

# Transcript: COVID-19 Vaccination Provider Training Module 2

## VACCINE ADMINISTRATION AND INVENTORY REPORTING

12/14/2020

Welcome to the second module of MDH's COVID-19 Provider Trainings. If you have not completed Module 1, please exit and complete that module first. Remember to have your COVID-19 Vaccine Provider Guide with you as you view these trainings.

In the first part of this module we will discuss the many important aspects of vaccine administration.

There are general vaccination principles that should always be followed. People who administer vaccines should receive comprehensive, competency-based staff training and education. Follow safe injection practices such as using one needle and one syringe only one time. Since COVID-19 vaccines are new and there may be multiple products available, it will be important to follow the vaccine manufacturer recommendations for screening patients for contraindications and precautions related to their specific product. Follow the specific instructions provided in the product information for reconstituting the vaccine and use only the specific diluent required by the manufacturer. If the wrong diluent is used, the vaccine dose is not valid and will need to be repeated using the correct diluent. Changing the needle between drawing vaccine from the vial and administering the vaccine is not necessary, unless the needle is contaminated, damaged, or needle gauge too large (for example a 21 gauge needle used to reconstitute vaccine).

Always adhere to strict aseptic practices while preparing and administering injectable vaccines. Use good hand hygiene before preparing vaccines for administration and between each patient contact. Do this by either using an alcohol-based waterless antiseptic hand rub or washing with soap and water. Follow the "7 rights" of vaccine administration. They are the right patient, right vaccine and diluent, right time, right dose, right route, right site, and right documentation. Carefully choose the correct anatomic site where you will inject the vaccine. Once chosen, clean the area with a sterile alcohol wipe in a circular motion, starting in the center and working outward.

Since the route for the initial COVID-19 vaccines are intramuscular or IM, this will be the focus. When injecting vaccine into your patient, follow these steps. Choose an appropriate needle length based on the patient's age and body mass. For all IM injections, the needle should be long enough to reach the muscle mass and prevent vaccine from seeping into subcutaneous tissue, but not so long as to involve underlying nerves, blood vessels, or bone. Needle size must be decided for each person based on the size of the muscle and the thickness of adipose tissue around the muscle. This is usually a 1 to 1 ½ inch needle for adults. Insert the needle smoothly and quickly at a 90 degree angle. Hold the syringe steady

once the needle is in the tissue as moving it around the tissue may cause damage. Inject the vaccine slowly, but smoothly. Be sure to withdraw the needle smoothly at the same angle it was inserted. Apply gentle pressure to the site with either an alcohol pad or a sterile gauze pad and then apply a bandage at the site if bleeding occurs.

It is important for vaccine administrators to know how to correctly give an IM injection in the deltoid region in adults to avoid SIRVA, which stands for shoulder injury related to vaccine administration. Giving the IM injection too close to the shoulder joint can cause bursitis, fasciitis, and other injury. Report SIRVA to the Vaccine Adverse Event Reporting System or VAERS. For proper IM injection technique in the deltoid region, place three fingers from the top of the shoulder. Have the patient lift their arm; you should be able to see and feel the muscle contract. Once you have located the middle of the muscle, have the patient relax their arm and give the injection at a 90-degree angle at that point. MDH and CDC have resources available on how to perform IM injections and administer vaccines. Please refer to the provider guide.

For most COVID-19 vaccine products, two doses of vaccine, separated by 21 or 28 days, will be needed. Because different COVID-19 vaccine products will not be interchangeable, a person's second dose must be the same product as their first dose. Second-dose reminders for patients is critical to be sure vaccine dosing intervals are followed and to receive the full benefits of the vaccine. COVID-19 vaccination providers should schedule a patient's second-dose appointment when they get their first dose. The COVID-19 vaccination record card should be completed with accurate information about the vaccine the patient received and when their second dose is due. If the patient has a smartphone, they can take a photo of their vaccination card. MIIC can also be used to pull lists of people that need to complete the COVID-19 vaccine series. Other ideas are mentioned in the guide as well as v-safe which we will talk about shortly.

Prepare your patient for what to expect and how they can be involved in vaccine safety monitoring and in getting their 2nd dose. Provide the patient the EUA FactSheet and highlight to them the common side effects listed and when they should contact their healthcare provider if have concerns or are not feeling well. Stress the need to receive their 2nd dose so they can build a good immune response. Give the patient a hard copy of the v-safe information sheet. V-safe is a new CDC reporting tool that the patient can enroll in using their smartphone. V-safe provides active monitoring for COVID-19 vaccine safety using text messaging and web surveys to check-in with people who have received COVID-19 vaccine. It also provides 2nd dose reminders.

