

## Roles and Responsibilities of Clinical Supervisor

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### General

- You will be a Registered Health Care Professional band 8 or higher which can be a nurse or GP
- You must have some experience as a vaccinator, which can include but is not limited to the COVID-19 vaccination programme, flu vaccine or childhood imms experience is also acceptable.
- Your shift will start at 08:15 or 14:00
- Each shift will begin with a team huddle led by the site manager but part will include an introduction to yourself and time to raise any specific points.
- You will have overall responsibility throughout the shift for all vaccinators, staff and patient clinical queries and be ready to deal with any clinical events should they occur.

### Training specifics/guidelines

- You will be responsible for supervision of 2 trained Nonregistered vaccinators (NRVs) who have already been assessed and signed off as Competent. Please ask them to show you their signed Core Competency tool at the start of the shift. These new vaccinators are not Registered HCPs and therefore not able to do the medical assessment and consent in their own name- it is your name that is entered in the pre assessment box on Pinnacle.
- They may or may not be already known to you. You may find it useful to have them observe you doing a few vaccinations at the start of the shift or you may be happy to simply let them start and to observe each of them for their first few vaccinations- this is entirely up to you.
- As you observe them at the start you will be checking their competency against the pre assessment and consent of each patient. In the Pre assessment box at the top of Pinnacle it is YOUR name that needs to be entered for each patient. You may find that the receptionists name appears there- this needs to be removed, type in your name and you should appear in the drop-down box and click on that. Make sure they do this for every patient they see.
- The NRV name needs to go in the drawn up by and administered by boxes each time. They have their own log in to Pinnacle, so they simply need to click on “me” for those 2 boxes. The only exception to this is if, at the end of the session, you as CS are drawing up from a tray that is being shared between 2 NRVs- then your name goes in the drawn up by box).
- You will also observe each NRV drawing up and administering the vaccine for each patient they see in the session.
- Remember it is important to ‘let go’- once you have satisfied that the NRV is doing the pre assessment and consent correctly, let them crack on with it. It is unworkable to see each consent being done. We have found that they are good at recognising their knowledge and skill boundaries and in asking questions. If they are not asking questions, you should have some concern.
- Make sure they use plain English when they are going through the questions- for example asking the patient if “they have had a serious allergic reaction to a drug, vaccine or other agent: following up with “perhaps needing you to be hospitalised”- rather than “have you had an allergic or anaphylactic reaction”. And “are you on any blood thinning medication” rather than “are you taking anti coagulants”. And I have

personally found it helpful for them to follow up that question with “are you on any medication and if so what”—you get the gist!

- You will not be vaccinating unless there is an urgent need to do so on a case-by-case basis.
- Other events you may be called to oversee
  - In the rare cases a patient suffers from anaphylaxis
  - To deal with patient/staff/Vaccinator queries leaving the HCP to cover your 2NRV's
  - To deal with less urgent patient events eg panic attacks/fainting etc, after review these patients can be left with another member of the team to observe.