W SCHOOL OF DENTISTRY
UNIVERSITY *of* WASHINGTON

COVID-19 Vaccine Administration for Dentists & Dental Hygienists
January 21, 2021

As a dentist or dental hygienist, you may administer COVID-19 vaccines in Washington State if you complete approved training that includes a hands-on component. (DH must be under supervision.) It is unlikely that administering vaccines will be feasible in individual dental offices or within the dental school, at least initially. Because of the complexities of vaccine preservation and preparation and because the vaccine is being provided to everyone free, our best role will probably be as the professionals who administer the vaccine in a vaccination clinic, while other health professionals (perhaps pharmacists) will prepare the vaccines and trained staff will report data to the Department of Health. ***Follow these training steps recommended by UWSOD:***

STEP 1: CDC Basic Training on Immunizations

Complete these lessons on the CDC website and obtain free CDC CME verification for each. It includes training about the COVID vaccine in general and the specific vaccine(s) you will administer. Currently, this could be the Moderna or Pfizer vaccine, or both. Other COVID vaccines will likely become available. If you will administer those, you must complete that training, too. If you will never administer a specific vaccine (i.e. Pfizer) you do not need to complete that training. It will take about 3 hours to complete all six modules.
Save your training records for future reference and record your completion dates here.

TRAINING MODULE	DATE COMPLETED
WB4095: *Understand the basics: General Best Practice Guidelines on Immunization.* You Call the Shots, Module 1 at https://www2.cdc.gov/nip/isd/ycts/mod1/courses/gbp/ce.asp	
WB4417: *Storage and Handling.* You Call the Shots, Module 101 at https://www2a.cdc.gov/nip/isd/ycts/mod1/courses/sh/ce.asp	
WB2502: *Vaccine Administration.* You Call the Shots, Module 181 at https://www2.cdc.gov/vaccines/ed/vaxadmin/va/ce.asp	
WB4460: *COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers* at https://www2.cdc.gov/vaccines/ed/covid19/SHVA/index.asp	
WB4464: *Moderna COVID-19 Vaccine: What Healthcare Professionals Need to* **Know** at https://www2.cdc.gov/vaccines/ed/covid19/moderna/index.asp	
WB4461: *Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know* at https://www2.cdc.gov/vaccines/ed/covid19/pfizer/index.asp	

To get CME verification for the CDC training:
1. After completing a course, login or create a new account on **TCEO** at www.cdc.gov/getCE . Visit **Search Courses** to find the course you just took. Each is a separate course. Click the **title of the course**.
2. Review the information on the *Course Summary* page and click **Continue**.
3. If prompted, enter the **Course Code** or Verification Code in the Course Access Code box. Find these codes in the course materials.
4. **Choose the type of CE** to earn. Select **CME (physicians)** if Dentistry Is not listed.
5. Under *Pending CE* on the *My Activities* page, click on the **Course Evaluation** and complete it. You will be returned to the *My Activities* page.
6. Under *Pending CE*, click on the **Post-test** and complete it. If you don't pass the posttest, you will have one opportunity to retake it.
7. Visit the *Completed CE* section of the *My Activities* page to **download your certificate and save it for your CE records.** You do not need to submit it now, but DQAC may ask to see it in the future.

STEP 2: Hands-on training for vaccine administration

Dentists are accustomed to administering injections, but you need brief additional training to be proficient in administering intramuscular vaccines. Review these resources before your hands-on training.

TRAINING RESOURCE	DATE REVIEWED
Study: how to screen for vaccination and educate on side effects - Jan 2020 recommendations. See *COVID Immunization Competency Assessment,* p 3+4.	
View: *Intramuscular and subcutaneous injections: A guide for pharmacists* at https://www.youtube.com/watch?v=5axQQpTzxAE or *CDC: Intramuscular (IM) Injection Sites* at https://www.youtube.com/watch?v=PqSuCPnPeYE. We will perform IM injection into the deltoid. If we perform it incorrectly, we can cause serious shoulder injury.	
Read: Vaccine reporting responsibilities to the Department of Health. See WA Department of Health *COVID-19 Vaccine Provider Toolkit and Resources* at https://www.doh.wa.gov/Emergencies/COVID19/HealthcareProviders/VaccineInformationforHealthcareProviders/ToolkitandResources#Provider: • Especially *Data Systems* on this page, and the link to *Washington State Immunization Information System (*WIIS) at https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/DataReportingandRetrieval/ImmunizationInformationSystem • *Vaccine Distribution, Vaccine Administration, Vaccine Resources for Providers* • *Required Data Elements for Reporting COVID Vaccinations* at https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-774-RequiredDataElementsforCOVIDReporting.pdf	
Read: *Interim Considerations: Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination* at https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fpfizer%2Fanaphylaxis-management.html. (No CME.)	

Your instructor (any WA licensed health professional who routinely performs vaccinations) will check that you can do these items during your in-person hands-on training, through successful completion of the **COVID Immunization Competency Assessment.** The form is on pages 3 and 4. Study it before your training, which could take 15- 90 minutes depending on how well prepared you are.

> ***How can you get this hands on training?***
> - **If you live in a major center with a health professions education center**, you may be able to complete this hands-on training there.
> - **If you are participating in a large vaccination clinic**, you may be able to complete this training onsite before the event begins. Be sure to inquire in advance.
> - **You may also choose** to complete this training with a licensed health professional who routinely performs vaccinations - a pharmacist or nurse in your community, for example.
>   -

IMPORTANT: When you finish your training, complete this form and keep it for your CE records. When you finish hands-on training, the trainer must complete and sign the *COVID Immunization Competency Assessment,* pp 3 + 4. Keep it too - it is your only record of hands-on training.

