

Job Action Sheet: Vaccinator

Updated 10/26/2009

Position Summary

Determines appropriate vaccine type and dose volume appropriate for each client. Prepares site and administers IM or intranasal H1N1 vaccine per standard protocol. Disposes of sharps in appropriate receptacle. Documents vaccination on clinic record and immunization card. Is able to recognize, respond to, and alert emergency medical personnel of possible post vaccination reactions. Switches functions with vaccine preparers as part of a two person team. As vaccine preparer, will pre-fill syringes a few at a time, follow a strict protocol for labeling and handling prefilled syringes and keep supplies stocked. Also is responsible for entering vaccine lot numbers and other required information onto patient's Immunization Card.

Supervised by

Vaccination Team Leader (One Team Leader is assigned to a set of 2 adjoining pods; there are 4 vaccinator/preparer stations per pod. Your Team Leader will be assigned at Check-in/Orientation)

Qualifications

Needs to have a current license in good standing for RN, LPN, MD, DO, Pharmacist with Certificate of Immunization Training, Paramedic, or EMT-Intermediate. It is strongly recommended, but not required, that vaccinators have documentation of immunity to hepatitis B virus. Vaccinators must be skilled at vaccine handling; giving IM injections into the vastus lateralis of infants and toddlers and the deltoid muscle of children, adolescents and adults; administering intranasal vaccine; properly disposing of sharps; and identifying and appropriately responding to potential adverse reactions to influenza immunization.

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. Inactivated vaccine formulations that may be used at clinics ([Vaccine Formulations](#))
 - d. [Registration Form](#)
2. Other useful information
 - a. Clinic Layout ([The Ranch](#), [Lincoln Middle School](#), [Thompson Valley High School](#))
 - b. [Clinic Vaccination Table Layout](#)

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- c. [CDC H1N1 Immunization Card](#)
 - d. Review sheet: [Giving IM injections](#)
 - e. [Use of Influenza A \(H1N1\) 2009 Monovalent Vaccine](#), MMWR 8/28/2009.
 - f. [CDC H1N1 Vaccination web page](#)
3. Consider attending a pre-event in-depth training.
 4. If unfamiliar with the Incident Command System, we recommend you take the on-line FEMA training ICS 100.a (<http://training.fema.gov/emiweb/is/is100a.asp>)
 5. If you have to cancel or change your shift, contact Jen Ramsey at 530-2738.
 6. Arrive at the clinic site on time. The first hour will include check-in and briefing by your supervisor.
 7. Receive on-site briefing from supervisor. You will be oriented to the clinic process, the roles of the vaccinator and vaccine preparer, influenza vaccine dosing and route of administration, the vaccine products available for that shift, the safety needle system(s) that will be used for inactivated flu vaccine and the FluMist nasal sprayer for live attenuated flu vaccine.
 8. At the end of the briefing you will be issued a colored vest, assigned a Pod letter in the "Adult" area (to vaccinate ages 10 and over) or the "Family" area (to vaccinate all ages), a table number, and a partner who will rotate between vaccinator and assistant roles with you. Meet with your assigned partner and select a mutually satisfactory system of preparing and administering flu vaccine as a team.

During clinic

Vaccinator role

1. Go over the station setup, and supply and vaccine inventory at your table with vaccine preparer. Each station will likely have LAIV and one or two brands of inactivated vaccine available in multi-dose vials. In some cases there will also be Thimerosal free pre-filled syringes. Each product must be placed in a separate properly labeled tray. Mutually inspect multi-dose vials with partner upon opening and verify that the brand name and lot number matches the tray label.
2. Patient Flow Staff will direct the person or family next in line to your table. Greet the person to be vaccinated and ask for their Registration Form. If this is their second dose and they brought their CDC Immunization Card, pass the card to the vaccine preparer.
3. Note if they have listed allergies and confirm that none are components of a flu vaccine. If unsure, ask your supervisor. Note: If medical screener reviewed patient's allergies and cleared

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them for vaccination, the statement “Cleared for vaccination” will be written in the “Allergies” box of the registration form.

