

# Job Action Sheet: Medical Screener

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Version: 11/19/2009

## ***Position Summary***

Will answer medical questions for those members of the public whose questions could not be answered by General Screeners. Will also be asked to assess persons who may have contraindications or precautions to vaccination based on initial screening responses.

## ***Supervised by***

Screeener Leader

## ***Qualifications***

Currently or formerly licensed RN, LPN, MD, or DO who is well versed in principles of vaccination, and technical information regarding influenza vaccine types, indications, contraindications, precautions, risks and risk-benefit analysis.

## ***Responsibilities***

### **Prior to assigned clinic**

1. Review this Job Action Sheet and the following references prior to your first shift.
  - a. [Overview of Mass Vaccination Clinic](#)
  - b. Vaccine Information Statements ([H1N1 Inactivated](#), [H1N1 Live/attenuated](#))
  - c. Screening questionnaires for [Inactivated](#) and [Live/attenuated](#) vaccines (vaccine recipients will fill out the [Registration Form](#) screening questions, not these questionnaires, but they are excellent reference documents.
  - d. Questions & Answers: 2009 H1N1 Nasal Spray Vaccine  
[http://www.cdc.gov/h1n1flu/vaccination/nasalspray\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/nasalspray_qa.htm)
  - e. CDCs "[Top 10 Frequently Asked Questions on Use of Influenza H1N1 Vaccines](#)"
2. Other useful background information:
  - a. General Questions and Answers on Thimerosal  
[http://www.cdc.gov/h1n1flu/vaccination/thimerosal\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/thimerosal_qa.htm)
  - b. General Questions and Answers on Guillain-Barré syndrome (GBS)  
[http://www.cdc.gov/h1n1flu/vaccination/gbs\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/gbs_qa.htm)
  - c. CDCs "[2009 H1N1 Influenza Shots and Pregnant Women](#)"
  - d. [Use of Influenza A \(H1N1\) 2009 Monovalent Vaccine](#), MMWR 8/28/2009.
  - e. [Vaccine Formulations](#) that may be dispensed at clinics and their package inserts ([Afluria](#), [Fluvirin](#), [Fluzone](#), [FluMist](#)) and list of [Components in Vaccines](#).
  - f. Clinic Layout ([The Ranch](#), [Lincoln Middle School](#), [Thompson Valley High School](#))
  - g. [CDC H1N1 Vaccination web page](#)

# Job Action Sheet: Medical Screener

---

Version: 11/19/2009

3. If unfamiliar with the Incident Command System consider reviewing the FEMA on-line training course ICS 100.a (<http://training.fema.gov/emiweb/is/is100a.asp>).
4. If you have to cancel or change your shift, contact Jen Ramsey at 530-2738. If you have questions about this Job Action Sheet, contact Bruce Cooper, MD, [bcooper@healthdistrict.org](mailto:bcooper@healthdistrict.org).
5. Arrive at the clinic site on time. The first hour will include check-in and briefing by your supervisor.

## During clinic

1. Receive on-site briefing from supervisor.
2. Interview persons referred to the Medical Consultation Area by the General Screeners and by Registration Clerks to establish suitability for vaccination today and determine if those who requested LAIV may receive it.
  - a. Persons indicating they are ill today will be referred to Medical Screening from Late Registration or from General Screening stations. Note: Since they will be triaged directly to you before completing screening, you will need to complete the entire screening process if you determine that they should be vaccinated today.
    - i. Recommend they wear a surgical mask while in clinic area if indicated.
    - ii. Evaluate illness history and triage to home, urgent/emergency care, or recommend that individual can receive vaccination today.
    - iii. If they are to be vaccinated today, complete the screening process as follows:
      1. Check that they have no contraindications (Registration Form Questions #1, 2 and 4 are marked "NO"). If any are marked "YES, inform them that they cannot be vaccinated in this setting. Note your recommendation on their registration form and save it to give to your supervisor.
      2. Note if the person to be vaccinated has listed any allergies in the "Allergies" field on Registration Form or if Question 2 is marked "YES". If yes, determine whether any of these are components of influenza vaccines (reference: [Components in Vaccines](#)). If listed allergies are not components of vaccine, write "OK" in "Allergies" field on Registration Form and initial. If they list any component as an allergy, evaluate and recommend whether or not they can receive a vaccination in this clinic, and which vaccine product they can receive, in consultation with your supervisor. If uncertain, do not vaccinate and recommend they discuss

# Job Action Sheet: Medical Screener

---

Version: 11/19/2009

with their personal physician. Document your recommendation on their registration form and save it to give to your supervisor.

3. If the person has registered for FluMist, review responses and confirm the individual may receive the live/attenuated vaccine.
  - a. To receive FluMist a person must meet the following criteria:
    - age between 2 and 49 years,
    - not pregnant (#6 marked “NA” or “NO”),
    - healthy (#9-13 and for children #16 marked “NO”; if age 2-4, no wheezing episodes noted by health care provider in past 12 months),
    - received no live vaccine recently (no seasonal LAIV or other live vaccines e.g., MMR, Varicella in past 28 days) and no seasonal LAIV earlier today. Note: if doses of inactivated vaccine are in short supply, the incident commander may permit you to allow a shorter interval between seasonal and H1N1 FluMist. Your supervisor will inform you if this is the case.
  - b. able to breath freely through their nose.If person to be vaccinated meets eligibility criteria, circle “Flu Mist” in the upper right margin of the registration form and initial it. If they have contraindications or otherwise do not meet criteria for FluMist, cross out “Flu Mist” in upper right corner, write “Shot” and initial. Mark a line through the “YES” next to Question #14, write “NO” in the margin and initial.
4. Document any exceptions you make to the standard contraindications or precautions to vaccination on “Special Cases” form. That will allow us to follow-up with patients or their primary care physicians if indicated.
5. Ask if they have read the VIS and if they have any questions after reading it. Answer their questions.
6. Have them read and sign the consent. Assure signed consent by parent/guardian for any person less than 18 years of age.

# Job Action Sheet: Medical Screener

---

Version: 11/19/2009

7. Give the patient's registration form to them and direct them to the appropriate line in the vaccination area.
  - b. Determine suitability for LAIV for patients referred from General Screeners. Among those wanting FluMist, the General Screeners will refer the following to you: all parents of young children age 2-4 (issue: rule out recurrent wheezing illnesses), all persons who have received other vaccines in the past 30 days (issue: rule out recent live vaccine), and all those with other questions about LAIV to you. Follow procedure outlined in (a)(iii) above.
3. Answer technical questions from clients referred by General Screener. After you have answered questions to their satisfaction, check that screening process outlined in (a)(iii) above has been completed, complete it if not, and direct them to the appropriate line in the vaccination area.
4. Report any security/safety issues immediately to your supervisor or security staff. Document incidents appropriately.
5. Inform your supervisor if you need additional forms or other supplies.
6. Your supervisor will provide rest periods and relief for you and other staff.

## **After clinic**

Return your vest, name badge and equipment or materials you were issued and check out at the staffing check-in/check-out area before leaving the clinic.