EMS Policy Memorandum No. 2021-03

DATE: February 3, 2021

TO: All Prehospital Personnel

FROM: Dr. Katherine Shafer, EMS Medical Director

SUBJ.: Coronavirus (COVID-19) Vaccine Administration by Emergency Medical Technicians (EMT)

The purpose of this memorandum is to approve San Joaquin County Emergency Medical Services Agency (SJCEMSA) certified EMTs who are affiliated with authorized San Joaquin County providers to participate in COVID-19 vaccination programs approved by San Joaquin County Public Health Services and enrolled in the California COVID-19 Vaccination Program (CalVax).

On March 4, 2020, California Governor Gavin Newsom declared a State of Emergency in response to the prevention of the spread of the COVID-19 outbreak. The emergency declaration provides the Director of the Emergency Medical Services Agency the authority to approve the expansion of local optional scope of practice for EMTs, Advanced EMTs, and paramedics to aid in the prevention of the spread of the virus.

On January 12, 2021, SJCEMSA requested and received approval for EMTs to administer COVID-19 vaccinations in accordance with SJCEMSA policies and procedures. This memorandum authorization shall conclude on the date the public health emergency declaration is terminated or until rescinded or modified.

Pursuant to Title 22 of the California Code of Regulations, as well as California EMS Authority (EMSA) local optional scope of practice (LOSOP) approval and applicable SJCEMSA policies, this policy memorandum will serve as notification that the SJCEMSA Agency has approved the public health entities identified above to utilize EMT, AEMT and/or paramedic personnel to administer intramuscular (IM) COVID-19 vaccines. Administration of IM vaccines by EMTs shall comply with the following parameters:

1. EMTs shall maintain a current/valid California EMS certification/license (as applicable to their level of training) at all times while administering IM vaccines.
2. EMTs shall review the enclosed EMSA COVID-19 EMT AEMT and Paramedic Training Packet¹ and complete the self-test and “Skills Checklist for Vaccine

¹ Emergency Medical Services Authority COVID-19 EMT AEMT and Paramedic Training Packet.
Administration” hands on assessment form prior to being utilized to administer IM vaccines.
3. The self-test and “Skills Checklist for Vaccine Administration” hands on assessment form required by EMT personnel must be completed and signed by a paramedic, registered nurse, and or physician and kept for proof of competency by the affiliated authorized San Joaquin County provider.
4. EMT personnel are not authorized to reconstitute vaccines, or draw up vaccines in the administration syringe, but may administer IM vaccines that have already been reconstituted and/or drawn up by other appropriate medical staff.

If you have any questions regarding this policy memorandum, contact Jeff Costa, RN, EMS Critical Care Coordinator at (209) 468-6818.

Attachments:

EMSA COVID-19 Immunization Skills Training for EMS Providers PowerPoint
Course Assessment (Exam) Questions for EMT, Advanced EMT, and Paramedic COVID-19 Vaccination Trainings – without answers
Course Assessment (Exam) Questions for EMT, Advanced EMT, and Paramedic COVID-19 Vaccination Trainings – with answers
Skills Checklist for Vaccine Administration
COVID-19 IMMUNIZATION SKILLS TRAINING FOR EMS PROVIDERS

PROVIDED BY THE CALIFORNIA EMS AUTHORITY

JANUARY 2020
LEARNING OBJECTIVES

Upon completion of this training, participants will be able to:

- Discuss general principles of vaccination
- Have a clear understanding of the scope of practice for emts, Advanced EMTs and paramedics to administer COVID-19 vaccines
- Understand and be prepared to demonstrate best practices for vaccine administration
- Understand the basics of storing and transporting refrigerated, frozen, and ultra-low temperature vaccines
- Understand basic information about the two COVID-19 vaccines that have received Emergency Use Authorization from the FDA, including how mRNA vaccines work to prevent COVID-19
VITAL ROLE OF EMS PROVIDERS IN COVID-19 VACCINATION

- Vaccines are a critical part of the “success story” of modern medicine, accounting for a greater amount of the increase in expected life span of human beings from about 32 years of age to the high 60’s.
- By participating in vaccine delivery, EMS Providers are contributing significantly to the overall health of our community.
- The development of COVID-19 vaccine is historic and dramatic in scope.
- EMS Providers are playing a crucial role in ensuring rapid deployment of vaccines. Your role is essential, and we appreciate your willingness to be part of this important initiative.
ONLINE TRAINING

www.eziz.org

EZIZ
PRINCIPLES OF VACCINATION

Immunity
- Antigen
- Antibody

Passive Immunity
- Protection (antibodies) transferred from another human or animal

Active Immunity
- Protection produced by the person’s own immune system
  - Cellular and humoral (antibody) immunity
Live attenuated vaccine (not utilized under this LOSOP)
- Vaccine contains living but weakened virus
- Produces a mild illness like the natural illness the vaccine is designed to protect against
- Generally not used in those with weakened immune systems

Inactivated vaccine (not utilized under this LOSOP)
- No live organism
- No risk of transmitting disease person is being vaccinated against
- Can generally use in persons with weakened immune systems
mRNA vaccines are a new type of vaccine to protect against infectious diseases

How do they work?
- COVID-19 mRNA vaccines give instructions for our cells to make a harmless piece of what is called the “spike protein.” The spike protein is found on the surface of the virus that causes COVID-19.
- These vaccines are given in the deltoid muscle. Once the instructions (mRNA) are inside the muscle cells, the cells use them to make the protein piece. After the protein piece is made, the cell breaks down the instructions and gets rid of them.
Next, the cell displays the protein piece on its surface. Our immune systems recognize that the protein doesn’t belong there and begin building an immune response and making antibodies, like what happens in natural infection against COVID-19.

