The Skills Checklist is a self-assessment tool for health care staff who administer immunizations. To complete it, review the competency areas below and the clinical skills, techniques and procedures outlined for each of them. Score yourself in the Self-Assessment column. If you check Need to Improve you indicate further study, practice or change is needed. When you check Meets or Exceeds you indicate you believe you are performing at the expected level of competence, or higher.

**Supervisors:** Use the Skills Checklist to clarify responsibilities and expectations for staff who administer vaccines. When you use it for performance reviews, give staff the opportunity to score themselves in advance. Next observe their performance as they provide immunizations to several patients and score in the Supervisor Review columns. If improvement is needed, meet with them to develop a Plan of Action (over) that will help them achieve the level of competence you expect; circle desired actions or write in others. In 30 days, observe their performance again. When all competency areas meet expectations, file the Skills Checklist in their personnel folder. At the end of the probationary period and annually thereafter, observe them again and complete the Skills Checklist.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Clinical Skills, Techniques, and Procedures</th>
</tr>
</thead>
</table>
| **A. Patient/Parent Education** | 1. Welcomes patient/family, establishes rapport, and answers any questions.  
2. Explains what vaccines will be given and which type(s) of injection will be done.  
3. Accommodates language or literacy barriers and special needs of patient/parents to help make them feel comfortable and informed about the procedure.  
4. Verifies patient/parents received the Vaccine Information Statements for indicated vaccines and had time to read them and ask questions.  
5. Screens for contraindications. (MA: score NA—not applicable—if this is MD function.)  
6. Reviews comfort measures and after care instructions with patient/parents, inviting questions. |
| **B. Medical Protocols** | 1. Identifies the location of the medical protocols (i.e. immunization protocol, emergency protocol, reference material).  
2. Identifies the location of the epinephrine, its administration technique, and clinical situations where its use would be indicated.  
3. Maintains up-to-date CPR certification.  
4. Understands the need to report any needlestick injury and to maintain a sharps injury log. |
| **C. Vaccine Handling** | 1. Checks vial expiration date. Double-checks vial label and contents prior to drawing up.  
2. Maintains aseptic technique throughout.  
3. Selects the correct needle size. 1”-1 1/2” for IM (DTP, Td, Hib, HepA, HepB, Pneumo Conj., Flu); 5/8” for SC (MMR, Var); IPV and Pneumo Poly depends on route to be used.  
4. Shakes vaccine vial and/or reconstitutes and mixes using the diluent supplied. Inverts vial and draws up correct dose of vaccine. Rechecks vial label.  
5. Labels each filled syringe or uses labeled tray to keep them identified.  
6. Demonstrates knowledge of proper vaccine handling, e.g. protects MMR from light, logs refrigerator temperature. |
Competency | Clinical Skills, Techniques, and Procedures | Self-Assessment | Supervisor Review |
-------------|------------------------------------------|-----------------|------------------|
D. Administering Immunizations | 1. Rechecks the physician’s order or instructions against prepared syringes. | Need to Improve | Meets or Exceeds |
                                      | 2. Washes hands and if office policy puts on disposable gloves. | Need to Improve | Meets or Exceeds |
                                      | 3. Demonstrates knowledge of the appropriate route for each vaccine. (IM for DTaP, Td, Hib, HepA, HepB, Pneumo Conj, Flu SC for MMR, Var; Either SC or IM for IPV and Pneumo Poly). | | |
                                      | 4. Positions patient and/or restrains the child with parent’s help; locates anatomic landmarks specific for IM or SC. | | |
                                      | 5. Prep the site with an alcohol wipe using a circular motion from the center to a 2” to 3” circle. Allows alcohol to dry. | | |
                                      | 6. Controls the limb with the non-dominant hand; holds the needle an inch from the skin and inserts it quickly at the appropriate angle (45º for SC or 90º for IM). | | |
                                      | 7. Injects vaccine using steady pressure; withdraws needle at angle of insertion. | | |
                                      | 8. Applies gentle pressure to injection site for several seconds with a dry cotton ball. | | |
                                      | 10. Encourages comfort measures before, during and after the procedure. | | |
E. Records Procedures | 1. Fully documents each immunization in patient’s chart: date, lot number, manufacturer, site, VIS date, name/initials. | | |
                                      | 2. If applicable, demonstrates ability to use IZ registry or computer to call up patient record, assess what is due today, and update computer immunization history. | | |
                                      | 3. Asks for and updates patient’s record of immunizations and reminds them to bring it to each visit. | | |

Plan of Action: 
Circle desired next steps and write in the agreed deadline and date for the follow-up performance review. 

a. Watch video on immunization techniques. 
b. Review office protocols. 
c. Review manuals, textbooks, wall charts or other guides. 
d. Review package inserts. 
e. Review vaccine handling guidelines or video. 
f. Observe other staff with patients. 
g. Practice injections. 
h. Read Vaccine Information Statements. 
i. Be mentored by someone who has these skills. 
j. Role play with other staff interactions with parents and patients, including age-appropriate comfort measures. 
k. Attend a skills training or other courses or training. 
l. Attend health care customer satisfaction or cultural competency training. 
m. Renew CPR certification. 

Other: 

______________________________

Employee Signature

Date

Plan of Action Deadline

Date

Supervisor Signature

Date

Date of Next Performance Review