and rationale for variations. 					
Section Five:	Standard 1 The vaccinator is competent in the immunisation technique and has the appropriate knowledge and skills for the task				
The vaccinator: <ul style="list-style-type: none"> Uses clean technique in preparing and administering the vaccine including hand hygiene. Checks the correct vaccine, visual appearance, the expiry date & demonstrates correct vaccine preparation. Administers the correct vaccines for the age and history of the vaccine recipient. Chooses the appropriate needle size, gauge and route for the vaccines including subcutaneous route. Instructs the individual on how to position for safe and comfortable vaccination event (if parent/caregiver how to hold infant or child securely and comfortably). Demonstrates correct site selection. Follows appropriate strategies for mitigation of vaccination pain and distress. Safe disposal of needles/syringes/vaccine applicators/vaccines and spillages (blood or vaccine). 					
Section Six:	Standard 4 The vaccinator documents information on the vaccine(s) administered and maintains patient confidentiality				
<ul style="list-style-type: none"> Full, clear, and comprehensive documentation as per standard 4.3 is entered onto correct digital platform as per requirements for vaccines administered. 					

<ul style="list-style-type: none"> • The Immunisation Certificate is completed and explained to parent/caregiver/whanau (as appropriate) • Information is entered correctly in the correct digital platform to ensure correct messaging to the NIR and payment of immunisation benefit. • Transfer of information discussed, and consent obtained if vaccinator not primary health care provider. • All clinical documentation is appropriately managed and stored to maintain confidentiality and is made available upon request. • Other patient information on computer screen is not visible or accessible if you leave the workstation (including the appointment book). 				
Please circle: Competent / Not Yet Competent	Assessment given to candidate: Yes / No			
Assessor comments: Assessor's signature (required): _____ Date: _____				
Candidate's comments: Candidate's signature (required): _____ Date: _____				
Date required to complete a vaccinator update course / / Date required to complete CPR update / /				

Following this assessment:

Pharmacist Vaccinators are expected to email the following details to the Pharmaceutical Society of New Zealand: **full name, membership number, pharmacy site, vaccinator training/education & clinical assessment dates.**

Nurses (RNs and ENs) must apply and receive authorisation from the local medical officer of health prior to being able to administer national immunisation schedule vaccines without the need for a prescription or standing order.

N.B. IMAC does NOT require a copy of the completed clinical assessment form.