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

### Performance Criteria:

<table>
<thead>
<tr>
<th>Domain of Practice</th>
<th>Critical Element</th>
<th>Competent Date/Initials</th>
<th>Needs Practice Date/Initials</th>
<th>Needs Theory Date/Initials</th>
</tr>
</thead>
</table>
| 1                  | I understand the role and function of medicine protocols in the context of NMBI guidelines in relation to:  
  - The Code of Professional & Ethical Conduct  
  - Scope of Nursing and Midwifery Practice  
  - Guidance to Nurses and Midwives on Medication Management  
  - Immunisation Guidelines for Ireland.                                                                                                                                                                                                                                           |                          |                            |                            |
| 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 the current NIO Guidelines for Staff: Seasonal Peer Immunisation Programme.                                                                                                                                                                                                             |                          |                            |                            |
| 4                  | I have undertaken the education programme for nurses and midwives on the use of medicine protocol for the administration of Seasonal Influenza Vaccine.                                                                                                                                                                                               |                          |                            |                            |
| 5                  | I have attended Basic Life Support for Health Care Providers within the last two years.                                                                                                                                                                                                                                                           |                          |                            |                            |
| 6                  | I am competent in safe injection technique.                                                                                                                                                                                                                                                                                                          |                          |                            |                            |
| 7                  | I have attended approved Anaphylaxis education programme and I am familiar with the current medicine protocol on the administration of epinephrine by RNS/RMs.                                                                                                                                                                                                 |                          |                            |                            |
| 8                  | I undertake to review the most current vaccination information in medicines protocols - [www.immunisation.ie](http://www.immunisation.ie)                                                                                                                                                                                                             |                          |                            |                            |
| 9                  | I can outline the inclusion/ exclusion criteria for administering vaccinations under the named medicine protocol.                                                                                                                                                                                                                                          |                          |                            |                            |
I can refer those who are meeting the exclusion criteria to the relevant medical practitioner for an individual medical assessment as per medicine protocol.

I am familiar with the documentation required to support implementation of the medicine protocol to ensure safe administration of vaccine.

In assessing suitability for vaccination I can undertake a clinical assessment of individuals within the scope of the medicine protocol.

I can provide information regarding vaccine, benefits and side effects to vaccine recipients.

I am aware of the procedure for treatment and reporting of potential adverse reactions.

I understand the procedure for reporting and documentation of medicine errors/ near misses.

I dispose of all equipment and sharps in accordance with guidance for Healthcare Risk Waste HSE (2010).

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.

I have sufficient theoretical knowledge and practice to undertake vaccination under 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:

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

Date to be achieved:...........................................

Supporting evidence of measures taken to achieve competency:

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

Nurse/Midwife signature:

_________________________________________ Date: ______________

Line Manager signature

_________________________________________ Date: ______________