

Initial/Annual Competency Assessment Checklist: INFLUENZA VACCINE ADMINISTRATION							
INFLUENZA SEASON (year): _____							
Facility: _____							
Position Title: _____			Trainee Name: _____				
Assessment Start Date: _____			Assessment Completion Date: _____				
Required Competency or Skill	Self- Assessment *	Orientation Preceptor Date & Initials	Validation of Competency				
			Evaluation Method +	Date	Initials	Comments	
<b>Customer Service</b>	<b>CRITICAL THINKING:</b> Documents findings appropriately. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).						
<b>A. Greets and identifies patient</b>							
(1) Welcomes patient/family and introduces self							
(2) Assures patient confidentiality and right to privacy							
(3) Validates patient's eligibility							
a. Checks DoD identification card							
b. Confirms patient identification using two personal identifiers such as full name and date of birth							
<b>B. Locates patient's record in immunization tracking system (ITS) and/or Electronic Health Record (EHR)</b>							
(1) Verifies name, DOD or SSN/sponsor's SSN, phone number and address							
(2) Verifies DEERS eligibility and Tricare enrollment status							
<b>C. Children must be accompanied by a parent or legal guardian per local clinic policy</b>							
<b>Patient Screening</b>	<b>CRITICAL THINKING:</b> Recognizes screening requirements and recommendations for vaccinations for all age groups and makes appropriate product selection based on responses. Documents findings appropriately. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).						
<b>A. Screens patient records (i.e., ITS, DEERS, Electronic Health Record (AHLTA, JLV, GENESIS), State Immunization Systems, and/or paper medical/shot records) to identify influenza vaccination requirements in accordance with ACIP and Service Specific recommendations</b>							
<b>B. Screens patient for the following contraindications or precautions using a standardized list of questions (either verbally or written) prior to influenza immunization. DHA Form 116 - Peds and Adult Influenza screening form is available on DHA/IHB website.</b>							

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<b>Patient Screening (continued)</b>	<b>CRITICAL THINKING:</b> Recognizes screening requirements and recommendations for vaccinations for all age groups and makes appropriate product selection based on responses. Documents findings appropriately. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).					
(1) Age younger than 6 months						
(2) Allergies to medications, food (eggs, egg protein), or vaccine component (i.e., gelatin, formaldehyde, thimerosal, latex, aminoglycoside antibiotics)						
(3) Acute illness, medical condition, or long term health problem (Including but not limited to: compromised immune system, neurological issues, chemotherapy, X-ray treatments in past 3 months, etc.)						
(4) Current medications (Over the counter, Prescription, Herbal supplements, etc.)						
(5) Recent blood products, transfusion, or immune globulin						
(6) Administered live vaccines within the last 4 weeks (does not apply to IIV)						
(7) History of adverse reaction(s) following previous dose of any influenza vaccine (i.e., Guillain-Barre)						
<b>C. Verbalizes to patient/parent/guardian the potential expected and rare reactions after influenza vaccination</b>						
(1) Distinguishes between side effects and adverse events to include symptoms, length of duration, and treatment plan						
(2) Mild symptoms after vaccination: soreness, redness, or swelling at vaccination site; fever, fatigue, head, body and muscle aches						
(3) Serious allergic reaction after vaccination: difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, fast heartbeat or dizziness						
(4) Informs patient that possible side effects are usually temporary and what to do if an adverse event occurs (i.e., seek immediate medical attention)						
(5) Documents hypersensitivity to any vaccine, vaccine component, or medication in patient medical records						
(6) Enters Medical/Administrative exemption into DOD approved electronic ITS per health care provider direction when applicable						

