

Immunization Orientation and Competency Verification Procedure for Non-VDH Employee Vaccinators

Purpose

The purpose of this document is to outline the procedure for Medical Reserve Corps (MRC) volunteers and other healthcare professionals who provide vaccinations under the auspices of the Virginia Department of Health (VDH).

Background

Proper vaccine administration is vital for preventing many common, vaccine-preventable diseases. Vaccine administration errors may result in the need to revaccinate patients, missed opportunities to prevent communicable diseases, and the potential for significant financial loss due to wasted vaccines. Furthermore, since public health entities are considered “gold standards” of vaccination knowledge and techniques, inappropriate vaccine administration can result in damage to the public’s confidence in vaccine effectiveness and the reputation of the health department.

Applicability

This procedure is applicable to all non-VDH employee vaccinators, including MRC volunteers (RNs, NPs, LPNs, pharmacists, physician assistants, and physicians), nursing students, and Emergency Medical System (EMS) staff. All individuals who function in the capacity of vaccinators for VDH serve under the supervision of fully trained public health nurses who have completed the VDH immunization training or a contract/volunteer immunization nurse who has completed training and has been trained by the district nurse manager, IAP or their designee. Vaccinators who receive vaccines purchased by the Office of Emergency Preparedness for closed Points of Dispensing (POD) operations that are not supervised by a fully trained VDH public health nurse or contractor/volunteer designee, will be responsible for cold chain management of the vaccine, responding to emergency events at the POD, and entering data into the Virginia Immunization Information System (VIIS).

Special note: There are additional personnel who may administer COVID-19, Mpox, and limited other vaccines under the [PREP](#) act that are not addressed in this document. Guidance for training these individuals is located in the document, [“Training and Preparation for Administering COVID-19 Vaccines Under the Auspices of VDH”](#) and Mpox guidance documents.

Medical Reserve Corps Volunteer Vaccinators

The MRC Coordinator or their designee is responsible for making sure that each Medical Reserve Corps volunteer has a current and unencumbered MD, PA, NP, RN, LPN, or Pharmacist license in Virginia.

Nurses with out-of-state licenses may practice with a current and unencumbered license issued from an [Enhanced Nursing licensure compact \(eNLC\) state](#). States that are members of the eNLC allow nurses in member states to practice physically, electronically and/or telephonically across a state border in other states that are members of the eNLC. LPNs may provide immunizations under the supervision of an RN.

The MRC Coordinator or designee must ensure that prior to the start of any work within VDH, all MRC volunteers have

1. A volunteer orientation,
2. Passed background investigation
3. Current CPR certification
4. Current, unencumbered healthcare professional license

Emergency Medical Services (EMS) Vaccinators

In order for EMS providers to support VDH vaccination clinics, according to §54.1-3408 of the Code of Virginia, they must:

1. Hold a valid, unrestricted Virginia certification as an Intermediate or Paramedic
2. Be affiliated with the Virginia EMS agency developing the vaccination program
3. Be individually approved by their agency Operational Medical Director (OMD) as a vaccinator
4. Follow protocols approved by their OMD for vaccine administration

The Virginia EMS Agency, where the EMS provider is affiliated, shall provide confirmation to VDH that the provider meets the requirements above. Virginia EMS providers supporting VDH vaccination clinics must complete the VDH Procedures for Evaluating Immunization Knowledge and Skills for Vaccinators listed below. Virginia EMS Agencies are encouraged to use VDH Procedures for Evaluating Immunization Knowledge and Skills for Vaccinators for their vaccination program and closed POD vaccination efforts.

MRC volunteers that are EMS providers can **ONLY** provide vaccinations under the direction of their EMS Agency and OMD as outlined above. MRC coordinators will **NOT** be responsible for managing EMS providers as MRC volunteers.

Nursing Students as Vaccinators

“Nurses comprise the largest healthcare workforce, and opportunities exist to strengthen disaster readiness, enhance national sure capacity, and build community resiliency to disasters.” (Veenema et al., 2016). For this reason, VDH hosts schools of nursing for community health rotations, including nursing students in immunization events to provide an introduction to emergency preparedness, the role of immunization in disease prevention, and epidemiology. Per 18VAC90-27-110, “In accordance with §54.1-3001 of the Code of Virginia, a nursing student, while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing.”

There are additional requirements for nursing students and their faculty or preceptors, which are outlined in 18VAC90-27-110 and/or in the VDH Memorandum of Agreement (MOA) that are required of all schools of nursing. Provision of **adult** immunizations may be included in the MOA; all MOA’s preclude the immunization of children.

