PRACTICAL ASSESSMENT FOR VHW STAGE 1

For assessment of those who have completed all steps in the VHW Stage 1 course. Please ensure the form is completed IN FULL. Please indicate below which vaccine the VHW is seeking authorisation for.

Practical assessor must be a currently authorised vaccinator/pharmacist vaccinator (minimum 6 months' vaccinator experience).

Vaccinating Health Worker	Name:		Date:	Venue:
Practical Assessor Name:			APC:	Role:
Please indicate which vacci	ne/s the VHW is seeking autho	risation for:		
Comirn	aty/Flu		HPV/	Tdap
Please circle which vaccine((s) you are using for the practi	cal assessment	•	
Comirnaty	FLU	HPV		Tdap

Prerequisites Vaccinator Health Worker (VHW)	YES	NO
Has completed the IMAC VHW Stage 1 online training – certificate sighted.		
Has completed the IMAC VHW Stage 1 online vaccine-specific (A or B) – certificate sighted.		
Has current CPR certificate.		
Has completed an IMAC practical session, including anaphylaxis recognition and knowledge of its management.		
Prescriptions or standing order sighted for assessment of vaccination events.		
Comments		

Emergency equipment	YES	NO
Locate the adrenaline kit and bag valve mask (AED - if available).		
Explain purpose of each item.		
Describe their role in an emergency, including calling for help, supporting other consumers, assisting with CPR, collecting equipment.		
Is aware of emergency policy and procedures.		
Describe signs and symptoms of anaphylaxis and its management.		
Describe how adrenaline is given.		
Describe signs and symptoms of anxiety and its management.		
Describe signs and symptoms of a faint and its management.		
Comments		

	YES	NO
Demonstrate how to set up a clean workstation that supports the delivery of safe mmunisation. Includes positioning of sharps bin, hand sanitiser, clinical waste bags and layout of equipment.		
show awareness of privacy requirements and maintain patient confidentiality.		
Safety – describe the use of a sharps container, what to do in the event of a needle stick njury and how to manage spillages (eg, chemicals and bodily fluids).		
Comments		

Cold chain	YES	NO
Discuss safe temperatures for vaccine storage (2°C to 8 °C) and can demonstrate checking the min/max temperatures.		
Check the correct vaccine and the expiry date.		
Explain what actions they would take if they noticed the fridge was out of the 2°C to 8°C range.		
Comments		1

Pre-vaccination	YES	NO
All communication is delivered in a culturally appropriate manner meeting consumer's health literacy needs.		
Meet and greet patient and verify identity (full name and date of birth).		
Checks if pre-vaccination screening has been undertaken by a registered healthcare professional.		
Confirm informed consent has been obtained.		
Follows screening prompt card to check every step.		
Advises what the expected responses are likely to be.		
Gives post-immunisation advice in writing and contact numbers for aftercare.		
Explain the rationale for 5-20 minutes post-vaccination (dependent on circumstance).		
Address any other questions/concerns with the supervisor before proceeding.		

Check if the consumer is happy to proceed with the vaccination.	
Discuss actions they would take if they thought the consumers lacked the capacity to consent.	
Comments	

Administration	YES	NO
Performs hand hygiene between each consumer and before and after administering vaccinations.		
Checks correct vaccine, expiry date, volume and appearance (removes sticker if required).		
Correct identification and exposure of the injection site including landmarking.		
Administers the vaccine with correct technique.		
Disposes of the needles and syringes in the sharps container.		

Post-vaccination	YES	NO
Completes all required documentation.		
Repeats aftercare advice and gives written information.		
Advises consumer of signs and symptoms of unexpected responses and reminds them when/where to seek help.		
Directs or takes the consumer to the observation area and ensures they know who to alert if they feel unwell.		
If an unexpected response occurs can describe the reporting process, who can report and where to document it.		

Full assessment as set out above for a minimum of five health consumers	Vaccine	Date
Consumer 1		
Consumer 2		
Consumer 3		
Consumer 4		
Consumer 5		
Consumer 6 (optional)		

	mments
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APC Contact details: (HW acknowledgement am aware that I can details) (HW acknowledgement am aware that I can details) (HW acknowledgement am aware that I can details) (HW acknowledgement aware of the 'Add aware of the 'Add	only administer vaccines I'm authorised to give, once I have received confirmation from th NZ that my application has been accepted. When giving vaccines, I will only be working ation site/centre with a supervisor on site. Onsumers who have had health screening and informed consent taken by a healthcare itable healthcare professional close by and I will seek advice for anything I am unsure about.

AUTHORISATION AND APPROVAL INFORMATION

Authorisation is issued by Te Whatu Ora. To process your authorisation, they will need evidence you have completed stage one course plus at least one of the two vaccines specific courses, your practical assessment and evidence of CPR training. You will then be issued with an authorisation letter listing the vaccines you can give. If you only completed one of the two vaccines specific courses your will only be allowed to give those vaccines. To be able to give all four vaccines you must submit both vaccine specific course certificates. You can be authorised to give vaccines without having been practically assessed in each of them, but if you are going to be administering them you will need to complete a local competency assessment.

How to use and complete this section

Example 1

Authorised Stage 1 VHW completed the VHW Stage 1 Comirnaty and influenza vaccine course and completed a practical assessment using just Comirnaty vaccine. Their employer then would like the authorised VHW to administer Influenza vaccines. Therefore, the authorised VHW and their clinical supervisor must complete the Influenzas competency section before they give Influenza vaccines without the supervisor watching.