4. Verify their name and verbally note the vaccine they are getting based on the registration form. If “LAIV” is written at the top right margin they have been identified in the screening process as preferring and eligible for FluMist. Otherwise they will be getting the inactivated vaccine.
 - Optional script to adult LAIV candidates: *“[name], I see you are 24 and you are getting the nasal spray vaccine today—you don’t have any chronic medical conditions listed on the vaccine information statement and you aren’t pregnant, is that right?”*
 - Script to parent of child LAIV candidate: *“[child’s name] is 9 years old and is getting the nasal spray today—that means he hasn’t had any recurrent wheezing illnesses or other chronic medical conditions, right?”*
5. Select the vaccine from appropriate tray. Note: if selecting inactivated vaccine, the patient’s age will determine which brand of flu vaccine they can receive. Refer to the label on the tray or the laminated chart for the age ranges for which inactivated flu vaccine brands are licensed. If there is more than one product available at the table that the patient can receive, use the product with the highest minimum age. That way we save vaccines licensed for the broadest age ranges.
6. Administer the vaccine.
 - a. Do not administer vaccine to any client who cannot remain in control of self or any child who cannot be safely restrained with parent’s assistance or permission.
7. Dispose of safety syringe in red sharps container. Dispose of FluMist sprayer in medical waste receptacle.
8. Document Lot number-manufacturer (use sticker), site, dose and date on Registration Form, and sign.
9. Take completed CDC Vaccination Card from vaccination assistant and give it to patient or parent/guardian. Place registration form face down in the form tray and direct patient and family to the observation area. Note: Teenagers are required to wait in Observation area for 15 minutes (due to their higher risk for fainting episodes).
10. Throughout the process, watch carefully for signs of patient distress (e.g., impending faint). Have client immediately sit or lie down if they feel faint. Call Medical Observer if patient develops signs/symptoms of distress or faints.
11. IMMEDIATELY following exposure to blood or body fluids: Ask the source patient to wait and ask your vaccination station partner to inform the Vaccination Team Leader of the exposure. Immediately wash needlesticks and cuts with soap and water; flush splashes to the nose, mouth,

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or skin with water; irrigate eyes with clean water, saline, or sterile irrigants. Then seek medical evaluation as per Needle-stick Protocol (see Vaccination Team Leader).

Vaccine Preparer Role

1. Prepare vaccine.
 - a. Go over station set-up and supply and vaccine inventory at your table with partner. Assure that there is a labeled tray with cold packs for pre-filled syringes for each dose and brand/lot number of inactivated vaccine. Mutually inspect multi-dose vials upon opening and verify that the brand name and lot number matches tray label. Place the multi-dose vial in the corresponding tray when not drawing vaccine from it.
 - b. Draw up inactivated vaccine into supplied safety syringes using standard technique. Immediately apply the appropriate lot number-manufacturer sticker to the syringe hub and place the syringe in the labeled tray. Note: place the lot label so that it is secure but can later be pulled off and reapplied to the registration form. Verify that the vial label, sticker and tray label match. Do not pre-fill more than 5 doses of a single product.
2. When the vaccinator selects a vaccine product, select a corresponding Brand/lot number sticker from the sticker sheet and stick it on a CDC H1N1 Vaccination Card in the appropriate box. If a child less than 10 years old is receiving their first H1N1 dose, check the second dose reminder box and fill in a date 28 days from today. Hand the card to vaccinator after vaccine is administered.
3. Monitor and maintain inventory of supplies, vaccine, and Immunization Cards at your table station. Call runners to replace the sharps container when 2/3s full. Call runners to replenish station cart with supplies of vaccines when needed. Runners (Kelly green vests) may be called by raising the orange flag at your table.

Both Roles

1. Hands are to be washed with soap and water when visibly dirty or soiled. Alcohol-based ($\geq 60\%$ alcohol) hand rubs can be used when hands are not visibly soiled. Inspect hands prior to shift for signs of cuts, abrasions or non-intact skin. Use of gloves is required for vaccinators who have non-intact skin on hands/fingers. Otherwise gloves are strongly recommended in the vaccinator role but not required. If used, discard gloves and wash or sanitize hands after each patient.
2. Report any security/safety issues immediately to your supervisor or security staff. Document incidents appropriately.
3. Your vaccination team leader or a relief vaccinator will provide rest periods and relief for you and other vaccination staff.

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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.