IMMUNIZATION

QUALIFICATION TRAINING PACKAGE

Enlisted Air Force Allergy & Immunization Consultant
Air Force Medical Support Agency (AFMSA)
3515 S. General McMullen, Suite 1023
San Antonio, TX 78226
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INTRODUCTION

1. These qualification-training packages (QTPs) were developed to enhance on-the-job training (OJT) for Allergy/Immunizations technicians (SEI 453) and personnel trained as IBT’s. They provide for you, as a trainer, the breakdown of tasks into teachable elements. This will help you guide the trainee toward gaining enough proficiency to perform the tasks. They will also aid task certifiers when it becomes necessary to evaluate trainees for task certification.

2. As a trainer, go through each module and identify which QTPs are needed for the trainee’s job position. You also have the flexibility to arrange training for each module in the order you decide. Review the different tasks related to the subject area in each module with the trainee. Direct the trainee to review the training references to better understand the objective of each module. If the trainee has any questions about the objective, clarify what is expected based on the objective of the module. Go through the performance checklist with the trainee and allow enough time to learn each step (some objectives may take longer to teach). Remember, the objective of each QTP is to allow sufficient time for the trainee to learn each task thoroughly. When the trainee receives enough training and is ready to be evaluated on an objective, follow the evaluation instructions. Use the performance checklist as you evaluate each objective. If the trainee successfully accomplishes the objective, document appropriately in the Air Force Training Record (AFTR). If the trainee does not accomplish the objective, go over the areas, needing more training until the objective is met. Conduct a feedback with the trainee on each module. Once you, as the trainer, have ensured that the trainee is qualified to perform the task, a certifier will then evaluate him/her.

3. The goal of the developers of each QTP is to publish a usable document for trainers and trainees that will benefit the CFETP concept of training throughout your career. We value your expertise in meeting this goal. If you find discrepancies in a QTP, or if you have suggestions for improvement or additional QTP development, please let us know about them.

4. Direct all inquiries to:

Enlisted Air Force Allergy & Immunization Consultant
Air Force Medical Support Agency (AFMSA)
3515 S. General McMullen, Suite 1023
San Antonio, TX 78226
DSN: 969-9091 Comm: 210-395-9091
https://kx2.afms.mil/kj/kx8/AllergyImmunization/
PRINCIPLES OF IMMUNIZATION


TASK(s): Principles Of Immunization.

CFETP/STS REFERENCE(s): 4.19.1.

EQUIPMENT REQUIRED: None.

TRAINING REFERENCE(s): ImmunoFacts Vaccines and Immunologic Drugs; The Lippincott Manual of Nursing Practice; Red Book Report of the Committee on Infectious Diseases; Immunology-Allergy Specialty Course Manual, Pink Book.

REMARKS/NOTES: Review knowledge area with technician and provide him/her with necessary training references.

OBJECTIVE: The trainee must provide the trainer with the required information regarding the principles of active and passive immunity.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient time to review training references.

2. Use the performance checklist to ensure complete and comprehensive understanding of the subject matter.

3. Document completion of the evaluation in the trainee’s AFTR (AF 623a). Initial evaluation should be documented in the CFETP, Allergy/Immunology STS, attachment 4, 25 June 2014. All recurring annual evaluations should be documented on AF Form 1098 and AF 623a.
<table>
<thead>
<tr>
<th>KNOWLEDGE ITEM</th>
<th>SAT</th>
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</table>
| 1. Define principles of immunity:  
   a. Nonspecific defense  
   b. Specific defense  
   c. Active immunity:  
     1) Naturally acquired  
     2) Active immunization  
   d. Passive immunity:  
     1) Natural  
     2) Immunization |     |       |
| 2. Explain active immunization process:  
   a. Live-Attenuated  
   b. Inactivated |     |       |
| 3. Explain passive immunization process:  
   a. Maternal Antibodies  
   b. Immune Globulins |     |       |
| 5. State rules when simultaneously administering passive and live-attenuated immunizations. |     |       |

**FINAL RESULT:**

**FEEDBACK:** Use this checklist as a source of information. Discuss/document the trainee’s performance, indicating strengths, weaknesses, and suggested improvements in the members’ AFTR on AF 623a.

