

Initial/Annual Competency Assessment: CHOLERA VACCINE, LIVE, ORAL (adults aged 18-64 yrs.)

Facility: _____

Initial Assessment Annual Assessment

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
Customer Service	CRITICAL THINKING: 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).					
A. Greets and identifies patient						
(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. Locates patient's record in DoD/USCG-approved Immunization Tracking System (ITS) and/or AHLTA						
(1) Verifies name, SSN/sponsor's SSN, phone number and address						
(2) Verifies DEERS eligibility and Tricare enrollment status						
Patient Screening and Education	CRITICAL THINKING: Recognizes screening requirements and recommendations for vaccination for age group 18-64 years 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).					
A. Screens patient records (i.e., ITS, AHLTA, DEERS, State Immunization Systems, and/or paper medical/shot records) to identify cholera vaccination requirements in accordance with ACIP and any Service Specific recommendations						
B. Verbalize the actions, implications and age groups for the administration of the Cholera vaccine						
(1) Age (18 yrs. – 64 yrs.)						

* 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

Required Competency or Skill	*Self-Assessment	Orientation (Preceptor Date & Initials)		Validation of Competency			
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(2) Traveling to cholera-affected areas (administer vaccine a minimum of 10 days before prior to vaccination)							
C. Screens patient for the following contraindications or precautions either verbally or written prior to cholera vaccination							
(1) History of severe allergic reaction (e.g., anaphylaxis) to any ingredient of cholera vaccine (VAXCHORA) or to a previous dose of any cholera vaccine							
(2) Current medications-oral or parenteral antibiotics within 14 days prior to vaccination							
(3) Antimalarial prophylaxis with chloroquine given at a minimum 10 days post vaccination							
(4) Pregnancy, immunocompromised or immunosuppressive treatments (including cancer chemotherapy drugs, rheumatoid biologics (i.e. Remicade) and corticosteroids). "Do not administer without consulting medical provider."							
(5) Verify when patient last consumed food or drink (patient should not have eaten 60 minutes prior to receiving VAXCHORA)							
D. Provides required education materials to patient							
(1) Provides patient any required educational material (i.e., Vaccine Information Statement (VIS), fact sheet, patient counseling information) for cholera vaccine prior to administration (language appropriate or audio for visually impaired)							
(2) Informs patient to not consume food or drink for 60 minutes after vaccine administration							
(3) Advise patient to exercise caution regarding food and water consumed in cholera-affected areas, in accordance with the recommendations from the Centers for Disease Control and Prevention for the prevention of cholera in travelers							
(4) Inform patient that VAXCHORA is a live attenuated vaccine and has the potential for transmission of the vaccine strain to close contacts (e.g., household contacts). For at least 14 days following vaccination with VAXCHORA, patient should practice							

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good hand washing after using the bathroom and before preparing or handling food							
E. Verbalizes to patient the potential expected and rare reactions after cholera vaccination							
(1) Distinguishes between side effects and adverse events to include symptoms, length of duration, and treatment plan							
(2) Educate patient regarding the most common adverse reactions occurring within 7 days post-vaccination with VAXCHORA (tiredness, headache, abdominal pain, nausea/vomiting, lack of appetite, and diarrhea)							
(3) Potential serious reactions after vaccination: allergic reactions. Reports clinically significant or unexpected adverse event that occurs after administration of VAXCHORA Cholera Vaccine should be reported to Vaccine Adverse Events Reporting System (VAERS)							
(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)							
F. Allows patient an opportunity to ask questions concerning potential contraindications and adverse reactions							
(1) Refers patient to a health care provider for questions concerning potential contraindications or precautions to cholera vaccine administration, if indicated							
(2) Documents hypersensitivity to vaccine, vaccine component, or medication in patient medical records							
(3) Enters Medical/Administrative exemption into DOD/USCG-approved electronic Immunization Tracking System (ITS) per health care provider direction when applicable							
Vaccine Reconstitution and Administration Procedures	CRITICAL THINKING: 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						
A. Verbalizes understanding of package insert for the administration of cholera vaccine to adults 18yrs. – 64 yrs.)							

