

Competency Verification Record (CVR)

UVA Health

Ambulatory Vaccine Administration

Employee Name: _____ Employee ID #: _____ Date Due: _____

Disclaimer: Competency Verification Records (CVR) are temporarily stored in the Department’s competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR). The CVR requires a validator’s signature.

Transfer of CVR to Permanent Record: With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA), or Department Specific Competency (DSC) form. *(If the statement is not present, it can be written-in.)* The competency statement is then initialed and dated as complete.

Competency Statement:	Demonstrates administration of vaccines adhering to patient education, documentation, and administration guidelines.						
Validator(s):	RN, LPN, MA deemed competent						
Validator Documentation Instructions:	Validator documents method of validation (below) and initials each skill box once completed and places their full name, signature, and completion date at the end of the document.						
Method of Validation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">DO</td> <td>Direct Observation – Return demonstration or evidence of daily work.</td> </tr> </table>	DO	Direct Observation – Return demonstration or evidence of daily work.				
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Self-Assessment	<p>At the time of hire or transfer, the employee completes the self-assessment column, using the following ratings to indicate their level of experience and confidence:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">0</td> <td>Never performed and/or unfamiliar with procedure/item.</td> </tr> <tr> <td style="text-align: center;">1</td> <td>Performed less than 5 times and/or has some knowledge and needs additional instruction and practice</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Performs independently</td> </tr> </table>	0	Never performed and/or unfamiliar with procedure/item.	1	Performed less than 5 times and/or has some knowledge and needs additional instruction and practice	2	Performs independently
0	Never performed and/or unfamiliar with procedure/item.						
1	Performed less than 5 times and/or has some knowledge and needs additional instruction and practice						
2	Performs independently						
Validation Instructions:	<p>Learners must complete the 3 CDC “You Call the Shots Modules,” in Workday before being validated (<i>Vaccine Storage & Handling, Vaccine Administration, Understanding the Basics: General Best Practice Guidelines on Immunization</i>)</p> <ol style="list-style-type: none"> 1. The RN/LPN/MA will enter a score in the Self-Assessment column. Enter Score Rating 2. The RN/LPN/MA will observe their preceptor doing a complete demonstration 3. The RN/LPN/MA will complete the administration process with their preceptor assisting 4. The RN/LPN/MA does a successful return demonstration independently (Witnessed by Preceptor 3X) <ol style="list-style-type: none"> a. Successful Demonstrations for Peds & Adults as applicable 						

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CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES		Self Assessment	Validators Initials			Plan of Action/Comments		
Medical and Clinic Preparation	1. Identifies the location of protocols for providing immunizations, infection prevention, emergency situations, and for reporting adverse reactions to the Vaccine Adverse Event Reporting system (VAERS).							
	2. Identifies the location of emergency supplies/equipment and verbalizes escalation pathway							
	3. Understands the need to report any needlestick injury or vaccine errors through Besafe.							
	4. Demonstrates knowledge of proper vaccine handling (e.g., maintains and monitors vaccine at recommended temperature and protects from light).							
	5. Demonstrates ability to use state/local immunization registry or the electronic health record's immunization history to review the patient record, assess what is due today, and update the electronic immunization history.							
CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES		Self Assessment	Observation	Preceptor Assisted	Successful Return Demonstration			Plan of Action/Comments
Patient Education	1. Welcomes patient/family and establishes rapport.				1st	2nd	3rd	
	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) and appropriate materials for indicated vaccines and has had time to read them and ask questions.							
	5. Screens for contraindications and precautions							
	6. Reviews comfort measures and aftercare instructions with patient/parents, and invites questions.							

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UVA Health
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					1st	2nd	3rd	
Vaccine Preparation	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 expiration date and beyond-use date, if applicable, for both vaccine and diluent if needed. Double-checks vial label and contents prior to drawing up.							
	4. Precharts vaccine by documenting the vaccine as incomplete to include but not limited to: Vaccine name, Manufacturer, Expiration Date, NDC							
	5. Prepares and draws up vaccines in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed.							
	6. Selects the correct needle size based on route, site, injection technique, patient age. Weight and gender are considered when administering IM injections to adults.							
	7. Maintains aseptic technique throughout, including cleaning the rubber septum (stopper) of the vial with sterile alcohol prior to piercing it.							
	8. Prepares vaccine according to manufacturer instructions. If directed by manufacturer's instructions, writes beyond use date on vial label. Draws up correct dose of vaccine. Rechecks vial label.							
	9. Prepares a new sterile syringe and sterile needle for each injection. Checks the expiration date on the equipment (syringes and needles) if present.							
	10. Labels each filled syringe or uses labeled tray to keep them identified.							

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CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES		Self Assessment	Observation	Preceptor Assisted	Successful Return Demonstration			Plan of Action/Comments
					1st	2nd	3rd	
Administering Vaccinations	1. Verifies identity of patient. Rechecks the provider's order or instructions against the vial and the prepared syringes.							
	2. Utilizes proper hand hygiene with every patient and puts on disposable gloves.							
	3. Demonstrates knowledge of the appropriate route for each vaccine.							
	4. Positions patient safely and age appropriately.							
	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.							
	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).							
	12. Properly disposes of needle and syringe in "sharps" container.							
	13. Properly disposes of vaccine vials.							

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Records Procedures	1. Documents each vaccination in the patient's chart by accepting the pre-charted entry, updating the administration site if necessary, and marking it as complete. Ensures all mandatory fields are filled out.							
	2. Observe the patient if able/necessary for adverse reactions.							
	3. Asks the patient if they need a printed copy of their immunization record							

Competency Verified by:

Date: _____

Validator's Name (printed) *Validator's signature*

References:

[Skills Checklist for Vaccine Administration \(immunize.org\)](https://immunize.org)

Lippincott: Immunization (vaccine) guidelines in ambulatory care