At the end of the process, our bodies have learned how to protect against future infection.

The benefit of mRNA vaccines, like all vaccines, is those vaccinated gain this protection without ever having to risk the serious consequences of getting sick with COVID-19.

**mRNA vaccines are being held to the same rigorous safety and effectiveness standards as all other types of vaccines in the United States.**

### Understanding mRNA COVID-19 Vaccines

<table>
<thead>
<tr>
<th>Moderna (MRNA-1273)</th>
<th>Pfizer/BioNTech (BNT162B2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vaccine Name</strong></td>
<td><strong>Vaccine Name</strong></td>
</tr>
<tr>
<td>• MRNA-1273</td>
<td>• BNT162B2</td>
</tr>
<tr>
<td><strong>Vaccine Type</strong></td>
<td><strong>Vaccine Type</strong></td>
</tr>
<tr>
<td>• mRNA</td>
<td>• mRNA</td>
</tr>
<tr>
<td><strong>Previous vaccines</strong></td>
<td><strong>Previous vaccines</strong></td>
</tr>
<tr>
<td>• MMR</td>
<td>• Flu</td>
</tr>
<tr>
<td><strong>Storage Ultra Low</strong></td>
<td><strong>Storage Ultra Low</strong></td>
</tr>
<tr>
<td>• -20°C, 6 months</td>
<td>• -80°C, 6 months</td>
</tr>
<tr>
<td><strong>Regular Storage (-2°C to -8°C)</strong></td>
<td><strong>Regular Storage (-2°C to -8°C)</strong></td>
</tr>
<tr>
<td>• 30 days</td>
<td>• 5 days</td>
</tr>
<tr>
<td><strong>Room Temp</strong></td>
<td><strong>Room Temp</strong></td>
</tr>
<tr>
<td>• 12 hours</td>
<td>• 6 hours</td>
</tr>
<tr>
<td><strong>Number Doses</strong></td>
<td><strong>Number Doses</strong></td>
</tr>
<tr>
<td>• 2 doses, 28 days apart</td>
<td>• 2 doses, 21 days apart</td>
</tr>
<tr>
<td><strong>Minimum order</strong></td>
<td><strong>Minimum order</strong></td>
</tr>
<tr>
<td>• 100 doses</td>
<td>• 975 doses</td>
</tr>
<tr>
<td><strong>Side Effects</strong></td>
<td><strong>Side Effects</strong></td>
</tr>
<tr>
<td>• Muscle aches, mild fever</td>
<td>• Fever, worst hangover of your life</td>
</tr>
<tr>
<td><strong>Efficacy</strong></td>
<td><strong>Efficacy</strong></td>
</tr>
<tr>
<td>• 94.5%</td>
<td>• 95.0%</td>
</tr>
</tbody>
</table>
Preparing Liquid Vaccines

Before You Start
- Wash your hands.
- Gather alcohol pads, appropriate needle, and, as needed, syringe.
- Get the vial or syringe of vaccine.
- Check vaccine against physician’s written order.
- Check that today’s date is sooner than vaccine’s expiration date.

Drawing Up Liquid Vaccine

Single-dose vials
- Remove plastic cap.
- Shake vial.
- Cleanse stopper with alcohol pad and let it dry.
- Assemble needle and syringe.
- Uncap needle.
- Hold vial steady on counter.
- Insert needle straight into center of vial stopper.
- Insert vial and pull needle back so the tip is in the liquid.
- Pull back on plunger and draw up entire contents of vial.
- Withdraw needle.
- Tap syringe and push out air.
- Recap the clean needle.

Multi-dose vials
- Remove plastic cap.
- Shake vial.
- Cleanse stopper with alcohol pad and let it dry.
- Assemble needle and syringe.
- Uncap needle.
- Pull back syringe plunger equal to one dose of vaccine, usually 0.5 cc.
- Hold vial steady on counter.
- Insert needle straight into center of stopper and inject air into vial.
- Insert vial so needle tip is in liquid.
- Withdraw one dose.
- Return needle and vial to counter top.
- Withdraw needle.
- Tap syringe and push out air.
- Recap the clean needle.

Pre-filled syringes
- Shake syringe thoroughly.
- Remove syringe tip cover.
- Attach needle to syringe.
### Vaccine Acronyms & Abbreviations for Providers

Vaccine names are often abbreviated. Here are some common ones. California Immunization Registry (CAIR) codes may differ for certain vaccines. Use this chart as a reference.

