**Nurse**

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**Competency Checklist for COVID-19 Vaccine**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hire Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Skill Area** | | **Evaluation**  **(Check One)** | | **Method of Evaluation**  **(Check One)**  D = Skills Demonstration  O = Performance Observation  W = Written Test  V = Verbal Test | | | | **Verification**  **(Initials/Date)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Competency**  **Demonstrated/**  **Meets**  **Standards** | **Needs Additional Training** |
| **D** | **O** | **W** | **V** |
| **Policies and Procedures** | Locate written infection control policies and procedures. |  |  |  |  |  |  |  |
| Verbalizes policy for   * COVID-19 Vaccine * The Nurse’s role in obtaining informed consent |  |  |  |  |  |  |  |
| **Hand Hygiene** | Demonstrates hand washing with soap and water |  |  |  |  |  |  |  |
| Demonstrate hand hygiene using alcohol-based hand rub (ABHR). |  |  |  |  |  |  |  |
| **Personal Protective Equipment**  **Nursing**  **Housekeeping** | Demonstrate donning and removal (in the correct sequence) of   * Gown * N95 Respirator * Goggles or face shield * Gloves * Who to contact if additional PPE is needed |  |  |  |  |  |  |  |
| Describes facility protocol for reuse and/or extended use of PPE |  |  |  |  |  |  |  |
| Identify location and proper storage of Personal Protective Equipment |  |  |  |  |  |  |  |
| (Insert any State specific PPE guidance) |  |  |  |  |  |  |  |
| **Standard Precautions** | State how the facility identifies residents to be placed in transmission-based precautions (*i.e.,* contact, droplet, airborne-if equipped in facility) |  |  |  |  |  |  |  |
| **Respiratory Hygiene/Cough Etiquette** | Demonstrate cough etiquette and respiratory hygiene |  |  |  |  |  |  |  |
| **Resident Assessment** | Demonstrates assessment, including vital signs prior to vaccine administration |  |  |  |  |  |  |  |
| **Monitoring** | * Demonstrates monitoring of resident for severe reaction following vaccine administration * Demonstrates ongoing monitoring of resident for side effects of COVID-19 Vaccine |  |  |  |  |  |  |  |
| **Emergency Response** | * Verbalizes emergency response to anaphylaxis after COVID-19 vaccine |  |  |  |  |  |  |  |
| **Reporting** | * Reports all potential side effects of COVID-19 Vaccine to Infection Preventionist |  |  |  |  |  |  |  |
| **Documentation** | Verbalizes documentation to include:   * Assessment * Consent * Administration * Monitoring * Side Effects * Reporting |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |
| **Other (Describe)** |  |  |  |  |  |  |  |  |

**References and Resources:**

* Centers for Disease Control and Prevention Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States. Last Reviewed: May 14, 2021: <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/clinical-considerations.html>
* Centers for Disease Control and Prevention. Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination. Updated Mar. 3, 2021: <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/anaphylaxis-management.html>
* Centers for Disease Control and Prevention. COVID-19 ACIP Vaccine Recommendations. Advisory Committee on Immunization Practices (ACIP): <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>
* Food and Drug Administration Fact Sheet for Recipients and Caregivers. Emergency Use Authorization (EUA) of the Pfizer-Biontech COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 16 Years of Age and Older, Revised May 10, 2021: <https://www.fda.gov/media/144414/download>
* Food and Drug Administration Fact Sheet for Recipients and Caregivers Emergency Use Authorization (EUA) of the Moderna COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) Revised Mar. 26, 2021: <https://www.fda.gov/media/144638/download>
* Food and Drug Administrator Fact Sheet for Recipients and Caregivers. Emergency Use Authorization (EAU) of the Janssen COVID-19 Vaccine to Prevent Coronavirus Disease 2019 (COVID-19) in Individuals 18 Years of Age and Older: <https://www.janssenlabels.com/emergency-use-authorization/Janssen+COVID-19+Vaccine-Recipient-fact-sheet.pdf>

**\*I certify that I have received orientation in the above-mentioned areas.**

**\*Employee:**

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**Initials**  **Signature**  **Date**

**Evaluator/Trainer:**

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**Initials Signature Date**

***(PLACE IN EMPLOYMENT FILE)***