

# Skills Checklist for Vaccine Administration

The following checklist contains a selection of important skills and practices related to vaccine administration that can be used as an assessment tool for health care staff who administer vaccines.

| Self-Assessment          |                          | Supervisor Review        |                          | Patient Education  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Needs to Improve         | Meets or Exceeds         | Needs to Improve         | Meets or Exceeds         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Welcomes patient and establishes rapport.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Explains what vaccines will be given.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Answers questions and accommodates language/literacy barriers and special needs of patients. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provides Vaccine Information Statements for all vaccines and allows time for discussion.     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Screens for contraindications and precautions.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reviews comfort measures and after care instructions as needed.                              |

| Self-Assessment          |                          | Supervisor Review        |                          | Medical Protocols  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| Needs to Improve         | Meets or Exceeds         | Needs to Improve         | Meets or Exceeds         |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can quickly locate medical protocols (ie, vaccine protocol, emergency protocol, reference material). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Can quickly administer emergency protocol (eg, epinephrine administration) if necessary.             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is up to date on CPR certification.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reports any needlestick injury.  |

| Self-Assessment          |                          | Supervisor Review        |                          | Vaccine Handling  |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Needs to Improve         | Meets or Exceeds         | Needs to Improve         | Meets or Exceeds         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Checks vial expiration date. Double-checks vial label and contents prior to drawing up.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Follows Prescribing Information for needle selection, reconstitution, and other specifics.                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Demonstrates knowledge of proper vaccine handling. (See Checklist for Proper Vaccine Storage and Handling.) |

| Self-Assessment          |                          | Supervisor Review        |                          | Administering Vaccines  |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Needs to Improve         | Meets or Exceeds         | Needs to Improve         | Meets or Exceeds         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rechecks the physician's order or instructions against prepared syringes.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Washes hands. Wears gloves if required.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Demonstrates knowledge of the appropriate route for each vaccine.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positions patient appropriately for vaccination.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Properly preps the site with an alcohol wipe.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appropriately injects vaccine.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Upon needle withdrawal, uses gauze or bandage to apply gentle pressure to injection site for several seconds. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Properly disposes of needle and syringe in sharps container. Properly disposes of vaccine vial.               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provides appropriate comfort measures before, during, and after the procedure.                                |

| Self-Assessment          |                          | Supervisor Review        |                          | Records Procedures  |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Needs to Improve         | Meets or Exceeds         | Needs to Improve         | Meets or Exceeds         |   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fully documents each vaccination in patient's chart: date, lot number, manufacturer, site, VIS date, name/initials. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Asks for and updates patient's vaccine record card. Reminds the patient to bring it to each visit.                  |

Plan of Action: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Plan of Action Deadline \_\_\_\_\_ Next Review Date \_\_\_\_\_

Adapted from: Centers for Disease Control and Prevention (CDC). Hamborsky J, Kroger A, Wolfe S, eds., *Epidemiology and Prevention of Vaccine-Preventable Diseases. The Pink Book: Course Textbook*. 13th ed. Washington, DC: Public Health Foundation; 2015, and Immunization Action Coalition, P7010 (10/17).

