

State of Hawaii
Department of Health
Disease Outbreak Control Division
Immunization Branch

Addendum One

September 9, 2016

To

Request for Proposals

DOH-DOCD-17-01

**Nursing and Staffing Services for
Influenza Immunization Clinics**

August 24, 2016

August 24, 2016

ADDENDUM NO. 1

To

**REQUEST FOR PROPOSALS
Nursing and Staffing Services for
Influenza Immunization Clinics**

RFP No. DOH-DOCD-17-01

The Department of Health, Disease Outbreak Control Division Immunization Branch, is issuing this addendum to RFP No. DOH-DOCD-17-01, Nursing and Staffing Services for Influenza Immunization Clinics for the purposes of:

Amending the RFP.

The proposal submittal deadline:

is not amended.

Attached is (are):

Amendments to the RFP.

This Addendum No. 1 includes Responses to Questions Raised by Applicants, additional information, and new Exhibits "E", "F", "G", and "H".

If you have any questions, contact:

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Responses to Question Raised by Applicants
For RFP No. DOH-DOCD-17-01
Nursing and Staffing Services for Influenza Immunization Clinics

1. What agencies do you currently use?
 - a. **HTH-DOCD-10-1 was awarded to two staffing agencies, Altres Medical and Kahu Malama Nurses. Altres Medical was the primary service provider for the contracted services.**

2. What bill rates do those agencies charge?

<u>Specialty</u>	<u>Hourly Rates</u>
Registered Nurse (RN)	\$65.95
Licensed Practical Nurse (LPN)	\$33.00
Certified Nursing Assistant (CNA)	\$26.75
Medical Assistant (MA)	\$26.75
Transportation Fee	\$49.00 per clinic

3. Will this be a single or multi-award?
 - a. **Single award**
4. If it is a multi-award how will the workload be distributed to the agencies?
 - a. **NA**
5. How many hours were utilized in 2015?
 - a. **The most recent figures that are available are from the 2013-14 clinic season, during which the number of hours for contracted, temporary staff was approximately 5,800.**
6. How much money in 2015 was spent?
 - a. **Approximately \$333,000 was spent on temporary staffing services in 2015, similar to those being requested via this Request For Proposals (RFP).**
7. What is the annual spend that is projected for 2016-2017 year?
 - a. **The spend for 2016-17 is expected to be comparable to the 2015-16 figures; however, the actual expenditure amount varies year by year and is dependent upon staffing needs.**
8. Please confirm that according to section 2.1 in the RFP, the state will supply and store the vaccines
 - a. **Yes, confirmed.**

9. Have these services been previously purchased by DOCD? If so, can you tell us what was the number of the contract which was awarded? We are interested in learning who was previously awarded the contract and what was the pricing.
- a. **Similar services for the Stop Flu at School program were procured in 2009 and lasted through 2015. The number of that RFP was HTH-DOCD-10-1. Two vendors were utilized. The contracts were assigned ASO log numbers 10-019 and 10-020. RFPs can be located at the following:**
<http://gpcprod.spo.hawaii.gov/spo2/health/rfp103f/>
10. Can the State provide an estimate of the total clinic hours for this project? (Perhaps based on past projects.)
- a. **This data hasn't yet been finalized for the 2015-16 season; however, in that year a total of 319 clinics were held which is similar to previous years going back to 2009. The duration of each clinic can vary from 1 hour to 6 hours, depending on the number of participants and the size of the space where the clinics are held, which is largely up to the school's discretion.**
11. Section 2.6, A. 1. Prescreening Visits: Can the Provider assign any discipline of personnel to conduct the prescreening visits, IE: RNs, LPNs, MAs, etc? Are the consents for vaccination going to be in soft or hard copy? Do the prescreening visits need to be conducted in person at all locations statewide?
- a. **The agency may choose to use MAs, LPNs, or RNs to conduct the prescreening visits. The visits will be compensated at the lowest rate, which would likely be that of an MA, because the responsibilities are more commensurate with the skills associated with those credentials.**
 - b. **If hardcopy forms are utilized, then those forms must stay at the school and so prescreening will need to be conducted in person at the designated clinic site. Please note that not all islands will require the agency's assistance with prescreening.**
12. Section 2.6, A.2. Clinic Staffing: Is the State providing the "clinic managers" to each clinic? Will the Provider personnel be required to set up and/or clean up the clinic sites?
- a. **It is the expectation that each clinic will be managed by Dept. of Health personnel, to whom the agency staff will report and take direction and instruction from for the entire duration of that clinic assignment. Yes, the agency staff will be expected to assist with set-up and clean-up at the clinic sites.**
13. Section 2.6,C. Project Management: Does the State expect that the Provider's Project Manager will be a person dedicated to this role? If so, then the State knows to expect that the cost for this position will be incorporated into the unit service rates, correct?
- a. **Yes, it is expected that the Provider's Project Manager will be dedicated to this role. In addition, the cost for this position, as well as any other administrative costs and overhead that are required to provide temporary staffing services,**

