



2019 ASSESSMENT OF CLINICAL PRACTICE FOR VACCINATORS

(As per current Vaccinator Training Course (VTC) Standards, The Immunisation Advisory Centre and current Immunisation Handbook Standards, Ministry of Health)

Candidate name:
(signature required on the last page)

Assessment date:

Venue:

Assessment reason: _____

Type of vaccinator: Infant, child and adult/general:
BCG only vaccinator (circle)

Adult only/age restricted/deltoid only:

Assessor name:

Role and organisation:

- VTC 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

For BCG assessment tick one:

- Current local authorisation certificate sighted **OR**
- Authorisation follows this assessment process (BCG-only vaccinators)

Vaccinee1: list details below

Vaccinee age: _____ (one child under 2 years required for general authorisation)

Vaccine:	Route/site:
Vaccine:	Route/site:
Vaccine:	Route/site:
Vaccine:	Route/site:

Vaccinee 2: list details below

Vaccinee age: _____ (one child under 2 years required for general authorisation)

Vaccine:	Route/site:
Vaccine:	Route/site:
Vaccine:	Route/site:
Vaccine:	Route/site:

There are six standards vaccinators are assessed against during clinical assessment

NB: evidence/judgement of these standards can overlap

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

N.B. IMAC does NOT require a copy of the completed clinical assessment form. Contact local Immunisation Coordinator/Medical Officer of Health for the authorisation process.

Prior to expiry pharmacists email details to the Pharmaceutical Society of New Zealand: full name, membership & indemnity number, pharmacy site, education/clinical assessment dates.

Evidence/Judgement		Comments	C	NA	NYC
Section One:	Standard 3 The vaccinator provides safe immunisation				
The vaccinator demonstrates management of: <ul style="list-style-type: none"> • Adverse Events following Immunisation (AEFI) • Differentiation between anaphylaxis and other reactions • Regular checking of onsite emergency equipment • Cold chain standards and the provider has achieved Cold Chain Accreditation/Compliance • Cold chain breach • Safe disposal of needles/syringes/vaccine applicators/vaccines and spillage's (blood or vaccine) • Appropriate privacy of the venue 					
Section Two:	Standard 6 The vaccinator reports adverse events following immunisation promptly, accurately and completely				
The vaccinator is able to manage adverse events following immunisation and can describe: <ul style="list-style-type: none"> • Who can report adverse events and the type of events that require reporting • How AEFI are reported and who is informed of the event • Where the AEFI are recorded e.g. NIR, NHI, 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				
Prior to vaccinating the vaccinator: <ul style="list-style-type: none"> • Undertakes an appropriate pre-vaccination clinical assessment or check • Determines the current health status of vaccinee • Ascertains the date of last immunisation and ensures correct spacing of vaccines • Enquires about reactions to previous immunisations and identifies true contraindications • Where appropriate, enquires about possible immune suppressed status of contacts • Can describe how to plan a catch-up immunisation with minimum number of visits 					
Section Four:	Standard 2 The vaccinator obtains informed consent to immunise				
The vaccinator is able to: <ul style="list-style-type: none"> • Assess individual/parent/guardian knowledge of vaccine preventable diseases and immunity • Provide written and verbal information about diseases and risks/benefits of the vaccines, using resources suitable for the individual's understanding/language or access an appropriate support • Pick up on cues, concerns, encourage questions, and allow time to reflect on information provided • Explain National Immunisation Register (NIR) data storage/transfer and disclosure • Explain required processes for opt off (NIR) and declining vaccines • Explain rationale for post immunisation wait • Obtain consent for each immunisation episode from the individual/parent/guardian and document • Provide information about keeping healthy if parent/guardian declines immunisation 					
Key: C – Competent, NA – Not applicable, NYC Not yet competent					

Evidence/Judgement		Comments	C	NA	NYC		
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 • Checks the correct vaccine, visual appearance, the expiry date and reconstitutes correctly • Administers the correct vaccines for the age and history of the vaccinee • Uses the appropriate needle size, gauge and route for the vaccines used • Instructs the parent/caregiver in the way to hold infant or child comfortably • Follows appropriate strategies for mitigation of vaccination pain and distress 							
Section Six:	Standard 4 The vaccinator documents information on the vaccine(s) administered and maintains patient confidentiality						
<ul style="list-style-type: none"> • The vaccinator documents: Relevant information: consent obtained; date, vaccine type and number in the series; batch number and expiry date; injection site; needle length; patient was observed for 20 minutes post immunisation; if the vaccine is given by a non-standard route, the reason is recorded; the date for the next immunisation entered in the PMS and the Well Child/Tamariki Ora Health Book, and resources given to individual/parent/caregiver • The Immunisation Certificate is completed and explained to parent/caregiver • The Immunisation Benefit is claimed correctly • Transfer of information discussed consent obtained if vaccinator not primary health care provider • Vaccinator demonstrates how to notify other providers if necessary • Clinical documentation is available on appropriate request and confidentiality is maintained • Use of NIR is demonstrated by completing a status query to check immunisation records • Computer screen is not visible to others 							
Please circle: Competent / Not Yet Competent		Assessment given to candidate: Yes / No					
Assessor comments:							
Assessor's signature (required):		Date:					
Candidate's comments:		Does the candidate know the expiry? (i.e. date they are required to complete their vaccinator update by) <table border="1" style="float: right; margin-left: 20px;"> <tr> <td style="width: 30px; height: 20px; text-align: center;">/</td> <td style="width: 30px; height: 20px; text-align: center;">/</td> </tr> </table>				/	/
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Candidate's signature (required):		Date:					