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<b>Patient Education</b>	<b>CRITICAL THINKING:</b> Recognizes patient education requirements prior to vaccinations for all age groups and product section. Documents findings appropriately. Recognizes unique age and language communication needs of patient and provides educational material appropriately.					
<b>A. Provides required education materials to patient/parent/ guardian</b>						
(1) Current Vaccine Information Statement (VIS) for injectable influenza prior to administration (language appropriate or audio for visually impaired)						
(2) Provide additional educational materials as appropriate						
(3) Allows patient/parent/guardian an opportunity to ask questions and provide additional educational information as needed to address concerns associated with influenza vaccine						
4) Refers patient/parent/guardian to a health care provider for consultation and/or evaluation prior to influenza vaccine administration, if indicated						
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<b>Vaccine Administration Procedures</b>	<b>CRITICAL THINKING:</b> Follows manufacturer guidelines. Administers the right vaccine, right dose, and right route, to the right patient at the right time. Understands that the deviation from the recommended route of administration may reduce vaccine effectiveness or increase the risk of local reactions. ** Aspiration before injection of vaccines or toxoids (i.e., pulling back on the syringe plunger after needle insertion, before injection) is not required because no large blood vessels exists at the recommended site.					
<b>A. Selects appropriate influenza product based on age, time of year and geographic location (Northern/Southern Hemisphere), and screening of patient. NOTE: For individuals in the Northern hemisphere between Oct &amp; Apr, any age appropriate influenza formulation may be use. For those who will be in the Southern hemisphere between Apr &amp; Oct, Fluzone SH, if available, is appropriate.</b>						
<b>B. Verbalizes understanding of the standing order and package insert for the administration of influenza vaccine to adult and pediatric patients</b>						
<b>C. Gathers required supplies for administering influenza vaccine (i.e., gauze, alcohol pads, bandages, sharps container, tissue if administering flu mist, etc.)</b>						

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<b>Vaccine Administration Procedures (continued)</b>	<b>CRITICAL THINKING:</b> Follows manufacturer guidelines. Administers the right vaccine, right dose, and right route, to the right patient at the right time. Understands that the deviation from the recommended route of administration may reduce vaccine effectiveness or increase the risk of local reactions. ** Aspiration before injection of vaccines or toxoids (i.e., pulling back on the syringe plunger after needle insertion, before injection) is not required because no large blood vessels exists at the recommended site.					
<b>D. Follows OSHA and Infection Control practices</b>						
(1) Wash hands with soap and clean water, or use an alcohol-based hand cleaner before and after patient contact						
(2) Wears gloves if skin is broken, open lesions on hands, contact with potentially infectious body fluids, or clinic policy. (Per OSHA guidelines, gloves are not required)						
(3) Ensure gloves are changed between patients (if worn or utilized)						
<b>E. Prepares influenza vaccine for administration</b>						
(1) Verify vaccine recipient when vaccinating multiple people ("5 Rights")						
(2) Removes properly stored influenza vaccine from refrigerator at (2-8°C); Do Not Freeze						
a. Inspects vial/syringe for damage or contamination						
b. Checks vaccine(s) expiration date(s); Double check vial label and contents prior to drawing up						
(3) Multi-dose vial						
a. Removes plastic cap and labels multi-dose vaccine vials with date/time opened and initials. Discards any MDV 28 days after opened if PI has BUD date or when expired.						
b. Prior to withdrawing dose agitates (shakes) the vial to mix thoroughly to obtain a uniform suspension. Prepares in designated clean area IAW CDC and JC guidelines						
c. Wipes vaccine vial top with alcohol pad prior to withdrawing dose						
d. Withdraws appropriate dosage from vial						
e. Ensures any opened multi-dose vials without proper labeling of date/time opened, and/or initials be discarded at the end of duty day						
(4) Manufacturer prefilled syringe						
a. Shake prefilled syringe to thoroughly mix contents						
b. Remove tip cap and attach appropriate size needle (if required)						