are expected to be included in the unit services rate of the personnel to be hired.

14. Section 3.2.C.4. Personnel/Project Manager: Is the State requiring the Project Manager be identified and their references, resume and points of contacts to be submitted with the Provider's response to this RFP?
 - a. **Per Section 4.2 Subparagraphs E.2. and E.3 of the RFP, the name and position title of each staff member in the organization, as well as the Project Manager's resume and 2 references, are to be included in the Applicant's proposal.**

15. From page 2-9, Vaccine and Medical Supply Staff: a) "Must be a certified Medical Assistant" Most Medical Assistants do not have the additional AAMA 'certification'. It will be difficult to recruit and find enough CMA's on Oahu in this low unemployment job market. If a certified Medical Assistant cannot be found, will you accept a MA?
 - a. **Yes, we will accept a MA if a certified MA cannot be found.**

16. How many supply staff will be needed on-site at DOH?
 - a. **This is still to be determined, but likely between two (2) and three (3).**

17. From Page 2-5 – 3. Vaccine and Medical Supply Support Staff (Oahu) ..."All stock must be routinely inventoried, maintained, packed, **and distributed to**. Will the contractor's Vaccine and Medical Supply staff deliver the vaccines to the schools on Oahu?
 - a. **No. The Vaccine and Medical Supply Support Staff will be inventorying, maintaining, packing and receiving the vaccine, emergency kits, medical and clinical supplies at the Department of Health. They will not be delivering the supplies to clinics. However, if there is a last-minute need for a MA to perform registration duties at a clinic, then one of the Vaccine and Medical Supply Support Staff may be asked to work at the clinic and then report back to DOH. In that instance, the individual would be asked to drive their personal vehicle to and from the clinic, if available, just as the clinic staff are expected to do. If such is the case, then that individual may also be asked to return the vaccine and supplies, if no other alternative is available, at which point the flat rate transportation fee would still apply.**

18. If yes, will the State provide the van/vehicles for them to drive or will the contractor be responsible for providing vehicles?
 - a. **Not applicable.**

19. If applicable - If the contractor is required to provide vehicles, can the contractor be reimbursed for vehicle expenses like rental fees or mileage reimbursement?
 - a. **Not applicable.**

20. From Page 3-2 D. Compliance, Provider Compliance. "Applicant must provide proof of compliancy". Please clarify or provide an example of acceptable "proof of compliancy".

- a. **Please refer to Section 1.24 Provider Compliance for specific information regarding compliance with laws governing entities doing business in the State. Per Section 3.2 D. Compliance, each applicant must submit proof of liability insurance and verification of compliance from Hawaii Compliance Express (“HCE”) with their proposal. Providers not utilizing the HCE to demonstrate compliance shall submit paper certificates. Failure to provide these documents with the proposal shall deem the Applicant non-responsive.**
21. Page 2-6 C Item 3c- “Maintain documentation of current Cardiopulmonary Resuscitation (“CPR”) certification for all staff”. Will CPR be required for staff to conduct registration at the schools? Is current CPR a requirement for MA/NA staff if they are only going to be doing clinic flu screening?
- a. **CPR is only required of those administering vaccinations at the clinics, which includes RNs and LPNs.**
22. Page 2-11 6c “Certified Nursing Assistant (“CNA”). It will be very difficult to find Certified NA’s. If a CNA is not available, will you accept an NA?
- a. **Yes, we will accept a NA if a certified NA cannot be found.**
23. Page 2-9, section 2. b) “Must have one year of work experience that involved vaccine supply management”. If a MA with vaccine supply management work experience is not available, would you be open to accepting someone with experience that is similar and relatable to vaccine supply management? We are in a very tight job market with unemployment running in the low 3% on Oahu so it is not always possible to source the ‘ideal’ candidate.
- a. **The requirement is for someone with the stated work experience. Many doctor’s offices maintain a supply of vaccine that they administer to their pediatric and adult patients. Medical Assistants are often utilized in maintaining this supply. If the applicant is unable to provide staff who meet the minimum required work experience, this should be noted in their proposal.**
24. Page 2.5 - 3. Vaccine and Medical Supply Support Staff (Oahu only). Vaccine and medical supplies for the emergency kits are stored at the DOH. All stock must be routinely inventoried, maintained, packed, and distributed to and received from clinics on a daily basis. The Provider shall be responsible for hiring staff to perform these duties. Staff shall be **full time** employees during program operations and based out of a STATE facility” It states the person will be ‘full time’ but in the Page 2-10, section 3, it states they will be paid for actual hours worked. We want to make sure we understand if the hours will be 40 per week during the program period or whether the hours will fluctuate frequently.
- a. **It is anticipated that the Vaccine and Medical Supply Support Staff will be needed full time, that is between 30-40 hours a week, but their hours will need to be flexible and recorded on timesheets. Paid compensation will be based on the timesheets, and therefore hours worked.**