Here are links to the handouts for patients:
- **VSafe:** https://www.michigan.gov/documents/mdhhs/v-safe-information-sheet_709444_7.pdf
- **Pfizer fact sheet:** https://www.fda.gov/media/144414/download
- **Moderna fact sheet:** https://www.fda.gov/media/144638/download

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COVID Immunization Competency Assessment

TRAINEE NAME:_____ ROLE: ☐ Dentist ☐ Dental Hygienist ☐ Other:_____

Patient Education and Screening - *Check off each skill as it is demonstrated*	Completed?
o **Ensures patient is wearing adequate mask and does not have symptoms of COVID**	
o **Greets patient, introduces self, and verifies the correct patient using at least two identifiers**	

o **Asks screening questions for, and responds appropriately to these:**
1) Special counseling, proceed, observe 15 minutes
     a. Pregnancy, lactation
     b. Immunocompromising condition
2) Proceed with vaccination, observe 15 minutes
     a. History of allergy to food, environment, pet, insect, venom, latex, oral medications
     b. Family history of anaphylaxis
     c. Non-anaphylactic allergic reaction to other vaccines or injectable medication
3) Precaution to vaccination: risk assessment, potential deferral, observe 15 minutes if vaccinated
     a. Moderate or severe acute illness
4) Precaution to vaccination: risk assessment, potential deferral, observe 30 minutes if vaccinated
     a. History of anaphylactic/severe allergic reaction to another vaccine (not COVID vaccine) or injectable medication
5) Do not proceed with vaccination
     a. History of anaphylactic/severe allergic reaction to COVID vaccine	

o **Explains what vaccine will be given (COVID, Moderna or Pfizer) and type/site of injection (IM, deltoid)**	
o **Verifies patient received *EUA Fact Sheet for Recipients* specific to the vaccine they received today, and *V-Safe Handout* <u>and</u> the patient had time to read them and ask questions.**	
o **Educates patient on what to expect after vaccination, i.e. below. Gives patient appointment for 2ⁿᵈ dose.** *1) Side effects are generally mild and go away on their own within a few days. They can include soreness, redness, and/or swelling at injection site; headache; fever; and muscle aches. These effects can resemble some symptoms of COVID infection, but no virus is in this vaccine. If in doubt, see your MD for advice.* *2) If you have any serious side effects such as itching, hives, difficulty breathing, or throat swelling, call 911 and go immediately to the hospital emergency department.* *3) You must have the second part of your vaccination in 21 days for the Pfizer vaccine or 28 days for the Moderna vaccine plus or minus 4 days for either one. It must be the same brand of vaccine as you are having today. (Give patient appointment for return before they leave today)* *4) Even though it will greatly decrease the likelihood of you becoming seriously ill with COVID, this vaccine may not eliminate that risk. It may not keep you from acquiring COVID infection and spreading it to others. It is still very important to maintain social distancing and continue to wear a mask, even after second dose of vaccine is complete.*	
Vaccine Preparation - *Check off each skill as it is demonstrated*	**Completed**
o **Performs hand hygiene. Dons PPE appropriately and maintains it throughout procedure**	
o **Gathers appropriate supplies (band aid, cotton ball, alcohol pad). Selects appropriate needle/ size for patient and procedure**	
o **Checks syringe expiration date and label**	
o **Inspects syringe visually for particulate matter and/or discoloration. Does not shake vaccine**	
o **Prepares vaccine using aseptic technique: cleans top of vial with alcohol wipe and allows it to dry; uses proper technique to draw up vaccine dose (if required)**	

Vaccine Administration - *Check off each skill as it is demonstrated*	Completed
o **Rechecks the right vaccine is prepared**	
o **Demonstrates knowledge of the appropriate route and dose for vaccine; asks patient their preferred arm**	
o **Positions patient and self ergonomically**	
o **Uses appropriate techniques to reduce patient anxiety and pain**	
o **Locates anatomic landmark for IM injection (2-3 fingerbreadths directly below acromion process)**	
o **Preps the site with an alcohol wipe using circular motion from center to a 2"-3" circle. Allows to dry**	
o **Stabilizes patient's arm with the non-dominant hand, holds the needle an inch from skin and inserts it quickly at a 90 degree angle to correct depth in correct location. Does NOT aspirate**	
o **Injects vaccine slowly (1 sec per 0.1 ml) using steady pressure; withdraws needle quickly at angle of insertion**	
o **Immediately activates safety device and disposes syringe in a Sharps container**	
o **Applies gentle pressure to the injection site for several seconds with a dry cotton ball or gauze pad**	
o **Applies band aid to injection site**	
o **Observes patient for appropriate period of time post-immunization**	
o **Sanitizes workspace, doffs PPE, and performs hand hygiene appropriately**	
o **Documents immunization details on patient's chart, including the lot number, manufacturer, expiration date, dose, which arm was used, and route of vaccine**	
o **Records immunization accurately in WA Immunization Information System, or explains how/what to record**	
Emergency Response - *Check off each skill as it is demonstrated*	Completed
o **Demonstrates knowledge of anaphylaxis: when epinephrine is required, where to find it, how to administer it, and what follow-up and documentation is required**	
o **Demonstrates knowledge of vasovagal syncope: how to respond, document, and what follow-up is required**	
o **Demonstrates how to respond and document untoward reaction/event/error or medical emergency for 911**	

By signing below, trainee and trainer verify that the trainer is a licensed healthcare professional who provides vaccinations, and the trainee has successfully completed this training.

Trainee signature: _____ **Date:** _____

Trainer signature: _____ **Date:** _____

Trainer credential: _____ **Site:** _____

IMPORTANT: When you have completed this training, keep this signed sheet for your records.