

**Seasonal Influenza Vaccinator Skills Assessment Checklist 2017**-2018 (flu season/year)

*Please complete and submit to lead clinic nurse prior to serving at seasonal flu clinic or POD. (Keep copy for your files.)*

*All vaccinators must have attended Influenza In-service or viewed it online. All DPH or DMRC vaccinators must complete skills competency and bolded activities.*

**Check ALL that apply and fill in blanks:**

\_\_\_\_**I attended the DPH Influenza In-service Training on (date) \_\_\_\_\_\_\_ at (location) \_\_\_\_\_\_\_\_\_\_\_. OR**

**\_\_\_\_I listened to the recorded DPH Influenza In-service voice-over and viewed the PowerPoint slides online on (date) \_\_\_/\_\_\_/\_\_\_\_\_ .**

\_\_\_\_ **I reviewed the DPH Influenza In-service handouts including Influenza Standing Orders, Management of Medical Emergency**

 **Standing Orders, Vaccine Information Sheets and Vaccine Administration Record.**

\_\_\_\_**I have had the opportunity to ask/get answers to any questions re: flu vaccine storage, administration, management of medical**

 **emergencies and documentation and have received sufficient and complete answers to my questions.**

**\_\_\_\_ I have demonstrated1 safe IM flu vaccination administration to adults**  children  infants/toddlers

 **to designated DPH Preceptor/Lead Nurse/Nursing Supervisor/Nurse Consultant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_.**                             Print Name of Designated Preceptor     Date

 Preceptor initials

I understand that, as a DPH nurse or DMRC volunteer: (circle one) **RN**  **APRN**   **IMMUNIZING PHARMACIST,**  I must possess the required knowledge and skills regarding safe administration of seasonal influenza vaccination and management of medical emergencies.2 Upon meeting this requirement, I may work under Division of Public Health Influenza and Management of Medical Emergency Standing Orders while under the direction of the Division of Public Health.

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Print Name - DPH Nurse or Medical Reserve Corps Volunteer Print Name - DPH Preceptor/Lead Nurse/Nsg Supervisor/Ns. Consultant

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Signature Date Signature Date

1 See Influenza Vaccinator Demonstration Check Lists (Intramuscular Adult, Children, Infant/Toddler and Intranasal) on reverse.

2 Delaware Board of Nursing Regulation 7.3.1.13 Nurses who perform any special procedures should possess specialized knowledge and competent technical skill in the performance of the procedure, be knowledgeable of the potential complications and adverse reactions which may result from the performance of the procedure, possess the knowledge and skill to recognize adverse reactions, and take appropriate actions.

**Seasonal Influenza Vaccinator Skills Assessment Checklist**

**Intramuscular Injections**

**Adult**

 **Assess muscle mass; select proper needle length**

**(adults: ⅝”–1½")**

**Select site**

**Deltoid (preferred):**

**2 fingerbreadths below acromion process**

**Prep vial (agitate vaccine in both vials and prefilled syringes, clean vial stoppers with alcohol pad, draw up air equal to vaccine dose into syringe, inject air into vaccine through stopper)**

**Draw up volume of dose (0.5 ml)**

**Prep skin, let dry**

**Insert needle at 900 angle**

**Do not aspirate**

 **Inject vaccine**

**If using vanish point, continue to depress plunger to retract needle prior to removing device from client’s arm**

**OR**

**Remove needle from client’s arm and slide safety shield over needle**

**Dispose in sharps container**

Children/Adolescents (3-18 years)

 Assess muscle mass; select proper needle length

(3-18 years: ⅝”–1½").

 Select site

 Deltoid (preferred):

2 fingerbreadths below acromion process

 Prep vial (agitate vaccine in both vials and prefilled syringes, clean vial stoppers with alcohol pad, draw up air equal to vaccine dose into syringe, inject air into vaccine through stopper)

 Draw up volume of dose (0.5 ml)

 Prep skin, let dry

 Insert needle at 900 angle

 Do not aspirate

 Inject vaccine

 Retract needle if using vanish point, prior to removing device from client’s arm

 OR

 Remove needle from client’s arm and cover with safety shield

Infant/Toddler (6 months up to 36 months)

 Assess muscle mass select proper needle length.

 Select site

Vastus lateralis (preferred)

6 months < 36 months: 1”

Deltoid:

1 Year – 2 years: ⅝“only if muscle mass is adequate and skin is stretched flat b/t thumb and forefinger

 Prep vial (agitate vaccine in both vials and prefilled syringes, clean vial stoppers with alcohol pad, draw up air equal to vaccine dose into syringe, inject air into vaccine through stopper, pull up appropriate vaccine dose.)

 Draw up volume of dose (0.25 ml)

 Prep skin, let dry

 Insert needle at 900 angle

 Do not aspirate

 Inject vaccine

 If using vanish point, continue to depress plunger to retract needle prior to removing device from client’s arm

 OR

 Remove needle from client’s arm and slide safety shield over needle

 Dispose in sharps container

Intranasal Administration

 Remove rubber tip protector. Do not remove dose-divider clip at the other end of the sprayer

 With the client in an upright position (i.e., head not tilted back), place the tip just inside the nostril to ensure LAIV is delivered into the nose. The client should breathe normally

 With a single motion, depress plunger as rapidly as possible until the dose-divider clip prevents you from going further

 Pinch and remove the dose-divider clip from the plunger

 Place the tip just inside the other nostril, and with a single motion, depress plunger as rapidly as possible to deliver the remaining vaccine

 Dispose of the applicator in a sharps container

 Dispose in sharps container