25. Who are the incumbent vendor(s) providing these services for the last contract cycle and when did it end?
- a. **The vendor who last provided staff that served in the capacity of Vaccine and Medical Supply Support Staff was *Running Logistics*. Those services were procured via the State of Hawaii eProcurement system (HiePRO). The award went to the lowest bidder. No contract was assigned, as the spend was less than \$100,000. The scope of work terminated in January 2016.**
26. What is the current pricing structure for the incumbent vendor(s) currently providing these services?
- a. **For the scope of services specific to providing Vaccine and Medical Supply Support Staff, which were then referred to as "Vaccine Assistants", the award went to the lowest bidder at \$17.40/hr.**
27. What was the total annual expenditure on operations for these services in 2014 and 2015? (see Attachment B, Page 9 for example).
- a. **There are many expenditures included under the general term "operations" and staffing services is one of them. Staffing services, to the extent of what is included in this current RFP, cost approximately \$330,000 in 2014 and approximately \$333,000 in 2015.**
28. How long does it typically take the State to go from issuing an award notice to fully executing a contract?
- a. **The time it takes to execute a contract from the time of award can vary significantly and is dependent upon programs and personnel within and outside of the Department of Health. The process can span several weeks to several months.**
29. What is the anticipated/preferred start date for the when services will actually be provided?
- a. **This is to be determined, but clinics are anticipated to begin no earlier than mid-November 2016.**
30. The following statement is found on page 2, "All proposals mailed by the United States Postal Service ("USPS") shall be postmarked by September 22, 2016 to the mail-in address and received no later than ten (10) days from the submittal deadline." Can you please confirm that this statement is true and postmarked proposals will be accepted up to 10 days after 9/22/16?
- a. **Yes, postmarked proposals will be accepted up to 10 days after 9/22/16.**
31. If this statement is true, can you please confirm the final date and time a post marked proposal received USPS will be accepted? 10 days can be interpreted differently i.e. business days versus calendar days or if day 1 of 10 starts on 9/22 or 9/23.

