Practical Assessment for VHW Stage 2

Health New Zealand Te Whatu Ora | Immunisation Advisory Centre

For assessment of those who have completed all steps in the VHW Stage 2 education programme and are already authorised as a VHW Stage 2 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:	**Date:**	**Venue:**
Both tamariki **must** be between 5 years and 11 years of age. The age of the tamaiti and the name of the vaccine will be documented at the end of this assessment. At a minimum you must be assessed completing two vaccination events.		

Prerequisites for Vaccinator Health Worker (VHW)	**Yes**	**No**
Evidence of 25 vaccine competed in stage 1 workbook		
The VHW Stage 2 authorisation letter outlining 1:1 supervision requirement must be sighted for assessment to progress		
VHW Stage 2 workbook completion of activities and knowledge checks signed		

Emergency equipment	**Yes**	**No**
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		

Vaccinator workstation	**Yes**	**No**
Demonstrates how to set up a clean workstation that supports the delivery of safe immunisation. Includes positioning of sharps bin, clinical waste bags and the layout of equipment		
Shows awareness of privacy requirements and maintains patient confidentiality		
Safety – describes the use of 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 and distraction tools)		

Cold chain	Yes	No
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		

Pre-vaccination	Yes	No
Communication is delivered in a culturally appropriate manner meeting the health literacy needs of tamariki and caregivers		
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 post-immunisation advice in writing and contact numbers for aftercare		
Explains the rationale for 5–15-minute 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		

Vaccine preparation

Please complete the relevant vaccine prep section depending on vaccines used for assessments

MMR reconstitution (if administering MMR)	Yes	No
Prepares vaccine only after 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 using best practice. Ensures space is clean and only prepares one vaccine at a time		
Prepares vaccine correctly under the supervision of a registered health professional and follows the preparation guidelines from IMAC		
Removes vial sticker and attaches to kidney dish containing the vaccine syringe dose		

Preparing Comirnaty 10mcg single dose vial competency assessment	Yes	No
Ensures preparation space is clean and only prepares one vaccine at a time		
Checks correct vaccine name and expiry date from box alongside a registered health professional who completes the required second check		
Prepares a vaccine dose following IMAC guidelines to competently complete all steps		
Completes vaccine label with expiry date and sub batch (from box)		
Ensures a second check of accurate 0.3mL volume is undertaken		
Places syringe in suitable container ready to be taken to vaccination space		
Discards vial with any excess vaccine		

Administration	Yes	No
Performs hand hygiene between each consumer and before and after administering vaccinations		
Checks correct vaccine, expiry, volume and appearance		
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	Yes	No
Completes all required documentation (including PMS/AIR)		
Repeats aftercare advice and gives written information		
Advises tamaiti and whānau 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 feelunwell		
Describes the reporting process if an unexpected response occurs, who can report, and where to document		

Full assessment as set out above for a minimum of 2 consumers	Vaccine name Please print in full	Age	Date Please print in full
Tamaiti 1 (Age <11 years)			
Tamaiti 2 (Age <11 years)			
Tamaiti 3 (Age <11 years - 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

I am aware that I can only administer vaccines I am authorised to give once I have received confirmation from Health New Zealand | Te Whatu Ora that my authorisation for VHW stage 2 has been updated to remove the 1:1 supervision requirement.

- I will only work at an approved vaccination site/centre/OIS with a supervisor on site when administering vaccines.
- 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.

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)