



71 Belknap Ave, Newport, NH, 03773 | Phone: 603-826-6500

## **Training Checklist for Support Staff**

All items below must be completed prior to vaccinating any individual under the guidance of On-Site Medical Services. Please send this completed document, along with all certifications, to Anna McFarlin at [amcfarlin@on-sitemedservices.com](mailto:amcfarlin@on-sitemedservices.com).

### **Vaccine Trainings to Complete:**

- Review Pfizer-BioNTech vaccine for persons 12 years of age or older: [Fact Sheet for Health Care Providers Administering Vaccine](#)
- Review Pfizer-BioNTech vaccine for persons 5-11 years of age or older: [Fact Sheet for Health Care Providers Administering Vaccine](#)
- Pfizer-BioNTech vaccine for persons 6 months - 4 years of age or older: [Fact Sheet for Health Care Providers Administering Vaccine](#)
- CDC COVID-19 Vaccine Webinar Series: Hosting Off-Site Vaccination Clinics: A Primer for Healthcare Workers ([WD4398](#))
- CDC Pfizer-BioNTech (COMIRNATY) COVID-19 Vaccine: What Healthcare Professionals Need to Know ([WB4461](#))
- Video Recording of [RPHN Training](#) by Anna McFarlin
- Read Standing Orders for COVID-19 Vaccination ([On-Site Medical Services](#))
- Read Standing Orders for Influenza Vaccination ([On-Site Medical Services](#))

### **Safety and Prevention:**

- Read [Preventing Needlestick Injuries at COVID-19 Vaccination Sites](#)
- Review Blood Borne Pathogen Exposure Guidance

### **Epinephrine Administration:**

- [Autoinjectors](#) - be mindful
- Epinephrine [vial or ampule](#)



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By signing below, I \_\_\_\_\_ acknowledge that I have completed all of the above requirements.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_