



NAME: \_\_\_\_\_

(PRINT CLEARLY in CAPITALS)

NMBI PIN Number: \_\_\_\_\_

**Self-Assessment of Competency to administer vaccines\* under Medicine Protocol by registered nurses and registered midwives to Refugees and Applicants Seeking Protection in Ireland and in the event of an outbreak.**

**\*Health Service Executive (HSE) Primary Childhood Immunisation Programme (PCIP), Schools Immunisation Programmes (SIP) and the National Immunisation Advisory Committee (NIAC) Catch Up Immunisation Programme.**

No	Performance Criteria  Critical Element	(Tick/date/initial as applicable)		
		Competent Date/Initials	Needs Practice Date/Initials	Needs Theory Date/Initials
1	I practice within my scope of practice (Scope of Nursing and Midwifery Practice Framework, Nursing and Midwifery Board of Ireland (NMBI, 2015) to undertake administration of vaccines under the HSE PCIP/SIP/NIAC Catch Up immunisation programmes			
2	I understand that vaccines are prescription only medicines (POM) and prior to administration require either: <ol style="list-style-type: none"> <li>1. a valid prescription for individual vaccines</li> <li>or</li> <li>2. a medicine protocol for individual vaccines</li> </ol>			
3	I understand the role and function of medicine protocols in the context of NMBI and NIAC guidelines in relation to: <ul style="list-style-type: none"> <li>• The Code of Professional and Ethical Conduct for Registered Nurses and Registered Midwives (NMBI, 2021)</li> <li>• Scope of Nursing and Midwifery Practice Framework (NMBI, 2015)</li> <li>• Guidance for Registered Nurses and Midwives on Medication Administration (NMBI, 2020)</li> <li>• Guidance to Nurses and Midwives on Medication Management (An Bord Altranais, 2007)</li> <li>• NIAC Immunisation Guidelines for Ireland available at: <a href="https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland">https://www.rcpi.ie/Healthcare-Leadership/NIAC/Immunisation-Guidelines-for-Ireland</a></li> </ul>			
4	I have read and understood the: <ul style="list-style-type: none"> <li>• National Immunisation Office (NIO,2023) <i>Children Who Have Come to Ireland from Ukraine: Information for Healthcare Professionals on Catch-Up Vaccination</i> available at: <a href="https://www.hse.ie/eng/health/immunisation/hcinfo/botpipa/catchupukraine.pdf">https://www.hse.ie/eng/health/immunisation/hcinfo/botpipa/catchupukraine.pdf</a></li> <li>• National Immunisation Office (NIO,2023) <i>Information for Healthcare Professionals on Catch-Up Vaccination: Children who have come to Ireland from another country</i> <a href="https://www.hse.ie/eng/health/immunisation/hcinfo/frequentlyaskedquestions/catchupvacc/hcwcatchupothercountries.pdf">https://www.hse.ie/eng/health/immunisation/hcinfo/frequentlyaskedquestions/catchupvacc/hcwcatchupothercountries.pdf</a></li> <li>• <i>Immunisation Guidelines for Ireland</i> (NIAC)</li> </ul> I undertake to review the most current vaccination information from the NIO available at: <a href="http://www.immunisation.ie">www.immunisation.ie</a>			
5	I have read and understand the (NIO,2023) <i>Clinical information to support healthcare staff to deliver catch-up vaccination for Refugees and Applicants Seeking Protection in Ireland and in the event of an outbreak</i> available at: <a href="https://www.hse.ie/eng/health/immunisation/hcinfo/ukraine/clinicalinfobotpipa.pdf">https://www.hse.ie/eng/health/immunisation/hcinfo/ukraine/clinicalinfobotpipa.pdf</a>			
6	I have read and understood the current Medicine Protocols (2023-2024) for this immunisation programme			
7	I have read and understood the documentation required to support implementation of the medicine protocols to ensure safe administration of vaccines. I can outline the inclusion/exclusion criteria for infants/children/students/adults receiving vaccinations under these medicine protocols			



