

## Initial/Annual Competency Assessment Checklist: IMMUNIZATIONS (Adult & Pediatric)

Assessment Start Date:

Assessment Completion Date:

Initial or Annual Assessment:

| Required Competency or Skill  | Self- Assessment * | Validation of Competency            |   |
|---|--------------------|-------------------------------------|---|
|   |                    | Evaluation Method †                 | Comments  |
| <b>Customer Service</b>   |                    |                                     | <b>CRITICAL THINKING:</b> Utilizes appropriate greeting/military courtesy. Determines patient eligibility. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their right to privacy (i.e., auditory and visual privacy).   |
| <b>A. Check-In:</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 Service-specific immunization tracking system (ITS) and/or Electronic Health Record (EHR):</b>  |                    |                                     |   |
| (1) Verifies name, DoD ID or SSN/sponsor's SSN, phone number and address.   |                    |                                     |   |
| (2) Verifies DEERS eligibility and Tricare enrollment status.   |                    |                                     |   |
| <b>Validation Completed</b>   |                    | <b>Evaluator Initials and Date:</b> |   |
| <b>Patient Screening</b>  |                    |                                     | <b>CRITICAL THINKING:</b> Understands screening requirements and recommendations for adult and pediatric vaccinations. Documents findings appropriately. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their right to privacy (i.e., auditory and visual privacy). |
| <b>A. Screens patient records (e.g., ITS, DEERS, EHR [AHLTA, GENESIS, JLV], State Immunization Systems, and/or paper medical/shot records) to identify required, recommended, or overdue vaccinations in accordance with ACIP and Service-specific recommendations.</b>   |                    |                                     |   |
| <b>B. Using a standardized list of questions (DD Forms 3110 &amp; 3111, DHA Form 116), screens patient (either verbally or written) for the following precautions and contraindications prior to immunization:</b>  |                    |                                     |   |
| (1) Allergy/hypersensitivity to medications, food, latex, or a vaccine component (e.g., eggs, chicken, gelatin, formaldehyde, thimerosal, MSG, gentamicin, neomycin, or polymyxin B).   |                    |                                     |   |
| (2) Moderate to severe acute illness, or chronic medical conditions such as heart, lung, kidney or liver disease; metabolic disease (e.g., diabetes); brain or other nervous system issue (e.g., seizures); or decreased immune function, either congenital or from a disease (e.g., HIV, rheumatoid arthritis, or functional/anatomic asplenia [including sickle-cell disease]) or certain medications or therapies (e.g., cancer treatments, biologics, or steroids). |                    |                                     |   |
| (3) Current medications (e.g., prescription, over the counter, herbal supplements, etc.); recent blood products, transfusion, or immune globulin; or any vaccines within the last 4 weeks.  |                    |                                     |   |
| (4) Passed out (vasovagal syncope) or had a serious reaction during or after a previous immunization or blood draw.   |                    |                                     |   |
| (5) Pregnant or a chance of becoming pregnant in the next month.  |                    |                                     |   |
| (6) Additional screening <b>PEDIATRIC PATIENTS ONLY:</b>  |                    |                                     |   |
| a. Intussusception (infants); wheezing or asthma diagnosis within the last 12 months (patients 2-4 years of age).   |                    |                                     |   |

\*Self-Assessment: 1 = Experienced    2 = Needs Practice/Assistance    3 = Never Done    N/A = Not Applicable

† Evaluation / Validation Method: D = Demonstration/Observation    I = Interactive Class    T = Written Test    V = Verbal review