- a. **We will accept proposals postmarked by September 22, 2016 until close of business on October 3, 2016.**
32. Per page 3, it states you want 5 "copies" of our proposal. Can you please verify if you want 1 original, 5 copies, and 1 electronic CD copy, or 1 original, 4 copies and 1 electronic CD copy?
- a. **Please submit 5 paper copies of the proposal, along with 1 electronic copy on CD.**
33. Section 1.24, Subsection A and Subsection B, does our organization need to furnish our Tax Clearance and Business Registration documentation within the proposal or can it be provided after award notification?
- a. **All compliance documents must be submitted with the applicant's proposal.**
34. Section 2.6 Service Activities, Subsection A. Staffing Services, Item 1; Can you please provide a sample copy of the pre-screen form that shall be reviewed by our staff?
- a. **Please see the 2015 consent form and 2015 consent form log attached hereto as Exhibit "E" and Exhibit "D", respectively. Both of these forms will be modified for the 2016-17 flu clinic season.**
35. Section 2.6 Service Activities, Subsection A. Staffing Services, item 2F; Are the two (2) agency representatives sent annually implied to be provider management from the mainland? For example, our VP of Operations and VP of Recruitment? Is it safe to assume that the State prefers the assigned "Project Manager," be one of the annual agency representatives?
- a. **It is recommended that the two (2) agency representatives be individuals who are directly involved with the planning and implementation of the services, so that they may gain an understanding of Stop Flu at School clinic operations, observe how the staff are being utilized, and be better prepared to propose solutions to problems that may arise with clinic staffing.**
36. Section 2.6 Service Activities, Subsection A. Staffing Services, 3. Vaccine and Medical Supply Support Staff (Oahu only); What is the anticipated number of required full time Vaccine and Medical Supply Support Staff? What is the location of the State facility they will work out?
- a. **The State anticipates needing between two and three (2-3) Vaccine and Medical Supply Support Staff. These individuals will be reporting to work each day at the Hawaii Department of Health building, located at 1250 Punchbowl Street, Honolulu, 96813.**
37. Section 2.6, Subsection B. Training; Can you please provide the web based software used to provide the online training modules? Is there an exam that follows the training to verify its completion (i.e. documentation / written assurances)? Will we have administrative access to the software so that we can distribute it to our employees?

- a. **The Stop Flu at School online training will be available via the following link:**
<https://stopfluatschooltraining2.doh.hawaii.gov/index.php>
 - b. **Yes, there is an exam that follows the training for both the registration staff and the vaccinators. This test must be passed with at least a score of 70% within three (3) attempts or the person will not be allowed to work at the clinics. There are multiple versions of each test. Training compliance reports will be exported by the State and sent to the agency with the expectation that follow-up with prospective clinic staff recruits will be conducted as necessary.**
 - c. **This online training is web-based and should be widely accessible. It is the provider's responsibility to ensure all staff have access to the training. Hardcopies of the training and the tests may be made available to the provider upon request.**
38. 2.7 Qualifications; Item 1. Provider must be licensed to conduct business in the State of Hawaii; Will the qualification be met by providing our Business Registration / License from the DCCA? Verification of being able to conduct business in the State of Hawaii can be obtained online through the
- a. **Documentation of Hawaii Compliance Express ("HCE") compliance must be submitted along with the applicant's proposal. Providers not utilizing the HCE to demonstrate compliance shall submit paper certificates. Please refer to Section 1.24 for specific information regarding compliance.**
39. 2.7 Qualifications; Item 1; Provider must be able to obtain an office located in Hawaii at the time of award. Is there a required office size in terms of square feet or location? Does the State have a recommended office size / location?
- a. **There is not a space requirement; however, the office must be a physical space large enough to conduct the business and provide the services required by this RFP.**
40. Would it be possible to acquire office space from the State at a discount if the monthly rent was credited to the respective invoices?
- a. **No, the State does not have space available to rent to the service provider.**
41. Will any staff besides Public Health Nurses be provided by State?
- a. **At least one (1) Department of Health employee will be present at every clinic statewide to serve as the clinic manager. DOH representation may vary island to island. On Oahu, each clinic will have at least two (2) Public Health Nurses, one of whom will serve as clinic manager. On the neighbor islands, there may be more DOH staff present and they may or may not be Public Health Nurses.**
42. Does training online include consent screeners and clinic screeners?
- a. **The online training is for all clinic staff. There are two (2) tracks to the training: one is for registration staff and the other is for vaccinators. The track is**

determined by the role selected on the demographics page when the employee signs up on the training site.

- b. The prescreening training has historically been presented in person, but it may be presented online or via a webinar.**

43. Is the schedule for clinics made yet?

- a. No, the 2016-17 season clinic schedule has not been created yet. Clinics are expected to begin no earlier than mid-November 2016.**

44. Can an agency use subcontractors?

- a. No, it is expected that the agency will not use subcontractors to provide these services and that the agency will be fully involved in service planning, implementation, compliance and oversight.**

45. Is there an electronic database?

- a. The State utilizes multiple databases for the Stop Flu at School program. Vaccine administration information from the consent forms is entered into the Hawaii Immunization Registry (HIR). Online training information and aggregate data from clinics are kept in separate administrative databases. The service provider from the previous staffing contract developed their own database for use in staffing clinics. The SFAS program coordinator and staffing coordinator were issued login information in order to access the agency's staffing database. This is not a requirement, but was useful.**

46. Any particular forms needed for reporting?

- a. Any required reporting forms will be provided by the State.**

47. How far in advance are prescreenings done?

- a. Prescreening in a typical year must be completed at least two (2) weeks before the start of clinics. The process usually takes between 2-3 weeks and the prescreening schedule must follow the clinic schedule so that preparations and packing can be performed in a timely manner.**

The following information is being provided to assist applicants in preparing their proposal:

- I. The State will conduct audits of clinic personnel to ensure compliance of program requirements. During the audit process, the agency will be required to submit copies of all required documentation that evidences staff are qualified to work at the clinics.

Note: In Section 2.7, B.1.e. on page 2-9 of the RFP indicates that vaccinators must have experience vaccinating children with both LAIV (flu nasal spray) and IIV (flu shot) within twelve (12) months of the program's first clinic date of the season. **This is hereby amended to include only IIV (flu shot). The LAIV (flu nasal spray) formulation will not be offered through the Stop Flu at School clinics during the 2016-17 season.** The State will provide forms to document said experience. Samples of these forms are included in this addendum. Note that these forms will be revised for the 2015-16 season.

- II. Applicants are advised that the State's Stop Flu at School program maintains a late/no show policy for clinic staff, which includes the following:
 - One (1) occurrence of no/call no show will result in dismissal from the staffing roster for the remainder of the season.
 - Two (2) occurrences of a call out **within forty-eight (48) hours of a clinic**, for any reason, will result in dismissal from the staffing roster for the remainder of the season.
 - Three (3) occurrences of late arrival to clinic, in any increment of time, will result in dismissal from the roster for the remainder of the season.
- III. The State's Stop Flu at School program requires a large pool of staffing resources that have been vetted and trained before clinics begin. Barring any isolated safety or personnel issues, basic training does not occur during the operations phase of the program. Therefore, applicants are advised that the program institutes a training deadline for contracted clinic staff, beyond which no new staff or existing staff are able to be trained to work at clinics. The training deadline for the 2016-17 season has not yet been established.
- IV. The Stop Flu at School program operates clinics in urban, rural and remote areas throughout the State. Over 300 clinics are held during a typical season, with approximately 10 clinics a day operated daily and simultaneously on Oahu, with additional clinics running simultaneously on the neighbor islands. Applicants are advised to consider recruitment, retention and replacement options in the face of geographical constraints, or when disciplinary action, including the State's late policy, results in termination. These options should be described in the proposal. Refer to Section 4.2., E.3. on page 4-3.

STUDENT Vaccination Consent Form - **FLU SHOT**

(PLEASE PRINT LEGIBLY IN CAPITAL LETTERS USING BLACK OR BLUE INK)

			M M / D D / Y Y
STUDENT'S LAST NAME	STUDENT'S FIRST NAME	MI(S)	STUDENT'S DATE OF BIRTH
STUDENT'S ADDRESS			STUDENT IS A: <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET
CITY	STATE	ZIP CODE	HOME PHONE NUMBER
PARENT/GUARDIAN'S NAME (LAST)		(FIRST)	DAYTIME PHONE
CELL PHONE		SCHOOL NAME	
HOMEROOM TEACHER'S NAME (LAST, FIRST)		GRADE (SELECT ONE "●")	
STUDENT'S DOCTOR'S NAME (LAST)		(FIRST)	
STUDENT'S HEALTH INSURANCE: (SELECT ONE "●") The Stop Flu at School program is FREE . Your insurance company will NOT be billed. <input type="checkbox"/> HMSA – PRIVATE <input type="checkbox"/> KAISER – PRIVATE <input type="checkbox"/> UNITEDHEALTHCARE – PRIVATE <input type="checkbox"/> ALOHACARE <input type="checkbox"/> UHA <input type="checkbox"/> HMA <input type="checkbox"/> OHANA <input type="checkbox"/> HMSA – QUEST <input type="checkbox"/> KAISER – QUEST <input type="checkbox"/> UNITEDHEALTHCARE – QUEST <input type="checkbox"/> CHAMPUS/TRICARE <input type="checkbox"/> MDX <input type="checkbox"/> HMAA <input type="checkbox"/> OTHER <input type="checkbox"/> NO INSURANCE			
INSURANCE POLICY NUMBER			

The following questions will help us to determine if your child may receive the **Flu Shot** (inactivated influenza vaccine). Please select **YES** or **NO** ("●") for each question.

