

Self-Assessment and Self-Declaration Tool for Pharmacists Delivering Vaccines and/or Emergency Medicines

This self-assessment and self-declaration 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 the pharmacy for the provision of additional services as determined by the Superintendent Pharmacist, Pharmacy Owner and Supervising Pharmacist.

This tool can be used at any time, but should be repeated at least annually (e.g., prior to the start of each vaccination season in case of seasonal vaccines), and before delivery of any new vaccine, or following completion of training on an emergency medicine.

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| Pharmacist Name | | |
| PSI Registration Number | | |
| Step 1 | Descriptor | Yes |
| | I am familiar with and comply with the Legislation which allows pharmacists who have completed accredited and approved training to administer medicines and vaccines set out the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended). | |
| | I have completed an accredited and approved Medicines Administration (Parenteral) (PAMT) Training Programme and hold a valid certificate for this training programme. | |
| | I understand the need to repeat the Medicines Administration (Parenteral) (PAMT) Training Programme if: <ul style="list-style-type: none"> a) I intend to deliver a vaccine or emergency medicine via an injection route which I have not previously administered or b) I intend to deliver a vaccine or emergency medicine via an injection route which I have neither practised (i.e., administered to a patient) nor been trained in* in the previous 12 months (or previous flu season) <p><i>*In this context, 'trained in' means completion of PAMT Training Programme.</i></p> | |
| | I am competent in safe injection technique for the injection routes I intend to deliver vaccines and/or emergency medicines | |
| | I have a valid certificate for CPR (Adults and Children) | |
| | I have a valid certificate for the Responding to an Emergency and Management of Anaphylaxis (RESMA) training module | |

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| Step 2 | I have a valid certificate for the Delivery of a Vaccination Service training module | |
| | I have a valid certificate for each training module specific to the vaccine(s) and/or emergency medicine(s) which I intend to administer | |
| | My training certificates (or copies thereof) are retained at the pharmacy/pharmacies where I intend to offer vaccination services and/or administer emergency medicines | |
| | I am familiar with the Summary of Product Characteristics (SPC) for each vaccine(s) and/or emergency medicine(s) I intend to supply and administer | |
| | I have completed practice runs for each vaccine and/or emergency medicine I intend to administer | |
| | I am familiar with and comply with the relevant PSI Guidance relating to the vaccination service(s) I will provide, and/or the emergency medicines I am trained to administer | |
| | I am familiar with and comply with the current, relevant, National Immunisation Advisory Committee (NIAC) 'Immunisation Guidelines for Ireland' | |
| | I am familiar with and comply with the current National Immunisation Office (NIO) Guidelines | |
| | I will take steps to ensure that I am aware of any changes to relevant legislation, training or guidance and will take steps to update my knowledge and skills as applicable | |
| | I am aware of the practice, procedures and governance framework underpinning the vaccination activities specific to the setting(s) where I will be administering vaccinations and/or emergency medicines | |
| Step 3 | <i>I am satisfied that I possess the requisite theoretical knowledge and practical skills to safely administer vaccinations and/or emergency medicines in accordance with the legislative requirements and all relevant procedures in the setting(s) where I will deliver these services. I understand, in accordance with the Statutory Code of Conduct for Pharmacists that I am personally and professionally responsible for my own acts or omissions in this regard.</i> | |
| | _____ | _____ |
| | Signature | Date |

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.
- The National Immunisation Advisory Committee (NIAC) 'Immunisation Guidelines for Ireland' are available through the National Immunisation Office (NIO) website www.immunisation.ie
- 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 of training modules are outlined on the PSI website and/or by the training provider in the case of CPR certificates.