| Required Competency or Skill   | Self- Assessment * | Validation of Competency  |                                     |
|--|--------------------|---|-------------------------------------|
|  |                    | Evaluation Method †   | Comments                            |
| (7) Additional screening <b>INFLUENZA VACCINES ONLY:</b>   |                    |   |                                     |
| a. Numbness or weakness in the legs or elsewhere (Guillain-Barré syndrome) within 6 weeks of receiving an influenza vaccine.   |                    |   |                                     |
| b. Previous receipt of influenza vaccine (patients 6 months - 8 years of age should receive a primary series of 2 doses separated by at least 4 weeks).  |                    |   |                                     |
| c. Receipt of any influenza vaccine (Northern or Southern Hemisphere) within the past 30 days.   |                    |   |                                     |
| <b>C. Verbalizes to patient / parent / legal guardian the potential adverse reactions after vaccination, and provides aftercare instructions:</b>  |                    |   |                                     |
| (1) Distinguishes between local, systemic, and allergic adverse reactions, to include symptoms and onset timeframes:   |                    |   |                                     |
| a. Rare adverse reactions may include anaphylaxis (i.e., dyspnea or wheezing; swelling of face/throat/tongue; hives; nausea or vomiting; abdominal pain or diarrhea; dizziness or fainting; hypotension; tachycardia; feeling of impending doom; or cardiac arrest), angioedema, lymphadenopathy, or dermatologic conditions such as urticaria or erythema multiforme.<br><b>**Review events specific to vaccines given in clinical area**</b> |                    |   |                                     |
| b. Common adverse reactions may include pain, swelling, or redness at the injection site; fever; fatigue; or head and body/muscle aches. In general, symptom onset is within the first 24 hours, and resolves within 48 to 72 hours.   |                    |   |                                     |
| <b>D. Documents allergy/hypersensitivity to medications, food, latex, or a vaccine component in patient's EHR.</b>   |                    |   |                                     |
| <b>E. Enters medical or administrative exemption(s) into Service-specific ITS and EHR per healthcare provider direction when applicable.</b>   |                    |   |                                     |
| <b>Validation Completed</b>  |                    |   | <b>Evaluator Initials and Date:</b> |
| <b>Patient Education</b>   |                    | <b>CRITICAL THINKING:</b> Recognizes specific patient education requirements prior to vaccination. Documents education provided. Recognizes unique age and language communication needs of patient and provides educational material appropriately.   |                                     |
| <b>A. Provides required education materials to patient / parent / legal guardian:</b>  |                    |   |                                     |
| (1) Current Vaccine Information Statement (VIS) for planned immunization prior to administration, and additional educational materials as appropriate (vaccine-specific pamphlets, language appropriate, or audio for visually impaired).  |                    |   |                                     |
| (2) Offers patient / parent / legal guardian an opportunity to ask questions and provides additional educational information as needed to address concerns associated with planned vaccine.  |                    |   |                                     |
| (3) Refers patient / parent / legal guardian to a healthcare provider for consultation and/or evaluation prior to vaccine administration, if indicated.  |                    |   |                                     |
| <b>Validation Completed</b>  |                    |   | <b>Evaluator Initials and Date:</b> |
| <b>Vaccine Preparation</b>   |                    | <b>CRITICAL THINKING:</b> Follows ACIP, OSHA, and manufacturer guidelines. Prepares vaccine in a designated clean medication area not adjacent to areas where potentially contaminated items are placed. Recognizes that different vaccines should never be mixed in the same syringe. Understands that the routine practice of prefilling syringes is discouraged and might result in administration errors or vaccine wastage. Knows there is no requirement to change needle between preparing and administering as long as needle has not been damaged or contaminated. |                                     |
| <b>A. Selects appropriate product and dose based on patient's age, indication, and screening.</b>  |                    |   |                                     |
| <b>B. Verbalizes understanding of the applicable standing order (SO) and package insert. ‡</b>   |                    |   |                                     |
| <b>C. Gathers required supplies for vaccine administration (i.e., alcohol pads, needles, gauze, bandages, sharps container, etc.).</b>   |                    |   |                                     |

‡ See DHA-IHD SO examples at <https://health.mil/Reference-Center/Publications/2020/08/05/Standing-Orders-for-Immunizations-booklet>

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|  |                    | Evaluation Method †  | Comments |
| <b>D. Follows ACIP, OSHA, and local Infection Control practices, to include:</b>   |                    |  |          |
| (1) Washes hands with soap and clean water, or uses an alcohol-based hand sanitizer before and after patient contact.  |                    |  |          |
| (2) Wears gloves if skin is broken, risk of contact with patient's body fluids, or if clinic policy.<br><b>**Per OSHA guidelines, gloves are not required**</b>  |                    |  |          |
| (3) Ensures gloves are changed between patients (if worn).   |                    |  |          |
| <b>E. Prepares vaccine for administration:</b>   |                    |  |          |
| (1) Knows where indicated vaccine and diluent (if required) are stored and ensures storage unit temperature is within range (refrigerator at 2°C-8°C [36°F-46°F], freezer at -50°C to -15°C [-58°F-5°F], or room temperature). |                    |  |          |
| (2) Removes correct product (manufacturer prefilled syringe or vial), and inspects for damage or contamination.  |                    |  |          |
| (3) Checks product expiration date, and double checks product label and contents prior to drawing up.  |                    |  |          |
| (4) Selects the correct needle length and gauge based on patient age and/or weight, and injection route (intramuscular [IM] or subcutaneous [SC]).   |                    |  |          |
| (5) Maintains aseptic technique throughout, to include:  |                    |  |          |
| a. Confirms supplies are not expired.  |                    |  |          |
| b. Ensures sterile needle or syringe adapter does not touch potentially contaminated surfaces.   |                    |  |          |
| c. Uses an alcohol wipe to clean the vial stopper prior to piercing it.  |                    |  |          |
| (6) Correctly prepares a dose from both a manufacturer prefilled syringe and a single or multi-dose vial according to the package insert.  |                    |  |          |
| (7) Labels multi-dose vial with beyond-use date (BUD) and initials, and returns it to correct storage unit.  |                    |  |          |
| (8) Ensures any opened multi-dose vial without proper labeling is discarded at the end of duty day.  |                    |  |          |
| (9) Ensures any manufacturer prefilled syringe with syringe cap removed and/or needle attached is discarded at the end of duty day.  |                    |  |          |
| <b>Validation Completed</b>  |                    | <b>Evaluator Initials and Date:</b>  |          |
| <b>Vaccine Administration</b>  |                    | <b>CRITICAL THINKING:</b> <i>Follows ACIP and manufacturer guidelines. Administers using the 5Rs (right patient, right vaccine, right dose, right route, and right time). Understands that deviation from the recommended procedure may reduce vaccine effectiveness or increase the risk of local reactions. Recognizes that 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 are located at recommended injection sites.</i> |          |
| <b>A. Administers vaccine per ACIP and manufacturer guidelines ensuring proper indication, patient, vaccine, dose, route, and timing:</b>  |                    |  |          |
| (1) Selects appropriate anatomical injection site based on vaccine and patient age/weight (see "Needle Length & Injection Site" table in applicable DHA-IHD SO).   |                    |  |          |
| (2) Locates landmarks specific to IM and SC injections.  |                    |  |          |
| (3) Preps the site with an alcohol wipe, using a circular motion from the center out to a 2" to 3" circle. Allows alcohol to dry.  |                    |  |          |
| (4) Controls the limb with the non-dominant hand; inserts needle quickly at the appropriate angle (90° for IM or 45° for SC).  |                    |  |          |
| (5) Injects vaccine using steady pressure, then withdraws needle at angle of insertion.  |                    |  |          |
| (6) Applies light pressure with gauze to injection site for several seconds, then applies bandage.   |                    |  |          |
| (7) Properly disposes of sharps (e.g., needle, syringe, or vial) in sharps container.  |                    |  |          |
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| <b>B. Provides post-vaccination instructions:</b>   |  |                                     |          |
| (1) Instructs patient to remain in the clinic for 15 minutes after vaccination for monitoring of possible adverse reactions.  |  |                                     |          |
| (2) Reiterates symptoms of possible adverse reactions.  |  |                                     |          |
| <b>Validation Completed</b>   |  | <b>Evaluator Initials and Date:</b> |          |
| <b>Documentation</b>  | <b>CRITICAL THINKING:</b> <i>Understands that appropriate/timely documentation helps ensure that persons in need of vaccine doses receive them and that adequately vaccinated patients don't receive excess doses. Recognizes that EHRs and ITSs are critical tools that track and forecast doses, and can increase/sustain vaccination coverage by consolidating records from multiple providers or locations.</i>  |                                     |          |
| <b>A. Records immunization accurately in the Service-specific ITS (DD 2766) and EHR according to Service-specific policy at the time of immunization (or no later than 24 hours after administration):</b>  |  |                                     |          |
| (1) Includes date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, records the reason for non-receipt. |  |                                     |          |
| <b>B. Correctly records required immunization information on SF 600/601 and CDC 731.</b>  |  |                                     |          |
| <b>C. Provides documentation of immunization to the patient / parent / legal guardian.</b>  |  |                                     |          |
| <b>Validation Completed</b>   |  | <b>Evaluator Initials and Date:</b> |          |
| <b>Patient Monitoring</b>   | <b>CRITICAL THINKING:</b> <i>Knows that syncope after vaccination is most common among adolescents and young adults, and that patients must be protected from falls and head trauma. Understands that rapid recognition and initiation of treatment for anaphylaxis are required to prevent possible progression to respiratory failure or cardiovascular collapse. Recognizes that VAERS helps establish trends, identify clusters of adverse reactions, and generate hypotheses.</i> |                                     |          |
| <b>A. Demonstrates ability to recognize signs and symptoms of syncope or an anaphylactic reaction and responds:</b>   |  |                                     |          |
| (1) Verbalizes signs and symptoms of syncopal and anaphylactic reactions.   |  |                                     |          |
| (2) Positions patient appropriately (e.g., in the supine position on litter/floor, loosens tight clothing, elevates legs, and maintains airway).  |  |                                     |          |
| (3) Follows local emergency protocol for medical management of vaccine adverse reactions, to include administering epinephrine, restoring cerebral perfusion, and activating EMS.   |  |                                     |          |
| <b>B. Properly documents adverse reaction:</b>  |  |                                     |          |
| (1) Documents incident in EHR and PSR systems, and enters temporary medical exemption in Service-specific ITS and EHR per healthcare provider direction when applicable.  |  |                                     |          |
| (2) Completes and submits a VAERS form.   |  |                                     |          |
| <b>Validation Completed</b>   |  | <b>Evaluator Initials and Date:</b> |          |

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| Evaluator Initials | Printed Name | Signature | Evaluator Initials | Printed Name | Signature |
|--------------------|--------------|-----------|--------------------|--------------|-----------|
|                    |              |           |                    |              |           |
|                    |              |           |                    |              |           |

|  |                   |              |
|--|-------------------|--------------|
| <b>I understand the topics listed, and know that I will be allowed to perform only those within my scope of practice, and only after I have successfully demonstrated initial and annual competency.</b> |                   |              |
| <b>Printed Name:</b>   | <b>Signature:</b> | <b>Date:</b> |