________________________________________  _______________________________________
Print Trainee Name                                Print Trainers Name

________________________________________  _______________________________________
Signature of Trainee & date                       Signature of Trainer & date
ACTIVE /ADULT VACCINES

SUBJECT AREA: 4.19.2. Active/Adult Vaccines.

TASK(s): Active/Adult Vaccines.

CFETP/STS REFERENCE(s): 4.19.2., 4.19.2.9.

EQUIPMENT REQUIRED: Black/Blue Pen, CDC Form 731, Gloves (Optional), appropriate needle length and gauge with syringe, 2x2 gauze pads, alcohol swabs, sharps container, Band-Aids, indicated vaccine(s), Department of Defense (DoD) certification stamp, Randolph and Individual specific stamp(s) and access to DoD immunization tracking system.

TRAINING REFERENCE(s): Current AFI 48-110, Immunizations and Chemoprophylaxis; ImmunoFacts Vaccines and Immunologic Drugs; The Advisory Committee on Immunization Practices (ACIP) Guidelines; Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book).

REMARKS/NOTES: Review steps of the process with medical technician(s).

OBJECTIVE: Without error, the trainee will successfully identify vaccine requirements, administer, and document active duty and adult immunizations.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document completion of the evaluation in the trainee’s OJT record (AF 623a). Initial evaluation should be documented in CFETP, Allergy/Immunology STS, attachment 4, 25 June 2014. All recurring annual evaluations should be documented on AF Form 1098 and AF 623a.
### DIRECT PATIENT CARE

1. Identify vaccine requirement.

2. Prior to vaccine administration technician must provide the vaccinee the opportunity to read the most recent Vaccine Information Statement(s) (VIS) and address any patient questions or concerns regarding vaccine(s).

3. Verify no contraindications exist by asking:
   - Are you feeling ok today?
   - Do you have any allergies to food, medications or vaccines?
   - Have you had any type of reaction after receiving a vaccination?
   - Do you have any immune system disorders?
   - Do you have any medical conditions I should be aware of prior to giving you an immunization?
   - Do you take cortisone, prednisone, other steroids, or anticancer drugs or have you had radiation therapy?
   - During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?
   - **FOR WOMEN**: Are you pregnant or is there a chance you could become pregnant during the next month?
     
     *NOTE: Women of childbearing age receiving live viral vaccines must sign a pregnancy disclaimer. This disclaimer must be filed in the patient's outpatient medical record*
   - Have you received any vaccines in the past 4 weeks?

4. Demonstrated Patient education on applicable vaccine(s).

5. Washes hands and uses aseptic technique.

6. Trainee demonstrates knowledge of following vaccine(s).

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Route</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Adenovirus</td>
<td>PO</td>
<td>2 tablets</td>
</tr>
<tr>
<td>b. Anthrax</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>c. Hepatitis A (19 and older)</td>
<td>IM</td>
<td>1 mL</td>
</tr>
<tr>
<td>d. Hepatitis A (12 mo-18 years)</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>e. Hepatitis B (20 and older)</td>
<td>IM</td>
<td>1 mL</td>
</tr>
<tr>
<td>f. Hepatitis B (birth to 19 years)</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>g. Influenza</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>h. Flu Mist</td>
<td>IN</td>
<td>0.2 mL</td>
</tr>
<tr>
<td>i. HPV</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>j. IPV</td>
<td>IM or SC</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>k. JEV (Ixiaro)</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>l. MMR</td>
<td>SC</td>
<td>0.5 mL</td>
</tr>
<tr>
<td></td>
<td>Vaccine Name</td>
<td>Route</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>m.</td>
<td>Meningococcal (based on manufacturer)</td>
<td>SC/IM</td>
</tr>
<tr>
<td>n.</td>
<td>Pneumococcal Polysaccharide (based on manufacturer)</td>
<td>IM or SC</td>
</tr>
</tbody>
</table>
o. | Rabies                                          | IM    | 1 mL  |
p. | Smallpox                                        | Percutaneous | 15 jabs |
|q. | Td                                              | IM    | 0.5 mL |
r. | Tdap                                            | IM    | 0.5 mL |
s. | Typhim-V1                                       | IM    | 0.5 mL |
t. | TY21a                                           | PO    | 4 capsules |
u. | Twinrix                                         | IM    | 1.0 mL |
v. | Varicella                                       | SC    | 0.5 mL |
w. | Yellow Fever                                    | SC    | 0.5 mL |
x. | Zoster                                          | SC    | 0.65 mL |
y. | Other                                           |       |       |
z. | Other                                           |       |       |
|aa. | Other                                           |       |       |
|bb. | Other                                           |       |       |
|cc. | Other                                           |       |       |