VDH nurses, including volunteers, may serve as preceptors as long as they are licensed at or above the level for which the student is preparing. Some degree programs or schools, however, require the preceptor to be licensed **and** educationally prepared at or above the level for which the student is preparing.

Nursing students are welcome to join a Medical Reserve Corps unit, but they are **ONLY** able to vaccinate when affiliated and supervised by their nursing program. Nursing students must perform the skill in the simulation lab and be checked off by their instructor or preceptor prior to vaccinating under their instructor or preceptor.

Pharmacists

In addition to administering a vaccine to a person of any age pursuant to a valid prescription which directs the pharmacist to administer the vaccine as part of the dispensing process, there are two areas of law which address pharmacist administration of immunizations. Section I of §54.1-3408 of the Drug Control Act authorizes a pharmacist to administer immunizations to adults under a Board of Nursing-approved protocol, and Section W authorizes a pharmacist to administer an influenza vaccine to minors under guidelines developed by the Virginia Department of Health. While certification to provide immunizations is prudent, it is not a requirement by the Board of Pharmacy ([Virginia Board of Pharmacy, 2020](#)).

Pharmacists who serve as MRC volunteer vaccinators must complete the required training and skills check off as outlined in the training plan.

VDH Procedure for Evaluating Immunization Knowledge and Skills of Vaccinators

Initial training for administering all vaccines for MRC Vaccinators: Providing immunizations against vaccine preventable diseases is a critical skill. Therefore, all MRC Volunteers eligible to provide immunizations by their licensing, as listed above, must complete all the following training modules.

Note: In an urgent situation, Just in Time Training (JITT) may need to be deployed as described in this document. The use of JITT should not be used routinely as a substitute for the completion of the training modules.

- a. Understanding the Basics: TRAIN Course ID# 1065440
- b. Vaccine Administration: TRAIN Course ID# 1101060
- c. Responding to Anaphylaxis TRAIN Course ID# 1095208
- d. Bloodborne Pathogens TRAIN Course ID# 1028520

-MRC volunteers who will be **administering Influenza vaccines** should complete the above training modules and:

- a. Influenza: TRAIN Course ID# 1065390
- b. Annual influenza season update (TRAIN Course ID# XXXXXXXX) released annually with Influenza updates)

Note: The Centers for Disease Control (CDC) recommends offering annual influenza vaccine with SARS-CoV-2 vaccine if applicable

-MRC volunteers who will be **administering SARS-CoV-2 vaccines** should complete the basic modules (a-d above) and the following modules:

- e. SARS-CoV-2 Trainings:
 - i. Pfizer BioNtech COVID-19 vaccine: TRAIN Course ID# 1095215
 - ii. Moderna COVID-19 vaccine: TRAIN Course ID# 1095345
 - iii. Novavax COVID-10 vaccine : TRAIN Course ID# 1107395
 - iv. COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older (<https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf>)
*COVID-19 vaccination guidance changes frequently. Please visit [CDC COVID-19 Vaccine Training Modules](#) for the most up-to-date training available.
- f. How to use an epi pen TRAIN Course ID# 1095208.

As the availability of formulations and variety of SARS-CoV-2 vaccines continues to grow, MRC volunteers may be assigned to review only the module that pertains to the vaccine or booster they will be administering.

Note: All vaccinators must complete all training modules and pass with a score of at least 80% on the module posttests **and** complete the skills assessment portion prior to administering vaccines.

-Initial training for administering MPox vaccines only for MRC Vaccinators:

- a. Understanding the Basics: TRAIN Course ID# 1065440
- b. Vaccine Administration: TRAIN Course ID# 1101060
- c. How to use an Epi pen TRAIN Course ID# 1095208
- d. Jynneos Intradermal ([Links to CDC](#)) Course ID# 1105563
- e. Intradermal Vaccination Administration Course ID# 1105563

-Initial training for MRC volunteers who will be providing adolescent school-required vaccines must include:

1. The initial training modules as listed under the general training requirements.
2. Tdap: TRAIN Course ID# 1065716
3. HPV: TRAIN Course ID# 1067205
4. Meningococcal: TRAIN Course ID# 1066729

Note: Adolescents may require additional vaccines if they are not currently up to date. Coordination with the clinical lead is crucial in identifying additional training requirements prior to the event.

