

## School Based Vaccination Post-Test Answers with Rationales

1. What is the “Cold Chain” in vaccine storage and handling?
  - a. It is the vaccine’s ability to resist temperature changes that are created by the manufacturing process.
  - b. It is maintaining the appropriate vaccine temperature from the time it is created until the time it is administered.
  - c. It is a 90s rock band.
  - d. It is the scientific method of determining vaccine efficacy based on population studies.

**Rationale: After manufacturing is complete, in order for the vaccine to remain effective, it must be kept between a certain temperature range until administered to the patient. This is called the “Cold Chain”.**

2. In order for influenza vaccine to be effective once it is administered, it needs to be consistently kept at what temperature range?
  - a. 2.0-8.0 degrees Fahrenheit
  - b. 2.0-8.0 degrees Celsius
  - c. 5.0-15.0 degrees Fahrenheit
  - d. 5.0-15.0 degrees Celsius

**Rationale: ALL refrigerated vaccines must be kept between 2.0-8.0 degrees Celsius in order to be effective once administered to the patient.**

3. A typical mobile clinic flow has the patient go through in which order?
  - a. Screener, Registration, Observation, Pre-vaccination waiting, Vaccination
  - b. Observation, Registration, Vaccination, Screener, Pre-vaccination waiting
  - c. Observation, Screener, Pre-vaccination waiting, Vaccination, Registration
  - d. Screener, Registration, Pre-vaccination waiting, Vaccination, Observation

**Rationale: All patients must be screened prior to entry into the clinic, when screening is indicated, such as during a pandemic. Your patients should then be directed to registration. That should be followed by a pre-vaccination waiting area (if needed) and then to a vaccination station. After the vaccine is administered the patient should be observed for at least 15 minutes.**

4. All of the following could be clinic roles except:
  - a. Clinic Supervisor
  - b. Observation Station
  - c. Vaccinator
  - d. Epidemiologist

**Rationale: Established mobile vaccination clinic roles include Clinic Supervisor, Registrar, Vaccinator, Observation and Exit Station Administrators.**

5. You may vaccinate a patient in a mobile clinic that has an egg allergy.
- a. True
  - b. False

**Rationale: Do not vaccinate any patient that has answered yes to any of the screening questions on the Consent Form. While Flu vaccine can be administered to patients with egg allergies, it should be done in a provider office with the proper emergency equipment. The SBCs are not designed for this.**

6. You may take up to 20 doses of vaccine out of the cooler at a time.
- a. True
  - b. False

**Rationale: CDC recommends no more than 10 doses of vaccine be removed from your cooling device at a time while involved in a mass vaccination clinic. Also, the vaccine should not be outside of the mobile refrigerator or cooler for more than 30 minutes.**

7. According to research, nervous students are calmed better through a firm, authoritarian, dominating stance rather than a compassionate one.
- a. True
  - b. False

**Rationale: Don't forget that most communication between you and your patient is non-verbal. In other words about 55% of your communication is made up of the non-verbal. These are things like your posture, how you position the patient, and whether you are standing over them or at eye level. About 38% of communication is the tone of your voice and only about 7% of communication is the words you speak. All of these factors play a role in decreasing anxiety. Use all of these aspects to create a calming environment. Do not draw out the administration of the vaccine. Have the vaccine ready and once the patient is clear on the procedure, deliver it quickly. Do not vaccinate a patient who is refusing even after instituting these suggestions. We encourage patients to get vaccinated - we do not force.**

8. The Vaccine Information Statement does not need to go home with the patient since they already had a chance to review it when they signed up for the clinic.
- a. True
  - b. False

**Rationale: The Vaccine Information Statement or VIS explains the reasons why the vaccine is important, who can receive the vaccine, and any possible side effects. It is a federal requirement to give this information to the responsible party BEFORE vaccines are administered. The patient, parent or guardian should have access to the VIS before the clinic and then be provided the VIS on the day of the clinic BEFORE vaccine administration.**

9. Epinephrine can be administered through clothing into the lateral aspect of the thigh
- a. True
  - b. False

**Rationale: When deemed clinically necessary, do not delay administration of epinephrine. Auto-injectors may be administered through clothing as long as proper placement can be determined. Any patient who receives epinephrine MUST be taken to the ED for further evaluation.**