ej. | Gather Supplies:                                |       |       |
|    | a. Indicated vaccine (Verify vaccine vials/prefilled syringes against printed 2766C for correct vaccine, Lot #, and Expiration date) |       |       |
|    | b. Appropriate syringe with needle              |       |       |
|    | c. 2 x 2 gauze                                   |       |       |
|    | d. Alcohol prep                                 |       |       |
|    | e. Band-Aid                                      |       |       |
|    | f. Gloves (optional)                            |       |       |
|    | g. CDC 731 (when indicated) DOD Certificate of Immunization stamp (as required for Yellow Fever vaccine) |       |       |
k. | Swab vial top with alcohol pad.                 |       |       |
l. | Withdraw appropriate dose into syringe and expel excess air. |       |       |
m. | Don exam gloves. (Optional)                     |       |       |
n. | Select appropriate site for vaccine administration. |       |       |
o. | Clean injection site with alcohol pad.         |       |       |
p. | Using appropriate aseptic technique, administer injection. |       |       |
q. | Discard syringe appropriately.                 |       |       |
r. | Apply 2x2 dry gauze as needed.                  |       |       |
s. | Apply Band-Aid as needed.                       |       |       |

**VACCINE DOCUMENTATION**

1. Properly document CDC 731 (yellow shot record):
   a. Administration date (dd/mmm/yy; 10 Jan 05)
   b. List vaccine type using the standardized abbreviation list via CDC website:
      [http://www.cdc.gov/vaccines/about/terms/vacc-abbrev.htm](http://www.cdc.gov/vaccines/about/terms/vacc-abbrev.htm)
c. Series number (if applicable)
d. Dose
e. Administering technician initials
f. For yellow fever ensure documentation includes:
   1) Administration Date
   2) Technician Signature & printed name/professional status
   3) Manufacturer
   4) Lot number
g. DOD certification stamp

2. Enter patient and vaccine information into DOD immunization tracking system.

3. If no DoD immunization tracking system is available:
   a. Hand-enter patient on to clinic log to include dose, site, route, manufacturer, and lot number (*DOD ITS will be updated within 24 hours*)
   b. Document immunizations in outpatient medical record to include dose, site, route, manufacturer, lot number, signature and stamp
   c. Provide copy of documentation to patient

**FINAL RESULT:**

**FEEDBACK:** Use this checklist as a source of information. Discuss/document the trainee’s performance, indicating strengths, weaknesses, and suggested improvements in the members’ AFTR on AF 623a.

Print Trainee Name

Print Trainers Name

Signature of Trainee & date

Signature of Trainer & date
**PEDIATRIC VACCINES**

**SUBJECT AREA:** 4.19.3. Pediatric Vaccines.

**TASK(s):** Pediatric Vaccines.

**CFETP/STS REFERENCE(s):** 4.19.3., 4.19.3.9.

**EQUIPMENT REQUIRED:** Black Pen, CDC Form 731, Gloves (Optional), appropriate needle length and gauge with syringe, 2x2 gauze pads, alcohol swabs, sharps container, Band-Aids, appropriate vaccine(s), Department of Defense (DoD) certification stamp, and access to DoD approved vaccination program.

**TRAINING REFERENCE(s):** National Childhood Vaccine Injury Act of 1986; Current AFI 48-110_IP, Immunizations and Chemoprophylaxis; ImmunoFacts Vaccines and Immunologic Drugs; Advisory Committee on Immunization Practices (ACIP) Guidelines; Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book).

**REMARKS/NOTES:** Review steps of the process with medical technician(s).

**OBJECTIVE:** Without error, the trainee must successfully identify vaccine requirements, administer, and document pediatric and adolescent immunizations.

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will **STOP** the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document completion of the evaluation in the trainee’s OJT record (AF 623a). Initial evaluation should be documented in the CFETP, Allergy/Immunology STS, attachment 4, 25 June 2014. All recurring annual evaluations should be documented on AF Form 1098 and AF 623a.
DIRECT PATIENT CARE

Identify vaccine requirement based on vaccine history and current CDC/ACIP age appropriate recommendations

1. Prior to vaccine administration technician must provide the parents/guardian the opportunity to read the most recent Vaccine Information Statement(s) (VIS) and address any questions or concerns regarding vaccine(s).

2. Verify no contraindications exists by asking parent:
   a. Is the infant/child ill today?
   b. Does the child have any allergies to medications, food, or vaccine?
   c. Has the child had any serious reaction to a vaccine in the past?
   d. Has the child ever had a seizure or a brain problem?
   e. Does the child have any immune system disorder? *(NOTE: When administering live virus vaccines, parent must be asked if any family member is immuno-compromised)*
   f. Has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation therapy in the past 3 months?
   g. Has the child received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin in the past year?
   h. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?
   i. *(NOTE: Women of childbearing age receiving live viral vaccines must sign a pregnancy disclaimer. This disclaimer must be filed in the patient’s outpatient medical record)*
   j. Has the child received any vaccinations in the past 4 weeks?

3. Demonstrated Patient education on applicable vaccine(s).
4. Washes hands and uses aseptic technique.
5. Trainee demonstrates knowledge of following vaccine(s).

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Route</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. DTaP</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>b. DT</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>c. TD</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>d. Tdap</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>e. Hepatitis A</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>f. Hepatitis B</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>g. Haemophilus</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>h. HPV</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>i. Influenza (6-35 months)</td>
<td>IM</td>
<td>0.25 mL</td>
</tr>
<tr>
<td>j. Influenza</td>
<td>IM</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>k. Flu Mist</td>
<td>IN</td>
<td>0.2 mL</td>
</tr>
<tr>
<td>l. MMR</td>
<td>SC</td>
<td>0.5 mL</td>
</tr>
</tbody>
</table>
m. Meningococcal SC/IM 0.5 mL
n. Pneumococcal (PCV13) IM 0.5 mL
o. IPV SC/IM 0.5 mL
p. Rotavirus
1. Rotarix PO 1 mL
2. Rotateq PO 2 mL
q. Varicella SC 0.5 mL
r. Comvax (Hib/Hep B) IM 0.5 mL
s. Kinrix (DTaP/IPV) IM 0.5 mL
t. Pediarix (DTaP/Hep B/IPV) IM 0.5 mL
u. Pentacel (DTaP/IPV/Hib) IM 0.5 mL
v. Proquad (MMR/Varicella) SC 0.5 mL
w. Twinrix (Hepa/Hep B) IM 1.0 mL
x. Other
y. Other
z. Other
aa. Other

6. Gather Supplies:
   a. Indicated vaccine(s) (Verify vaccine vials/prefilled syringes against printed 2766C for correct vaccine, Lot #, and Expiration date)
   b. Appropriate syringe with needle
   c. 2 x 2 gauze
   d. Alcohol prep
   e. Band-Aid
   f. Gloves (optional)
   g. CDC 731 (when indicated) DOD Certificate of Immunization stamp (as required for Yellow Fever vaccine)

7. Select appropriate needle length and gauge.
8. Swab vial top with alcohol pad
9. Withdraw appropriate dose into syringe and expel excess air.
10. Don exam gloves. (Optional)
11. Select appropriate site for vaccine administration.
12. Clean injection site with alcohol pad.
13. Using appropriate aseptic technique, administer injection.
15. Apply 2x2 dry gauze as needed
16. Apply Band-Aid as needed.

**VACCINE DOCUMENTATION**
1. Properly document CDC 731 if requested:
   a. Administration date (dd/mmm/yy;10 Jan 05)
   b. List vaccine type using the standardized abbreviation list via CDC
2. Enter patient and vaccine information into DOD immunization tracking system.

3. If no DoD immunization tracking system is available:
   a. Hand-enter patient into clinic log to include dose, site, route, manufacturer, and lot number (*DOD ITS will be updated within 24 hours*)
   b. Document immunizations in outpatient medical record to include dose, site, route, manufacturer, lot number, signature and stamp
   c. Provide copy of documentation to patient

**FINAL RESULT:**

**FEEDBACK:** Use this checklist as a source of information. Discuss/document the trainee’s performance, indicating strengths, weaknesses, and suggested improvements in the members’ AFTR on AF 623a.