<table>
<thead>
<tr>
<th>CDC Abbreviation</th>
<th>CAIR Code</th>
<th>Brand Name</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>BC07B</td>
<td>BCG-7B</td>
<td>Bacillus Calmette-Guérin (Tuberculosis)</td>
</tr>
<tr>
<td>DT</td>
<td>DTaP</td>
<td>DTaP</td>
<td>Diphtheria &amp; Tetanus</td>
</tr>
<tr>
<td>DTP</td>
<td>DTP</td>
<td>DTP</td>
<td>Diphtheria, Tetanus &amp; Pertussis</td>
</tr>
<tr>
<td>DTPv</td>
<td>DTPv</td>
<td>DTPv</td>
<td>Diphtheria, Tetanus &amp; Pertussis</td>
</tr>
<tr>
<td>HbA</td>
<td>HbA</td>
<td>HbA</td>
<td>Hepatitis A</td>
</tr>
<tr>
<td>HbB</td>
<td>HbB</td>
<td>HbB</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>HbA-vHb</td>
<td>HbA-vHb</td>
<td>HbA-vHb</td>
<td>Hepatitis A &amp; Hepatitis B</td>
</tr>
<tr>
<td>HbA-vHb</td>
<td>HbA-vHb</td>
<td>HbA-vHb</td>
<td>Hepatitis A &amp; Hepatitis B</td>
</tr>
<tr>
<td>HbB</td>
<td>HbB</td>
<td>HbB</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
<td>Human papillomavirus (vaccinal)</td>
</tr>
<tr>
<td>IPVv</td>
<td>IPVv</td>
<td>IPVv</td>
<td>Human papillomavirus (vaccinal)</td>
</tr>
<tr>
<td>IV</td>
<td>IV</td>
<td>IV</td>
<td>Inactivated Influenza Vaccine</td>
</tr>
<tr>
<td>RV</td>
<td>RV</td>
<td>RV</td>
<td>T-hemagglutinin</td>
</tr>
<tr>
<td>RVN</td>
<td>RVN</td>
<td>RVN</td>
<td>Quadrivalent</td>
</tr>
<tr>
<td>LAV/LV4</td>
<td>LAV/LV4</td>
<td>LAV/LV4</td>
<td>Flu nasal Live Attenuated Influenza (nasal spray)</td>
</tr>
<tr>
<td>IPV</td>
<td>IPV</td>
<td>IPV</td>
<td>Polio</td>
</tr>
<tr>
<td>MenB</td>
<td>MenB</td>
<td>MenB</td>
<td>Hemophilus influenzae serogroup B</td>
</tr>
<tr>
<td>MMR</td>
<td>MMR</td>
<td>MMR</td>
<td>Measles, Mumps, &amp; Rubella</td>
</tr>
<tr>
<td>MSV</td>
<td>MSV</td>
<td>MSV</td>
<td>Measles, Mumps, &amp; Rubella</td>
</tr>
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<td>MCV4</td>
<td>MCV4</td>
<td>MCV4</td>
<td>Hemophilus Influenzae serogroup B</td>
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<tr>
<td>MMRv</td>
<td>MMRv</td>
<td>MMRv</td>
<td>Measles, Mumps, &amp; Rubella</td>
</tr>
<tr>
<td>OPV</td>
<td>OPV</td>
<td>OPV</td>
<td>Polio</td>
</tr>
<tr>
<td>PCV13</td>
<td>PCV13</td>
<td>PCV13</td>
<td>Hemophilus Influenzae serogroup B (vaccinal)</td>
</tr>
<tr>
<td>PPSV23</td>
<td>PPSV23</td>
<td>PPSV23</td>
<td>Hemophilus Influenzae serogroup B (vaccinal)</td>
</tr>
<tr>
<td>RV1</td>
<td>RV1</td>
<td>RV1</td>
<td>Rotavirus</td>
</tr>
<tr>
<td>RV2</td>
<td>RV2</td>
<td>RV2</td>
<td>Rotavirus</td>
</tr>
<tr>
<td>RV3</td>
<td>RV3</td>
<td>RV3</td>
<td>Rotavirus</td>
</tr>
<tr>
<td>RV5</td>
<td>RV5</td>
<td>RV5</td>
<td>Rotavirus</td>
</tr>
<tr>
<td>PCV13</td>
<td>PCV13</td>
<td>PCV13</td>
<td>Hemophilus Influenzae serogroup B (vaccinal)</td>
</tr>
<tr>
<td>RV1</td>
<td>RV1</td>
<td>RV1</td>
<td>Rotavirus</td>
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<tr>
<td>RV2</td>
<td>RV2</td>
<td>RV2</td>
<td>Rotavirus</td>
</tr>
<tr>
<td>RV3</td>
<td>RV3</td>
<td>RV3</td>
<td>Rotavirus</td>
</tr>
<tr>
<td>Ti</td>
<td>Ti</td>
<td>Ti</td>
<td>Tetanus &amp; Diphtheria</td>
</tr>
<tr>
<td>Tet</td>
<td>Tet</td>
<td>Tet</td>
<td>Tetanus &amp; Diphtheria</td>
</tr>
<tr>
<td>VAR</td>
<td>VAR</td>
<td>VAR</td>
<td>Varicella</td>
</tr>
<tr>
<td>HZV</td>
<td>HZV</td>
<td>HZV</td>
<td>Zoster</td>
</tr>
</tbody>
</table>

*Disclaimer: Abbreviations may vary across medical practices.*
Preparing Reconstituted Vaccines

Before You Start

- Wash your hands.
- Gather alcohol pads, appropriate needle, and syringe.
- Get one dose each of vaccine and diluent.
- Check vaccine against physician’s written order.
- Check that today’s date is sooner than vaccine’s and diluent’s expiration dates.

Mixing the Vaccine

- Remove plastic caps.
- Cleanse stoppers with alcohol pad and let dry.*
- Assemble needle and syringe.
- Uncap needle.
- Hold diluent vial steady on the counter.
- Insert needle straight into the center of the vial stopper.
- Invert vial and pull needle back so the tip is in the liquid.
- Draw up all diluent into syringe and then withdraw needle.
- Hold vaccine vial steady on the counter.
- Insert needle into center of stopper.
- Inject diluent.
- Holding vial and syringe together, shake to mix.