Although training prior to planned exercises is expected, emergency situations may arise and necessitate the use of “**just-in-time**” training (**JITT**). When possible, **JITT** should include:

1. Infectious disease targeted by the vaccine
2. Contraindications or precautions for the vaccine
3. Administration route and technique/skills verification
4. Review of emergency procedures, including responding to anaphylaxis and vasovagal events.
5. OSHA considerations for vaccination.

The following courses have been provided as a resource that will allow the district to respond to a wide variety of vaccine preventable disease outbreaks or prevention exercises. Consultation with the expert clinical lead for the event is critical to identify the appropriate course assignment to safely respond to the identified event. A complete listing of additional modules that are current in TRAIN includes the following:

Topic	Revision date	TRAIN Course ID#
Understanding the Basics	2/2019	1065440
DTaP	3/2020	1101084
Polio	10/2019	1101085
Hib	7/2021	1066747
Influenza	Annual	Changes annually
Hep A	5/2021	1085543

MMR	6/2019	1067101
HPV	1/2020	1067205
Tdap	3/2020	1065716
Vaccine Storage & Handling	1/2021	1065485
Hep B	2/2020	1067197
Meningococcal	6/2018	1066729
Varicella	8/2020	1067042
Rotavirus	3/2020	1101053
Pneumococcal	2/2020	1067207
Vaccines for Children (VFC)	1/2021	1101056
Zoster	3/2018	1101059
Vaccine Administration	3/2021	1101060
Pfizer/BioNtech	Links to CDC	1095215
Moderna	Links to CDC	1095345
J & J	Links to CDC	1096541
Novavax	Links to CDC	1107395
Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older	Links to CDC	
Jynneos intradermal	Links to CDC	1105563
ACAM2000	Links to VDH	1105807
How to use an Epi pen		1095208

Safety of the volunteer vaccinators and the public is paramount. The resources below have been provided to assist with that effort. Consultation with the expert clinical lead for the event is critical for identifying the appropriate courses for the event. This list should not be considered all-inclusive. A unique pathogen response may require additional training. A listing of additional modules that may be taken depending on the vaccinator response efforts are as follows:

Topic	Revision date	TRAIN Course ID#
Needle stick prevention		1101015
Intradermal Vaccination Administration		1105563
Intramuscular injection skills		1096822
Blood borne Pathogens		1028520
Airborne Pathogens		1087669
Confidentiality		1032033
POD Essentials		1094136
CDC: Comfort and Restraint Techniques		1103883

CDC: Intramuscular (IM) Injection: Sites		1102625
VDH: Vastus Lateralis Intramuscular Injection		1103885
CDC: Intramuscular (IM) Injection: Supplies for Adults		1103882

2. **Annual training for COVID-19 and Influenza vaccinators who have completed the initial training must include:**
 - a. Current flu season training module update and test (TRAIN Course ID# XXXXXX and knowledge assessment will be provided when CDC MMWR is made available) if they will be administering influenza vaccine.
 - b. Vaccinator must also view the updated versions of the COVID-19 vaccine training modules, if they will be administering COVID-19 vaccines or boosters.
 - c. Vaccinator must have had a skills verification within 12 months. This can be accomplished by a subject matter professional at a vaccination event or before attending.
 - d. Verification of vaccinator's current licensure and CPR certification.

Note: If it has been greater than 12 months since they last vaccinated with the vaccine they are scheduled to administer, vaccinator should review the vaccine module and pass the knowledge assessment with a score of at least 80% prior to administering the vaccine.
3. Maintaining current clinical competency is crucial for patient safety. All vaccine training shall have occurred within 12 months of assignment to administer the vaccine. If training is not completed within 12 months of assignment, the vaccinator would need to retake the initial training modules.
4. The Medical Reserve Corps Coordinator or designee is responsible for ensuring the volunteer has passed the knowledge assessment for each module with a score of 80% or higher in TRAIN. If the volunteer does not pass the test the first time, he or she should review the materials and repeat the test. TRAIN will only allow them to retake the test one time; therefore, those who complete the paper assessment may only do so for a total of two times before viewing the module again. After successfully completing the knowledge assessments, the MRC coordinator or designee will provide the volunteer name to the district nurse manager or their designee and coordinate the completion of the skills assessment. If the skills assessment is not completed within 12 months of the assignment the vaccinator would need to retake the skills assessment.
5. The skills portion of the test may be administered by an MRC member who is licensed as an RN, MD, DO or NP, is trained in vaccine administration, and has demonstrated skill competency, as evidenced by documentation by the district IAP, nurse manager, or her

designee. The nurse manager or his or her subject matter professional designee is responsible for verifying that the volunteer has the appropriate skills to administer vaccines. The skills checklist (Appendix A) will be used to verify competence. Upon successful completion, the volunteer's competencies will be documented in the Virginia Volunteer Health System, and they will be assigned to the corresponding group and role.

