



Site Manager, Head Clinician & Managing Lead – COVID Vaccine Event Competency Checklist

Employee's Name	Evaluator's Name	Identified Remediation <input type="checkbox"/> _____ <input type="checkbox"/> Routine Competency <input type="checkbox"/> On-Site Education
Site Location	Date	Score - [] <input type="checkbox"/> Proficient <input type="checkbox"/> Not Proficient

*2 or < deficiencies = Proficient

Each deficiency equals 0.5 points – total the deficiency score and subtract from 10 example: 3 deficiencies = 1.5; total score is 10 – 1.5 = 8.5 total score

Skill Write N/A if skill not applicable for current evaluation	Proficient	Remediation Needed	Remediation Method	Evaluators Initials
Vaccination:				
Liaison between Site Contact and AP Team on site (RN's, Admins, etc.)				
Troubleshoot potential issues that arise during the event. Escalate to CQC Team/AP Hotline as appropriate.				
Review/train new on site AP Team (RN's, Admins, etc.) as needed.				
Conduct huddles pre-event; focus on new staff and each station education with program specific details – in conjunction with HC/MLs.				
Communicate program updates to onsite AP Team.				
Reinforce AP policies with staff during pre-event huddles and throughout event.				
Quality Control tracking daily.				
Manage CCM onsite and rectify issues as they arise.				
Tracks, reviews, and updated supply and vaccine inventory daily.				
Review Incident Reports for accuracy and thorough completion. Must sign all Incident Reports before submitting at the end of an event.				
Keeps order with event setup, supply management, assigning roles, and vaccine expiration monitoring.				
Reconcile and report final counts of vaccinations administered, ensure scanned properly.				
Confirms VAERS report for all severe adverse reactions is being completed.				
Complete Daily QC tracker thoroughly and confirm accuracy. No room for error.				
Manage vaccine receivables and tracking, assessing BUD/exp dates and placing in fridge in proper order [older on top, newer on bottom].				
Understands vaccine reconstitution and dispensing process – managed by HC/ML.				
Support staff during emergency situations, keeping staff calm and providing direction.				
Confirm consent obtained for all vaccines and qualifying questions are answered. – educates staff with thorough process.				
Confirms vaccine is not in foil packs when in refrigeration.				
Backup cooler check – and cooler and fridge temp monitoring.				
Understands how to use WarmMark and read. Is placed in fridge appropriately – center of middle rack – using from vaccine received.				
Reinforces and strictly enforces all staff adhering to AP Policy/Procedures - provides guidance in productive and professional manner.				

Demonstrates organization skills within workspace; Ensures workspace is structured to enhance program flow (seating/station arrangements, lights, ventilation, station setup, etc.)				
Manages staff appropriately; all staff confirmed present for arrival time & prepared ahead of event start time.				
Demonstrates time management skills, including arriving to event on time				
Demonstrates ability to maintain order and direction at event location				
Demonstrates professional and personable attitude in all interactions (with staff, site contacts, staff at AP and staff of AP clients, etc.)				
Demonstrates ability to manage supplies, including paperwork, iPad, testing supplies, etc.				
Demonstrates strong team management skills				
Strong command of program details and client needs; training skills appropriate				

****Refer to P009 Influenza Vaccine, P015 COVID-19 Vaccine, P017 Intramuscular Injection, P008 Medical Waste Disposal, P014 Emergency Medical Management of Adverse Reaction(s)****

Overall Score: _____ [put 'overall score' at top of page 1]

Evaluators Notes:

****Refer to P015 COVID-19 Vaccine, P017 Intramuscular Injection, P008 Medical Waste Disposal, P014 Emergency Medical Management of Adverse Reaction(s)****

My signature indicates I have received education from my manager/supervisor. Above is a summary of the information discussed and I acknowledge it is my responsibility to review and understand all Affiliated Physicians policies and procedures specific to the programs I am working. I understand this competency evaluation is for continuing education purposes and is not meant to be disciplinary.

Employee's Name & Signature:	Date:
Evaluator's Name & Signature:	Date: