

ADENOVIRUS Type 4 and Type 7 LIVE, ORAL VACCINE ADMINISTRATION COMPETENCY ASSESSMENT

Patient Population Served: Recruits (17-50 yrs)

Required Competency or Skill	* Self Assessment	Orientation (Preceptor initials & date)	+ Evaluation Method	Competency Validated by Supervisor (Signature & date)	Comments/ Additional Resources
Patient Screening	<i>CRITICAL THINKING: Documents findings appropriately. Recognizes unique communication needs of patients and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).</i>				
A. Understands the actions, implications, contraindications, and precautions for the administration of the adenovirus Type 4 and Type 7 Vaccine, Live, Oral:					
1. Recruits screened for vaccine contraindications to include a. Age (younger than 17 yrs, older than 50 yrs) b. Severe allergic reaction to any component of the vaccine (see package insert) c. Pregnancy d. Inability to swallow tablets whole without chewing					
2. Recruits screened for vaccine precautions to include a. Immunocompromised individuals b. Vomiting and/or diarrhea					
3. If cannot receive either tablet, Type-4 or Type-7, patient is exempt from receiving vaccine. Do not administer just one type of tablet					
4. Adenovirus vaccine can be administered simultaneously or at any interval before or after other vaccines including live vaccines					
5. Familiar with adenovirus vaccine package insert.					
B. If accession site uses a standing order, verbalize understanding of the standing order for the administration of the adenovirus vaccine to recruits					
C. Provides the opportunity to read the current adenovirus Vaccination Information Statement (VIS) prior to administration of immunization					
D. Provides recruit with post-vaccination precaution counseling prior to departure					
1. Persons should not become pregnant within 6 weeks of vaccination.					

* **Self Assessment:** 1=Experienced

2=Needs Practice/Assistance

3=Never Done

N/A=Not Applicable

+ **Evaluation / Validation Methodologies:**

T=Tests

D=Demonstration/Observation

V=Verbal

I=Interactive Class

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2. Viral shedding will continue in the stool for up to 28 days after vaccination. To prevent further fecal-oral spread of the virus, educate recruits on proper hand washing and personal hygiene measures					
3. Due to viral shedding recruits should exercise caution for 28 days post-vaccination when in close contact with <ul style="list-style-type: none"> a. Children less than 7 years of age b. Immunocompromised individuals c. Pregnant persons 					
Patient Care Procedures for RN, LPN, Medic, Corpsman	<i>CRITICAL THINKING: Recognizes unique needs of vaccinees and performs adenovirus vaccine administration accordingly. Gathers appropriate supplies and equipment for administration of vaccine. Explains all procedures in an age appropriate manner according to the level of understanding of the recruit.</i>				
A. Understands importance of the storage and handling of adenovirus vaccine					
1. Must be stored in a refrigerator (2-8°C) upon arrival, during transportation, and until administered to recruit. DO NOT FREEZE					
2. Protect vaccine from moisture. Keep lid tightly closed and do not remove desiccant packet from bottle					
3. May be used until expiration date on the bottle					
4. Once pill is dispensed into a cup for administration it cannot go back into the bottle and must be discarded if not used					
5. If a broken pill is found in the bottle, mark bottle with "Do Not Use". Mark corresponding lot #, Type 4 or Type 7 bottle, "Do Not Use". Place affected vaccine back in the refrigerator and contact USAMMA immediately. Both vaccine types must be kept together until further disposition instructions are provided.					
6. Verbalizes procedures to protect vaccine after temperature compromise is noted (segregate product, label as "Do Not Use", place in functioning refrigerator, contact USAMMA to verify stability, prepare EXSUM and/or destruction notice as necessary)					

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7. If a pill is crushed on a surface and the inner core is exposed. Contain the area, don PPE and clean the area with a hospital grade cleaner. Dispose of materials in hazardous waste container					
B. Demonstrates proper technique for administration of the Adenovirus vaccine					
1. Don gloves prior to dispensing or handling vaccine					
2. Administer a single dose (2 tablets): a. One, Type-4 (white tablet) b. One, Type-7 (peach tablet)					
3. Place one of each type tablet into medicine cup for Administration					
4. Instructs recruit to swallow pill whole with water. Remind recruit not to chew tablet					
5. Perform Directly Observed Therapy: Ensure each tablet has been swallowed and does not remain within recruit's mouth					
6. After dispensing of vaccine. Remove gloves and wash hands					
7. Document the date, type of vaccine, dose, manufacturer, lot number, VIS date and the person who administered the vaccine into the service immunization tracking system and provide a copy to the patient, if requested					
C. 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. Positions patient on litter/ floor					
3. Calls for assistance and administers epinephrine per protocol					
4. Monitors vital signs / assess breathing					

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5. Proper documentation of event a. Annotates a temporary medical exemption in MEDPROS, ASIMS, MRRS b. Document incident in Electronic Medical Record c. Completes a VAERS submission					
D. Demonstrates ability to recognize signs and symptoms of a patient experiencing a vasovagal reaction and responds appropriately					
1. Verbalize signs and symptoms of a vasovagal reaction					
2. Position patient on litter/ floor and elevate legs					
3. Monitor vital signs / assess breathing					
4. Continues to monitor patient until recovery					
E. Explains policy and procedure for waiting at least 15 min after vaccination for monitoring of possible adverse event.					

Preceptor's Initials:

Printed Name:

Signature:

I understand the topics listed and will be allowed to perform only those for my skill level/scope of practice after I have successfully demonstrated competency.

Employee Signature:

Date:

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