

## Initial/Annual Competency Assessment Checklist: PEDIATRIC/ADOLESCENT IMMUNIZATION ADMINISTRATION (below 18 yrs.)\*\*

(\*\*except smallpox, influenza, Japanese Encephalitis, and adenovirus; see vaccine specific competency assessment forms)

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/parent/guardian</b>						
(1) Welcomes patient/parent/guardian 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 ALTHA</b>						
(1) Verifies name, SSN/sponsor's SSN, phone number and address						
(2) Verifies DEERS eligibility and Tricare enrollment status						
<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, AHLTA, DEERS, State Immunization Systems, and/or paper medical/shot records) to identify required and/or overdue vaccinations in accordance with ACIP recommendations</b>						
<b>B. Determines other vaccination requirements based on age, occupation, health and/or travel (official and personal) in accordance with current ACIP and/or Service specific recommendations</b>						

\* Self-Assessment: 1=Experienced

2=Needs Practice/Assistance

3=Never Done

N/A= Not Applicable

+ Evaluation / Validation Method: T=Written Test

D=Demonstration/Observation

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<b>C. Screens patient for the following contraindications or precautions using a standardized list of questions (either verbally or written) prior to immunization</b>							
(1) Allergies to medications, food, vaccine component, or latex							
(2) 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.)							
(3) Current medications (Over the counter, Prescription, Herbal supplements, etc.)							
(4) Recent blood products, transfusion, or immune globulin							
(5) Pregnancy or chance of becoming pregnant during the next month							
(6) Administered live vaccines within the last 4 weeks							
(7) History of adverse reaction(s ) following vaccination							
<b>D. Refers patient to laboratory for serology or pregnancy test as appropriate</b>							
<b>E. Verbalizes to patient/parent/guardian the potential expected and rare reactions after 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 the injection site, fever, body aches, headache, fatigue							
(3) Serious allergic reactions after vaccination: difficulty breathing; hoarseness or wheezing, hives, paleness, weakness, a fast heartbeat or dizziness							
(4) Informs patient/parent/guardian that side effects are usually temporary and steps to take if an adverse event occurs (i.e. Seek medical attention immediately)							
(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 selection. 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) on all immunizations prior to administration (language appropriate or audio for visually impaired)						
(2) Provides additional education materials to patient/parent/guardian as appropriate						
(3) Allows patient/parent/guardian an opportunity to ask questions and provide additional educational information as needed to address patient/parent/guardian concerns						
(4) Refers patient to a health care provider for consultation and/or evaluation prior to vaccine administration, if indicated						
<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 injection sites.					
<b>A. Selects appropriate product based on age and screening of patient</b>						
<b>B. Verbalizes understanding of the standing order and package insert for the vaccine(s) to be administered</b>						
<b>C. Gathers required supplies for administering vaccine (i.e., gauze, alcohol pads, bandages, sharps container, etc.)</b>						
<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 vaccine(s) for administration</b>						
(1) Removes properly stored vaccine from storage unit						
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						

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(2) Multi-dose vial							
a. Removes plastic cap and labels multi-dose vaccine vials with date/time opened and initials							
b. Prior to withdrawing dose agitates (shakes) the vial to mix thoroughly to obtain a uniform suspension							
c. Wipes vaccine vial top with alcohol pad prior to withdrawing dose							
d. Withdraws appropriate dosage from vial							
e. Ensures any open multi-dose vials without proper labeling of date/time opened, and/or initials be discarded at the end of duty day							
(3) Single-dose vial							
a. Prior to withdrawing dose agitates (shakes) the vial to mix thoroughly to obtain a uniform suspension							
b. Removes plastic cap							
c. Wipes vaccine vial top with alcohol pad prior to withdrawing dose							
d. Withdraws entire content of vial							
e. Ensures any single dose vials without caps and/or vaccine drawn up and not used is 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)							
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							
(5) Reconstituted vaccine							
a. Retrieves vaccine and specific diluent for vaccine to be administered (Note: diluents are NOT interchangeable; use only the specific diluent provided by manufacturer)							
b. Wipes vaccine and diluent vial tops with alcohol pad							
c. Withdraws entire content of diluent for single dose and injects into lyophilized vaccine vial							

