

## Competency Assessment Checklist: IMMUNIZATIONS (Seasonal Influenza)

Name:		Position/Job Title:		Facility:	
Assessment Start Date:		Assessment Completion Date:		Influenza season (year):	
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>C. Understands minors must accompanied by a parent or legal guardian per local MTF, county, and/or state policy.</b>					
<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. Assures the confidentiality of patient information and their right to privacy (i.e., auditory and/or visual privacy).				
<b>A. Screens patient records (e.g., ITS, DEERS, EHR, state immunization tracking 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 (DHA Form 116), screens patient (either verbally or written) for the following precautions and contraindications prior to immunization:</b>					
(1) Is the patient sick with moderate to severe illness, with or without fever?					
(2) Passed out (vasovagal syncope) or had a serious reaction (other than flu-like symptoms) during or after a previous influenza immunization or blood draw.					
(3) Numbness or weakness in the legs or elsewhere (Guillain-Barré syndrome) within 6 weeks of receiving an influenza vaccine.					
(4) Allergy/hypersensitivity to medications, a vaccine, or vaccine component (e.g. gelatin, formaldehyde, thimerosal, MSG, gentamicin, neomycin, or polymyxin B).					
(5) Receipt of any influenza vaccine (Northern or Southern Hemisphere) within the past 30 days.					
(6) <b>FLUMIST ONLY:</b> Checks patients age (2-49 years), pregnancy or chance of pregnancy within 30 days, immunocompromise, asplenia, cochlear implant, ASA therapy (<18 yrs.), history of asthma/recurrent wheezing (2-4 yrs.), or recent antiviral medication for influenza.					
(7) <b>PEDIATRIC PATIENTS ONLY:</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).					
<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:					

\*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
a. 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. Rare adverse reactions may include anaphylaxis (i.e., dyspnea or wheezing; swelling of face/throat/tongue; nausea or vomiting; abdominal pain; diarrhea; dizziness or fainting; hypotension; tachycardia; feeling of impending doom; or cardiac arrest), angioedema, lymphadenopathy, or dermatologic conditions such as urticaria (hives) or erythema multiforme. <b>**Review events specific to vaccines given in clinical area**</b>			
<b>D. Documents allergy/hypersensitivity to medications, food, latex, vaccine, or 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> <i>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.</i>	
<b>A. Provides required education materials to patient / parent / legal guardian:</b>			
(1) Current Vaccine Information Statement (VIS) for planned influenza vaccine 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 influenza vaccine.			
(3) Refers patient / parent / legal guardian to a healthcare provider for consultation and/or evaluation prior to influenza vaccine administration, if indicated.			
<b>Validation Completed</b>			<b>Evaluator Initials and Date:</b>
<b>Vaccine Preparation</b>		<b>CRITICAL THINKING:</b> <i>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.</i>	
<b>A. Selects appropriate product and dose based on patient's age, screening, time of year, and geographic location:</b>			
(1) Northern Hemisphere: any age-appropriate influenza formulation between Sept- June.			
(2) Southern Hemisphere (SH): Fluzone SH between Apr – Sept.			
<b>B. Verbalizes understanding of the applicable standing order (SO) and package insert (PI). ‡</b>			
<b>C. Gathers required supplies for vaccine administration (i.e., alcohol pads, needles, gauze, bandages, sharps container, etc.).</b>			
<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 potentially infectious body fluids, or if clinic policy. <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>			

‡ DHA-IHD SOs and PIs: <https://www.health.mil/flu>

\*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
(1) Knows where indicated influenza vaccine is stored and ensures storage unit temperature is within range (refrigerator at 2°C-8°C [36°F-46°F]).			
(2) Removes correct product (manufacturer prefilled syringe or vial) and inspects for damage, contamination, or signs of improper storage (i.e., frozen vaccine).			
(3) Checks product expiration date, and double checks product label and contents prior to drawing up.			
(4) Selects the correct syringe (MDV) and needle length/gauge based on patient age, sex, weight, and injection route (intramuscular [IM]).			
(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 vial stopper prior to withdrawing dose.			
(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.			
(10) Ensures any expired product 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 patient, vaccine, dose, route, and timing (“5 Rights”):</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 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) Patient and vaccinator should be seated. The arm should be completely exposed and lifted slightly out to the side, for example, with the patient’s hand placed on the ipsilateral hip. Inject into the central, thickest, portion of the deltoid muscle - above the level of the armpit and approximately 3 fingerbreadths (~2”) below the acromion process Inserts needle quickly at the appropriate angle (90° for IM); <b>DOES NOT</b> aspirate.			
(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 sharps (e.g., needle, syringe, or vial) in sharps container.			
(8) <b>FLUMIST ONLY:</b> Each sprayer contains a single dose (0.2 mL). Administers approximately one half of the contents of the single-dose intranasal sprayer into each nostril with patient in an upright position.			
<b>B. Provides post-vaccination instructions:</b>			
(1) Instructs patient to remain in the clinic for 15 minutes after vaccination			
(2) Reiterates symptoms of possible side effects/adverse reactions.			
<b>Validation Completed</b>			<b>Evaluator Initials and Date:</b>

\*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
<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 ITSs and EHRs are critical tools that track and forecast doses and can increase/sustain vaccination coverage by consolidating records from multiple providers or locations.. Note: Document all immunizations in the immunization module of the EHR. If the EHR is unavailable, immunizations may be documented in a DoD and/or USCG Individual Medical Readiness System, in accordance with Service-specific policies.</i>		
<b>A. Documents immunization in the immunization module of the EHR and the applicable DoD and/or USCG Individual Medical Readiness System in accordance with Service-specific policies at the time of immunization (or no later than 24 hours after administration):</b>			
(1) Include 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, CDC 731, and DD Form 2766C as appropriate.</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) Verbalizes local protocol for medical management of vaccine adverse reactions, to include location of anaphylaxis and emergency care equipment, administration of age-appropriate epinephrine, and activation of EMS or rapid response team.			
<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>

\*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

Evaluator Initials	Printed Name	Signature	Evaluator Initials	Printed Name	Signature

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

Printed Name:

Signature:

Date: