

**COVID 19 Pfizer BioNTech/AstraZeneca Vaccinator Self-Assessment**

Self-verification of competence is undertaken by assessment against the following statements:

These statements are designed to indicate competency in order to facilitate the completion of COVID 19 Pfizer BioNTech/AstraZeneca Vaccinator training. Responsibility for maintaining remains with the user. If you are in any doubt regarding your competence in any of the following areas you should seek education to bring about improvement.

Please carry out an initial assessment. You must be able to confirm you have completed all of the below training and requirements. If you have not completed the following components then this will need to be completed first in order to become a recognised UHB COVID 19 Pfizer BioNTech/AstraZeneca Vaccinator.

<b>Please confirm the following details:</b>	<b>Tick</b>
1. I am an approved practitioner under the current terms of the PGDs before working to it.	
2. I have undertaken appropriate training for working under PGDs for supply/administration of medicines.	
3. I am competent in the use of PGDs.	
4. I am familiar with the vaccine products (Pfizer and AstraZeneca), alert to changes and familiar with the national recommendations for the use of this vaccine.	
5. I have accessed the PGDs and relevant COVID-19 vaccination programme online resources such as the Green Book and PHE COVID-19 vaccination programme: Information for healthcare practitioners.	
6. I am familiar with, and alert to changes in relevant chapters of Immunisation Against Infectious Disease: the Green Book.	
7. I am familiar with, and alert to changes in the relevant NHS standard operating procedures (SOPs) and commissioning arrangements for the national COVID-19 vaccination programme.	
8. I have undertaken training appropriate to this PGD as required by local policy and national NHS standard operating procedures and in line with the training recommendations for COVID-19 vaccinators.	
9. I have completed the national COVID-19 vaccination e-learning programme, including the relevant vaccine specific session, and/or locally-provided COVID-19 vaccine training.	
10. I am competent to assess individuals for suitability for vaccination, identify any contraindications or precautions, obtain informed consent (or 'best interests' decision in accordance with the Mental Capacity Act 2005) and to discuss issues related to vaccination.	
11. I am competent in the correct handling and storage of vaccines, and management of the cold chain.	

12. I am competent in the handling of the vaccine products, procedure for dilution of the vaccine (Pfizer only) and use of the correct technique for drawing up the correct dose.	
13. I am competent in the intramuscular injection technique.	
14. I am competent in the recognition and management of anaphylaxis, have completed basic life support training and be able to respond appropriately to immediate adverse reactions.	
15. I am aware of the procedures in place and processes to be completed for sharps management and inoculation injuries.	

Date: .....

Print Full Name.....

Signature: .....

Professional denomination and associated PIN.....