



Seasonal Influenza Vaccinator Skills Assessment Checklist 2020-2021

Please complete and submit to a DPH Preceptor prior to serving at seasonal flu clinic or POD. (OPHN will file copies.) All vaccinators (DPH or DMRC) must have attended Influenza In-service or viewed it online and completed skills competency and bolded activities prior to administering any injections.

Check ALL that apply and fill in blanks:

___ 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 demonstrated safe IM flu vaccination administration to a DPH preceptor for the past 2 years (2018 and 2019).
OR

___ I have demonstrated¹ safe IM flu vaccination administration to: adults children infants/toddlers

to DPH Preceptor/Lead Nurse/Nurse Consultant _____ on ___/___/___ _____
Print Name of Preceptor Date Preceptor initials

For any individual unable to demonstrate IM skills per the checklist, please complete supplemental documentation form and attach.

_____/_____/_____.
Print Name of Preceptor Date Preceptor initials (Must complete Supplemental Documentation form and attach)

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.

Print Name - DPH Nurse or Medical Reserve Corps Volunteer

Print Name - DPH Preceptor/Lead Nurse/Ns. Consultant

_____/_____/_____.
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: $\frac{5}{8}$ "–1½")
- Select site
 - Deltoid (preferred):
2 fingerbreadths below acromion process

Prefilled syringe

- Agitate vaccine in syringe
- Remove cap
- Expel excess air
- Attach needle
- Prep skin, let dry
- Insert needle at 90° angle
- Do not aspirate
- Inject vaccine
- Remove needle from client's arm and engage needle safety device
- Dispose in sharps container

Children/Adolescents (3-18 years)

- Assess muscle mass; select proper needle length (3-18 years: $\frac{5}{8}$ "–1½").
- Select site
 - Deltoid (preferred):
2 fingerbreadths below acromion process

Prefilled syringe

- Agitate vaccine in syringe
- Remove cap
- Attach needle
- Expel excess air
- Prep skin, let dry
- Insert needle at 90° angle
- Do not aspirate
- Inject vaccine
- Remove needle from client's arm and engage needle safety device

- Dispose in sharps container

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: $\frac{5}{8}$ " only if muscle mass is adequate and skin is stretched flat b/t thumb and forefinger

Prefilled syringe

- Agitate vaccine in syringe
- Remove cap
- Attach needle
- Expel excess air
- Prep skin, let dry
- Insert needle at 90° angle
- Do not aspirate
- Inject vaccine
- Remove needle from client's arm and engage needle safety device
- 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