- | | YES | NO |
|--|-----------------------|-----------------------|
| 1. Has your child ever had a serious allergic reaction to eggs or to a component of any flu vaccine? | <input type="radio"/> | <input type="radio"/> |
| 2. Has your child ever had a serious reaction to a previous dose of flu vaccine? | <input type="radio"/> | <input type="radio"/> |
| 3. Has your child ever had Guillain-Barré Syndrome (a serious nervous system disorder)? | <input type="radio"/> | <input type="radio"/> |

If you answered YES to any question, left any question blank, or you are unsure of the answer to any of the questions above, your child will NOT receive the Flu Shot (inactivated influenza vaccine) through the school vaccination program. Please talk to your child's doctor.

CONSENT FOR CHILD'S VACCINATION: I have received and read the 2015-16 Vaccine Information Statement for Flu Vaccine, Inactivated. I understand the risks and benefits, and give consent to the State of Hawaii Department of Health and its authorized staff for my child, named at the top of this form, to receive the **FLU SHOT** and to share information regarding my child's influenza vaccination with my child's doctor and my child's health insurance company. I agree to waive and release any claims against the State, all contributory members of the Hawaii Association of Health Plans, and all other program sponsors, related to or arising from the Stop Flu at School Program. In addition, I have received information regarding the Hawaii Immunization Registry (see reverse side).

➔ Signature/Parent or Legal Guardian _____ Date: ____/____/____

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Dose Size	Site	Route	Vaccine Manufacturer	Lot Number	Expiration Date	VIS Publ. Date	Name, Address, & Title of Vaccine Administrator
Inactivated influenza vaccine	/ /	0.5 ml	RA LA	IM			/ /	/ /	

- Reason **FLU SHOT NOT** given:
- Student had temperature of 100.5° or higher
 - Student's consent form incomplete
 - Student refused **FLU SHOT**
 - Student absent
 - Other: _____

Stop Flu at School
Prescreening Log

	Start Time	End Time	Time Spent (min)
Date:			
School Name:			
Student Enrollment (total):			

Reviewers (names):	Total # of reviewers	Total # of minutes spent at the school	Total Time (# reviewers x # minutes at school)

Student Consent Form Count	Quantity
Flu Shot	
Flu Nasal Spray	
Total	

Questions ??? Call: (808) 586-8300

Forms Returned to Parent	Quantity
Missing/wrong signature and/or date	
Contraindication (answered yes to questions)	
Did not answer all questions	
Other (i.e., name/DOB incomplete or incorrect)	1
Dual forms* (students with both IIV and LAIV)	
Total	

* Do not count dual under shot or spray

Please submit completed form by end of day to:
Stop Flu at School Program
Department of Health Immunization Branch
FAX: (808) 586-8302

Minimum Requirements for Program Vaccinators

- **Required documentation**
 - **Current CPR certification**
 - **Completion of hepatitis B vaccination series, laboratory evidence of immunity to hepatitis B disease, or signed waiver**
 - **Completion of blood borne pathogen training within one year prior to commencement of the Stop Flu at School vaccination clinics**

- **Experience/Competency (must be within one year prior to commencement of the Stop Flu at School vaccination clinics*):**
 - **Experience in administering intramuscular injections to adults and/or children AND**
 - **Experience in administering intranasal influenza vaccines to adults and/or children**

***Potential vaccinators without experience in administering intramuscular injections and intranasal influenza vaccines to adults and/or children within one year prior to commencement of the Stop Flu at School vaccination clinics must receive additional hands-on training using the "Immunization Skills Checklist for Stop Flu at School", attached hereto as Exhibit A. The checklist must be signed by a licensed physician or R.N., certifying that the person has received additional training and is competent to administer intramuscular and intranasal vaccines. The individual checklists must be kept on file by the employer or nursing instructor and made available to DOH upon request.**

Immunization Skills Checklist for Stop Flu at School Program

Additional training must be provided and checklist must be completed for each potential vaccinator without experience in administering intramuscular and intranasal vaccines to adults and/or children within one year prior to working at a Stop Flu at School vaccination clinic.

