Just-in-time-training (JITT) for Vaccinator Groups

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| Skills Checklist | Clinical Skills, Techniques, and Procedures |
| 1. Introduction to Station/Supplies
 | 1. Basic Set up of Station
2. Flow of patients
	1. Each patient or family group will be assigned a number. Once the vaccinator is ready, he/she will call for this number in the waiting area, or will communicate the number to the runner to call back.
3. Review available vaccine list
4. Location of vaccines and supplies
5. Information posters and pamphlets to assist with proper administration supplies and techniques
6. Supplies to be used
	1. Syringes: size options
	2. Safety-engineered needles
		1. Proper use and disposal
	3. **Gloves not required**—Encourage proper and consistent hand hygiene
7. Emergency/Medical Protocols
	1. Identification of lead medical responder
	2. Review Spokane Regional Health District Emergency Medical Protocols
	3. Location of Epinephrine
	4. Reporting Needle-stick Injuries
	5. How to respond to different acute reactions
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| 1. Vaccine Handling
 | 1. Go to Vaccine Management Coordinator (VMC) to receive patient form when ready to begin preparing vaccine
2. VMC will provide vaccine and diluent based on age-appropriate recommendations that the screener selected
3. Verify correct vaccine
4. Needle/Syringe Selection based on vaccine type and indicated route
5. Inspect vial and expiration date
6. Maintain aseptic technique
	1. Hand hygiene
	2. Alcohol wipes
	3. Adequate space
7. Reconstitution or Mixing requirements
8. Proper handling- keep all supplies at pre-draw or assigned station
9. Label filled syringe with the corresponding vaccine
10. If using a multidose vial, return vial with remaining doses to VMC
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| 1. Patient/Parent Education
 | 1. Welcome child and family. Establish rapport. Introduce self, ask patient’s name and answer any questions.
	1. Positive Attitude and Body Language
	2. Soft voice, calming
	3. Eye contact
	4. Be honest! Do not say, “It won’t hurt.”
	5. Explain procedure and why it is being done
2. Explain which vaccines will be given and what type(s) of injection will be done.
3. Accommodate language or literacy barriers and special needs. Ensure patient is informed and comfortable.
4. Verify parent/patient received Vaccine Information Sheet (VIS) for all vaccines set to be administered.
5. Review patient responses and/or medical screener notes for contraindications and allergies.
6. Review comfort measures and after care instructions with parent/patient, inviting questions.
	1. Comfort holds
	2. How can parents be involved?
	3. Distraction techniques
		1. Music, books, deep breathing, blow away pain, counting, singing
	4. 5 Ss for infants: Swaddling, Side lying position, Shushing, Swinging gently, Sucking
	5. Reasons for Dual Administration
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| 1. Administering
 | 1. Identify patient
	1. “Rights” of administration
	2. Ensure proper paperwork
2. Hand Hygiene
3. Inject with steady pressure and at correct angle
4. Aspiration not required
5. Apply pressure to site for several seconds with a dry cotton
6. Safety-engineered needles and proper disposal
7. Separate vaccines by at least 1 inch if in same muscle
	1. Review location of posters/handouts if needed
8. Be aware of acute reactions and how to respond
	1. Flushing, facial edema, urticarial, itching, swelling of mouth/throat, wheezing, difficulty breathing, etc.
	2. Announce the location of emergency response kit supplies (epi-pen, etc.)
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| 1. Completion
 | 1. Ensure patient registration form is complete
2. Documentation of administration
	1. Site
	2. Route
	3. Manufacturer
	4. Lot number
	5. Expiration Date
	6. Name/initials and title of vaccinator
3. Ensure vaccine record and information sheet resides with parent/patient
	1. Highlight any important facts
4. Reminder of follow up vaccinations, if needed
5. Thank patient/parent for getting vaccinated!
	1. Maintain good rapport throughout
6. **Send patient with their form to exit station for vaccine administered record**
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