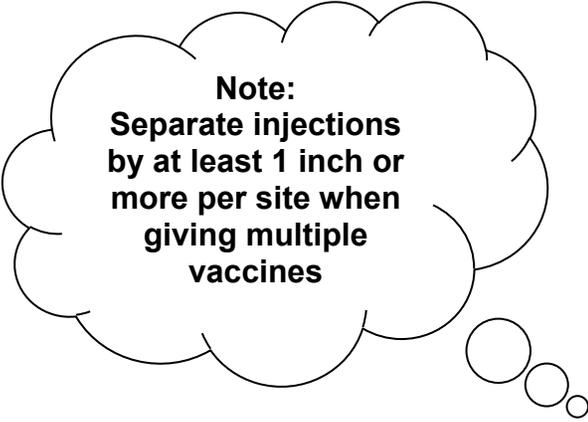


**\*IMMUNIZATIONS/SITE: <12 months (INFANT)\***

**IM Site: Vastus Lateralis (thigh)**

**SUBQ Site: Vastus Lateralis**

<b>VACCINE: LEFT</b>	<b>ROUTE</b>	<b>VACCINE: RIGHT</b>
*Oral vaccine (Rotavirus) is given first *		
<b>**DTaP/DT</b> <b>**Pediarix (DTaP+IPV+HepB)</b> <b>**Pentacel (DTaP+IPV+Hib)</b>	<b>IM</b>	
<b>IPV (Polio)</b>	<b>IM/SUBQ</b>	
	<b>IM</b>	<b>Inactivated Influenza (0.25mL)</b> (Only for infants 6 months and up)
	<b>IM</b>	<b>Hib</b> (If receiving >3 IMs, can move Left)
		<b>HEPATITIS B</b>
	<b>IM</b>	<b>**PCV 13</b> <b>(Pneumococcal Conjugate)</b>

- \*\*Tetanus-containing vaccines and PCV-13 are most irritating to tissues and should be in separate limbs.
- Subq injections can be given in the back of the arm if necessary, though the thigh is preferred for this age.
- Instruct parents not to pre medicate for fever prior to vaccination.

# \*IMMUNIZATIONS/SITE: 12-35 Months (Toddlers)\*

Recommended IM Site: Vastus Lateralis (thigh)

SUBQ Site: Back of arm

VACCINE: LEFT	ROUTE	VACCINE: RIGHT
<p style="text-align: center;"><b>DTaP/DT</b></p> <p style="text-align: center;"><b>Pediarix (DTaP+IPV+HepB)</b></p> <p style="text-align: center;"><b>Pentacel (DTaP+IPV+Hib)</b></p> <p style="text-align: center;">*Use anterolateral thigh</p>	<b>IM</b>	 <p style="text-align: center;"><b>DO NOT attempt to immunize an uncontrolled child.</b></p>
<b>IPV (Polio)</b>	<b>SUBQ/IM</b> (arm)	
<b>VARICELLA</b>	<b>SUBQ</b> (arm)	
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="text-align: center;"><b>Note:</b> Separate injections by at least 1 inch or more per site when giving multiple vaccines.</p> </div> <p style="margin-top: 20px;"><b>*PPSV23 can be given Sub Q or IM</b></p>	<b>IM</b>	<b>HEPATITIS A</b> If receiving >2 IMs in same site, can move Left
	<b>IM</b>	<b>INACTIVATED INFLUENZA (0.25mL)</b> (Flu also comes in intranasal for 2yrs+)
	<b>IM</b>	<b>Hib</b> If receiving >2 IMs in same site, can move Left
	<b>IM</b>	<b>HEPATITIS B</b>
	<b>IM</b>	<b>PCV 13</b> <b>(Pneumococcal Conjugate)</b> *Use anterolateral thigh
	<b>SUBQ</b> (arm)	<b>MMR</b>
	<b>SUBQ</b> (arm)	<b>PROQUAD (MMR+VAR)</b> (through age 12)

\*Tetanus-containing vaccines and PCV-13 are most irritating to tissues and should be in separate limbs- preferably thighs  
 -Multiple vaccines are better handled in the vastus lateralis due to the greater muscle mass, though may use deltoid for single IM if muscle mass is adequate.