Administer vaccines in settings where staff are trained to recognize and respond to reactions. Following vaccination, patients need to be monitored because they can faint and fall causing injury. Patients should be seated during vaccination. Following vaccination, ACIP recommends providers consider observing the patient sitting or lying down for 15 minutes, unless the patient has a history of anaphylaxis due to any cause, then they should be observed for 30 minutes. Watch for signs that a patient might faint. Although rare following vaccination, anaphylaxis can occur. If it does, it is usually within minutes of administration, although there can be a delayed response. Be sure you are prepared for emergencies and know the signs of anaphylaxis. You never know when an emergency will happen, so be prepared. Staff should be trained in CPR. Emergency equipment needs to be ready along with trained staff who can administer epinephrine and maintain an airway. Be sure to have a hard copy of an anaphylaxis protocol

readily available. The Immunization Action Coalition has examples of medical management plans for vaccine reactions.

VAERS is a national early warning system to detect possible safety problems with vaccines. Anyone can submit a VAERS report — a doctor, nurse, pharmacist, or any member of the general public. VAERS accepts all reports, including reports of vaccination errors. As part of the CDC COVID-19 Vaccination Program Provider Agreement, vaccination providers are required to report clinically important adverse events. Report to VAERS even if you are not sure if the vaccination caused the event. This is important since COVID-19 vaccines are new. HIPAA permits reporting of adverse events and medical documentation to VAERS.

Providers should follow their usual documentation processes in the patient's permanent medical record. Refer to the slide and the provider guide for information you should document. Give the patient or caregiver a completed COVID-19 Vaccination Record Card that includes the name of the vaccine given, the date administered, and name and location of the administering clinic.

In this section, we will discuss COVID-19 inventory and reporting requirements.

Minnesota's immunization information system or MIIC stores electronic vaccination records that combine vaccinations individuals received at different locations across the state. For COVID-19 vaccine, all doses administered must be entered into MIIC. Per the CDC provider agreement, product-specific COVID-19 vaccination data must be reported within 24 hours of vaccine administration. Refer to the provider guide to view required data elements for reporting. Also, review the different ways sites can submit data to MIIC and read the information that applies to your site.

For the reporting of COVID-19 vaccine inventory, MDH will report inventory to CDC on a daily basis. To facilitate this reporting and to give visibility to inventory across the state, all COVID-19 vaccine that is redistributed needs to be reported to MDH within 24 hours of redistribution. COVID-19 providers will be invited to enroll in VaccineFinder in later phases of the response where they can choose to make their location visible to users searching for locations that offer vaccinations.

Tracking vaccine wastage is part of vaccine inventory. Sites will be asked to report wastage or spoilage of COVID-19 vaccine doses. MDH will post instructions on how to do this on the COVID-19 Vaccine Information for Health Professionals webpage when available.

As far as charging for an administration fee, vaccine providers will be able to charge one. As stated in the CDC Provider Agreement, participating vaccine providers must administer COVID-19 vaccine regardless of the vaccine recipient's ability to pay COVID-19 vaccine administration fees or insurance coverage status. For uninsured patients, the vaccine provider can seek reimbursement for an administration fee from the HRSA Provider Relief Fund. Providers may seek appropriate reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the vaccine recipient.

Check your understanding. Question 1. IM injections are inserted at a \_\_\_\_\_ degree angle into the muscle. 45, 90 or 50?

2. Who can report to the Vaccine Adverse Event Reporting System (VAERS)? Doctors, nurses, the general public, medical assistants, or all of the above?

3. True or False? All COVID-19 vaccinations must be reported to the Minnesota Immunization Information Connection (MIIC) within 24 hours.

Answers to the questions on the previous slide. Question 1: IM injections are inserted at a 90 degree angle into the muscle. Question 2: All of the above” can report to the Vaccine Adverse Event Reporting System (VAERS). This includes doctors, nurses, the general public, and medical assistants. Question 3: True, all COVID-19 vaccinations must be reported to the Minnesota Immunization Information Connection (MIIC) with in 24 hours.

This ends the first two modules for the provider training. The other MDH modules for you to complete are vaccine-specific. Please view the applicable module for the vaccine product or products you are using. The Minnesota Department of Health wants to thank all healthcare workers who have worked tirelessly during this pandemic. Providing COVID-19 vaccine to our population is the next challenge that we will all accomplish. Thank you in advance for your dedication and efforts in working to overcome the devastating effects of COVID-19.



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