**Nurse**

*State logo added here. If not, delete text box*

**Competency Checklist for COVID-19 Vaccine**

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

| **Skill Area** | **Evaluation****(Check One)** | **Method of Evaluation****(Check One)**D = Skills DemonstrationO = Performance ObservationW = Written TestV = 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](https://www.janssenlabels.com/emergency-use-authorization/Janssen%2BCOVID-19%2BVaccine-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:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Initials Signature Date**

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