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d. Mixes thoroughly to ensure that powder is completely dissolved to obtain a uniform consistency							
e. Withdraws entire amount of reconstituted vaccine. (Changing needle is not necessary unless needle is contaminated or damaged)							
f. Labels vaccine syringe with type of vaccine, date/time, and initials							
g. Administers reconstituted vaccine(s) within manufacturer's timeline otherwise discards vaccine(s)							
(6) Maintains aseptic technique throughout vaccine preparation process							
<b>F. Administers the following vaccines per ACIP/manufacturer guidelines ensuring proper route, dosage, timing, and indications/contraindications:</b>							
(1) Intramuscular (IM)							
a. Selects 22-25g needle and appropriate length based on administration route and body size (1 – 11/4")							
b. Selects appropriate size syringe							
c. Selects recommended anatomical site for IM injection							
1. Children less than 3 years old: anterolateral thigh muscle (middle upper outer aspect of thigh)							
2. Children 3 years and older: upper arm deltoid muscle; demonstrates 3 fingers down from acromion process to select proper area							
d. Preps the site with an alcohol wipe using a circular motion. Allow alcohol to dry.							
e. Inserts the needle fully into the muscle at a 90° angle (per ACIP aspiration is not required)							
f. Injects vaccine using steady pressure then withdraws needle at angle of insertion							
1. DTaP							
• Daptacel							
• Infanrix							
2. DT (Generic)							
3. DTaP-IPV - Kinrix							

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4. DTaP-HepB-IPV - Pediarix							
5. DTaP-IPV/Hib							
6. Haemophilus influenza B (Hib)							
• PedvaxHIB							
• ActHIB							
• Hiberix							
7. Haemophilus influenza B (Hib) – HepB - Comvax							
8. Hepatitis A (Hep A)							
• Havrix							
• Vaqta							
9. Hepatitis B (Hep B)							
• Engerix-B							
• Recombivax HB							
10. Hepatitis A&B (TWINRIX)							
11. Human Papillomavirus (HPV):							
• Gardasil (HPV4)							
• Cervarix (HPV2)							
12. Meningococcal Groups C and Y and Haemophilus b Tetanus Toxoid Conjugate (Menhibrix)							
13. Meningococcal (MCV4):							
• Menactra							
• Menveo							

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14. Pneumococcal:							
• Prevnar 13 (PCV13)							
• Pneumovax 23 (PPSV23) (may be given IM or SC)							
15. Polio (IPV) (may be given IM or SC)							
16. Rabies:							
• Imovax Rabies							
• RabAvert							
17. Tetanus-Diphtheria (Td)							
18. Tetanus, Diphtheria, Acellular Pertussis (Tdap):							
• Adacel							
• Boostrix							
19. Tetanus-Toxoid (TT)							
20. Typhoid - Typhim Vi (ViCPS)							
g. Applies light pressure with gauze to injection site for several seconds							
(2) Subcutaneous (SC)							
a. Selects appropriate needle size and length (23-25g, 5/8 inch)							
b. Selects appropriate syringe size							
c. Selects appropriate anatomical site(s) (i.e., upper outer tricep area of the arm for children 12 months of age and older, or thigh for infants younger than 12 months of age)							
d. Preps the site with an alcohol wipe using a circular motion. Allow alcohol to dry.							
e. Inserts needle at a 45° angle (May pinch up fatty tissue to avoid reaching the muscle prior to insertion of needle)							

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f. Injects vaccine using steady pressure then withdraws needle at angle of insertion							
1. Measles, Mumps, Rubella (MMR)							
2. MMR + Varicella (MMRV) - ProQuad							
3. Meningococcal (MPSV4) - Menomune							
4. Varicella (VAR) - Varivax							
5. Yellow Fever (YF)							
(3) Oral							
1. Rotavirus							
• RotaTeq							
• Rotarix							
<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 (Required for Yellow Fever vaccination)							
b. DD Form 2766C							
c. SF 600/601							
(4) Provides documentation of immunization to the patient							
<b>H. Provides post-vaccination instructions</b>							

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(1) Instructs patient/parent/guardian 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 appropriately</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 documents incident							
(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 events							
(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 ITS							
(2) Documents incident in AHLTA							
(3) Completes and submits a VAERS form							

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<b>Preceptor's Initials</b>	<b>Printed Name</b>			<b>Signature</b>			
<p><b>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.</b></p> <p><b>Trainee Signature:</b> _____ <b>DATE:</b> _____</p>							

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