

NAME: _____

(PRINT CLEARLY in CAPITALS)

NMBI PIN: _____

Self-Assessment of Competency to Administer Seasonal Influenza Vaccine under Medicine Protocol

	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 Guidance for Registered Nurses and Midwives on Medication Administration (Guiding Principle 2, page 12, 2.8). 			
2	I practice within my scope of practice to undertake administration of seasonal influenza vaccine, under medicine protocol.			
3	I am familiar with and adhere to the practices as set out in: <ul style="list-style-type: none"> <i>Seasonal Influenza Peer Vaccination Programme: Guidelines for Staff</i> (HSE, 2021) <i>Immunisation Guidelines for Ireland</i> (NIAC). 			
4	I have successfully completed the HSEland education programme for registered nurses and midwives: <i>Seasonal Influenza Peer Vaccination Programme 2021/2022. Education Programme for Nurses and Midwives</i> .			
5	I have attended Basic Life Support for Health Care Providers within the last two years.			
6	I am competent in safe intramuscular injection technique.			
7	I have successfully completed an approved Anaphylaxis education programme as outlined in section 5.0 of the medicine protocol and am familiar with NIAC protocol <i>Management of a Patient with Anaphylaxis</i> (2021).			
8	I undertake to review the most current vaccination information from the NIO - www.immunisation.ie .			
9	I can outline the inclusion/exclusion criteria for administering influenza vaccine under the named medicine protocol.			
10	In assessing suitability for vaccination I can undertake a clinical assessment of recipient healthcare workers within the scope of the medicine protocol.			
11	I can refer those who meet the exclusion criteria to the relevant medical practitioner for an individual medical assessment as per medicine protocol.			
12	I am familiar with the documentation required to support implementation of the medicine protocol to ensure safe administration of influenza vaccine.			
13	I can provide information regarding seasonal influenza vaccine, benefits and side effects to recipient healthcare workers.			
14	I am aware of the procedure for treatment and reporting of adverse reactions.			
15	I understand the procedure for reporting and documentation of			

	medication errors/near misses.			
16	I dispose of all equipment and sharps in accordance with guidance for Healthcare Risk Waste HSE (2010).			
17	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.			
18	I have undertaken the following HSELand/online programmes: <ul style="list-style-type: none"> • AMRIC Aseptic Technique www.hseland.ie • AMRIC Hand Hygiene www.hseland.ie • GDPR Guidelines www.hseland.ie • National Consent Policy: https://www.hse.ie/en-g/about/who/qid/other-quality-improvement-programmes/consent-national-consent-policy.html 			

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 Framework and current best evidence.

Registered Nurse/Midwife **Signature:** _____ **Date:** _____

If any deficits in theory and/or clinical practice are identified, the registered 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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Registered Nurse/Midwife signature:

Date:

Line Manager signature

Date:
