

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.			
Validation Completed			Evaluator Initials and Date:
Vaccine Administration		CRITICAL THINKING: <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>	
A. Administers vaccine per ACIP and manufacturer guidelines ensuring proper patient, vaccine, dose, route, and timing (“5 Rights”):			
(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) Controls the limb with the non-dominant hand; inserts needle quickly at the appropriate angle (90° for IM); DOES NOT 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) FLUMIST ONLY: 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. Provides post-vaccination instructions:			
(1) Instructs patient to remain in the clinic for 15 minutes after vaccination (30 minutes if patient has a precaution) for monitoring of possible adverse reactions.			
(2) Reiterates symptoms of possible side effects/adverse reactions.			
Validation Completed			Evaluator Initials and Date:
<small>*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</small>			

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Documentation	CRITICAL THINKING: <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.</i>		
A. Records immunization accurately in the Service-specific ITS and EHR according to Service-specific policy at the time of immunization (or no later than 24 hours after administration):			
(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. Correctly records required immunization information on SF 600/601, CDC 731, and DD Form 2766C as appropriate.			
C. Provides documentation of immunization to the patient / parent / legal guardian.			
Validation Completed			Evaluator Initials and Date:
Patient Monitoring	CRITICAL THINKING: <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>		
A. Demonstrates ability to recognize signs and symptoms of syncope or an anaphylactic reaction and responds:			
(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 protocol for medical management of vaccine adverse reactions, to include administering epinephrine, restoring cerebral perfusion, and activating EMS.			
B. Properly documents adverse reaction:			
(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.			
Validation Completed			Evaluator Initials and Date:

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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: