Paramedic Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Orientation task/skill | Date Completed | Comments | Signature (Med Dir, QAS, Supervisor or Manager) |
| Initial Orientation |  |  |  |
| EZIZ Modules:   * Storing Vaccines * Monitoring Storage Unit Temperatures * Temperature Logs * Preparing Vaccines * Administering Vaccines |  |  |  |
| Demonstrated knowledge of supplies needed for a Closed/Open POD or Field Foot Team (Field POD) |  |  |  |
| Demonstrated proper set up of vaccination station |  |  |  |
| Demonstrated proper screening of individuals |  |  |  |
| Demonstrated proper vaccine preparation |  |  |  |
| Demonstrated proper vaccine administration |  |  |  |
| Demonstrated proper sharps disposal |  |  |  |
| Demonstrated proper preparation of vaccine cooler |  |  |  |
| Demonstrated proper monitoring of vaccine temperature |  |  |  |
| Demonstrated proper completion of Tally sheet for Daily Report form |  |  |  |
| Demonstrated knowledge of Organization’s Emergency Life Support Protocols and steps to take for Mild, Moderate and Severe Allergic Reactions. Knows where the protocol is located in supplies. |  |  |  |
| Able to identify materials needed in case of allergic reaction as per paramedic protocols. |  |  |  |
| Sharps protocol in place and lead paramedic able to verbalize understanding of steps to be taken if an incident occurs |  |  |  |
| Lead paramedic aware of their organization’s incident reporting policy and will complete report in the case of an incident (i.e., anaphylactic reaction, sharps incident) |  |  |  |
| Demonstrated proper vaccine administration documentation. |  |  |  |