Example 2

Authorised Stage 1 VHW completed the VHW Stage 1 Comirnaty and influenza vaccine course and completed a practical assessment using Comirnaty vaccine and Influenza vaccines.

Their employer then would like the authorised VHW to now administer Tdap and HPV9 vaccines. Therefore, the authorised VHW must complete the Tdap and HPV9 online course and send through the certificate to Te Whatu Ora to be authorised. They then complete both the Tdap and HPV9 vaccine competency sections in this workbook with their clinical supervisor

Completed sections should be kept as a formal record of learning by the authorised VHW and the employer.

COMPETENCY ASSESSMENTS

Competency assessments are to be completed for those vaccines VHW are authorised for, but have not yet administered. These are to be shown to your supervisor, but do not need to be sent in for authorisation.

Authorised VHW to complete with supervisor if Influenza vaccine was not covered in the practical assessment.

VHW - Comirnaty 30mcg Grey Cap or Comirnaty 15/15mcg Booster Grey Cap Vaccine Competency (tick and sign)	
I have watched all stages of the consumer journey for this vaccine.	
I have watched how these vaccines are prepared. I have been shown how to check the syringe prior to administering.	
I have watched qualified staff administer this vaccine.	
My supervisor has watched me give this vaccine.	
I feel confident I can give the vaccine and know when to ask for help.	
VHW signature	

Authorised VHW to complete with supervisor if influenza vaccine was not covered in the practical assessment.

VHW - influenza vaccine competency (tick and sign)	
I have watched all the stages of the consumer journey for this vaccine.	
I have been shown how to check and prepare this vaccine.	
I have watched qualified staff administer this vaccine.	
My supervisor has watched me give this vaccine.	
I feel confident I can give the vaccine and know when to ask for help.	
VHW signature	

Supervisor approval - influenza vaccine competency (tick and sign)
I have observed
Preparation of vaccine including checking name of vaccine, appearance, and expiry date
Maintains cold chain
Asks appropriate questions using correct prompt cards
Ensures consumer has given informed consent
Checks if they have any questions
Selects correct vaccination site
Administers vaccine and disposes of syringe and needle immediately in sharps bin
Records vaccination event
Gives appropriate post-vaccine advice including needing to be observed
Ensures consumer knows who to alert if they feel unwell
Supervisor signature

Authorised VHW to complete with supervisor if Tdap vaccine was not covered in the practical assessment.

VHW - Tdap vaccine competency (tick and sign)	
I have watched all the stages of the consumer journey for this vaccine.	
I have been shown how to check and prepare this vaccine.	
I have watched qualified staff administer this vaccine.	
My supervisor has watched me give this vaccine.	
I feel confident I can give the vaccine and know when to ask for help.	
VHW signature	

I have observed	administer the Boostrix Vaccine successfully by
demonstrating and completing all the following tasks:	, .
Preparation of vaccine including checking name of vacci	ne, appearance, and expiry date
Select the correct needle length for consumer	
Maintains cold chain	
Asks appropriate questions using correct prompt cards	
Ensures consumer has given informed consent	
Checks if they have any questions	
Selects correct vaccination site	
Administers vaccine and disposes of syringe and needle	immediately in sharps bin
Records vaccination event	
Gives appropriate post-vaccine advice including needing	g to be observed
Ensures consumer knows who to alert if they feel unwell	

Authorised VHW to complete with supervisor if HPV vaccine was not covered in the practical assessment.

VHW - HPV vaccine competency (tick and sign)	
I have watched all the stages of the consumer journey for this vaccine.	
I have been shown how to check and prepare this vaccine.	
I have watched qualified staff administer this vaccine.	
My supervisor has watched me give this vaccine.	
I feel confident I can give the vaccine and know when to ask for help.	
VHW signature	

Supervisor approval – HPV vaccine competency (tick and sign)	
I have observed administer the HPV (Gardasil 9) vaccine successfully by demonstrating and completing all the following tasks:	
Preparation of vaccine including checking name of vaccine, appearance, and expiry date	
Selects the correct needle length for consumer	
Maintains cold chain	
Asks appropriate questions using correct prompt cards	
Ensures consumer has given informed consent	
Checks if they have any questions	
Selects correct vaccination site	
Administers vaccine and disposes of syringe and needle immediately in sharps bin	
Records vaccination event	
Gives appropriate post-vaccine advice including needing to be observed	
Ensures consumer knows who to alert if they feel unwell	
Supervisor signature	

Record of vaccine administrated by authorised VHW Stage 1

We recommend you keep a record of the first 25 vaccines you have administered as an authorised VHW, to demonstrate you have met the criteria to apply for VHW Stage 2 training.

This is one of the criteria of the Te Whatu Ora - Health New Zealand VHW Capability Matrix.

Example of record

Date	Vaccine	Number of vaccines administered	Supervisor signature	Running total of vaccines administered
Example	Tdap	5	J. Smith	5
Example	Cormirnaty 30mcg	5	J. Smith	10
Example	Comirnaty 15/15mcg	5	J. Smith	10

I		(Supervisor name)	have supervised .	
(VHW) competently a	dministering 25 vaccine	es.		