*Be sure that MMR, Varicella and MMRV stoppers are thoroughly dry before drawing up doses. Alcohol may damage these live vaccines.

Drawing Up the Vaccine

- Invert vial and pull needle back so the tip is in the liquid.
- Pull back on plunger and draw up entire contents of vial.
- Withdraw needle.
- Tap syringe and push out air
- Recap the clean needle.
- Use reconstituted vaccine promptly.
BEFORE YOU GIVE IMMUNIZATIONS

- Introduce yourself
- Explain what you will be doing
- Make sure the patient (and parent if you are vaccinating a minor) are comfortable
- If patient has questions, let them talk to the provider
PATIENT SCREENING

- Eligibility (e.g. priority groups for COVID-19 vaccine)
- Vaccine history
- Contraindications
EMTs, Advanced EMTs, and Paramedics work under their scope of practice as approved by the Local EMS Agency Medical Director and the California EMS Authority Medical Director (David Duncan, MD).

- Vaccine orders must be written, never verbal
- Give only immunizations ordered by licensed medical staff
- Licensed medical staff (RN level or higher) must be in the building when you give shots
- Report mistakes immediately
Maintain the cold chain

- Use hard-sided plastic insulated containers or Styrofoam™ coolers with at least 2-inch thick walls
- Use a properly placed thermometer near the vaccine
- Pack enough refrigerated/frozen packs to maintain the cold chain or utilize appropriate freezer
- Keep vaccine vials in the box
- Place an insulating barrier between vaccine vials and frozen packs
- Attach labels to the outside of the container
FREEZER STORAGE

- Upright freezer
  - Cold Pack
  - VFC Vaccine
  - Privately purchased vaccine
  - Do not block air vents.

- Chest freezer
  - Cold Pack
  - VFC vaccine
  - Varicella
  - MMR
  - MMR
  - MMR
  - MMR
  - MMR
  - Earliest dated
  - Earliest dated

(California Map watermark on the bottom right corner)
### Refrigerator Temperature Log

**Instructions**
- Keep refrigerator in OK range.
- Check temperatures twice a day.
- Fill out month, year, refrigerator ID, and PPL.
- Record the time and your initials.
- Record a check if an alarm went off.
- Record current, MIN, and MAX.
- If no alarm:
  1. Clear MIN/MAX.
  2. Ensure data logger is in place and recording.
- **IF ALARM WENT OFF:**
  2. Post "Do Not Use Vaccine" signs.
  3. Alert your supervisor.
  4. Report event to SHOTS at MyFCVaccine.org.
  5. Record assigned SHOTS ID.
  6. Ensure data logger is in place and recording.

**Supervisor's Review**
- When log is complete, check all that apply:
  - Month/year’s logs on this log are recorded.
  - Temperatures were recorded twice daily.
  - Temperatures were recorded at all locations.
  - Date recorded.
  - Any excursions were reported to SHOTS at MyFCVaccine.org.

**Notes:**
- Keep VFC temperature logs and data files for three years.

### Freezer Temperature Log

**Instructions**
- Keep freezer in OK range.
- Check temperatures twice a day.
- Fill out month, year, freezer ID, and PPL.
- Record the time and your initials.
- Record a check if an alarm went off.
- Record current, MIN, and MAX.
- If no alarm:
  1. Clear MIN/MAX.
  2. Ensure data logger is in place and recording.
- **IF ALARM WENT OFF:**
  2. Post "Do Not Use Vaccine" signs.
  3. Alert your supervisor.
  4. Report event to SHOTS at MyFCVaccine.org.
  5. Record assigned SHOTS ID.
  6. Ensure data logger is in place and recording.

**Supervisor’s Review**
- When log is complete, check all that apply:
  - Month/year's logs on this log are recorded.
  - Temperatures were recorded twice daily.
  - Temperatures were recorded at all locations.
  - Date recorded.
  - Any excursions were reported to SHOTS at MyFCVaccine.org.

**Notes:**
- Keep VFC temperature logs and data files for three years.
TEMPERATURE MONITORING CHANGES

Keep refrigerator in OK range.

36.0°F - 46.0°F
DIGITAL DATA LOGGERS

[Image of a DicksonOne Ethernet Logger with a digital display showing a temperature of 72.5 degrees.]
IMMUNIZATION SUPPLIES

SAFETY SYRINGES

PRE-FILLED SYRINGES AND SAFETY NEEDLES

ALCOHOL PREP PADS

SHARPS DISPOSAL CONTAINER

BANDAGES

GLOVES
7 RIGHTS FOR MEDICATION ADMINISTRATION

1. Right patient
2. Right medication
3. Right dose
4. Right route
5. Right time
6. Right reason
7. Right documentation

https://quizlet.com/40182833/nsg-1101-the-7-rights-of-medication-administration/
VACCINE ORDERS

- Provider writes vaccines orders
- Can be part of Progress Note or a separate page
- Make sure you can read and understand them
- If you have questions, ask!
WASH YOUR HANDS

- Before preparing vaccines
- Before and after patient contact
SAFETY ENGINEERED SYRINGES & NEEDLES

- Designed to decrease needle sticks
- Required by OSHA
- Be familiar with the different types
- Make sure you know how to use the ones at your clinic site
- Report all needle sticks
MANUFACTURER-FILLED SYRINGES
NEEDLE LENGTH FOR IMMUNIZATIONS

INTRAMUSCULAR (IM)
23-25 gauge
1 inch length (longer needle may be necessary for larger patients)
PREPARING THE INJECTION SITE

- Clean your hands and don a new pair of gloves for each patient
- Choose the injection site
- Clean the injection site with alcohol
- Let it dry
INTRAMUSCULAR (IM) INJECTIONS

- 1” length
- 23- or 25-gauge needle
- Insert entire needle at 90 degrees
**SUBCUTANEOUS (SC) INJECTIONS**

- Do not administer COVID-19 vaccines at a 45-degree angle (aka subcutaneous route)
- COVID-19 vaccines are given via intramuscular injection (90-degree angle)
- You will not reach the muscle if you use the incorrect route
INTRAMUSCULAR (IM) SHOTS FOR ADOLESCENTS AND ADULTS

- Deltoid for anyone older than three
- The deltoid is three fingers below acromion process
PROPER DISPOSAL

BIOHAZARD

EMERGENCY SERVICES AUTHORITY - CALIFORNIA
POST-VACCINE ADMINISTRATION

- Do not recap or detach needle from syringe
- All used syringes/needles should be placed in puncture/proof containers
- Monitor the patient for any symptoms of allergic reaction for requisite time period
## VACCINATION FOLLOW-UP

<table>
<thead>
<tr>
<th>Provide</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide vaccine information statement before administering vaccine</td>
</tr>
<tr>
<td>• Provide vaccine record card (includes instructions for next dose, symptom development, etc.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Advise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advise reporting of any adverse reactions according to agency’s reporting plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Include</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan must include reporting adverse advents to the Vaccine Adverse Event Reporting System (VAERS)</td>
</tr>
<tr>
<td>• <a href="http://www.vaers.hhs.gov">www.vaers.hhs.gov</a></td>
</tr>
</tbody>
</table>
BE PREPARED FOR EMERGENCIES
Anaphylaxis

- Anaphylaxis (an-a-fi-LAK-sis) is a serious, life-threatening allergic reaction. The most common anaphylactic reactions are to foods, insect stings, medications and latex.

- If you are allergic to a substance, your immune system overreacts to this allergen by releasing chemicals that cause allergy symptoms. Typically, these bothersome symptoms occur in one location of the body. However, some people are susceptible to a much more serious anaphylactic reaction. This reaction typically affects more than one part of the body at the same time.

- Anaphylaxis requires immediate medical treatment, including a prompt injection of epinephrine and a trip to a hospital emergency room. If it isn’t treated properly, anaphylaxis can be fatal.
Vasovagal Syncope

- Vasovagal syncope (vay-zoh-VAY-gul SING-kuh-pee) occurs when you faint because your body overreacts to certain triggers, such as the sight of blood or extreme emotional distress. It may also be called neurocardiogenic syncope.

- The vasovagal syncope trigger causes your heart rate and blood pressure to drop suddenly. That leads to reduced blood flow to your brain, causing you to briefly lose consciousness.

- Vasovagal syncope is usually harmless and requires no treatment, but it’s possible you may injure yourself during a vasovagal syncope episode. Your doctor may recommend tests to rule out more serious causes of fainting, such as heart disorders.

Source: Mayo Clinic
VAERS REPORTABLE EVENTS

- Any signs or symptoms as dictated by the vaccine manufacturer – see package insert
- Anaphylaxis or anaphylactic shock (7 days)
- Shoulder injury related to vaccine administration (7 days)
- Vasovagal syncope (7 days)
- Guillain-Barre Syndrome (42 days)
- Any acute complication or sequelae (including death) of above events
- Events described in manufacturer’s package insert as contraindications to additional doses of vaccine (see package insert for appropriate time intervals)
If I have symptoms after getting the Flu vaccine, what should I do?

Rarely, there can be mild side effects of the flu shot that are similar to COVID-19 symptoms. If you get any of these symptoms, please stay home, contact a medical provider, and arrange for a COVID-19 test to make sure your symptoms aren’t caused by COVID-19:

- Fever over 100.4°F Fahrenheit or 38.0°C Celsius
- Chills (shivering a lot)
- Cough
- Headache or body aches all over
- Sore throat
- Feeling unusually tired
- Runny or stuffy nose
- Diarrhea, feel sick to your stomach or throwing up

Some people get soreness, redness or swelling at the spot where they got the flu shot. These will go away on their own in a day or so, but can also be treated with comfort measures like ibuprofen or cold packs.

San Francisco
Department of Public Health

Flu Vaccination Record

| Vaccine: | __________________________ |
| Lot number: | __________________________ |
| Manufacturer: | __________________________ |
| Date given: | __________________________ |

Healthcare Professional/Vaccination Clinic Information:

| __________________________ |
| __________________________ |
| __________________________ |
## Skills Checklist for Vaccine Administration

During the COVID-19 pandemic, the CDC recommends additional infection control measures for vaccination (see [www.cdc.gov/vaccines/pandemic-guidance/index.html](http://www.cdc.gov/vaccines/pandemic-guidance/index.html)).

The Skills Checklist is a self-assessment tool for healthcare staff who administer immunizations. To complete it, review the competency areas below and the clinical skills, techniques, and procedures outlined for each area. Score yourself in the Self-Assessment column. If you check Needs to Improve, you indicate further study, practice, or change is needed. When you check Meets or Exceeds, you indicate you believe you are performing at the expected level of competence, or higher.

Supervisors: Use the Skills Checklist to clarify responsibilities and expectations for staff who administer vaccines. When you use it to assist with performance reviews, give staff the opportunity to score themselves in advance. Next, observe their performance as they administer vaccines to several patients, and score in the Supervisor Review column. If improvement is needed, meet with them to develop a Plan of Action (see bottom of page 3) to help them achieve the level of competence you expect; circle desired actions or write in others.

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### Table of Competencies

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<tr>
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<tr>
<td><strong>Patient/Parent Education</strong></td>
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<tr>
<td>1. Welcomes patient/family and establishes rapport.</td>
<td>Needs to Improve</td>
<td>Meets or Exceeds</td>
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<td>3. Answers questions and accommodates language or literacy barriers and special needs of patient/parents to help them feel comfortable and informed about the procedure.</td>
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<tr>
<td>4. Verifies patient/parents received Vaccine Information Statements (VISs) for indicated vaccines and has had time to read them and ask questions.</td>
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<td>5. Screens for contraindications (if within employee’s scope of work).</td>
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<tr>
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<td>2. Identifies the location of epinephrine, its administration technique, and clinical situations where its use would be indicated.</td>
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<td>3. Maintains up-to-date CPR certification.</td>
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<td>4. Understands the need to report any needlestick injury and to maintain a sharps injury log.</td>
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<td>5. Demonstrates knowledge of proper vaccine handling, e.g., maintains vaccine at recommended temperature and protects MMR from light.</td>
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Continued on the next page...
Once you have completed the steps below, please reach out to your supervisor.

The final step consists of a EMT Skills Assessment. During this training, you will practice the skills outlined within this presentation. Your skills will be verified by nurses, doctors, and paramedics who are experienced in administering IM injections.
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<td>sure it is in proper range.</td>
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<td></td>
<td>3. Checks vial expiration date. Double-checks vial label and contents prior to drawing up.</td>
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<td>4. Prepares and draws up vaccines in a designated clean medication area that is not adjacent to areas</td>
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<td>where potentially contaminated items are placed.</td>
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<td>5. Selects the correct needle size for IM and Subcut based on patient age and/or weight, site, and</td>
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<td>recommended injection technique.</td>
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<td>6. Maintains aseptic technique throughout, including cleaning the rubber septum (stopper) of the vial</td>
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<td>with alcohol prior to piercing it.</td>
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<td>7. Shakes vaccine vial and/or reconstitutes and mixes using the diluent supplied. Inverts vial and draws</td>
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<td>up correct dose of vaccine. Rechecks vial label.</td>
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<td>8. Prepares a new sterile syringe and sterile needle for each injection. Checks the expiration date on</td>
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<td>the equipment (syringes and needles) if present.</td>
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<td>9. Labels each filled syringe or uses labeled tray to keep them identified.</td>
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<td>2. Utilizes proper hand hygiene with every patient and, if it is office policy, puts on disposable</td>
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<td></td>
<td>gloves. (If using gloves, changes gloves for every patient.)</td>
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<td>3. Demonstrates knowledge of the appropriate route for each vaccine.</td>
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<td>4. Positions patient and/or restrains the child with parent’s help.</td>
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<td>5. Correctly identifies the injection site (e.g., deltoid, vastus lateralis, fatty tissue over triceps).</td>
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<td></td>
<td>6. Locates anatomic landmarks specific for IM or Subcut injections.</td>
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<td>7. Prepares the site with an alcohol wipe, using a circular motion from the center to a 2” to 3” circle.</td>
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<td>Allows alcohol to dry.</td>
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2. When removing vaccine from the refrigerator or freezer, looks at the storage unit’s temperature to make sure it is in proper range.  
3. Checks vial expiration date. Double-checks vial label and contents prior to drawing up.  
4. Prepares and draws up vaccines in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed.  
5. Selects the correct needle size for IM and Subcut based on patient age and/or weight, site, and recommended injection technique.  
6. Maintains aseptic technique throughout, including cleaning the rubber septum (stopper) of the vial with alcohol prior to piercing it.  
7. Shakes vaccine vial and/or reconstitutes and mixes using the diluent supplied. Inverts vial and draws up correct dose of vaccine. Rechecks vial label.  
8. Prepares a new sterile syringe and sterile needle for each injection. Checks the expiration date on the equipment (syringes and needles) if present.  
9. Labels each filled syringe or uses labeled tray to keep them identified. | NEEDS TO IMPROVE | MEETS OR EXCEEDS | NEEDS TO IMPROVE | MEETS OR EXCEEDS | PLAN OF ACTION |
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If you have any questions, please reach out to your supervisor or your EMS Agency. The EMS Agency is very appreciative of your willingness to learn the vaccine administration process. EMTs, Advanced EMTs, and Paramedics will play a vital role in ensuring that Californians citizens are protected from COVID-19 through immunization. We couldn’t do it without you!
Exam Questions for Paramedic and EMT vaccination administration program

Note: correct answers are in bold font

1. True or False: In general, the benefits of a vaccine far exceed the risks posed by the disease.
2. Vaccination is an example of:
   a. Passive Immunity
   b. Active Immunity
3. True or False: COVID-19 vaccine are “live” vaccines.
4. True or False: Both hot and cold temperatures can damage vaccines.
5. Which one of these is not one of the “7 Rights for Medication Administration”?  
   a. Right route
   b. Right patient
   c. Right hand
   d. Right documentation
   e. Right medication
6. When you are transporting refrigerated vaccine, what is the best storage container to use?
   a. A paper bag
   b. A hard-sided plastic insulated container or Styrofoam cooler with at least 2-inch thick walls
   c. A cardboard box filled with a 20 ice packs
   d. In a cooler with dry ice
7. True or False: If you are transporting either refrigerated or frozen vaccine, the container you use must also contain a data logger.
8. Which of the following elements do not need to be recorded in the patients’ vaccination record?
   a. Vaccine Name
   b. Lot Number
   c. Expiration Date
   d. Date Given
   e. Manufacturer
   f. Whether you used a syringe or needle tip to administer the vaccine
9. Which adverse event does not need to be reported to the Vaccine Adverse Events Reporting System (VAERS)?
   a. Pain at the Site of Injection
   b. Guillian-Barre Syndrome
   c. Vasovagal Syncope
   d. Anaphlaxis/Anaphylactic Shock
   e. Shoulder Injury Related to Vaccine Administration
10. What is the proper needle length for most patients for an intramuscular injection?
   a. 1 ½”
   b. 5/8”
   c. 1”
   d. 2”

