## Self-Assessment Tool for Pharmacists Delivering Vaccinations and/or Emergency Medicines

This self-assessment checklist is a practical tool intended to assist pharmacists in reflecting, self-assessing, and evaluating their individual needs to refresh their training in order to have the necessary skills and knowledge to safely deliver the associated vaccines and/or emergency medicines. The checklist is not exhaustive and should be used in connection with all other governance and accountability arrangements in place in either the pharmacy or in HSE vaccination clinics for the provision of additional services.

Pharma	cist Name:						
PSI Registration Number							
	De	scriptor	Yes	No	N/A	Action Required	
Step 1	I am familiar with and comply with the Legislation which allows pharmacists who have completed accredited and approved training to administer medicines and vaccinations set out in the Eighth and Twelfth Schedules of the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended).  I am familiar with the PSI approved training pathway for each vaccine I will be administering. I am familiar with the training requirements, including the validity period for each training programme.					Required	
	Medicines Administration Programme.  I understand the need Administration (Parent	to repeat the Medicines reral) Training to repeat the Medicines reral) Training Programme if preak in vaccination practice					
	Lam compotent in cafe	injection technique for the					
Step 2	injection routes I inten	d to deliver vaccinations					
	and/or emergency med I have a valid certificate Children).						
	I have a valid certificate Emergency and Manag (RESMA) training mode						
	I have completed the a Vaccination Service tra	pproved Delivery of a					
	In order to ensure I have	ve the necessary skills and eliver a vaccination service, I dessed and evaluated lesh the Delivery of a					

			1	ı	Ī
	I have an up-to-date knowledge on the				
	vaccinations and/or emergency medicines I intend				
	to administer through review of the relevant				
	National Immunisation Advisory Committee (NIAC)				
	'Immunisation Guidelines for Ireland', the relevant				
	HSE guidance, including the current National				
	Immunisation Office (NIO) Guidelines and/or by				
	completing the specific online training modules				
	where applicable.				
	.,				
	I have reviewed the Summary of Product				
	Characteristics (SPC) for each vaccine(s) and/or				
	emergency medicine(s) I intend to administer and				
	am familiar with specific requirements relating to				
	the management and administration of the				
	specific vaccinations and/or emergency medicines				
	I am administering.				
		•	,	1	
	I am familiar with and comply with the PSI				
	Guidance on the Provision of Vaccination Services				
	by Pharmacists in Retail Pharmacy Businesses				
	I am familiar and comply with the PSI Guidance on				
	the Provision of an Influenza Vaccination Service				
	for Children Aged 6 Months and Older, where				
	applicable.				
	I am familiar and comply with the PSI Guidance to				
	Support Pharmacies in Providing Safe Vaccination				
	Services Offsite from the Pharmacy Premises,				
	where applicable.				
	I have considered the additional procedures and				
	arrangements and the additional complexities				
Step 3	associated with the provision of a vaccination				
Step 3	service in a school setting and have reviewed the				
	_				
	HSE Toolkit to Support the Administration of Flu				
	Vaccination to Children in Primary Schools where				
	applicable.				
	I am familiar with and comply with the PSI				
	Guidance on the Safe Supply and Administration of				
	Prescription-Only Medicines for the Purpose of				
	Saving Life or Reducing Severe Distress in an				
	Emergency.				
	My training certificates (or copies thereof) are				
	retained at the pharmacy/pharmacies in which I				
	intend to administer vaccines and/or emergency				
	medicines.				
			1	I	T
	I have had my knowledge skills and competencies				
Step 4	assured via an internal sign-off process (this may				
	include practice runs, peer assessment and peer				
	review with another trained vaccinator)				
			1	I	1
	I will ensure that I keep myself up to date and am aware of any changes to relevant legislation,				

	training or national guidance and will take steps to update my knowledge, competence and skills in the administration of vaccines as applicable							
Step 5	I am satisfied that I possess the requisite theoretical knowledge and practical skills to say administer vaccinations and/or emergency medicines in accordance with the legislative requirements and all relevant guidance. I understand, in accordance with the Statut							
	Code of Conduct for Pharmacists that I am personally and professionally responsible for my own acts or omissions in this regard.							
			Ē	ate				

## **Useful References (This list is not exhaustive)**

- When performing your self-assessment, you may need to refer to the relevant sections of legislation and PSI Guidance. You can access pharmacy and medicines legislation through www.irishstatutebook.ie or on the PSI website www.psi.ie. PSI Guidelines are accessible on the PSI Website and in your Pharmacy Practice Guidance Folder.
- The National Immunisation Advisory Committee (NIAC) 'Immunisation Guidelines for Ireland' are available through the National Immunisation Office (NIO) website <a href="https://www.immunisation.ie">www.immunisation.ie</a>
- The Summary of Product Characteristics (SPC) for each vaccine and/or emergency medicine is available via the Health Products Regulatory Authority (HPRA) website www.hpra.ie.
- The validity period of training modules are outlined on the PSI website and/or by the training provider in the case of CPR certificates.
- The HSE Toolkit to Support the Administration of Flu Vaccination to Children in Primary Schools or Community Settings by Primary Care is available through the <a href="HSE">HSE</a> website