# \*IMMUNIZATIONS/SITE: 3yrs+ (Child-Adult)\*

**IM Site: Deltoid**

**SUBQ Site: Back of arm**

VACCINE: LEFT	ROUTE	VACCINE: RIGHT
<p><b>**Tdap/Td</b> (7yrs+ only)  <b>DTaP/DT</b> (under 7yrs only)  <b>Pediarix (DTaP+HepB+IPV)</b> (thru 6yrs)  <b>Pentacel (DTaP+IPV+Hib)</b> (thru 4yrs)  <b>Kinrix/Quadracel (DTaP+IPV)</b> (4-6yrs)</p>	<b>IM</b>	 <p>DO NOT attempt to immunize an uncontrolled child.</p>
<b>IPV (Polio)</b>	<b>SUBQ/IM</b>	
<b>VARICELLA</b>	<b>SUBQ</b>	
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>Note:</b> Separate injections by at least 1 inch or more per site when giving multiple vaccines.</p> </div> <p><b>*PPSV23 can be given Sub Q or IM</b></p>	<b>IM</b>	<p><b>HEPATITIS A</b>  <b>HEPATITIS B</b>                      If receiving &gt;2 IMs in one limb, can move to Left</p>
	<b>IM</b>	<b>**MCV4 (Meningococcal) * Give Men B in left</b>
	<b>IM</b>	<p><b>Inactivated Influenza (0.5mL)</b>                      (Flu also comes in intranasal for 2yrs+)</p>
	<b>IM</b>	<p><b>Hib</b>                      If receiving &gt;2 IMs in one limb, can move to Left</p>
	<b>IM</b>	<p><b>PCV 13 (Pneumococcal Conjugate)</b>  <b>PPVS23 (Pneumococcal Polysaccharide)</b></p>
	<b>IM</b>	<b>**HPV (Human Papillomavirus)</b>
	<b>SUBQ</b>	<b>MMR</b>
	<b>SUBQ</b>	<b>PROQUAD (MMR+VAR)</b> (through age 12)

\*\*When giving Tdap, MCV4, and HPV, give most reactive (Tdap and MCV4) in **separate** limbs and give HPV **last** (most painful).\* If giving MCV4 & Men B give in separate arms. Adolescents are more prone to syncope. Best practice is to have them remain seated x15-20 minutes to ensure safety.

# Skills Checklist for Vaccine Administration

The Skills Checklist is a self-assessment tool for healthcare staff who administer immunizations. To complete it, review the competency areas below and the clinical skills, techniques and procedures outlined for each area. Score yourself in the Self-Assessment column. If you check **Needs to Improve**, you indicate further study, practice, or change is needed. When you check **Meets or Exceeds**, you indicate you believe you are performing at the expected level of competence, or higher.

**Supervisors:** Use the Skills Checklist to clarify responsibilities and expectations for staff who administer vaccines. When you use it to assist with performance reviews, give staff the opportunity to score themselves in advance. Next, observe their performance as they administer vaccines to several patients, and score in the Supervisor Review columns. If improvement is needed, meet with them to develop a Plan of Action (see bottom of page X) to help them achieve the level of

competence you expect; circle desired actions or write in others.

The DVD "Immunization Techniques: Best Practices with Infants, Children, and Adults" helps ensure that staff administer vaccines correctly. It may be ordered online at [www.immunize.org/dvd](http://www.immunize.org/dvd). Another helpful resource is CDC's Vaccine Administration eLearn course, available at [www.cdc.gov/vaccines/hcp/admin/resource-library.html](http://www.cdc.gov/vaccines/hcp/admin/resource-library.html).

COMPETENCY	CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES	Self-Assessment		Supervisor Review		
		NEEDS TO IMPROVE	MEETS OR EXCEEDS	NEEDS TO IMPROVE	MEETS OR EXCEEDS	PLAN OF ACTION
<b>A</b> Patient/Parent Education	1. Welcomes patient/family and establishes rapport.					
	2. Explains what vaccines will be given and which type(s) of injection(s) will be done.					
	3. Answers questions and accommodates language or literacy barriers and special needs of patient/parents to help make them feel comfortable and informed about the procedure.					
	4. Verifies patient/parents received Vaccine Information Statements (VISs) for indicated vaccines and has had time to read them and ask questions.					
	5. Screens for contraindications (if within employee's scope of work).					
	6. Reviews comfort measures and aftercare instructions with patient/parents, and invites questions.					
<b>B</b> Medical and Office Protocols	1. Identifies the location of the medical protocols (e.g., immunization protocol, emergency protocol, reference material).					
	2. Identifies the location of epinephrine, its administration technique, and clinical situations where its use would be indicated.					
	3. Maintains up-to-date CPR certification.					
	4. Understands the need to report any needlestick injury and to maintain a sharps injury log.					
	5. Demonstrates knowledge of proper vaccine handling, e.g., maintains vaccine at recommended temperature and protects MMR from light.					

