

## PRACTICAL ASSESSMENT FOR VHW STAGE 2

For assessment of those who have completed all steps in the VHW Stage 2 course.

Please ensure the form is completed IN FULL.

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|
| <b>Vaccinating Health Worker Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Date:</b> | <b>Venue:</b> |
| <b>Practical Assessor Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>APC:</b>  | <b>Role:</b>  |
| <p><b>Please circle which vaccine(s) you are using for the practical assessment.</b></p> <p>All tamariki <b>must</b> be between 5 years of age and 11 years of age. One tamaiti must be between 5 years of age and 7 years of age. The tamariki's age will be documented at the end of this assessment. At a minimum you must be assessed completing three vaccination events using at least one of the below vaccines. Please circle which vaccines are being used.</p> |              |               |
| Comirnaty 10mcg                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Flu          | MMR           |

| Prerequisites Vaccinator Health Worker (VHW)                                                                | ACHIEVED | NOT YET ACHIEVED |
|-------------------------------------------------------------------------------------------------------------|----------|------------------|
| Has completed the IMAC VHW Stage 2 online training – 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                                                                                                                     | ACHIEVED | NOT YET ACHIEVED |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|
| Locates the adrenaline kit, bag valve masks for paediatrics and adults (and AED if available).                                          |          |                  |
| Explains purpose of each item.                                                                                                          |          |                  |
| Describes their role in an emergency, including calling for help, supporting other consumers, assisting with CPR, collecting equipment. |          |                  |
| Is aware of emergency policy and procedures.                                                                                            |          |                  |
| Describes signs and symptoms of anaphylaxis and its management.                                                                         |          |                  |
| Describes how adrenaline is given.                                                                                                      |          |                  |
| Describes signs and symptoms of anxiety and its management.                                                                             |          |                  |
| Describes signs and symptoms of a faint and its management.                                                                             |          |                  |
| Comments                                                                                                                                |          |                  |

| Vaccinator workstation                                                                                                                                                                           | ACHIEVED | NOT YET ACHIEVED |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|
| Demonstrates how to set up a clean workstation that supports the delivery of safe immunisation. Includes positioning of sharps bin, hand sanitiser, clinical waste bags and layout of equipment. |          |                  |
| Shows awareness of privacy requirements and maintains patient confidentiality.                                                                                                                   |          |                  |
| Safety – describes the use of a sharps container, what to do in the event of a needle stick injury and how to manage spillages (eg, chemicals and bodily fluids).                                |          |                  |
| Has appropriate resources ready (eg, handouts or distraction tools)                                                                                                                              |          |                  |
| Comments                                                                                                                                                                                         |          |                  |

| Cold chain                                                                                                           | ACHIEVED | NOT YET ACHIEVED |
|----------------------------------------------------------------------------------------------------------------------|----------|------------------|
| Discusses safe temperatures for vaccine storage (2°C to 8 °C) and can demonstrate checking the min/max temperatures. |          |                  |
| Checks the correct vaccine and the expiry date.                                                                      |          |                  |
| Explains what actions they would take if they noticed the fridge was out of the 2°C to 8°C range.                    |          |                  |
| Comments                                                                                                             |          |                  |

| Pre-vaccination                                                                                                                            | ACHIEVED | NOT YET ACHIEVED |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|
| Communication is delivered in a culturally appropriate manner meeting both tamaiti's and caregiver's health literacy needs.                |          |                  |
| Meets and greets tamaiti and caregiver / whānau and verifies identity (full name and date of birth). Ensures caregiver's name is recorded. |          |                  |
| Checks if pre-vaccination screening has been undertaken by a registered health professional.                                               |          |                  |
| Follows screening prompt card to check every step.                                                                                         |          |                  |
| Confirms what the expected responses are likely to be.                                                                                     |          |                  |
| Checks whānau has been given post-immunisation advice in writing and contact numbers for aftercare.                                        |          |                  |
| Explains the rationale for 5-20 minutes wait post-vaccination (dependent on vaccine and circumstance).                                     |          |                  |
| Addresses any other questions/concerns with the supervisor before proceeding.                                                              |          |                  |
| Confirms informed consent has been obtained by a registered health professional.                                                           |          |                  |
| Checks if the tamaiti and whānau are happy to proceed with the vaccination.                                                                |          |                  |
| Comments                                                                                                                                   |          |                  |

| MMR reconstitution (if administering MMR)                                                                                                        | ACHIEVED | NOT YET ACHIEVED |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------|
| Prepares vaccine only once all pre-vaccination checks are complete.                                                                              |          |                  |
| Checks the correct vaccine and the expiry date and ensures this is double checked by a registered health professional.                           |          |                  |
| Prepares vaccine preparation area adequately. Ensures space is clean and only prepares one vaccine at a time.                                    |          |                  |
| Prepares vaccine correctly under the supervision of a registered health professional and following the draw up preparation guidelines from IMAC. |          |                  |
| Comments                                                                                                                                         |          |                  |

| Administration                                                                               | ACHIEVED | NOT YET ACHIEVED |
|----------------------------------------------------------------------------------------------|----------|------------------|
| Performs hand hygiene between each consumer and before and after administering vaccinations. |          |                  |
| Checks correct vaccine, expiry date, volume and appearance (removes sticker if required).    |          |                  |
| Correctly identifies and exposes the injection site including landmarking.                   |          |                  |
| Uses age-appropriate distraction techniques.                                                 |          |                  |
| Administers the vaccine with correct technique.                                              |          |                  |
| Disposes of the needles and syringes in the sharps container.                                |          |                  |

| Post-vaccination                                                                                                   | ACHIEVED | NOT YET ACHIEVED |
|--------------------------------------------------------------------------------------------------------------------|----------|------------------|
| Completes all required documentation (including on national register).                                             |          |                  |
| Repeats aftercare advice and gives written information.                                                            |          |                  |
| Advises tamaiti and whanau of signs and symptoms of unexpected responses and reminds them when/where to seek help. |          |                  |
| Directs or takes the tamaiti to the observation area and ensures they know who to alert if they feel unwell.       |          |                  |
| Describes the reporting process if an unexpected response occurs, who can report and where to document it.         |          |                  |

| Full assessment as set out above for a minimum of 3 consumers | Vaccine | Age | Date |
|---------------------------------------------------------------|---------|-----|------|
| Tamaiti 1 (Age <8 years)                                      |         |     |      |
| Tamaiti 2 (Age <11 years)                                     |         |     |      |
| Tamaiti 3 (Age <11 years)                                     |         |     |      |
| Tamaiti 4 (optional)                                          |         |     |      |



Authorised vaccinator Comments on Practical Assessment

Name and Signature:

Contact details:

**VHW acknowledgement**

I am aware that I can only administer vaccines I'm authorised to give, **once I have received confirmation from Te Whatu Ora – Health NZ that my application has been accepted**. When giving vaccines, I will only be working at an approved vaccination site/centre with a supervisor on site.

I will only vaccinate consumers who have completed pre-vaccination screening with a registered health professional and have given their consent to that registered health professional.

I will always have a registered healthcare professional close by and I will seek advice for anything I am unsure about.

I am aware of the 'Additional Vaccine Competency Approval' requirement to administer and/or prepare other vaccines not included in this practical assessment and will complete these with my supervisor as required.

Name and Signature:

Contact details:

# AUTHORISATION AND APPROVAL INFORMATION

Authorisation is issued by Te Whatu Ora. To process your authorisation, you will need to supply evidence of the following:

- VHW stage 1 authorisation for all 4 vaccines
- VHWs must provide proof of having administered **at least 25 vaccines** while working as a Stage 1 VHW. This vaccination experience must have been completed **within the last 6 months** and include **2 different vaccines**.
- Successful completion of the stage 2 online course
- Current CPR training
- Copy of your practical assessment for VHW stage 2

You will then be issued with an authorisation letter outlining the vaccines you may administer to a specified age range of consumers.