---

Print Trainee Name

Print Trainers Name

Signature of Trainee & date

Signature of Trainer & date
### IDENTIFY/TREAT ADVERSE REACTIONS

**SUBJECT AREA:** 4.19.8. Identify/Treat Adverse Reactions.

**TASK(s):** Identify/Treat Adverse Reactions.

**CFETP/STS REFERENCE(s):** 4.19.8.

**EQUIPMENT REQUIRED:** Gloves syringe/needle adequate for epinephrine administration 2x2 gauze pads, alcohol swabs, sharps container, epinephrine 1:1000w/v, blood pressure cuff, stethoscope, VAERS-1 Form, equipment for airway management.

**TRAINING REFERENCE(s):** National Vaccine Injury Compensation Act; Vaccine Injury Table; Local Emergency Protocols/OI’s; Immunofacts.

**REMARKS/NOTES:** Review steps of the process with medical technician(s).

**OBJECTIVE:** Without error, the trainee must differentiate/treat between local, vasovagal and systemic/anaphylactic reactions post immunization(s).

**EVALUATION INSTRUCTIONS:**

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document completion of the evaluation in the trainee’s OJT record (AF 623a). Initial evaluation should be documented in the CFETP, Allergy/Immunology STS, attachment 4, 25 June 2014. All recurring annual evaluations should be documented on AF Form 1098 and AF 623a.
PERFORMANCE ITEM

KNOWLEDGE

1. Identify differences between a local, vasovagal, and systemic/anaphylactic:
   a. Local: Swelling, erythema, induration at site of injection
   b. Vasovagal: Signs and symptoms include, but are not limited to, hyperventilation (rapid breathing), cool, clammy, pale skin, nervousness, anxiety, and nausea
   c. Systemic/Anaphylactic: Signs and symptoms include, but are not limited to; shortness of breath, hoarseness, difficulty swallowing, wheezing, chest tightness, nasal congestion, runny nose, flush skin, urticaria (hives), feeling of impending doom, nausea/vomiting, abdominal cramps/diarrhea

2. Explain potential side effects and precautions when administering epinephrine.

   TREATMENT OF ANAPHYLAXIS

   1. Recognize signs and symptoms of anaphylaxis.
   2. Get help (activate local protocols).
   3. Assess patient (CAB).
   4. Educate patient on side effects of epinephrine prior to administration.
   5. Administer epinephrine (per local protocol)
      a. Ampule, 1:1000 w/v
         1) Adults/children older than 12 yrs: 0.3 to 0.5 mL IM/SQ
         2) Children: Dosage calculated based on 0.01 mg/kg up to a maximum of 0.3ml
         3) Auto injectors (based on manufacturers insert)
            1) EpiPen/Twinject
            2) EpiPen Jr
   6. Obtain base line vital signs.
   7. Administer oxygen.
   8. Obtain patient history.
   9. Monitor patient and assess vital signs (per local protocol) until physician’s release.

   TREATMENT OF VASOVAGAL REACTIONS

   1. Recognize signs and symptoms of vasovagal reactions.
   2. Get help (activate local protocols).
   3. Assess patient.
   4. Position patient in supine position and elevate legs.
   5. Treat for shock.
   6. Obtain vital signs.
   7. Administer oxygen.

   VAERS REPORTING
1. Verbalize circumstances that would indicate completing a VAERS-1
   a. Any reaction listed in the Vaccine Injury Table
   b. Any adverse event in AFI 48-110 IP (2-10 Adverse events)

2. Complete blocks 1 through 23 on VAERS-1. (If applicable)

3. Verbalize where copies are distributed:
   a. Send original to the Vaccine Adverse Event Reporting System or MedWatch office
   b. Copy to Clinical Quality Management Program at the reporting medical unit
   c. Either file a copy of the VAERS report in the patient’s Individual medical record or record the relevant information on the VAERS report within the medical record

4. Refer to Primary Care Manager for medical management.

**FINAL RESULT:**

**FEEDBACK:** Use this checklist as a source of information. Discuss/document the trainee’s performance, indicating strengths, weaknesses, and suggested improvements in the members’ AFTR on AF 623a.

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Print Trainee Name: ___________________________  Print Trainers Name: ___________________________

Signature of Trainee & date: ___________________________  Signature of Trainer & date: ___________________________
AEROMEDICAL SERVICES INFORMATION
MANAGEMENT SYSTEM (ASIMS)

SUBJECT AREA: 4.19.4.

