

# COVID-19 Vaccine Provider Competency Checklist

Training of providers for COVID-19 vaccination is critical to ensure safe and effective delivery of vaccine. Providers must understand and adhere to the expectations in the following competency checklist.

*\*Please initial next to each section to indicate you have read and understand the requirements\**

_____ Initials	
<p>Local vaccine providers will be required to:</p> <ul style="list-style-type: none"> <li>✓ Maintain an active Basic Life Support (BLS) certification</li> <li>✓ Be offered vaccination against Hepatitis B for prevention (see <a href="#">Recommended Vaccines for Healthcare Workers</a>)</li> </ul>	
_____ Initials	
<p>Local vaccine providers will be required to:</p> <ul style="list-style-type: none"> <li>✓ Complete COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers <u>AND</u> applicable manufacturer-specific vaccine training: <a href="#">COVID-19 Vaccine Training Module   CDC</a> &amp; print your certificate(s)</li> <li>✓ Review manufacturer-specific vaccine training materials/information: <a href="#">Pfizer</a> or <a href="#">Moderna</a> or <a href="#">Janssen</a></li> <li>✓ Review Clinical Resources for each COVID-19 Vaccine <a href="#">COVID-19 Vaccination   CDC</a></li> <li>✓ Attach documentation of all trainings completed to competency checklist.</li> </ul>	
_____ Initials	
<p>Local vaccine providers will be required to:</p> <ul style="list-style-type: none"> <li>✓ Complete both the <u>general</u> AND <u>brand-specific</u> competency exams with a <b>passing score of ≥ 85 %</b>. Those with passing scores shall be provided answers to missed questions by the <i>Site Vaccine Point of Contact (SVPOC)</i> or designee</li> <li>✓ Scores &lt; 85 % should have that competency repeated until a passing score is achieved</li> </ul>	
_____ Initials	
<p>Vaccine is expected to be recommended in a phased approach by the Advisory Committee on Immunization Practices (ACIP) until supplies allow for broader population considerations regarding administration.</p> <p>Local vaccine providers will be required to:</p> <ul style="list-style-type: none"> <li>✓ Recognize the priority groups for each phase of vaccine allocation.</li> <li>✓ Ensure vaccines given are to patients within the facility's identified priority group(s) for that phase.</li> </ul>	
_____ Initials	
<p>The Centers for Disease Control and Prevention (CDC) and the manufacturer will provide product-specific materials, including storage, handling, and administration job aids. Emergency Use Authorization (EUA) Fact Sheets for Health Care Providers or manufacturer websites will provide more information about expiration dates and Beyond-Use Dates (BUDs). Refer to these Fact Sheets and/or package inserts shipped with product(s). Local vaccine providers will be required to:</p> <ul style="list-style-type: none"> <li>✓ Complete temperature logs as applicable and report temperature excursions of any vaccine product.</li> <li>✓ Access and manage product expiration dates.</li> <li>✓ Document and report any unused, spoiled, expired, or wasted vaccine.</li> <li>✓ Review the CDC Vaccine Storage and Handling Toolkit, specifically reviewing the COVID-19 Vaccine Storage and Handling Addendum. <a href="#">Vaccine Storage and Handling Toolkit-November 2020   CDC</a></li> <li>✓ For the ultracold vaccine: Review information for <a href="#">Dry Ice Safety for Healthcare Providers</a> <ul style="list-style-type: none"> <li>✓ Wear appropriate PPE, including eye protection and cryogenic gloves, when handling ultracold materials or when encountering dry ice – never touch the dry ice with a bare hand.</li> <li>✓ Open shipping container in a well-ventilated area.</li> <li>✓ Have 2 individuals to open, inspect and assist with removal of vaccine to increase efficiency.</li> <li>✓ Refer to safety and handling references to increase familiarity with safety concerns. Dry ice may build up pressure as it sublimates. Do not store dry ice in a fridge or freezer.</li> </ul> </li> </ul>	