11. In order to find the appropriate deltoid administration site for an intramuscular injection, you should place your fingers 2-3 finger widths down from which anatomic site on the patient?
   a. The sternoclavicular joint
   b. The fatty tissue on the back of the upper arm
   c. The supraspinatus muscle
   d. The acromion process
   e. The bicep insertion point

12. The two COVID-19 vaccines we expect to receive first were developed using what vaccine technology?
   a. mRNA
   b. Viral Vector (Adenovirus)
   c. Antigen
   d. Replicating Viral Vector

13. To best address patient concerns about vaccination, the vaccinator should emphasize the following three messages:
   a. Vaccines are safe, Vaccines do not cause autism, You should get the vaccine because doctors know best
   b. Getting the actual disease is more effective than getting the vaccine, It doesn’t matter if you get the second dose of COVID-19 vaccine, Don’t worry everything will be fine
   c. Get the vaccine then you never have to wear a mask again, Getting the COVID-19 vaccine will keep your Grandma from getting sick, Shots hurt a lot
   d. How the vaccine works, Why the vaccine is safe, and Why the vaccine does not cause the disease you are preventing


15. You should encourage a client to lie supine for injection it is determined that (select all that apply):
   a. They are way taller than you and it will be hard to reach their upper arm.
   b. The client has ever fainted or become lightheaded after vaccination or blood drawing.
   c. You need to take a quick bathroom break.
   d. On the day of the injection, the client is dehydrated, exhausted, or hung-over.

16. True or False: After you complete all required trainings you will be able to administer COVID-19 vaccines to people of all ages.

17. Which one of these is NOT a supply that you need to administer vaccines?
   a. Gloves
   b. Bandages
   c. Sharps containers
   d. A safety syringe or safety needle tip
   e. Paper towels

18. If you are working at a COVID-19 vaccine administration clinic and you have a question about clinical procedure, who should you ask?
   a. The EMT working next to you
b. The Clinical Site Lead/Clinical Supervisor  
c. Your supervisor at your regular job  
d. The client you are vaccinating

19. What is the correct needle gauge to administer vaccines?
   a. 20-22  
   b. 18-20  
   c. 23-25  
   d. 27-29

20. True or False: It is okay to use any diluent from any vaccine to reconstitute COVID-19 vaccine.

21. To properly administer an intramuscular (IM) injection, the needle should be at what angle?
   a. 45 degree  
   b. 90 degree

22. True or False: Even though two of the COVID-19 vaccines use the same technology (mRNA), they have very different storage and handling requirements.

23. The two COVID-19 vaccines currently available for use (January 2021) under the FDA’s Emergency Use Authorization are each administered as a series of doses. How many doses are in the mRNA COVID-19 vaccine series?
   a. Two  
   b. Three  
   c. Five  
   d. Six

24. If a patient receives their first dose of COVID-19 vaccine with the Pfizer brand vaccine, is it okay to give them a dose of the Moderna brand vaccine if they come for their second dose and you don’t have the Pfizer vaccine in stock?
   a. Yes, they are both COVID-19 vaccines so it is okay to mix brands.
   b. No, different brands of COVID-19 vaccine are not interchangeable. Each patient must receive the same brand of vaccine for both doses in the two-dose series.

25. What should you do if you notice something looks unusual about the vaccine you are about to administer? For example, if the syringe body is cracked or the vaccine liquid has particulate matter floating in it?
   a. Throw it away immediately  
   b. Consult with the on-site Clinical Site Lead/Clinical Supervisor  
   c. Ask the patient if they think it looks weird too  
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<td>Education</td>
<td>3. Answers questions and accommodates language or literacy barriers and special needs of patient/parents to help make them feel comfortable and informed about the procedure.</td>
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<tr>
<td></td>
<td>4. Verifies patient/parents received Vaccine Information Statements (VISs) for indicated vaccines and has had time to read them and ask questions.</td>
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<tr>
<td></td>
<td>5. Screens for contraindications (if within employee’s scope of work).</td>
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<tr>
<td></td>
<td>6. Reviews comfort measures and aftercare instructions with patient/parents, and invites questions.</td>
<td></td>
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</tr>
<tr>
<td>B</td>
<td>1. Identifies the location of the medical protocols (e.g., immunization protocol, emergency protocol, reference material).</td>
<td></td>
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</tr>
<tr>
<td>Medical and</td>
<td>2. Identifies the location of epinephrine, its administration technique, and clinical situations where its use would be indicated.</td>
<td></td>
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<tr>
<td>Office Protocols</td>
<td>3. Maintains up-to-date CPR certification.</td>
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<td></td>
<td>4. Understands the need to report any needlestick injury and to maintain a sharps injury log.</td>
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<tr>
<td></td>
<td>5. Demonstrates knowledge of proper vaccine handling, e.g., maintains vaccine at recommended temperature and protects MMR from light.</td>
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</tr>
</tbody>
</table>