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B. Selects cholera vaccine buffer component (Packet 1) and active component (Packet 2) from freezer (-13° F to 5° F or -25°C to -15°C)							
C. Gathers required supplies for reconstituting and administering cholera vaccine (i.e., gloves, purified bottle water, disposable cup, disposable stirrer, measuring cup, scissors, disposable medical waste container)							
D. Follows OSHA and Infection Control practices							
(1) Wash or sanitizes hands with soap and water, or use an alcohol-based hand cleaner before and after patient contact							
(2) Don gloves: Wears gloves when mixing and administering cholera vaccine							
(3) Ensure gloves are changed between patients							
E. Prepares cholera vaccine (VAXCHORA) for administration. NOTE: Packets must be reconstituted in proper order. If the packets are reconstituted improperly, the vaccine must be discarded							
(1) Removes properly stored cholera vaccine from freezer at (-25°C to -15°C); Do not thaw prior to reconstitution (Must be accomplished within 15 minutes)							
a. Located the 2 packets: the buffer component (packet 1) and the active component (Packet2)							
b. Checks vaccine(s) expiration date(s); Double check							
c. Pour 100ml of cold or room temperature purified water into a clean, disposable cup							
d. Use scissors to cut the top off the buffer component (Packet 1)							
e. Empty buffer component (Packet 1) content into cup. Effervescence will occur							
f. Using a disposable stirrer, stir until the buffer component (Packet 1) completely dissolves							

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g. Use scissors to cut the top off the active component (Packet 2)							
h. Empty the active component (Packet 2) contents into the cup containing the buffer solution							
i. Stir for at least 30 seconds and until active component disperses to form a slightly cloudy suspension that may contain some white particulates (active component may not dissolve completely)							
F. Administers the following vaccines per ACIP/manufacturer guidelines ensuring proper route, dosage, timing, and indications/contraindications:							
a. Administer reconstituted Cholera vaccine (VAXCHORA) to patient (must be consumed within 15 minutes of reconstitution)							
b. Instructs patient to drink the full contents of the cup at once (some residue may remain in cup); re-enforce no eating or drinking for 60 minutes after dose of cholera vaccine (VAXCHORA)							
c. Discard cup, stirrer, and component (Packet 2) into approved disposable waste medical container							
d. Wash hands with soap and clean water, or use an alcohol-based hand cleaner before and after patient contact							
e. Maintains aseptic technique throughout vaccine preparation process							
f. Enters cholera vaccination information into electronic immunization tracking system							
G. Immunization Recordkeeping							
(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:							

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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							
(4) Provides documentation of immunization to the patient							
H. Provides post-vaccination instructions							
(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 and any potential for post vaccination shedding							
I. Demonstrates ability to recognize signs and symptoms of a patient experiencing an anaphylactic reaction and responds appropriately							
(1) Verbalizes understanding of the standing order for the medical management of vaccine adverse events							
(2) Demonstrates ability to recognize signs and symptoms of a patient experiencing a post vaccination reaction and responds							

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a. Verbalizes signs and symptoms of a vasovagal or allergic reaction							
b. Positions patient in the supine position on litter/floor							
c. Treat patient in accordance with appropriate standard guidelines (i.e. administer epinephrine and/or other medications per protocol)							
d. Monitors/documents vital signs, assesses breathing, and circulation							
e. Activates Emergency Medical System(EMS) in accordance with clinic policy							
f. Initiates Cardiopulmonary Resuscitation(CPR) if necessary and maintains airway							
J. Properly documents adverse event							
(1) Enters temporary medical exemption in Service ITS							
(2) Documents incident in AHLTA							
(3) Completes and submits a VAERS form							

Preceptor's Initials	Printed Name	Signature

I understand the topics listed, I will be allowed to perform only those within my scope of practice, and only after I have successfully demonstrated competency.

Trainee Signature: _____ **DATE:** _____

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