

Job Action Sheet: Screener

Updated 11/11/2009

Position Summary

Will screen members of the public (who have all registered) by ensuring they have proper identification, have filled out the screening questionnaire, received and read the Vaccine Information Statement (VIS), and signed the consent form. Will identify those who prefer the nasal spray flu vaccine and confirm they can receive it or refer them to the Medical Screener to make that determination. Will refer individuals who are ill or have technical questions to the Medical Screener and others to the Vaccination Area.

Supervised by

Screener Leader

Qualifications

Able to communicate clearly verbally and read written documents. After receiving basic training, will be able to match written or verbal criteria/guidelines with eligibility requirements and answer simple questions.

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. [Registration Form](#)
 - c. Vaccine Information Statements ([H1N1 Inactivated](#), [H1N1 Live/attenuated](#))
2. Other useful background information:
 - a. Clinic Layout ([The Ranch](#), [Lincoln Middle School](#), [Thompson Valley High School](#))
 - b. Reference screening questionnaires for [Inactivated](#) and [Live/attenuated](#) vaccines (vaccine recipients will fill out the registration form screening questions, not these questionnaires, but they provide good background information on second pages).
3. If unfamiliar with the Incident Command System, we recommend you take the on-line FEMA 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.
5. Arrive at the clinic site on time. The first hour will include check-in and briefing by your supervisor.

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During clinic

1. Receive on-site briefing from supervisor.
2. Greet persons/families and ask to see their registration form(s) and ID(s).
3. Make sure that each child/adolescent < age 18 is accompanied by a parent/guardian or has his/her registration/consent form signed by their parent/guardian.
4. Check IDs to determine if the individual resides, goes to school or is a health care worker in Larimer County.
5. Review registration form for completeness and determine suitability for preferred vaccine.
 - a. **Assure that Questions #1-4 are marked "NO"**. If any are marked "YES", the person cannot be vaccinated at the clinic.
 - b. Determine who has requested which type of vaccine – **the shot or the nasal spray vaccine** (also call FluMist, "live, attenuated influenza vaccine" or LAIV) By noting the answer to the first part of Question #14.
 - i. If marked "NO," write "Shot" at the top right side of their form with your initials.
 - ii. If marked "YES", you or the Medical Screener must confirm that the individual may receive this form of the vaccine.
 1. Refer the following persons to the Medical Screener to determine suitability for FluMist:
 - a. Persons who received **another vaccine in the past 30 days** (answered "YES" to second part of Question #14)
 - b. Parents/guardians of **2 to 4 year old children** (issue: wheezing illnesses)
 - c. Persons with technical **questions** about the FluMist vaccine
 - d. Anyone you are **uncertain** about regarding the criteria in (iii)(1) below.
 - iii. For others who have indicated they prefer the nasal spray flu vaccine, determine if they can receive this form of the vaccine.
 1. If the person to be vaccinated meets ALL of the following eligibility criteria, write "LAIV" on the top right side of the registration form. Place your initials below it.

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- a. Is **between the ages of 5 and 49 years**.
 - b. If female, **not pregnant** (Question #6 is “NO”).
 - c. Has **no chronic medical conditions** (answered “NO” to questions #9-#13 and if a child/adolescent, “NO” to #16).
 - d. Has received **no other vaccines in the past 30 days** (answered “NO” to second part of Question #14).
2. If any one of these criteria are not met, in the answer area of the first part of Question #14, mark a line through the “YES” and write “NO” in the margin. Write “Shot” at the top right side of their form and place your initials below it.
- c. Assure that children’s forms have Question #15, **“Has this child already received a first dose of H1N1 (swine) flu vaccine?”** answered.
 - i. If this is marked “NO,” and the child is less than 10 years old, inform parents/guardians that their child is expected to need a second dose of H1N1 vaccine for full protection.
 - ii. If this is marked “YES,” ensure it has been at least 28 days since the first dose. If not, inform them it is too early to receive the second dose.
 - d. Identify those who are ill today:
 - i. Note the answer to Question # 17, **“Are you feeling ill today?”** If yes, refer them to the Medical Screener who will determine if they should be vaccinated today.
 - ii. If they are coughing or sneezing hand them a surgical mask to put on.
6. Note if the person to be vaccinated has any allergies (see “Allergies:” just below Phone # near top of form). If yes, refer them to the Medical screener.
7. Give potential recipient the correct Vaccine Information Statement (VIS) – a “LIVE, ATTENUATED” VIS for FluMist nasal vaccine or an “INACTIVATED” VIS for “the shot”.
8. Point out the list of normal or expected reactions to the vaccine in Section #6 of the VIS with the person to be vaccinated.
9. Ask if they have read the entire VIS and if they have any questions after reading it. Answer any simple questions. Refer clients with technical questions to the Medical Screener.

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10. If no questions, has consent been signed? Assure signed consent by parent/guardian for any person less than 18 years of age.
11. Give the registration form to the client or parent/guardian and direct them to the appropriate line in the vaccination area. Families with young children (less than 10 years) go to "Family" lines, adults without children and families with older children/adolescents go to "Individual" lines.
12. Report any security/safety issues immediately to your supervisor or security staff. Document incidents appropriately.
13. Inform your supervisor if you need additional forms or other supplies.
14. Your supervisor will provide rest periods and relief for you and other staff.

After clinic

Check out at the staffing check-in/check-out area before leaving the clinic.