Additional Training Information

Proper vaccine storage and handling is vital for protecting the vaccine supply. Vaccinators who will serve in roles that include transporting and monitoring the storage of vaccines are required to complete training outlined in the policy developed jointly by Community Health Services and the Office of Emergency Preparedness: [Maintaining Immunization Cold Chain](#) (note: this link will take you to the CHS policy page on the intranet. You will need to scroll down to the policy and click on it to open the link the policy.)

VDH Vaccinator Knowledge and Skill Assessment Checklist

Vaccinator's First and Last Name: _____

Knowledge Assessment (online)	Date Passed & Initial
Understanding the Basics: TRAIN Course ID# 1065440 Vaccine Administration: TRAIN Course ID# 1101060 How to use an epi pen: TRAIN Course ID# 1095208 Responding to Anaphylaxis: TRAIN Course ID# 1095208	
Influenza: 1065390 Annual influenza update: (TRAIN Course ID# not constant)	
Pfizer BioNtech COVID-19 vaccine: TRAIN Course ID# 1095215 Moderna COVID-19 vaccine: TRAIN Course ID# 1095345 Novavax COVID-19 vaccine: TRAIN Course ID# 1107395 SARS-CoV-2 Vaccines Updates: CDC COVID-19 Vaccine Training Modules COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older	
Jynneos intradermal (ID) : TRAIN Course ID# 1105563	
ACAM2000 : TRAIN Course ID# 1105807	
Other vaccine:	
Other vaccine:	
Other vaccine:	
Skills Assessment (in-person)	
Forms	
Accommodates language or literacy barriers. Uses language line and/or interpreter as appropriate.	
Verifies client/parent/caregiver received Vaccine Information Statements for all vaccines to be given, ensures client/parent/caregiver had time to read information and ask questions, and provides an opportunity to discuss side effects.	
Screens for contraindications, including latex.	
Medical/Emergency Protocols	
Core Function	Date Passed & Initial
Identifies the location of medical protocols and supplies (immunization protocol and district emergency protocol, reporting adverse events to the Vaccine Event Reporting system [VAERS], reference material).	
Describes appropriate responses to any adverse reaction resulting from vaccine administration, including anaphylaxis and syncope.	

Identifies the location of epinephrine and/or anaphylaxis kit, its administration technique, and clinical situations where its use would be indicated.	
Maintains up-to-date CPR certification.	
Identifies AED location.	
Understands the need to report client or provider needle stick injuries.	
Demonstrates knowledge of proper vaccine handling (e.g., maintains and monitors vaccine at recommended temperature and protects from light).	
Vaccinator's Name:	
Vaccine Preparation	Date Passed & Initial
Changes gloves and/or performs hand hygiene	
Ensures storage unit's temperature is in proper range when removing vaccine from refrigerator or freezer.	
Checks expiration date on each vial/pre-filled syringe (vaccine and diluents) before use.	
Selects correct needle size based on patient age and/or weight, site, and recommended injection technique.	
Prepares and draws up vaccines in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed.	
Maintains aseptic technique throughout, including cleaning the rubber stopper of the vial with alcohol prior to piercing it	
Reconstitutes vaccine using appropriate diluent (if indicated) and draws vaccine into the syringe prepared according to manufacturer instructions.	
Prepares a new sterile syringe and sterile needle for each injection. Checks the expiration date on the equipment (syringes and needles) if present.	
Labels each filled syringe or uses labeled tray to keep multiple syringes identified if needed.	
Administering Immunizations	Date Passed & Initial
Verifies identity of patient. Rechecks the provider's order or instructions against the vial and prepared syringes if needed.	
Utilizes proper hand hygiene with every patient, and if using gloves, changes gloves and performs hand hygiene in between each patient.	
Demonstrates knowledge of the appropriate route for each vaccine (IM, subQ, PO, NS)	
Positions patient and/or ensures position of child is held with parent's help.	
Locates appropriate anatomic landmarks specific for IM or subQ injection and/or correctly identifies injection site (deltoid, vastus lateralis, fatty tissue over triceps).	
Preps skin in a circular motion with alcohol or antiseptic cleanser. Allows it to dry.	