Continued on the next page

Adapted from California Department of Public Health, Immunization Branch
<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES</th>
<th>Self-Assessment</th>
<th>Supervisor Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>C Vaccine Preparation</td>
<td>1. Performs proper hand hygiene prior to preparing vaccine.</td>
<td>NEEDS TO IMPROVE</td>
<td>MEETS OR EXCEEDS</td>
</tr>
<tr>
<td></td>
<td>2. When removing vaccine from the refrigerator or freezer, looks at the storage unit’s temperature to make sure it is in proper range.</td>
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<td></td>
<td>3. Checks vial expiration date. Double-checks vial label and contents prior to drawing up.</td>
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<td></td>
<td>4. Prepares and draws up vaccines in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed.</td>
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<td></td>
<td>5. Selects the correct needle size for IM and Subcut based on patient age and/or weight, site, and recommended injection technique.</td>
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<tr>
<td></td>
<td>6. Maintains aseptic technique throughout, including cleaning the rubber septum (stopper) of the vial with alcohol prior to piercing it.</td>
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<tr>
<td></td>
<td>7. Shakes vaccine vial and/or reconstitutes and mixes using the diluent supplied. Inverts vial and draws up correct dose of vaccine. Rechecks vial label.</td>
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<tr>
<td></td>
<td>8. Prepares a new sterile syringe and sterile needle for each injection. Checks the expiration date on the equipment (syringes and needles) if present.</td>
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<tr>
<td></td>
<td>9. Labels each filled syringe or uses labeled tray to keep them identified.</td>
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</tr>
<tr>
<td>D Administering Immunizations</td>
<td>1. Rechecks the provider’s order or instructions against the vial and the prepared syringes.</td>
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</tr>
<tr>
<td></td>
<td>2. Utilizes proper hand hygiene with every patient and, if it is office policy, puts on disposable gloves. (If using gloves, changes gloves for every patient.)</td>
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<tr>
<td></td>
<td>3. Demonstrates knowledge of the appropriate route for each vaccine.</td>
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<td></td>
<td>4. Positions patient and/or restrains the child with parent’s help.</td>
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<td></td>
<td>5. Correctly identifies the injection site (e.g., deltoid, vastus lateralis, fatty tissue over triceps).</td>
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<tr>
<td></td>
<td>6. Locates anatomic landmarks specific for IM or Subcut injections.</td>
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<td></td>
<td>7. Preps the site with an alcohol wipe, using a circular motion from the center to a 2” to 3” circle. Allows alcohol to dry.</td>
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</tbody>
</table>
### Administering Immunizations (continued)

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<tr>
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<td>NEEDS TO IMPROVE</td>
<td>MEETS OR EXCEEDS</td>
</tr>
<tr>
<td>8.</td>
<td>Controls the limb with the non-dominant hand; holds the needle an inch from the skin and inserts it quickly at the appropriate angle (90° for IM or 45° for Subcut).</td>
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<tr>
<td>9.</td>
<td>Injects vaccine using steady pressure; withdraws needle at angle of insertion.</td>
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<tr>
<td>10.</td>
<td>Applies gentle pressure to injection site for several seconds (using, e.g., gauze pad, bandaid).</td>
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<tr>
<td>11.</td>
<td>Uses strategies to reduce anxiety and pain associated with injections.</td>
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<tr>
<td>12.</td>
<td>Properly disposes of needle and syringe in “sharps” container.</td>
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<tr>
<td>13.</td>
<td>Properly disposes of vaccine vials.</td>
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<table>
<thead>
<tr>
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<th>Records Procedures</th>
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<tbody>
<tr>
<td>1.</td>
<td>Fully documents each vaccination in patient chart: date, lot number, manufacturer, site, VIS date, name/initials.</td>
<td></td>
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<tr>
<td>2.</td>
<td>If applicable, demonstrates ability to use state/local immunization registry or computer to call up patient record, assess what is due today, and update computerized immunization history.</td>
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<tr>
<td>3.</td>
<td>Asks for and updates patient’s vaccination record and reminds them to bring it to each visit.</td>
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</table>

### Plan of Action

Circle desired next steps and write in the agreed deadline for completion, as well as date for the follow-up performance review.

- a. Watch video on immunization techniques and review CDC’s Vaccine Administration eLearn, available at [www.cdc.gov/vaccines/hcp/admin/resource-library.html](http://www.cdc.gov/vaccines/hcp/admin/resource-library.html).
- b. Review office protocols.
- c. Review manuals, textbooks, wall charts, or other guides.
- d. Review package inserts.
- e. Review vaccine storage and handling guidelines or video.
- f. Observe other staff with patients.
- g. Practice injections.
- h. Read Vaccine Information Statements.
- i. Be mentored by someone who has demonstrated appropriate immunization skills.
- j. Role play (with other staff) interactions with parents and patients, including age appropriate comfort measures.
- k. Attend a skills training or other appropriate courses/training.
- l. Attend healthcare customer satisfaction or cultural competency training.
- m. Renew CPR certification.
- Other ________________________________

File the Skills Checklist in the employee’s personnel folder.

**File the Skills Checklist in the employee’s personnel folder.**

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**Immunization Action Coalition • Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org**

[www.immunize.org/catg.d/p7010.pdf](http://www.immunize.org/catg.d/p7010.pdf) • Item #P7010 (8/20)