Assessment Tool for Immunisation

This document can be used as a self-assessment tool for practitioners who administer immunisations. To complete it, review the competency areas below and the clinical skills, techniques and procedures outlined for each of them. Score yourself in the Self-Assessment column. If you tick **Need to Improve** you indicate further study, practice or change is needed. When you tick **Neets or Exceeds** you indicate you believe you are performing at the expected level of competence, or higher: Mentors: Use this checklist to clarify responsibilities and expectations for those who administer vaccines. Next observe their performance as they provide immunisations to several patients and provide a score in the Mentor Review columns. If improvement is needed, help the immuniser to develop a Plan of Action that will help them achieve the level of competence you expect; circle desired actions or write in others. When all competency areas meet expectations, mentors should take a copy of this document for their records; immunisers should keep this document within their PREP/CPD folder.

| | | | | Self-Assessment | | | | Mentor Review | | | | | |
|----------------------------|---|---------------|--|-----------------|--|--|------------------|---------------|----------------|--|--|--|--|
| Competency | Clinical Skills, Techniques and Procedures | Need to Meets | | | | | Meets or Exceeds | | Plan of Action | | | | |
| A Patient/parent education | 1. Welcome patient/family, establish rapport 2. Check patients records, confirming with patient/parent to ascertain previous immunisation history. Verify appropriate point on the childhood schedule, if appropriate. 3. Explain what vaccines are to be given today, inform of any expected adverse effects, answer any questions referring to DoH leaflets to aid explanations/discussion as appropriate 4. Use language appropriate leaflets/interpreter as appropriate to ensure patient/parent informed. 5. Ensure you are conforming to applicable patient group direction/prescription and be aware of scope and limitations of PGD's. For infants, ensure 8 week check has been performed. 6. Ensure informed consent is obtained prior to vaccination and be aware of issues applicable to competence and age of patient 7. Screen for contraindications (referring to Green Book chapters as appropriate) 8. Know who to contact for advice if unsure about vaccination schedules, spacing or compatibility of vaccines | | | | | | | | | | | | |
| B Medical Protocols | Ensure anaphylaxis equipment is readily available. Be aware of appropriate dosage, how to administer & when to use it. Maintain up to date basic life support skills (mandatory yearly). Be aware of protocol to follow in case of needlestick injury In case of an adverse incident during vaccination procedure (eg. Cold chain error, needlestick injury), be aware of incident reporting procedure as per local protocol. | | | | | | | | | | | | |
| C Vaccine preparation | Demonstrate an understanding of the rationale for maintaining the cold chain of a vaccine; state the correct temperature range for vaccine storage and explain the system you are using to monitor the vaccine fridge Be familiar with local protocols for cold chain audit and action to be taken in case of cold chain failure. Demonstrate knowledge of proper vaccine handling, eg, protection of vaccine from light. Prior to reconstitution of vaccine, check vaccine and expiry dates. Wash hands and correctly reconstitute vaccine as appropriate, ensuring vaccine diluent and lyophilized powder are fully mixed in vial. Ensure informed consent is obtained prior to vaccination. Select correct needle size according to the evidence base. | | | | | | | | | | | | |

| D Administration of | Clinical Skills, Techniques and Procedures | | Need to Improve | | Meets or Exceeds | | Need to Improve | | ts or eeds | Plan of action |
|------------------------|---|--|--------------------|--|---------------------|--|--------------------|--|---------------|----------------|
| Vaccine(s) | Recheck vaccine(s) and peel off batch number stickers (if appropriate) for record book/notes. | | | | | | | | | |
| , , | 2. Be aware of appropriate anatomical sites for vaccination, how to locate landmarks and required method of administration (eg, IM or SC) | | | | | | | | | |
| | Correctly position patient prior to vaccinating. For children instruct parent on appropriate holding of child during procedure, discuss distraction techniques and parental comforting measures. | | | | | | | | | |
| | Demonstrate correct injection technique. | | | | | | | | | |
| | Demonstrate awareness of best practice regarding multiple injections, aspiration and application of gentle pressure to injection site with dry cotton wool ball. | | | | | | | | | |
| | Properly dispose of needle, syringe and vaccine vial(s) in sharps container. | | | | | | | | | |
| | 7. Reassure patient/reassure parent and encourage comforting of child by parent. | | | | | | | | | |
| E Documentation | 1. Document type of vaccine, batch number, date given, injection site (when two injections are given to infants in one leg, record positioning eg, DTaP/Hib/IPV—right leg higher, Men C—right leg lower, Prevenar left leg) and name of vaccinator in clinic notes. | | | | | | | | | |
| | Record vaccine and date in patient/parent held record. | | | | | | | | | |
| | Complete documentation for child health record department. | | | | | | | | | |
| F Post | Repeat advice to patient/parent on expected post vaccination reactions as appropriate (eg, rash, pyrexia) and management of these. | | | | | | | | | |
| vaccination advice | 2. Ensure patient/parent is aware of contact details should further advice be required (eg, contact number of NHS Direct) | | | | | | | | | |
| | *Where the word 'parent' appears, please read guardian etc as appropriate | | | | | | | | | |

Resource suggestions—a) Refer to Core Curriculum for Immunisation Training document for further reading references b) refer to National Minimum Standards for Immunisation Training document for background to need for standardisation training in immunisation. c) Review Immunisation Handbook (Green Book) new chapters d) Refer to websites: www.immunisation.nhs.uk, www.mmrthefacts.nhs.uk, www.hpa.org.uk e) Review local immunisation procedures/policies within immunisation resource pack f) Observe other staff immunising patients g) Role play with colleagues: discussion of vaccination risks/benefits, discussion of parental concerns, injection techniques, distraction therapies, comfort measures h) Organise small group discussions with colleagues/journal clubs to review vaccination issues. i) At a minimum, attend mandatory local immunisation training updates.

| Self assessment (Indicate self assessment below) | | | Mentor assessment (Indicate assessment below) | | | | | | | | |
|--|-------------------------|---------------|---|----------------------------|------------------------------|--|--|--|--|--|--|
| Further learning required with action plan | Meets or Exceeds (√) | Further lea | arning required with action plan | Competency Achieved (√) | Signature/initials of Mentor | | | | | | |
| | To be | completed onc | e all competencies are met | l | 1 | | | | | | |
| To be completed by Immuniser | | | To be completed by Immunisation Mentor | | | | | | | | |
| I agree that I have met the above competencie Name & title: | es | | I agree that | | | | | | | | |
| Signature: | | | (name of practitioner) has been as | | | | | | | | |
| Date: | | | Mentor Name & title: | | • | | | | | | |
| Produced by the Oxford Vaccine Group, University of Oxford bas riculum for Immunisation (June 2005) Training document. Gratef | | | Signature: | | | | | | | | |
| ant III, California Dept of Health Services Immunization Branch, F | | | Date: | | | | | | | | |