

Various health professionals are currently considered to have the authority to administer vaccines under the Georgia Code due to their job duties, job descriptions, protocols, or delegation from a physician in Georgia during a state public health emergency. Prior to administering vaccines as part of a public health clinic, campaign or mass vaccination event, the health professional must complete the following EZIZ training modules and review the job aids for vaccine administration, patient education and emergency protocols. The health professional must submit a certificate of completion for each training module prior to reporting to the clinic site. Once module documentation is verified, the health professional will be observed by a public health official using the clinical skills checklist. The public health official will sign and attest that the health professional is “cleared” for clinical practice.

Instructions for access to training on EZIZ

- Log into www.eziz.org
- In the green Box on the left of the page - click on **EZIZ Training**
- At the Top of the page- click on [Start Lessons](#)
 - If you are a first-time user- you must create an account to access lessons (a Username and Password will be needed to sign in)
 - *Remember to write down you UID & PWD!!*
 - Once Registration Complete- Continue to the [Learning History](#) page to start taking lessons
 - Will need Flash Player to play the lessons
- Lesson Modules to complete:
 - Administering Vaccines
 - Preparing Vaccines
 - Storing Vaccines
- Job Aids and Resources to review- in the green box on the left - click on **Job Aids & Resources**
 - Under Job Aids- Click on Vaccine Administration and Review:
 - Educating Patients & Parents-Vaccine Information Statements(VIS)
 - Preparing Vaccines
 - Vaccine Administration
 - Emergency Protocols-Vaccine Adverse Event Reporting System (VAERS)

<i>“Just-in-Time” Training</i> <i>Learning Expectations:</i> <i>The health professional must submit a certificate of completion for the assigned EZIZ lesson modules (www.EZIZ.org) prior to administering vaccines.</i>	Yes Date/Initial	No Explain
<ul style="list-style-type: none"> • Preparing Vaccines (25 minutes) • Administering Vaccines (16 minutes) • Storing Vaccines (25 minutes) <p>The health professional should review and be familiar the following job aids:</p> <ul style="list-style-type: none"> • Educating Patients & Parents-Vaccine Information Statements(VIS) • Preparing Vaccines • Vaccine Administration • Emergency Protocols-Vaccine Adverse Event Reporting System (VAERS) 		
Clinical Skills Checklist for “Just-in-Time” training: For each skill, use the rating code “satisfactory” or “unsatisfactory” to rate the health professionals’ performance. A minimum of two observations are required for completion of preceptorship. Explain all “unsatisfactory” ratings. Document comments and plan of action in summary section. Comments must be specific and objective.	Satisfactory Date/Initial	Unsatisfactory Explain
Screen patient for contraindications/precautions		
Educate the Parent/Patient using appropriate Vaccine Information Statement (VIS)		
Demonstrate knowledge of appropriate route for each vaccine		
Positions and locates appropriate anatomic landmarks specific for IM or SC injection; prep site with alcohol wipes and allows to dry		
Controls limb with non-dominant hand; holds needle an inch from skin and inserts it quickly at the appropriate angle (45° SC or 90° IM)		
Injects vaccine using steady pressure; withdraws needle at angle of injection		
Applies gentle pressure to injection site for several seconds with a dry cotton ball		
Properly disposes of needle and syringe in sharps container. Properly disposes of live vaccine vial		
Encourage comfort measures before, during and after the procedure		
Fully documents each immunization in patient’s chart: date, lot number, manufacturer, site, VIS date, name/initials		

Observation #1 Clinic site _____
Program/type of patient visit _____ Date _____ Time _____
Signature of Observer/Clinician: _____ Date _____ Time _____

Observation #2 Clinic site _____
Program/type of patient visit _____ Date _____ Time _____
Signature of Observer/Clinician: _____ Date _____ Time _____

SUMMARY: Description of Performance/ Plan of Action

Cleared for clinical practice YES or NO

Signature of person being reviewed _____ Date _____
Signature of Observer/Public Health Official _____ Date _____