



Appendix 8: Training Certificate

Victorian COVID-19 Clinical Skills & Competencies

The clinical skills and competencies checklist is to verify that every newly authorised immuniser (under a Public Health Emergency Order) is deemed clinically skilled and competent to possess, prepare and/or administer COVID-19 vaccines.

This checklist and training certificate must be completed and issued by an appropriately experienced and qualified authorised worker (for example a pharmacist could oversee the vaccine preparation skills and competencies of a pharmacy technician, or a nurse immuniser could oversee the vaccine administration skills and competencies of a registered nurse). It is only required to be completed once and a copy must be made available to the emergency authorised worker as evidence of their clinical competency in Victoria, available to use across all Victorian health services.

Vaccination Service Provider Organisation where appropriately experienced and qualified authorised worker (person completing this form) is certifying the emergency authorised worker as clinically competent	Click or tap here to enter text.	
Emergency authorised worker Name Name of emergency authorised worker requiring certification.	Click or tap here to enter text.	
Emergency authorised worker Ahpra ID (e.g. NMW0000000000) Ahpra number / identification of the emergency authorised worker.	Click or tap here to enter text.	
Emergency authorised worker Staff ID Number (optional)	Click or tap here to enter text.	
Emergency authorised worker address (optional)	Click or tap here to enter text.	
Evidence of successful completion of the <u>National COVID-19 vaccination training program</u> Appropriately experienced and qualified authorised immuniser to confirm they have sighted evidence the emergency authorised worker has completed the core and additional modules of the National COVID-19 vaccination training program	<i>Tick to confirm</i> <input type="checkbox"/>	
Evidence of successful completion of the <u>Victorian COVID-19 e-Learning Competency</u> Appropriately experienced and qualified authorised immuniser to confirm they have sighted evidence the emergency authorised worker has completed the Victorian COVID-19 e-Learning Competency training package	<i>Tick to confirm</i> <input type="checkbox"/>	
Evidence of successful completion of the <u>Victorian COVID-19 AstraZeneca Supplementary eLearning</u> Appropriately experienced and qualified authorised immuniser to confirm they have sighted evidence the emergency authorised worker has completed the Victorian COVID-19 AstraZeneca Supplementary eLearning	<i>Tick to confirm</i> <input type="checkbox"/>	

Profession of emergency authorised worker	<input type="checkbox"/> Registered Nurse / Midwife	<input type="checkbox"/> Pharmacist
	<input type="checkbox"/> Enrolled Nurse	<input type="checkbox"/> Pharmacy Technician
	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Pharmacy student (fourth year) / intern
	<input type="checkbox"/> Aboriginal Health Practitioner	<input type="checkbox"/> Medical (fourth year and above), Nursing / Midwifery, Paramedicine (third year) student

Competencies displayed by the emergency authorised worker (as relevant to authorised vaccination activities)	<i>Tick to confirm</i>
1. Can demonstrate the ability to obtain consent for and communicate vaccination procedure to consumer.	<input type="checkbox"/>
2. Can describe additional actions that must be considered to obtain consent in the following patient groups: <ul style="list-style-type: none"> a. Children under the age of 18 years b. Individuals with additional needs (e.g. disability, older adults, consent by an agent or carer, language or cultural barriers) c. Individuals under the age of 60 receiving the Astra-Zeneca vaccine 	<input type="checkbox"/>
3. Can demonstrate the ability to perform vaccination pre-screening and can address contraindications and precautions such as: <ul style="list-style-type: none"> a. Other vaccines (including influenza vaccine) within the past 7 days b. Anaphylaxis to a COVID-19 or another vaccine, or any components of COVID-19 vaccines c. Relevant medical history (e.g. past history of cerebral venous sinus thrombosis) 	<input type="checkbox"/>
4. Can answer common patient questions associated with COVID-19 vaccines: <ul style="list-style-type: none"> a. Adverse events following immunisation (AEFI) b. Vaccine safety 	<input type="checkbox"/>
5. Can demonstrate how to record a completed vaccination	<input type="checkbox"/>
6. Has successfully completed training in the preparation and handling of multi-dose vaccine vials <ul style="list-style-type: none"> a. Pfizer COVID-19 vaccine (if relevant) b. AstraZeneca COVID-19 vaccine (if relevant) 	<input type="checkbox"/>
7. Can demonstrate appropriate vaccine administration technique	<input type="checkbox"/>
8. Has successfully completed a minimum of five supervised vaccinations	<input type="checkbox"/>
9. Demonstrates an understanding of escalation points in instances of: <ul style="list-style-type: none"> a) Difficulties obtaining valid consent (e.g. language barriers) b) Adverse events following immunisation (e.g. anaphylaxis) c) Vaccination errors 	<input type="checkbox"/>

Details of person completing this form			
Name	Click or tap here to enter text.	Signature	
Position	Click or tap here to enter text.	Date	Click or tap to enter a date.