The VHW stage 2 practical assessment requires you to be assessed completing three vaccination events for tamariki. One consumer must be under 8 years of age to meet the minimum requirements for assessment. The consumer's age will be documented in the assessment. The practical assessment may cover only one vaccine. In this case you must complete a competency assessment with your supervisor when you first start to give MMR or Comirnaty 10mcg (5-11-years) orange cap. Once you have passed the competency assessment with your supervisor you can give the vaccines without direct supervision. You do not have to complete a competency assessment to administer influenza vaccines.

| VHW stage 2 – Comirnaty 10mcg vaccine competency assessment                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| To be completed with your local supervisor prior to giving this vaccine, if it was not administered as part of your practical assessment (tick). |  |
| <b>I have observed (VHW name):</b><br><b>complete a MMR event successfully by demonstration the following tasks:</b>                             |  |
| Greeting tamariki and whānau meeting cultural and diversity needs                                                                                |  |
| Asking appropriate questions by following the prompt card                                                                                        |  |
| Giving appropriate post vaccination advice including the need to be observed                                                                     |  |
| Checking if there are any questions                                                                                                              |  |
| Confirming consent has been given to the registered health professional                                                                          |  |
| Selecting the correct administration site and positioning of the tamaiti                                                                         |  |
| Ensuring the needle length is appropriate for the tamaiti                                                                                        |  |
| Checking the name of the vaccine, appearance, and expiry time                                                                                    |  |
| Using techniques to support and distract the tamaiti                                                                                             |  |
| Administering vaccine and disposing syringe & needle immediately into the sharps bin                                                             |  |
| Documenting the vaccination event                                                                                                                |  |
| Ensuring whānau knows what to do if the tamaiti feels unwell                                                                                     |  |
| <b>Supervisor signature:</b>                                                                                                                     |  |
| <b>My supervisor has observed me completing a Comirnaty 10mcg vaccination event</b>                                                              |  |
| I feel confident completing a Comirnaty 10mcg vaccination event and know when to ask for help                                                    |  |
| <b>VHW signature:</b>                                                                                                                            |  |

### VHW stage 2 – MMR vaccine competency assessment (tick and sign)

To be completed with your local supervisor prior to giving this vaccine, if it was not administered as part of the practical assessment

**I have observed (VHW name):**

**prepare and reconstitute MMR successfully by demonstration the following tasks:**

Preparing MMR only when all pre vaccinations checks have been completed with consumer

Checking correct vaccine and expiry date with a registered health professional

Ensuring preparation space is clean and only preparing one vaccine at a time

Reconstituting MMR vaccine using IMAC guidelines to complete all steps and working under the supervision of a registered health professional

Placing reconstituted vaccine in suitable container ready to be taken to vaccination space

**Supervisor signature:**

**My supervisor has observed me preparing and reconstituting the MMR vaccine**

I feel confident completing a MMR vaccination event with this vaccine and know when to ask for help

**VHW signature:**

**I have observed (VHW name):**

**complete a MMR event successfully by demonstration the following tasks:**

Greeting consumer meeting cultural and diversity needs

Asking appropriate questions by following the prompt card

Giving appropriate post vaccination advice including the need to be observed

Checking if there are any questions

Confirming consent has been given to the registered health professional

Selecting the correct administration site and positioning if vaccinating a tamaiti

Ensuring the needle length is appropriate for consumer

Checking the name of the vaccine, appearance, and expiry time

Using techniques to support and distract if vaccinating a tamaiti

Administering vaccine and disposing syringe & needle immediately into the sharps bin

Documenting the vaccination event

Ensuring consumer or whānau knows what to do if unwell following the vaccination

**Supervisor signature:**

**My supervisor has observed me completing a MMR vaccination event with this vaccine**

I feel confident completing a MMR vaccination event with this vaccine and know when to ask for help

**VHW signature:**