Practical Assessment for VHW Stage 1

Immunisation Advisory Centre

Health New Zealand Te Whatu Ora

For assessment of those who have completed all steps in the VHW Stage 1 education programme and are already authorised as a VHW Stage 1 with condition of 1:1 direct supervision. Please ensure the form is completed IN FULL. 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:**

Prerequisites for Vaccinator Health Worker (VHW)	**Yes**	**No**
Authorised stage 1 with supervision conditions – letter sighted		
Workbook completion and observation section signed in workbook		

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		

Vaccinator workstation	**Yes**	**No**
Demonstrate 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		
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 injury and how to manage spillages (eg, chemicals and bodily fluids)		

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		

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 and the consumer agrees to go ahead		
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 5-15 minutes post-vaccination (dependent on circumstance)		
Address any other questions/concerns with the supervisor before proceeding		

Administration	Yes	No
Performs hand hygiene between each consumer and before and after administering vaccinations		
Checks correct vaccine, expiry date/time, 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 or a photograph is taken		
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 name Please print in full	Date Please print in full
Consumer 1		
Consumer 2		
Consumer 3		
Consumer 4		
Consumer 5		
Consumer 6 (optional)		

Practical Assessor comments

Declaration

To be completed by the Practical Assessor

I have observed the candidate successfully completing the required vaccination events and fulfilling all steps. I believe they have reached the standard outlined in the practical assessment and are now eligible to submit this practical assessment to Health New Zealand | Te Whatu Ora to update their current VHW authorisation.

Practical Assessor name: APC number	Signature: Date:

Contact phone number or email address

VHW acknowledgement

- 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 had health screening and informed consent taken by a healthcare professional.
- I will always have a suitable healthcare professional close by and I will seek advice for anything I am unsure about.
- I am aware of the 'Additional Vaccine Competency Assessments' required to administer other vaccines not previously assessed and will complete these with my supervisor as required.
- I am aware that I need to apply for re authorisation every two years by uploading my update online course certificate and a current CPR certificate.
- I understand I will receive confirmation from Health New Zealand | Te Whatu Ora that my authorisation has been renewed for a further two years.

VHW Name:	VHW Signature: Date:

VHW phone number or email address

Following this assessment: Upload a copy of this assessment to Workforce Request Portal (tinyurl.com/bdcbp8ve)