<u>        </u> Initials	
Local vaccine providers will be required to:	
<ul style="list-style-type: none"> <li>✓ Properly assess patient immunization histories and screen for any vaccine contraindications/precautions.</li> <li>✓ Ensure appropriate use of PPE prior to interacting with patient and while administering vaccine.</li> <li>✓ Provide an EUA Fact Sheet for Recipients/Caregivers or Vaccine Information Statement (VIS), as applicable, to each vaccine recipient/parent/legal representative prior to vaccination.</li> <li>✓ Prepare vaccine accordingly utilizing ancillary supply kits included with vaccine shipments. Supply kit include needles, syringes, alcohol swabs, and limited PPE and diluents/adjuvants as appropriate.</li> <li>✓ Administer COVID-19 Vaccine in accordance with ACIP recommendations, ensuring appropriate anatomic site to avoid shoulder injury.</li> <li>✓ Provide a completed COVID-19 vaccination record card to every vaccine recipient/parent/legal representative upon receipt of the vaccine.</li> <li>✓ Advise patients receiving vaccines requiring 2 doses when they will need a second dose, depending on the vaccine. The second dose must be the same brand of COVID-19 vaccine as the first dose.</li> <li>✓ Schedule second dose appointment within the recommended follow-up time frame (if possible).</li> </ul>	

<u>        </u> Initials	
Local vaccine providers will be required to:	
<ul style="list-style-type: none"> <li>✓ Understand their facility’s process to document administration for a beneficiary, non-beneficiary, and employees, as appropriate in the patient’s health record and/or VAMS.</li> <li>✓ Document COVID-19 vaccine administration within 24 hours of administration.</li> </ul>	

<u>        </u> Initials	
Local vaccine providers will be required to:	
<ul style="list-style-type: none"> <li>✓ Understand when and how to report a vaccine adverse event in VAERS, with emphasis on identifying Indian Health Service in the reporting (item #26). Report clinically significant adverse events following vaccination and vaccine administration errors to VAERS. <a href="https://www.iahs.gov/Reporting-a-Suspected-Vaccine-Adverse-Event">Reporting a Suspected Vaccine Adverse Event (ihs.gov)</a></li> <li>✓ Document adverse events and administration errors per local policy.</li> <li>✓ Inform patients about V-safe for voluntary active safety monitoring. <a href="https://www.cdc.gov/vaccines/imz/downloads/2020-08-14-V-safe-After-Vaccination-Health-Checker.pdf">V-safe After Vaccination Health Checker   CDC</a></li> </ul>	

<u>        </u> Initials	
Local vaccine providers will be required to:	
<ul style="list-style-type: none"> <li>✓ Familiarize themselves with the following vaccine hesitancy tools: <ul style="list-style-type: none"> <li><a href="https://www.cdc.gov/media/releases/2020/s111920-covid-19-vaccine-qa.html">Answering Patients’ Questions about COVID-19 Vaccination   CDC</a></li> <li><a href="https://www.cdc.gov/media/releases/2020/s111920-covid-19-vaccine-conversations.html">Effective COVID-19 Vaccine Conversations with Patients   CDC</a></li> </ul> </li> </ul>	

- Other resources available for immunization training and administration include:
- [COVID-19 Vaccination Training Programs and Reference Materials for Healthcare Professionals | CDC](https://www.cdc.gov/media/releases/2020/s111920-covid-19-vaccine-training.html)
  - [COVID-19 Vaccination Communication Toolkit | CDC](https://www.cdc.gov/media/releases/2020/s111920-covid-19-vaccine-communication.html)
  - [COVID-19 Vaccines | FDA](https://www.fda.gov/vaccines-blood-biologics/development-manufacturing/covid-19-vaccines)
  - [Clinic Tools for Administering Vaccine | IAC](https://www.iaac.org/clinical-education/clinic-tools-for-administering-covid-19-vaccine)
  - [Healthcare Professionals: Preparing for COVID-19 Vaccination | CDC](https://www.cdc.gov/media/releases/2020/s111920-covid-19-vaccine-preparing.html)
  - [Immunization Courses: Webcasts and Self Study | CDC](https://www.cdc.gov/media/releases/2020/s111920-covid-19-vaccine-courses.html)
  - [Vaccine Administration | CDC](https://www.cdc.gov/media/releases/2020/s111920-covid-19-vaccine-administration.html)

---

Printed Name of Vaccine Provider	Signature of Vaccine Provider	Date
----------------------------------	-------------------------------	------

---

Printed Name of SVPOC	SVPOC Signature (once above is completed)	Date
-----------------------	---	------

*Attachments: Certificates for Training(s) completed; Competency Exams*