## ADENOVIRUS Type 4 and Type 7 LIVE, ORAL VACCINE ADMINISTRATION COMPETENCY ASSESSMENT

Patient Population Served: Recruits (17-50 yrs)

Required Competency or Skill	* Self Assessment	Orientation (Preceptor initials & date)	+ Evaluation Method	Competency Validated by Supervisor (Signature & date)	Comments/Additional Resources
Patient Screening		opriately. Assures th		tely. Recognizes unique commun f patient information and their righ	
A. Understands the actions, implications, contraindications and precautions for the administration of the adenovirus Type 4 and Type 7 Vaccine, Live, Oral:					
Recruits screened for vaccine contraindications to include     a. Age (younger than 17 yrs, older than 50 yrs)     b. Severe allergic reaction to any component of the vaccine (see package insert)     c. Pregnancy     d. Inability to swallow tablets whole without chewing					
(2) Recruits screened for vaccine <b>precautions</b> to include  a. Immunocompromised individuals b. Vomiting and/or diarrhea					
(3) If cannot receive either tablet, Type-4 or Type-7, patient is exempt from receiving vaccine. Do not administer just one type of tablet					
(4) Adenovirus vaccine can be administered simultaneously or at any interval before or after other vaccines including live vaccines					
(5) Familiar with adenovirus vaccine package insert.  B. Verbalizes understanding of the standing order for the administration of the adenovirus vaccine to recruits.					
C. Provides the opportunity to read the current adenovirus Vaccination Information Statement (VIS) prior to administration of immunization					
D. Provides recruit with post-vaccination precaution counseling prior to departure					
(1) Females should not become pregnant within 6 weeks of vaccination. If inadvertently vaccinated while pregnant or becomes pregnant within 6 weeks of vaccination, report all cases to the Adenovirus Vaccine Pregnancy Registry 1-866-790-4549					

\* Self Assessment: 1=Experienced 2=Needs Practice/Assistance 3=Never Done N/A= Not Applicable

+ Evaluation / Validation Methodologies: T=Tests D=Demonstration/Observation V=Verbal I=Interactive Class

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(2) Viral shedding will continue in the stool for up to 28 days after vaccination. To prevent further fecal-oral spread of the virus, educate recruits on proper hand washing and personal hygiene measures					
(3) Due to viral shedding recruits should exercise caution for 28 days post-vaccination when in close contact with  a. Children less than 7 years of age b. Immunocompromised individuals c. Pregnant women					
Patient Care Procedures for RN, LPN, Medic, Corpsman	accordingly. Ga	athers appropriate su	ipplies and equipm	accinees and performs adenoviru nent for administration of vaccine. erstanding of the recruit.	
A. Understands importance of the storage and handling of adenovirus vaccine					
(1) Must be stored in a refrigerator (2-8°C) upon arrival, during transportation, and until administered to recruit. DO NOT FREEZE					
(2) Protect vaccine from moisture. Keep lid tightly closed and do not remove desiccant packet from bottle					
(3) May be used until expiration date on the bottle					
(4) Once pill is dispensed into a cup for administration it cannot go back into the bottle and must be discarded if not used					
(5) If a broken pill is found in the bottle, mark bottle with "Do Not Use". Mark corresponding lot #, Type 4 or Type 7 bottle, "Do Not Use". Place affected vaccine back in the refrigerator and contact USAMMA immediately. Both vaccine types must be kept together until further disposition instructions are provided.					
(6) Verbalizes procedures to protect vaccine after temperature compromise is noted (segregate product, label as "Do Not Use", place in functioning refrigerator, contact USAMMA to verify stability, prepare EXSUM and/or destruction notice as necessary)					
(7) If a pill is crushed on a surface and the inner core is exposed. Contain the area, don PPE and clean the area with a hospital grade cleaner. Dispose of materials in hazardous waste container					
B. Demonstrates proper technique for administration of the Adenovirus vaccine					
(1) Don gloves prior to dispensing or handling vaccine					

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(2) Administer a single dose (2 tablets):					
a. One, Type-4 (white tablet)					
b. One, Type-7 (peach tablet)					
(3) Place one of each type tablet into medicine cup for					
administration					
(4) Instructs recruit to swallow pill whole with water.					
Remind recruit not to chew tablet					
(5) Perform Direct Observed Therapy: Ensure each tablet has been swallowed and does not remain within					
recruit's mouth					
(6) After dispensing of vaccine. Remove gloves and					
wash hands					
(7) Document the date, type of vaccine, dose,					
manufacturer, lot number, VIS date and the person					
who administered the vaccine into the service					
immunization tracking system and provide a copy to					
the patient, if requested					
C. Demonstrates ability to recognize signs and					
symptoms of a patient experiencing an					
anaphylactic reaction and responds appropriately					
(1) Verbalizes understanding of the standing order for the medical management of vaccine adverse events					
(2) Positions patient on litter/ floor					
(3) Calls for assistance and administers epinephrine					
per protocol					
(4) Monitors vital signs / assess breathing					
(5) Proper documentation of event					
a. Annotates a temporary medical exemption in					
MEDPROS, AFCITA, MRRS					
b. Document incident in AHLTA					
c. Completes a VAERS form for submission					
D. Demonstrates ability to recognize signs and					
symptoms of a patient experiencing a vasovagal					
reaction and responds appropriately  (1) Verbalize signs and symptoms of a vasovagal					
reaction					
(2) Position patient on litter/ floor and elevate legs					
(3) Monitor vital signs / assess breathing					
(4) Administer ammonia inhalant as needed					
E. Explains policy and procedure for waiting at least 15 min after vaccination for monitoring of					

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## **ADENOVIRUS Type 4 and Type 7 LIVE, ORAL VACCINE ADMINISTRATION COMPETENCY ASSESSMENT**

Patient Population Served: Recruits (17-50 yrs)

Orientation

Competency Validated by

Required Competency or Skill	* Self Assessment	(Preceptor initials & date)	+ Evaluation Method	Supervisor (Signature & date)	Comments/Additional Resources
possible adverse event.		-			
Preceptor's Initials: Printed Name	e:			Signature:	
I understand the topics listed and will be allowed to n	erform only thos	e for my skill level/sc	ope of practice afte	r I have successfully demonstrated	competency.

Date:

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Employee Signature:

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