Appendix A: Skills Assessment Checklist for Covid-19 Vaccine Administration

Vaccinator’s Name and Professional Credentials: _______________ Date of Assessment: __________
Evaluator’s Name and Professional Credentials: __________________

<table>
<thead>
<tr>
<th>Competency</th>
<th>Clinical skills, techniques, and procedures</th>
<th>Needs to Improve</th>
<th>Meets or Exceeds Expectations</th>
<th>Required Plan of Action</th>
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<tbody>
<tr>
<td><strong>Patient Education</strong></td>
<td>1. Welcome patient and verify identity (name) and date of birth.</td>
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<td></td>
<td>2. Ensure the Rights of Medication Administration. Make sure you have the:</td>
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<td></td>
<td>a. Right patient</td>
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<td></td>
<td>b. Right vaccine with right diluent</td>
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<td>c. Right dosage</td>
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<td></td>
<td>d. Right route, needle length</td>
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<td></td>
<td>e. Right site</td>
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<td>f. Right documentation</td>
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<td>3. Explain the reason for the COVID-19 vaccination and the location of injection. Explain any follow-up shots and schedule as needed.</td>
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<td>4. EMR/PrepMod will capture precautions or contraindications. Review for appropriate vaccination or deferral.</td>
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<td>5. Provide the relevant EUA COVID-19 vaccine fact sheet. This may have been provided electronically during the registration process. It is important to provide the fact sheet BEFORE administering the vaccine. Verify client/parent/caregiver receives fact sheet, ensure client/parent/caregiver has time to read information and ask questions, and provide an opportunity to discuss side effects.</td>
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<td>6. Review comfort measures and aftercare instructions with patient. Answer questions and accommodate for special needs of patient. Provide information to enroll in the v-safe and VaxText programs.</td>
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<td><strong>Safety Protocols</strong></td>
<td>1. Identify the location of medical protocols (e.g., immunization protocol, emergency protocol, reference material).</td>
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<td>2. Identify the location of epinephrine, its administration technique, and clinical situations where its use would be indicated.</td>
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<td>3. Maintain up-to-date CPR certification</td>
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<td>4. Understand the need to report any needle stick injury and to maintain a sharps injury log.</td>
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<td>5. Demonstrate knowledge of proper vaccine handling, e.g., maintains vaccine at recommended temperatures before and prior to use, demonstrates knowledge of how to use multi-dose vials etc..</td>
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<td>6. Identify AED location.</td>
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<tr>
<td><strong>C</strong></td>
<td>1. Perform proper hand hygiene prior to preparing vaccine.</td>
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<td>2. When removing vaccine from freezer or fridge, look to ensure storage unit temperature is in proper range.</td>
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</table>
### Vaccine Preparation

3. Remove the required number of vials from storage and thaw each vial before use.

4. When puncturing the vial, check vial expiration date of vial and record the date and time the vial was punctured. Double check vial label and contents prior to drawing-up.

5. Prepare to draw vaccine in a designated clean area not adjacent to where potentially contaminated items are placed.

6. Follow manufacturer guidance to dilute or mix vaccine, if required (Refer to appropriate checklist for vaccine-specific protocol: Appendices B-D).

7. Swirl (Moderna/Janssen (J&J)) vial gently in an upright position for 10 seconds or invert 10 times (Pfizer) after thawing and between each withdrawal. **Do not shake.**

### Administering Vaccine

1. Perform proper hand hygiene.

2. Utilize appropriate PPE (surgical/ procedure mask, face shield or goggles). Gloves are optional. If gloves are worn, they must be changed between each patient and hand hygiene performed.

3. Properly position patient.

4. Identify injection site (deltoid ONLY).

5. Locate anatomic landmark specific for IM.

6. Prep site with alcohol wipe, using a circular motion from the center to a 2” to 3” circle. Allow alcohol to dry.

7. Draw up vaccines in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed.

8. Select the correct needle size for IM based on patient age and/or weight, site, and recommended injection technique (23-25 Gauge Needle. Lengths may vary by body size, 5/8, 1”, 1 ½”).

9. Maintain aseptic technique throughout, including cleaning the rubber septum (stopper) of the vial with alcohol prior to piercing it.

10. Using aseptic technique withdraw **appropriate dose** of vaccine into a sterile dosing syringe with a needle appropriate for intramuscular injection.

   a. **Moderna: 0.5mL.** NO dilution is required. **Do not shake.**

   b. **Pfizer-BioNTech: 0.3 mL** of the diluted Pfizer-BioNTech COVID-19 vaccine solution.

   c. **Janssen (J&J): 0.5mL.** NO reconstitution or dilution is required. This vaccine is a single dose; recipients do not need to come in for a second dose.

11. Visually inspect each dose in the dosing syringe prior to administration. Verify the final dosing volume is correct. Do not administer if vaccine is discolored or contains particulate matter. Administer vaccine immediately once dosing syringe passes inspection.

12. Control limb with non-dominant hand: hold needle an inch from skin and insert quickly at appropriate angle (90 degrees for IM).

13. Inject vaccine using steady pressure. Do not aspirate. Withdraw needle at angle of insertion (90 degrees for IM). Use proper
technique to prevent needle-stick injury, such as using same hand to operate safety guard on needle after injection.

14. Apply gentle pressure to injection site for several seconds (use gauze pad or Band-Aid).

15. Dispose of needle and syringe in sharps container.

16. Record the date and time of first and subsequent uses of the vaccine on the vaccine vial label.

17. Properly dispose of vaccine vial once all doses have been exhausted. Report all wasted doses using the Vaccine Wastage Reporting Tool. This is required per the CDC agreement. [https://redcap.vdh.virginia.gov/redcap/surveys/?s=YC743RTCMN](https://redcap.vdh.virginia.gov/redcap/surveys/?s=YC743RTCMN)

18. Only if the patient indicated a previous severe allergic reaction to a vaccine or injectable, or history of anaphylaxis, patient should be observed for 30 minutes. All other patients should be observed for 15 minutes. Be cognizant of the potential for vasovagal reactions.

19. Report any observed adverse events immediately to supervisor.

20. Before the recipient leaves, ensure you have scheduled their second dose, if applicable.
   a. Moderna: 28 days
   b. Pfizer_BioNTech: 21 days
   c. Janssen (J&J): N/A, single dose vaccine


<table>
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<tr>
<th>Documentati</th>
<th>Fully document vaccine in patient chart: date, lot number, expiration, manufacturer, injection site, vaccinator, EUA vaccine fact sheet date. This should be accomplished in EMR and/or PrepMod.</th>
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**Plan of Action in Case of Remediation**

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

1. 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)

2. Review site/clinic protocols.

3. Review manuals, textbooks, wall charts, or other guides.

4. Review package inserts.

5. Review vaccine storage and handling guidelines or videos.

6. Observe other staff with patients.

7. Practice injections.

8. Read Vaccine Information Statements.

9. Be mentored by someone who has demonstrated appropriate immunization skills.

10. Role play (with other staff) interactions with parents and patients, including age appropriate comfort measures.

11. Attend a skills training or other appropriate courses/training.

12. Attend healthcare customer satisfaction or cultural competency training.

13. Renew CPR certification.

14. Other __________
File the Skills Assessment Checklist in the employee’s personnel folder.

Plan of Action Deadline (if applicable): ________________________________

Date of Next Review (if applicable): ________________________________

Employee/Volunteer Signature & Date: ________________________________

Supervisor Signature & Date: ________________________________