

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 epinephrine autoinjector: TRAIN Course ID# 1095208 Responding to Anaphylaxis: TRAIN Course ID# 1095208	
Influenza: 1065390 Annual influenza update: (TRAIN Course ID# changes annually)	
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(only if administering Novavax) SARS-CoV-2 Vaccines Updates: CDC COVID-19 Vaccine Training Modules and 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