TASK(s): Immunization record; ASIMS.

CFETP/STS REFERENCE(s): 4.19.4.

EQUIPMENT REQUIRED: Access to internet and ASIMS web via desktop or laptop computer.

TRAINING REFERENCE(s): AFJI 48-110; AFI 44-102

REMARKS/NOTES: Review steps of use and navigation within system with medical technician(s).

OBJECTIVE: Without error, the trainee must perform daily set up, update vaccine lot number and VIS information, and run various reports.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instruction, allow sufficient practice on each part of the task.

2. The evaluator will STOP the procedure immediately and correct the trainee if performance could become detrimental to patient safety at any time.

3. Use the performance checklist to ensure all steps of the task are accomplished.

4. Document completion of the evaluation in the trainee’s OJT record (AF 623a). Initial evaluation should be documented in the CFETP, Allergy/Immunology STS, attachment 4, 25 June 2014. All recurring annual evaluations should be documented on AF Form 1098 and AF 623a.
Vol. 12 Module 5

**PERFORMANCE ITEM**

**KNOWLEDGE**

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<thead>
<tr>
<th></th>
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<th>SAT</th>
<th>UNSAT</th>
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<tbody>
<tr>
<td>1. Perform Daily Set-up</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>a. Access/Print Vaccines In Stock list</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Verify vaccine information in stock with printed list</td>
<td></td>
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<tr>
<td></td>
<td>c. Update vaccine information;</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>1) Lot number</td>
<td></td>
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<td></td>
<td>2) Expiration date</td>
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<td>3) Manufacture</td>
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<td></td>
<td>4) Route</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5) Site</td>
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<td>6) Dosage</td>
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<td>7) VIS version date (s)</td>
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<td></td>
<td>d. Verify/Update Clinic Information via Setup Tab</td>
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<tr>
<td></td>
<td>1) Ensure Clinic Stamp contact information is current</td>
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<tr>
<td>2. Update/Edit Vaccine Lot Number</td>
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<td></td>
<td>a. Use MM/DD/YYYY format</td>
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<td></td>
<td>b. Use last day of month if vaccine expiration date on vial or syringe is only MM/YYYY, i.e. 05/14 on vaccine should be entered as 05/31/2014</td>
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<td>3. Navigate Personnel Menu</td>
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<tr>
<td></td>
<td>a. Access Personnel List; run Due/Overdue report for military units on installation</td>
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<td></td>
<td>b. Export &amp; clean up report to only contain immunizations that are due/overdue for members</td>
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<td>4. Navigate Report Menu/Locate Links and run reports to:</td>
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<tr>
<td></td>
<td>a. Immunization Group Requirements</td>
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<td></td>
<td>b. Immunization Exemption List</td>
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<td></td>
<td>c. Vaccine Loss Report</td>
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<td></td>
<td>d. Productivity Report</td>
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<td></td>
<td>e. Immunization Logbook</td>
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<td></td>
<td>f. DEERS Prime Roster</td>
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<td></td>
<td>g. Immunization Status</td>
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<td></td>
<td>h. Wing Influenza Imm Status</td>
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<td>i. Influenza Immunization Status</td>
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<td>5. Navigate Immunization Multiple Entry Tab</td>
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<td></td>
<td>a. Document Immunization Date and Provider</td>
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<td>b. Add Immunization (s)</td>
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<td></td>
<td>c. Select unit (s) to be immunized</td>
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<td></td>
<td>d. Log selected entries</td>
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<td>6. Utilize Find Person Tab</td>
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<td></td>
<td>a. Enter SSN or DOD number for member</td>
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<td></td>
<td>b. Enter SSN or DOD number in Find Family List</td>
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<td></td>
<td>c. Search by name in local immunizations, personnel list, in</td>
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</tbody>
</table>
AFPC, or DEERS

d. Utilize USB Barcode Scanner

**FINAL RESULT:**

**FEEDBACK:** Use this checklist as a source of information. Discuss/document the trainee’s performance, indicating strengths, weaknesses, and suggested improvements in the members’ AFTR on AF 623a.

________________________________________________________
Print Trainee Name

________________________________________________________
Print Trainers Name

________________________________________________________
Signature of Trainee & date

________________________________________________________
Signature of Trainer & date