10. It is important to delay calling 911 and administering Epinephrine for an anaphylactic reaction because EMS can be very busy and epinephrine has many negative side effects.
- a. True
  - b. False

**Rationale: When deemed clinically necessary, do not delay administration of epinephrine.**

11. An incident report can be filled out by anyone witnessing the adverse vaccination event.
- a. True
  - b. False

**Rationale: Medically trained personnel that were involved in the incident need to complete the incident report form as well as the additional form if Epinephrine is administered.**

12. The temperature in the portable refrigerator or cooler is 9.2 degrees Celsius. What action should be taken?
- a. Suspend vaccination efforts, quarantine the vaccines, move vaccines to a storage unit within the proper temperature range and download the data logger report.
  - b. Call NHIP immediately for guidance, call manufacturers for temperature stability data and complete a cold chain incident report.
  - c. Record the temperature and continue vaccinating.
  - d. Both A and B

**Rationale: Refrigerated vaccines must be kept in the proper temperature range of 2.0 – 8.0 degrees Celsius at all times to ensure efficacy. Any temperature excursion needs to be acted upon immediately as per NHIP protocols. Any vaccine that has been exposed to out of range temperatures must be labeled “do not use” and moved to the proper temperature ranges. The vaccine should not be used unless and until it is determined to be stable by the manufacturer and the proper NHIP protocols have been followed.**

13. Vaccine documentation may be completed at the end of the clinic.
- a. True
  - b. False

**Rationale: Vaccine documentation needs to be completed immediately after the vaccine has been administered. The completed consent form should remain with the child through the clinic stations, so the vaccination status of the child is clear to all clinic staff.**

14. A completed consent form is needed for every patient vaccinated.
- a. True
  - b. False

**Rationale: The completed consent form is the medical record of vaccination for the child. Completed consent forms must be stored according to state, federal and HIPAA regulations.**

15. What can be done to protect patient privacy and information in mobile clinics?
- a. Only share patient information with colleagues and other vendors the patient frequents.
  - b. Keep areas where patient information is collected screened off.
  - c. Fingerprint every patient for verification.
  - d. Secure completed consent forms during clinic hours.
  - e. Ask the patient if they know what HIPAA stands for.
  - f. None of the above.
  - g. A and B
  - h. B and D**
  - i. All of the above.

**Rationale: Conversations with patients are confidential and only need to know information should be collected. Areas where patient information is collected should be screened off and out of sight and consent forms and all personal health information should be protected at all times and locked up at the end of the clinic day.**

16. Which of these is NOT part of the emergency management procedures:
- a. Assess the patient
  - b. Know the Emergency Medical Management Procedures
  - c. Delay treatment until EMS arrives**
  - d. Call 911

**Rationale: Treatment should be provided according to the Emergency Medical Management standing orders and should be initiated right away as soon as symptoms develop.**

17. If a patient answers “yes” to any of the screening questions on the consent form, they should NOT be vaccinated at the clinic.
- a. True**
  - b. False

**Rationale: If a patient, parent or guardian answers “yes” to any of the screening questions on the consent form, they should NOT be vaccinated at the clinic. They should be referred to their medical provider to discuss further.**

18. All patients must be screened for prior to clinic entry during a pandemic.
- a. True**
  - b. False

**Rationale: During a pandemic, it is important to screen patients prior to the clinic and on the day of the clinic, prior to clinic entry, to minimize the risk of disease transmission and to help protect clinic staff, patients and other members of the community.**

19. The Mobile Clinic Daily Data Sheet needs to be submitted to NHIP.
- At your earliest convenience.
  - Within 24 business hours of clinic completion.**
  - Within 48 business hours of clinic completion.
  - It does not need to be submitted to NHIP.

**Rationale: The Mobile Clinic Daily Data Sheet needs to be submitted within 24 business hours of the completion of the clinic. VOMS needs to be updated within 24 business hours of clinic completion as well. All accounting should be double-checked for accuracy to avoid discrepancies and errors in reporting.**

20. Why do vaccine procedures have multiple redundancies?
- To minimize errors.
  - To provide information to different stakeholders.
  - For patient verification.
  - Both A and C.**

**Rationale: Redundancies are multiple checks of patient information. Redundancies are an essential vaccine procedural tool to help prevent errors, verify patient identity, promote patient safety and promote accurate documentation.**