

Competency Assessment Form



Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service



Office of the
Nursing & Midwifery
Services Director

NAME: _____

Self-Assessment of Competency to Administer COVID-19 Vaccine under Medicine Protocol

Domain of Practice	Critical Element	Competent Date/ Initials	Needs Practice Date/ Initials	Needs Theory Date/ Initials
1	I understand the role and function of medicine protocols in the context of NMBI guidelines in relation to: <ul style="list-style-type: none"> The Code of Professional & Ethical Conduct Scope of Nursing and Midwifery Practice Guidance to Nurses and Midwives on Medication Management NIAC Immunisation Guidelines for Ireland. 			
2	I practice within my scope of practice to undertake administration of COVID-19 Vaccines under medicine protocol.			
3	I have undertaken the COVID-19 Vaccination programme for nurses and midwives on HSE LanD.			
4	I have attended Basic Life Support for Health Care Providers within the last two years.			
5	I am competent in safe injection technique.			
6	I have attended an approved Anaphylaxis education programme and I am familiar with the current medicine protocol on the administration of Epinephrine by RNs/RMs.			
7	I can outline the inclusion/ exclusion criteria for administering COVID-19 Vaccine under the named medicine protocol.			
8	I can refer to/discuss those that are meeting the exclusion criteria to the relevant medical practitioner for an individual medical assessment as per medicine protocol.			
9	I am familiar with the documentation required to support implementation of the medicine protocol to ensure safe administration of COVID-19 Vaccine.			
10	In assessing suitability for vaccination I can undertake a clinical assessment of individuals within the scope of the medicine protocol.			
11	I can provide information regarding COVID-19 Vaccine, benefits and side effects to vaccine recipients.			
12	I am aware of the procedure for treatment and reporting of potential adverse reactions.			
13	I understand the procedure for reporting and documentation of medicine errors/ near misses.			
14	I dispose of all equipment and sharps in accordance with guidance for Healthcare Risk Waste (HSE, 2010).			
15	I am aware of and comply with the guidance on vaccine storage and handling including the maintenance of the cold chain in accordance with national and local policies.			

16	<p>I have undertaken the following HSELand/online programmes:</p> <ul style="list-style-type: none"> • AMRIC Aseptic Technique www.hseland.ie • AMRIC Hand Hygiene www.hseland.ie • GDPR guidelines www.hseland.ie • COVAX IBM/Salesforce online programme https://www.hse.ie/eng/health/immunisation/hcpinfo/hsecovid19vms.html 			
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I have sufficient theoretical knowledge and practice to undertake vaccination under this medicine protocol independently, and I acknowledge my responsibility to maintain my own competence in line with the Scope of Nursing and Midwifery Practice 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 and implement appropriate action plan to achieve competency within an agreed time frame.

Action Plan (for use if needed to reach competencies outlined)

Action necessary to achieve competency:

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Date to be achieved:.....

Supporting evidence of measures taken to achieve competency:

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Nurse/Midwife signature:

_____ Date: _____

Line Manager signature

_____ Date: _____