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<b>Vaccine Administration Procedures (continued)</b>	<b>CRITICAL THINKING:</b> Follows manufacturer guidelines. Administers the right vaccine, right dose, and right route, to the right patient at the right time. Understands that the deviation from the recommended route of administration may reduce vaccine effectiveness or increase the risk of local reactions. ** Aspiration before injection of vaccines or toxoids (i.e., pulling back on the syringe plunger after needle insertion, before injection) is not required because no large blood vessels exists at the recommended injection sites					
c. Ensures any manufacturer prefilled syringe with syringe cap removed and/or needle attached is discarded at the end of duty day if not administered						
(4) Maintains aseptic technique throughout vaccine preparation process						
<b>F. Administers influenza vaccine per ACIP/ manufacturer guidelines ensuring proper route, dosage, timing, and indications/contraindications:</b>						
(1) Selects 22-25g needle and appropriate length based on administration route and body size						
(2) Selects appropriate dose based on age and vaccine						
a. Inactivated influenza vaccine (IIV) varies by vaccine: Age: 6-35 mo = 0.25 mL (Afluria/Fluzone), 0.5 mL (Fluarix/Flulaval/Fluzone) Age: ≥3 yrs = 0.5 mL (Afluria/Fluarix/Flulaval/Fluzone) Age: ≥65 yrs = 0.5 mL (Fluad), 0.7 mL (Fluzone HD)						
b. Cell culture influenza vaccine [Flucelvax] (ccIIV4) Age: ≥4 yrs - 0.5 mL						
c. Recombinant influenza vaccine [FluBlok] (RIV4) Age: ≥18 yrs - 0.5 mL						
d. Live attenuated influenza vaccine [FluMist] (LAIV4) Age: 2-49 = 0.2mL (0.1mL each nostril)						
(3) Selects appropriate anatomical site based on age						
a. Infants and toddlers (lacking adequate deltoid mass); anterolateral aspect of thigh						
b. Toddler/Children/Teens/Adults: the deltoid muscle is recommended for routine intramuscular vaccinations; demonstrates 3 fingers down from acromion process to select proper area						
(4) Preps the site with an alcohol wipe using a circular motion. Allow alcohol to dry.						
(5) Inserts the needle fully into the muscle at a 90 angle (aspiration is not required)						
(6) Injects vaccine using steady pressure then withdraws needle at angle of insertion						
(7) Applies light pressure with gauze to injection site for several seconds						

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Flu mist: Spray half of vaccine into each nostril while the patient is in an upright position.						
(8) Influenza Vaccine Pediatric Dosing Schedule: a. All children 6mo-8yrs who are receiving influenza vaccine for the first time or whose previous vaccination status is unknown should receive two (2) doses of influenza vaccine separated by 4 weeks (any combination of age appropriate influenza vaccine may be used to complete the series) b. Those who have received 2 or more doses of trivalent or quadrivalent influenza vaccine during any prior season(s) or children 9 years of age and older should receive 1 dose						
<b>G. Immunization Recordkeeping</b>						
(1) Records immunization(s) accurately in a DOD/USCG approved electronic ITS according to Service-specific policy at the time of immunization (or no later than 24-hours after administration						
(2) Documents the following information:						
a. Type of Vaccine						
b. Date						
c. Route, anatomic site						
d. Dose						
e. Lot number						
f. Vaccine information sheet (VIS) date						
g. Manufacturer						
h. Name/signature of vaccinator						
(3) Documents immunizations using the following forms:						
a. CDC Form 731						
b. DD Form 2766C						
c. SF 600/601						

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(4) Provides documentation of immunization to the patient							
<b>H. Provides post-vaccination instructions</b>							
(1) Instructs patient to remain in the clinic for 15 minutes after vaccination for monitoring of possible adverse events							
(2) Reemphasizes potential expected and unexpected side effects							
<b>I. Demonstrates ability to recognize signs and symptoms of a patient experiencing a vasovagal reaction and responds</b>							
(1) Verbalizes signs and symptoms of a vasovagal reaction							
(2) Positions patient in the supine position on litter/floor, loosens tight clothing, elevates legs, and maintains airway							
(3) Monitors/documents vital signs, assesses breathing, and							
(4) Calls EMS if patient does not respond							
<b>J. Demonstrates ability to recognize signs and symptoms of a patient experiencing an anaphylactic reaction and responds appropriately</b>							
(1) Verbalizes understanding of the standing order for the medical management of vaccine adverse							
(2) Positions patient in the supine position on litter/floor							
(3) Calls for EMS and administers epinephrine and/or other medications per protocol							
(4) Monitors/documents vital signs, assesses breathing, and documents administered medications							
(5) Initiates CPR if necessary and maintains airway							
<b>K. Properly documents adverse event</b>							
(1) Enters temporary medical exemption in Service ITS							
(2) Documents incident in AHLTA/EHR and PSR system							
(3) Completes and submits a VAERS form							
<b>Preceptors' Initials</b>		<b>Printed Name</b>		<b>Signature</b>			
<b>I understand the topics listed, I will be allowed to perform only these within my scope of practice, and only after I have successfully demonstrated competency.</b> Trainee Signature: _____ Date: _____							
*Self-Assessment: 1=Experienced 2=Needs Practice/Assistance 3=Never Done N/A= Not Applicable + Evaluation / Validation Method: T=Written Test D=Demonstration/Observation V=Verbal review I=Interactive Class							