Trainee's Name & Title (please print): _____ Date: _____
 Agency: _____

		Trainer Review (please initial)
Competency	Clinical Skills, Techniques, and Procedures	Meets or Exceeds
A) Medical Protocols	1. Able to follow Standing Orders for the administration of inactivated influenza vaccine, live attenuated influenza vaccine, and the management of acute adverse reactions to vaccines	
	2. Identifies the location of emergency medical kit and the clinical situations where its use would be indicated	
	3. Reports any needle stick injury	
B) Patient Identification	1. Confirms the identity of the person to be vaccinated	
	2. Screens for contraindications prior to vaccination	
C) Vaccine Handling	1. Checks vaccine expiration date	
	2. Maintains aseptic technique throughout	
	3. Demonstrates knowledge of proper vaccine handling (e.g. maintains cold chain)	
	4. Demonstrates ability to draw up correct dose of vaccine in a syringe using appropriate aseptic technique	
D) Administering Immunizations	1. Washes hands and/or uses hand sanitizer between each patient. If using disposable gloves, changes gloves between each patient and washes hands and/or uses hand sanitizer after removing gloves	
	2. Demonstrates knowledge of the appropriate route for each vaccine (intramuscular [IM] for inactivated influenza vaccine or intranasal for nasal spray influenza vaccine)	

Additional training must be provided and checklist must be completed for each potential vaccinator without experience in administering intramuscular and intranasal vaccines to adults and/or children within one year prior to working at a Stop Flu at School vaccination clinic.

Trainee's Name & Title (please print): _____ Date: _____
 Agency: _____

Trainer Review (please initial)	Meets or Exceeds
Competency	Clinical Skills, Techniques, and Procedures
1) Inactivated Influenza Vaccine	3. Positions patient and locates anatomic landmarks specific for IM injection 4. Preps the site for IM injection with an alcohol wipe using a circular motion from the center to a 2" to 3" circle. Allows alcohol to dry. 5. 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 degrees) 6. Injects vaccine using steady pressure 7. Demonstrates appropriate activation of safety syringe 8. Properly disposes of needle and syringe in sharps container 9. Applies bandage over vaccination site
2) Live attenuated influenza vaccine	1. Positions patient appropriately for administration of nasal spray vaccine (patient in upright position, head tilted slightly back) 2. Verifies that the dose divider clip is present 3. Removes the rubber tip protector from the LAIV sprayer 4. Places tip of sprayer just inside nostril 5. Rapidly depresses plunger until the dose-divider clip prevents going further 6. Pinches and removes dose-divider clip from sprayer
	7. Places tip of sprayer just inside other nostril and depresses plunger rapidly
	8. Properly disposes of used LAIV sprayer in sharps container
E) Observation	1. While patient is in his/her care, monitors for signs and symptoms of an adverse reaction. After vaccination, directs patient to observation area for an additional post-vaccination monitoring (minimum 15 minutes).

Additional training must be provided and checklist must be completed for each potential vaccinator without experience in administering intramuscular and intranasal vaccines to adults and/or children within one year prior to working at a Stop Flu at School vaccination clinic.

Trainee's Name & Title (please print): _____ Date: _____
 Agency: _____

Competency		Meets or Exceeds	Trainer Review (please initial)
F) Documentation	1. Fully documents administration of immunization, including date, vaccination site, dose, manufacturer, lot number, expiration date, VIS publication date, and vaccinator's name/title (or ID number provided by the Stop Flu at School program staff)		

I certify that _____ has received training and is competent to administer intramuscular and intranasal vaccines.

Trainee's Printed Name

Trainer's Signature

Title (R.N., M.D. *)

License Number

Date

Trainer's Printed Name

*Or representative authorized by Hawaii Department of Health

SFAS Vaccinator Eligibility Status Form

I. EMPLOYER CERTIFICATION:

I certify that _____ was employed at
Last Name, First Name

Name of facility or office

from ___/___/___ through ___/___/___ and administered:

Intramuscular injections
 Intranasal live attenuated influenza vaccine

Employer Signature Date

Employer Printed Name Employer Title

II. PAST STOP FLU AT SCHOOL CLINIC PARTICIPATION VERIFICATION:

I certify that _____,
Last Name First Name

administered both inactivated influenza vaccine (IIV) by intramuscular injection (IM) and live attenuated influenza vaccine (LAIV) by intranasal spray through the 2014 Stop Flu at School Program.

Signature of Agency Management Staff Date

Printed Name Title