

Initial/Annual Competency Assessment: JAPANESE ENCEPHALITIS VACCINE ADMINISTRATION

Facility: _____
Position Title: _____ **Trainee Name:** _____
Assessment Start Date: _____ **Assessment Completion Date:** _____

Required Competency or Skill	*Self-Assessment	Orientation (Preceptor Date & Initials)	Validation of Competency			
			+Evaluation Method	Date	Initials	Comments
Customer Service	CRITICAL THINKING: Documents findings appropriately. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).					
A. Greets and identifies patient						
(1) Welcomes patient/family and introduces self						
(2) Assures patient confidentiality and right to privacy						
(3) Validates patient's eligibility						
a. Checks DoD identification card						
b. Confirms patient identification using two personal identifiers such as full name and date of birth						
B. Locates patient's record in immunization tracking system (ITS) and/or ALTHA						
(1) Verifies name, SSN/sponsor's SSN, phone number and address						
(2) Verifies DEERS eligibility and Tricare enrollment status						
C. Children must be accompanied by a parent or legal guardian per local clinic policy						
Patient Screening and Education	CRITICAL THINKING: Recognizes screening requirements and recommendations for vaccinations for all age groups and makes appropriate product selection based on responses. Documents findings appropriately. Recognizes unique age and language communication needs of patient and responds appropriately. Assures the confidentiality of patient information and their rights to privacy (i.e., auditory and visual privacy).					
A. Screens patient records (i.e., ITS, AHLTA, DEERS, State Immunization Systems, and/or paper medical/shot records) to identify JE vaccination requirements in accordance with ACIP and Service Specific recommendations						
B. Determines initial and/or booster JE vaccination requirements based on occupation, health and/or travel (official and personal) in accordance with current ACIP and/or Service specific recommendations						

* Self-Assessment: 1=Experienced 2=Needs Practice/Assistance 3=Never Done N/A= Not Applicable

+ Evaluation / Validation Method: T=Written Test D=Demonstration/Observation V=Verbal review I=Interactive Class

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(1) Primary 2 dose series: day 0, 28 (doses must be a minimum of 28 days apart; never restart a series)							
(2) One-time booster (17 years and older only); 1 year after completion of 2 nd dose of primary series							
C. Provides required education materials to patient							
(1) Current Vaccine Information Statement (VIS) on JE vaccine prior to administration (language appropriate or audio for visually impaired)							
(2) Information on who to contact for follow-up questions							
D. Screens patient for the following contraindications or precautions using a standardized list of questions (either verbally or written) prior to JE immunization							
(1) Age younger than 2 months							
(2) Allergies to medications, food, or vaccine component (protamine sulfate)							
(3) Acute illness, medical condition or long term health problem							
(4) Current medications							
(5) Recent blood products, transfusion, or immune globulin							
(6) Pregnancy or chance of becoming pregnant during the next month							
(7) Administered live vaccines within the last 4 weeks							
(8) History of adverse reaction(s) following previous dose of any JE vaccine							
E. Refers patient to laboratory for serology or pregnancy test as appropriate							
F. Verbalizes to patient the potential expected and rare reactions after vaccination							
(1) Children 2 months to less than 12months of age: injection site redness, fever, irritability and diarrhea							
(2) Children 13 months -35months of age: fever							
(3) Children 36months -12 years of age: fever							
(4) Adolescents 12-18 years of age: pain, tenderness at injection site							
(5) Adults 18 years and older: pain and tenderness at injection site, headache and myalgia							
(6) Informs patient that possible side effects are usually temporary							

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and what to do if an adverse event occurs							
G. Allows patient an opportunity to ask questions concerning potential contraindications and adverse reactions associated with JE vaccine							
(1) Refers patient to a health care provider for questions concerning potential contraindications or precautions to vaccination							
(2) Documents hypersensitivity to any vaccine, vaccine component, or medication in patient medical records							
(3) Enters Medical/Administrative exemption into DoD approved electronic ITS per health care provider direction							
Vaccine Administration Procedures	CRITICAL THINKING: <i>Follows manufacturer guidelines. Administers the right vaccine, right dose, and right route, to the right patient at the right time. Understands that the deviation from the recommended route of administration may reduce vaccine effectiveness or increase the risk of local reactions. **Aspiration before injection of vaccines or toxoids (i.e., pulling back on the syringe plunger after needle insertion, before injection) is not required because no large blood vessels exists at the recommended injection sites.</i>						
A. Selects appropriate JE product based on age and screening of patient							
B. Verbalizes understanding of the standing order and package insert for the administration of JE vaccine to adult and pediatric patients							
C. Gathers required supplies for administering JE vaccine (i.e., gauze, alcohol pads, bandages, sharps container, etc.)							
D. Washes hands or uses hand sanitizer between patients							
E. Prepares JE vaccine for administration							
(1) Removes properly stored JE vaccine product from storage unit							
a. Ensures vaccine was stored in refrigerator at (2-8°C)							
b. Inspects syringe for damage or contamination							
c. Checks vaccine(s) expiration date(s)							
(2) Checks to make sure proper product is picked based on age							
• 2 – 35 months use syringe with red marking on barrel							
• 36 months and older, use syringe with or without red marking on barrel							
(3) Prepares prefilled syringe for a 0.25ml dose to administer JE vaccine to children 2-35 months of age							

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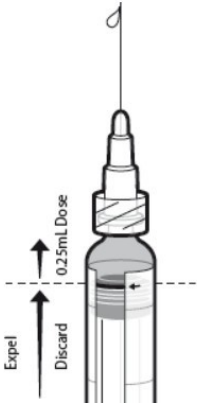
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a. Shake 0.5ml prefilled syringe to thoroughly mix contents							
b. Remove tip cap and attach appropriate size needle							
c. Holds the syringe in upright position and uncaps the needle							
d. Push the plunger stopper up to the edge of the red line on the syringe barrel, indicated by a red arrow (see figure below)*, and discards expelled volume into a medical waste container. Note: If plunger stopper is pushed beyond redline, do not administer the vaccine. Repeat the procedure using a new prefilled syringe							
							
e. Locks the needle safety shield and removes the needle							
f. Attaches a new sterile needle prior to injection of the remaining dose							
g. Ensures any manufacturer prefilled syringe with tip cap removed and needle attached is discarded at the end of duty day if not administered							
(4) Prepares prefilled syringe for a 0.5ml dose to administer JE vaccine to individuals 36 months and older							
a. Shake the prefilled syringe containing 0.5ml to thoroughly mix contents							
b. Remove the syringe tip cap and attach appropriate size needle							
(5) Maintains aseptic technique throughout vaccine preparation process							

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F. Administers JE vaccine per ACIP/manufacturer guidelines ensuring proper route, dosage, timing, and indications/contraindications:							
(1) Selects 22-25g needle and appropriate length based on administration route and body size							
(2) Selects appropriate dose based on age							
a. 2-35 months = 0.25ml							
b. 36 months and older = 0.5ml							
(3) Selects appropriate anatomical site based on age							
a. Infants and toddlers (lacking adequate deltoid mass); anterolateral aspect of thigh							
b. Toddler/Children/Teens/Adults: the deltoid muscle is recommended for routine intramuscular vaccinations; demonstrates 3 fingers down from acromion process to select proper area							
(4) Cleans injection site with alcohol							
(5) Inserts the needle fully into the muscle at a 90° angle (per ACIP aspiration is not required)							
(6) Injects vaccine using steady pressure then withdraws needle at angle of insertion							
(7) Applies light pressure with gauze to injection site for several seconds							
G. Immunization Recordkeeping							
(1) Records immunization(s) accurately in a DoD and USCG-approved electronic ITS according to Service-specific policy at the time of immunization (or no later than 24-hours after administration)							
(2) Documents the following information:							
a. Type of Vaccine							
b. Date							
c. Route, anatomic site							
d. Dose							
e. Lot number							
f. Vaccine information sheet (VIS) date							
g. Manufacturer							
h. Name/signature of vaccinator							

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(3) Documents immunizations using the following forms:							
a. CDC Form 731 (Required for Yellow Fever vaccination)							
b. DD Form 2766C							
c. SF 600/601							
(4) Provides documentation of immunization to the patient							
H. Provides post-vaccination instructions							
(1) Instructs patient to remain in the clinic for 15 minutes after vaccination for monitoring of possible adverse events							
(2) Reemphasizes potential expected and unexpected side effects							
I. Demonstrates ability to recognize signs and symptoms of a patient experiencing a vasovagal reaction and responds appropriately							
(1) Verbalizes signs and symptoms of a vasovagal reaction							
(2) Positions patient in the supine position on litter/floor, loosens tight clothing, elevates legs, and maintains airway							
(3) Monitors/documents vital signs, assesses breathing, and documents incident							
(4) Calls EMS if patient does not respond							
J. Demonstrates ability to recognize signs and symptoms of a patient experiencing an anaphylactic reaction and responds appropriately							
(1) Verbalizes understanding of the standing order for the medical management of vaccine adverse events							
(2) Positions patient in the supine position on litter/floor							
(3) Calls for EMS and administers epinephrine and/or other medications per protocol							
(4) Monitors/documents vital signs, assesses breathing, and documents administered medications							
(5) Initiates CPR if necessary and maintains airway							
K. Properly documents adverse event							
(1) Enters temporary medical exemption in Service ITS							
(2) Documents incident in AHLTA							
(3) Completes and submits a VAERS form							

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Preceptor's Initials	Printed Name	Signature
<p>I understand the topics listed, I will be allowed to perform only those within my scope of practice, and only after I have successfully demonstrated competency.</p>		
<p>Trainee Signature:</p>		<p>DATE:</p>

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