

On-Site Medical Services Post-Test Training Assessment

Section 1: General Guidance *(all volunteers)*

1. Which of the following should you remind people to do to help minimize the spread of germs? (Select all that apply)
 - a. Go to crowded places.
 - b. Wash their hands frequently.
 - c. Cover their coughs and sneezes.
 - d. Avoid people who are sick.

2. To prevent influenza infection, you should:
 - a. Avoid close contact with others. Stay at least 6 feet away.
 - b. Use an alcohol-based hand sanitizer with at least 60% alcohol, if soap and water are not available.
 - c. Wash hands often with soap and water.
 - d. Wear a mask that covers your mouth and nose.
 - e. All of the above

3. How do you help protect patient privacy? (Select all that apply)
 - a. Keep all information collected to a minimum need to know.
 - b. Keep all conversations low so as not to be overheard.
 - c. Keep areas where information is collected screened off.
 - d. Keep consent forms locked up and secure during clinic hours.
 - e. Keep conversations confidential.

4. Before any volunteer or staff member arrives at their first clinic they must:
 - a. Complete all On-Site Medical Services training requirements and sign Oath of Confidentiality.
 - b. Review safety protocols for each clinic.
 - c. Identify who the primary emergency responder will be.
 - d. Establish roles of the clinic.
 - e. All of the above

5. How many people should review and approve the consent form prior to vaccination?
 - a. 2
 - b. 3
 - c. 5
 - d. 1

6. Which of the following is the best way to verify that you have the correct patient?
 - a. What is your name? What is your date of birth?
 - b. Are you Jon Dow born on 01/01/1990?

Section 2: Vaccine *(clinical staff only)*

1. What is the cold chain?
 - a. A collection of forms documenting chain of custody with forgotten steps
 - b. Maintaining the proper temperature from the time the vaccine is created at the manufacturer until the vaccine is administered to the patient.
 - c. A chain used to show when something is cold by the amount of frost on the chain; a thermocouple.
 - d. A device used to wrap vaccine to keep them cold; a thermocouple.
2. What is the maximum number of vaccines that you should pull from the cooler at any one time?
 - a. 20
 - b. 10
 - c. 1
 - d. 5
3. Vaccines stored in a refrigerator should be stored at what temperature?
 - a. 3.0°C-9.0°C
 - b. 2.0°C-8.0°C
 - c. 1.5°C-7.5°C
 - d. 4.0°C-10.0°C
 - e. None of the above
4. The appropriate temperature of a refrigerator storing influenza vaccine should be monitored twice daily for fixed locations.
 - a. True
 - b. False

Section 3: Vaccination *(clinical staff only)*

1. In a medical emergency, who should you notify first?
 - a. Clinic Supervisor
 - b. Screener
 - c. Clinic Flow Monitor
 - d. Vaccinator
 - e. Primary Emergency Responder (RN or Paramedic)
 - f. On-Site Medical Services
2. Every clinic must have a primary emergency responder. (RN or paramedic who has current CPR/BLS certification) What are some of their main duties? (Select all that apply)
 - a. Understand the Emergency Management Standing Orders in place for the clinic.
 - b. Be familiar with the emergency supplies on hand, including their use and location.
 - c. Recognize any signs of a severe reaction or anaphylaxis.
 - d. Direct patient(s) to exit station.
 - e. Fill out an incident report for all incidents and notify NHIP, On-Site Medical Provider, and emergency contact or parent/guardian.
 - f. Verify that the patient or parent/guardian has given consent for vaccination.
 - g. Provide emergency treatment when indicated following the Emergency

Management Standing Orders.

3. If the patient moves during vaccine administration and only a partial dose is given, what do you do?
 - a. Treat the patient as having received a full dose.
 - b. Re-use the same needle and finish up the injection.
 - c. Reschedule a makeup dose after 1 month.
 - d. Draw up and re-administer a new dose if able to do so safely.
 - e. Call medical provider on-call for case-by-case discussion.

4. Given the potential for syncope (fainting) after vaccination, what measures should be taken? (Select all that apply)
 - a. Patients may stand for vaccination, if preferred.
 - b. Clinic staff should be able to recognize the symptoms that often occur before fainting (weakness, dizziness, pallor, etc.) and take appropriate measures to prevent injuries if such symptoms occur.
 - c. Vaccine recipients should be seated and observed for 5 minutes following vaccination.
 - d. Vaccine recipients should be seated and observed for 15 minutes following vaccination.
 - e. Patients should be seated during vaccine administration.
 - f. Review all screening questions on consent form for awareness of history of syncope after fainting.

Section 4: Adverse Reactions / Incidents *(clinical staff only)*

1. Anyone receiving Epinephrine for an allergic reaction must be taken to an emergency room at a hospital.
 - a. True
 - b. False

2. After an adverse reaction occurs, who must be notified? (Select all that apply)
 - a. NHIP
 - b. On-Call Provider with On-Site Medical Services
 - c. Principal (if school-based clinic)
 - d. Student's teacher
 - e. Sponsoring provider
 - f. Parent/legal guardian or emergency contact

3. In the event of an adverse reaction, who fills out the NHIP Vaccine Event Reporting Form (incident report)?
 - a. Clinical Director
 - b. Provider issuing the standing orders for the clinic
 - c. Any licensed clinician
 - d. Medically trained personnel involved in the incident
 - e. The responding EMTs

4. A medical emergency has occurred. In what order would you conduct the following actions? (Number steps 1-4)
 - a. ___ Initiate treatment. Administer epinephrine if indicated.
 - b. ___ Call 911
 - c. ___ Work with EMS upon their arrival
 - d. ___ Assess the patient.

Section 5: Documentation *(clinical staff only)*

1. Which of the following must be confirmed prior to a vaccination being administered?
 - a. Signature on the consent form
 - b. No allergies or contraindications to vaccine being administered.
 - c. Verification of patient identity
 - d. No fever or illness
 - e. All of the above
2. Three forms of documentation for all vaccinations should be completed- what are these three forms of documentation? (Select all that apply)
 - a. NHIS online documentation (if opt-in consent is given)
 - b. Vaccination card
 - c. Consent form
 - d. Email to patient or parent/guardian
3. The SBC Clinic Reporting Form should be completed & uploaded with consent forms:
 - a. Within one business day of the clinic
 - b. Monthly
 - c. Weekly
 - d. Same day as clinic