CONTINUED ON THE NEXT PAGE ►

Adapted from California Department of Public Health, Immunization Branch

COMPETENCY	CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES	Self-Assessment		Supervisor Review		
		NEEDS TO IMPROVE	MEETS OR EXCEEDS	NEEDS TO IMPROVE	MEETS OR EXCEEDS	PLAN OF ACTION
<b>C</b> <b>Vaccine Preparation</b>	1. Performs proper hand hygiene prior to preparing vaccine.					
	2. When removing vaccine from the refrigerator or freezer, looks at the storage unit's temperature to make sure it is in proper range.					
	3. Checks vial expiration date. Double-checks vial label and contents prior to drawing up.					
	4. Prepares and draws up vaccines in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed.					
	5. Selects the correct needle size for IM and Subcut based on patient age and/or weight, site, and recommended injection technique.					
	6. Maintains aseptic technique throughout, including cleaning the rubber septum (stopper) of the vial with alcohol prior to piercing it.					
	7. Shakes vaccine vial and/or reconstitutes and mixes using the diluent supplied. Inverts vial and draws up correct dose of vaccine. Rechecks vial label.					
	8. Prepares a new sterile syringe and sterile needle for each injection. Checks the expiration date on the equipment (syringes and needles) if present.					
	9. Labels each filled syringe or uses labeled tray to keep them identified.					
<b>D</b> <b>Administering Immunizations</b>	1. Rechecks the provider's order or instructions against the vial and the prepared syringes.					
	2. Utilizes proper hand hygiene with every patient and, if it is office policy, puts on disposable gloves. (If using gloves, changes gloves for every patient.)					
	3. Demonstrates knowledge of the appropriate route for each vaccine.					
	4. Positions patient and/or restrains the child with parent's help.					
	5. Correctly identifies the injection site (e.g., deltoid, vastus lateralis, fatty tissue over triceps).					
	6. Locates anatomic landmarks specific for IM or Subcut injections.					
	7. Preps the site with an alcohol wipe, using a circular motion from the center to a 2" to 3" circle. Allows alcohol to dry.					

CONTINUED ON THE NEXT PAGE ►

COMPETENCY	CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES	Self-Assessment		Supervisor Review		
		NEEDS TO IMPROVE	MEETS OR EXCEEDS	NEEDS TO IMPROVE	MEETS OR EXCEEDS	PLAN OF ACTION
<b>D</b> <b>Administering Immunizations</b> (continued)	8. Controls the limb with the non-dominant hand; holds the needle an inch from the skin and inserts it quickly at the appropriate angle (90° for IM or 45° for Subcut).					
	9. Injects vaccine using steady pressure; withdraws needle at angle of insertion.					
	10. Applies gentle pressure to injection site for several seconds (using, e.g., gauze pad, bandaid).					
	11. Uses strategies to reduce anxiety and pain associated with injections.					
	12. Properly disposes of needle and syringe in “sharps” container.					
	13. Properly disposes of vaccine vials.					
<b>E</b> <b>Records Procedures</b>	1. Fully documents each vaccination in patient chart: date, lot number, manufacturer, site, VIS date, name/initials.					
	2. If applicable, demonstrates ability to use state/local immunization registry or computer to call up patient record, assess what is due today, and update computerized immunization history.					
	3. Asks for and updates patient’s vaccination record and reminds them to bring it to each visit.					

**Plan of Action**

Circle desired next steps and write in the agreed deadline for completion, as well as date for the follow-up performance review.

- a. Watch video on immunization techniques and review CDC’s Vaccine Administration eLearn, available at [www.cdc.gov/vaccines/hcp/admin/resource-library.html](http://www.cdc.gov/vaccines/hcp/admin/resource-library.html).
- b. Review office protocols.
- c. Review manuals, textbooks, wall charts, or other guides.
- d. Review package inserts.
- e. Review vaccine storage and handling guidelines or video.
- f. Observe other staff with patients.
- g. Practice injections.
- h. Read Vaccine Information Statements.
- i. Be mentored by someone who has demonstrated appropriate immunization skills.
- j. Role play (with other staff) interactions with parents and patients, including age appropriate comfort measures.
- k. Attend a skills training or other appropriate courses/training.
- l. Attend healthcare customer satisfaction or cultural competency training.
- m. Renew CPR certification.
- Other \_\_\_\_\_

File the Skills Checklist in the employee’s personnel folder.

_____ <b>PLAN OF ACTION DEADLINE</b>
_____ <b>DATE OF NEXT PERFORMANCE REVIEW</b>

EMPLOYEE SIGNATURE _____	DATE _____
SUPERVISOR SIGNATURE _____	DATE _____