**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 |  |  |  |  |  |  |  |
| **Nurse Education** | Review the Fact Sheets for Healthcare Providers for each vaccine to be administered for:   * COVID-19 disease information * Dosing and administration * Handling and storage * Preparation * Requirements for use * Risks and benefits * Common adverse events * COVID-19 prevention * Requirements for reporting to VAEERS * Additional resources |  |  |  |  |  |  |  |
| **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 |  |  |  |  |  |  |  |
| **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 Education and Consent** | Describes process to educate resident and/or resident representative using the FDA EAU Fact sheets for specific COVID-19 Vaccine |  |  |  |  |  |  |  |
| **Resident Assessment** | Demonstrates assessment, including vital signs and assessment for illness prior to vaccine administration |  |  |  |  |  |  |  |
| **Administration** | * Demonstrates proper preparation of vaccine in accordance with the product manufacturer’s requirements   + Storage   + Thawing   + Maintaining proper temp   + Inspection   + Expiration * PPE for administration * Drawing up vaccine at the time of administration * Aseptic technique * Administration consistent with best practice * Discarding of sharps * Documentation   + Vaccination card   + Name, date, location   + Manufacturer   + Lot number   + Medical Record |  |  |  |  |  |  |  |
| **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 * Verbalizes process to report to Vaccine Adverse Event Reporting System (VAERS) |  |  |  |  |  |  |  |
| **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 Approved or Authorized in the United States. Last reviewed Nov. 15, 2022: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised>

Centers for Disease Control and Prevention. Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination. Page Last Reviewed September 2, 2022: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html>

Centers for Disease Control and Prevention. Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States. 12/02/2022: <https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf>

Centers for Disease Control and Prevention. COVID-19 Vaccines for Long-term Care Residents. Updated Nov. 18, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/LTCF-residents.html>

Centers for Disease Control and Prevention. COVID-19 Vaccine Training Modules, Last reviewed: December 5, 2022: <https://www2.cdc.gov/vaccines/ed/covid19/>

Centers for Disease Control and Prevention. Overview of COVID-19 Vaccines. Updated Nov. 1, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/overview-COVID-19-vaccines.html>

Vaccine Adverse Event Reporting System (VAERS) Frequently Asked Questions (FAQs): <https://vaers.hhs.gov/faq.html>

**\*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)***