

COVID-19 Immunization Orientation Validation Tool

3.29.2021 1930 Spectrum Health contact: Kristi Grzybowski *Highlight denotes new content

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Employee Name: _____ Employee # (if applicable): _____

Employee Title/Role for Immunization Clinic: _____ Date: _____

Instructions:

- All clinical team members preparing/administering immunization or scheduled to work in the observation area must complete this orientation tool and be validated by clinical site lead prior to working independently
- All boxes must contain the validator's initials and completion date (list N/A if objective does not apply to your role)
- The OVT is to be scanned and emailed to hrdocumentmanagement@spectrumhealth.org for employee HR file

Objectives for all Clinical Roles	Date	Validator's Initials
Identifies resources for clinical knowledge -reviewed COVID-19 Vaccine Clinic Education Program -reviewed COVID-19 Immunization Policy		
Demonstrates standard work for assigned role -reviewed COVID-19 Vaccination Clinic Scheduled Patient Visit -reviewed Team Member Open/Shift Change/Closing checklist		
Identifies appropriate emergency response plans (e.g. medical emergency, fire, etc.)		
Recognizes clinical/site lead if assistance is needed		
Completed CDC training modules if licensure is expired, inactive or has lapsed based on federal waiver requirements		
Objectives for Immunization Preparer		
Demonstrates proper technique for drawing up the COVID-19 vaccine		
Demonstrates medication safety practices (reviewed Labeling of Medication Policy)		
Objectives for Immunization Administrator		
Utilizes the screening questionnaire to verify patient is able to proceed with vaccination		
Demonstrates how to locate the deltoid muscle		
Demonstrates proper administration of vaccine		
Objectives for Observation Role		
Recognizes change in patient status and anticipate risk		
Identifies location and procedure for use of emergency equipment and Epinephrine (reviewed COVID-19 Immunization Protocol and Vaccination Clinic Emergency Response)		
Understands how to administer Epinephrine if allergic reaction occurs (RNs/Providers only)		
Communicates how to document and follow up in the event of a medical emergency (e.g. utilize Clinical Documentation Record x20639 , document in chart , complete ERS)		

Employee: I hereby verify that I have been orientated to the content in this Orientation Validation Tool. I fully understand that it is my responsibility to follow all Spectrum Health policies and procedures, and to seek guidance and resources in unfamiliar situations.

Employee Signature: _____ **Date:** _____

Validator: I have determined the employee to be competent in the areas signed off and authorize the employee to be cleared for working independently.

Validator Signature: _____ **Date:** _____