8	I am competent in safe intramuscular injection technique for infants/children/ students and adults			
9	I understand if further education and training is required to deem myself competent in intramuscular injection technique, preparation of vaccines under medicine protocol utilising Antimicrobial Resistance and Infection Control (AMRIC) aseptic technique, I am required to access an education/training programme in a Centre for Nurse and Midwifery Education and /or HSELand			
10	I have successfully completed the following <a href="http://www.hseland.ie">www.hseland.ie</a> programmes: <ol style="list-style-type: none"> <li>1. <i>Immunisation Foundation Programme</i></li> <li>2. Education programme for nurses and midwives on <i>Primary Childhood Immunisation Programme</i> and any updates for nurses and midwives</li> <li>3. Education programme for nurses and midwives on <i>Schools Immunisation Programme</i> and any updates for nurses and midwives</li> <li>4. NIO Education programme on Catch up vaccination for <i>Refugees and Applicants Seeking Protection in Ireland</i></li> </ol>			
11	I have attended an approved Basic Life Support for Health Care Providers Course within the last two years (i.e. Irish Heart Foundation (IHF))			
12	I have successfully completed an approved anaphylaxis programme as outlined in section 5.0 of the medicine protocols and am familiar with NIAC (2023) <i>Anaphylaxis: Immediate Management in the Community</i>			
13	In assessing suitability for vaccination I can undertake a clinical assessment of individuals presenting for vaccination within the scope of the medicine protocol/s			
14	I can refer the infant/child/student/adult who meet the exclusion criteria to the relevant medical practitioner for an individual medical assessment as per medicine protocol/s			
15	I have access to and can provide written and verbal information in relevant language and advice to the infant/child/student/adult/parent/legal guardian to support the individual to make an informed consent available at: <a href="https://www.hse.ie/eng/health/immunisation/hcpinfo/botpipa/consentukr.pdf">https://www.hse.ie/eng/health/immunisation/hcpinfo/botpipa/consentukr.pdf</a>			
16	I understand the agreed process, including ICT systems if applicable for the accurate and appropriate documentation in the infant/child/student/adult file/record for vaccine administration			
17	I understand and undertake to complete the required HSE data returns following vaccine administration			
18	I will adhere to the correct procedure/guideline prior to the administration of the vaccine regarding the following: <ul style="list-style-type: none"> <li>• Preparation of the vaccine for administration</li> <li>• Documentation of the details of the vaccine to include the vaccine label which has the batch number and expiry date details</li> <li>• Date and time and site of administration of vaccine</li> <li>• Vaccinator ID (name, signature and NMBI PIN/MRN)</li> </ul>			
19	I can provide accurate relevant information regarding vaccine/s, benefits and side effects to the infant/child/student/adult/legal guardian/parent			
20	I will utilise documentation procedure for treatment and reporting of adverse drug reactions to the Health Products Regulatory Authority if required available at: <a href="http://www.hpra.ie">www.hpra.ie</a>			



21	I can demonstrate the procedure for reporting and documentation of medication errors/near misses as per HSE Enterprise Risk Management Policy & Procedures (2023)			
22	I dispose of single use equipment and sharps in accordance with National Clinical Guideline No. 30 (2023) – Infection Prevention and Control (IPC) <a href="https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/">https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/</a> .			
23	In the event of needle stick injury, I agree to follow guidelines as outlined in the 'EMI Tool Kit' available at: <a href="https://www.hpsc.ie/a-z/EMIToolkit/">https://www.hpsc.ie/a-z/EMIToolkit/</a>			
24	I comply with the guidance on vaccine handling, delivery and storage including the maintenance of the cold chain in accordance with national and local policies, procedures, protocols and guidelines (PPPGs).			

*I have sufficient theoretical knowledge and practice to administer vaccines independently, and I acknowledge my responsibility to maintain my own competence in line with the Scope of Nursing and Midwifery Practice Framework (NMBI, 2015) and current best evidence.*

Registered Nurse/Midwife Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If any deficits in theory and/or clinical practice are identified, the nurse/midwife must discuss with relevant Line Manager/Employer and implement appropriate action plan to achieve competency within an agreed time frame.*

**Action Plan** (for use if needed to reach competence outlined)

Action necessary to achieve competence:

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Date to be achieved: .....

Supporting evidence of measures taken to achieve competence:

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Registered Nurse/Midwife signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Name and title of Line Manager/Clinical Lead: \_\_\_\_\_



Line Manager/Clinical Lead signature:

\_\_\_\_\_

Date: \_\_\_\_\_