Inserts the needle quickly at the appropriate angle to skin (90° IM, 45° or 15° subQ) while controlling the limb with the non-dominant hand.	
Injects vaccines using steady pressure and withdraws the needle at angle of insertion.	
Applies gentle pressure to the injection site for several seconds with a dry, sterile pad, cotton ball, bandaid, etc.	
Properly disposes of needle, syringe, and live vaccine vials in a sharps container. Disposes of other vials in trash. Verbalizes proper disposal of all medical and biohazard waste, including safe transport of sharps containers to and from offsite clinics. Demonstrates replacement of sharps containers when ¾ full, procedure for “sealing” the containers, disposing in hazardous waste boxes/bins, and how to package hazardous waste bins/boxes for pick up.	
Demonstrates appropriate administration of intradermal injection (JYNNEOS Intradermal Vaccine Checklist)	
Demonstrates appropriate administration of intramuscular injection	
Demonstrates appropriate administration of nasal immunization	
Demonstrates appropriate administration of oral immunization	
Demonstrates appropriate administration of subcutaneous injection	
Records Procedures	Date Passes & Initials
Fully documents each vaccination in patient chart; date given, lot number, expiration date, manufacture, site, VIS date, name/initials	
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.	
Asks for and updates patient’s vaccination record and reminds them to bring it to each visit.	

Evaluator’s Name and Signature. The evaluator shall date and initial all appropriate training items.

Knowledge Assessment Evaluator’s Printed Name	Evaluator’s Signature	Evaluator’s initials
Skill Assessment Evaluator’s Printed Name	Evaluator’s Signature	Evaluator’s initials
Notes:		

Code Citation and References:

18VAC90-27-110. Clinical practice of students.

A. In accordance with § 54.1-3001 of the Code of Virginia, a nursing student, while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct client care tasks to which he has been assigned.

B. Faculty shall be responsible for ensuring that students perform only skills or services in direct client care for which they have received instruction and have been found proficient by the instructor. Skills checklists shall be maintained for each student.

C. Faculty members or preceptors providing onsite supervision in the clinical care of clients shall be responsible and accountable for the assignment of clients and tasks based on their assessment and evaluation of the student's clinical knowledge and skills. Supervisors shall also monitor clinical performance and intervene if necessary for the safety and protection of the clients.

D. Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience. Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. A preceptor may not further delegate the duties of the preceptorship.

E. Preceptors shall provide to the nursing education program evidence of competence to supervise student clinical experience for quality and safety in each specialty area where they supervise students. The clinical preceptor shall be licensed as a nurse at or above the level for which the student is preparing.

§54.1-3408:

A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a pharmacist, nurse, or designated emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health under the direction of an operational medical director when the prescriber is not physically present. The emergency medical services provider shall provide documentation of the vaccines to be recorded in the Virginia Immunization Information System.

§54.1-3508:

In addition, this section shall not prevent the administration or dispensing of drugs and devices by persons if they are authorized by the State Health Commissioner in accordance with protocols established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices under the direction, control, and supervision of the State Health Commissioner.

Use of National Guard and Active Duty Military:

Active Duty Military

DHP regulations may not prevent the performance of the duties of any active duty health care provider in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States at any public or private health care facility while such individual is so commissioned or serving and in accordance with his official military duties. (§ 54.1-2901. Exceptions and exemptions generally.)

Any commissioned or contract medical officers or dentists serving on active duty in the United States armed services and assigned to duty as practicing commissioned or contract medical officers or dentists at any military hospital or medical facility owned and operated by the United States government shall be deemed to be licensed pursuant to this title. (§ 54.1-106. Health care professionals rendering services to patients of certain clinics and administrators of such services exempt from liability.)

Military Medical Personnel

Defined as: "an individual who has recently served as a medic in the United States Army, medical technician in the United States Air Force, or corpsman in the United States Navy or the United States Coast Guard and who was discharged or released from such service under conditions other than dishonorable." (§ 2.2-2001.4. Military medical personnel; program.)

Code/Regulatory Protections/Authorities:

Military medical personnel may practice and perform certain delegated acts that constitute the practice of medicine or nursing, reflecting the level of training and experience of the military medical personnel and under the supervision of a licensed physician or podiatrist. (§ 2.2-2001.4. Military medical personnel; program.) (§ 54.1-2901. Exceptions and exemptions generally.)

Veenema, T.G.(2006). Expanding educational opportunities in disaster and emergency preparedness for nurses. *Nursing Education Perspectives* 27(2), 93-99.