

# INTRANASAL INFLUENZA VACCINE ADMINISTRATION COMPETENCY ASSESSMENT

Patient Population Served: Child (2 – 5 yrs) School Age (5 – 12 yrs) Adolescents (13 – 17 yrs) Adults (18 yrs +)

Required Competency or Skill	* Self Assessment	Orientation (Preceptor initials & date)	+ Evaluation Method	Competency Validated by Supervisor (Signature & date)	Comments/Additional Resources
<b>Patient Screening</b>	CRITICAL THINKING: <i>Recognizes normal and abnormal values for all age groups and takes appropriate action in a timely manner. Documents findings appropriately. Recognizes unique age and language appropriate communication needs of patients and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).</i>				
<b>A. Understands the actions, implications, precautions and age groups for administration of the live, attenuated influenza vaccine(LAIV):</b>					
(1) Vaccine screening sheet is reviewed for vaccine contraindications <ul style="list-style-type: none"> <li>a. Age (younger than 2 yrs, older than 49 yrs)</li> <li>b. Hypersensitivity to eggs, egg proteins, gentamicin, gelatin, arginine or a previous life threatening reaction to the influenza vaccine</li> <li>c. Pregnancy</li> <li>d. Immunocompromised</li> <li>e. Guillan-Barré History</li> <li>f. Individuals with a history of asthma, children older than 5 yrs with recurrent wheezing</li> <li>g. Children and adolescents on concomitant aspirin therapy</li> <li>h. Vaccination with live virus in last 28 days</li> </ul>					
(2) Familiarity with the FluMist package insert for this flu season					
<b>B. Verbalizes understanding of the standing order for the administration of the intranasal influenza vaccine to adults and pediatric patients</b>					
<b>C. Provides patient/guardian a LAIV Vaccination Information Statement (VIS) sheet to read prior to administration of immunization</b>					
<b>D. Clinic policy regarding beneficiary children under age 18 must be accompanied by parent or legal guardian</b>					
<b>Patient Care Procedures for RN, LPN, Medic, Corpsman</b>	CRITICAL THINKING: <i>Recognizes unique needs of patients of age groups 2-49 and performs FluMist administration accordingly. Gathers age appropriate supplies and equipment. Explains all procedures in an age appropriate manner according to the level of understanding of the child and the parent/guardian. Approaches child in non-threatening manner and comforts at completion.</i>				

**A. Understands importance of the care and handling of the live, attenuated influenza virus vaccine**

\* Self Assessment: 1=Experienced

2=Needs Practice/Assistance

3=Never Done

N/A= Not Applicable

+ Evaluation / Validation Methodologies: T=Tests

D=Demonstration/Observation

V=Verbal

I=Interactive Class

Updated 21 Jul 09

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(1) Must be stored in a refrigerator (2-8°C) upon arrival, during transportation and until use. DO NOT FREEZE.					
(2) Must be used by labeled expiration date					
(3) Uses gloves and washes hands between each procedure					
(4) Verbalizes procedures to protect vaccine after temperature compromise is noted (segregate product, label as “potentially compromised”, place in functioning refrigerator, contact DSCP, USMMA or manufacturer to verify stability. Prepare EXUM for loss as necessary.)					
<b>B. Demonstrates proper technique for administration of FluMist (Self administration by the patient is not authorized)</b>					
(1) Remove rubber tip protector					
(2) Patients sits upright, tilt head back, place tip just inside nostril , as rapidly as possible depress plunger until clip prevents you from going further					
(3) Pinch and remove dose divider clip and repeat procedure in opposite nostril					
(5) Do <b>NOT</b> have the patient actively inhale (i.e., sniff) the mist					
(6) Dispose of sprayer in rigid sharps container					
(7) All children 6mo-8yrs who are receiving the influenza vaccine for the first time should receive two 0.2mL doses separate by 4 weeks					
(8) Documentation of vaccine, dose, manufacturer, lot number, provider and VIS date in ITS system					
<b>C. Demonstrates ability to recognize signs and symptoms of a patient experiencing an anaphylactic reaction and responds appropriately</b>					
(1) Verbalizes understanding of the standing order for the medical management of vaccine adverse events.					
(2) Positions patient on litter/ floor					
(3) Calls for assistance and administers epinephrine per protocol					
(3) Monitors vital signs / assess breathing					

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(5) Proper documentation of event a. Documents a Medical Temp (MT) in MODS/MRRS/AFCITA b. Document incident in AHLTA c. Completes and submits a VAERS form					
<b>D. Demonstrates ability to recognize signs and symptoms of a patient experiencing a vasovagal reaction and responds appropriately</b>					
(1) Verbalize signs and symptoms of a vasovagal reaction					
(2) Position patient on litter/ floor and elevate legs					
(3) Monitor vital signs / assess breathing					
(4) Administer ammonia inhalant as needed					
<b>E. Explains policy and procedure for waiting at least 15 min after vaccination for monitoring of possible adverse event</b>					

Preceptor's Initials: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**I understand the topics listed, I will be allowed to perform only those for my skill level/scope of practice and only after I have successfully demonstrated competency.**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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