



## Policy and Procedure

Policy Name:	Preparing and Confirming Vaccine/Medication Prior to Administration		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	<p>California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.)</p> <p>Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review or any superseding APL</p> <p>CMS Manual System; 42 CFR 482.23© 40 CFR, part 261</p>		

**Purpose:**

- To ensure proper preparation in order to maintain the integrity of the vaccine/medication during transfer from the vial to the syringe and that vaccines/medications are prepared and drawn only prior to administration.
- Proper vaccine/medication administration is critical to ensure that the vaccination/medication is safe and effective.
- To ensure vaccine/medication administration is performed by personnel within their Scope of Practice.
- To verify that personnel are able to demonstrate or verbally explain procedure(s) used on site to confirm correct patient/dosage and administration to include the “seven rights”.

**Definition: (Seven Rights of Medication Administration)**

- 1) Right Patient – Prepare medications one patient at a time
- 2) Right Drug – Check and/or have verified label of vaccine/medication is the correct vaccine/medication ordered for correct patient
- 3) Right Dose – Ensure dose to be given is the correct dose that was ordered
- 4) Right Time – Ensure vaccine/medication administration is given at the correct time
- 5) Right Route – Ensure drug is given via the route that is ordered
- 6) Right Reason – Verify correct indication for vaccine/medication use
- 7) Right Documentation – Ensure timely and complete documentation of vaccine/medication given to include:
  - a) Date of administration
  - b) Vaccine manufacturer
  - c) Vaccine lot number

- d) Name and title of the person who administered the vaccine and address of the facility where the permanent record will reside
- e) Vaccine Information Statement ([VIS](#))
  - i) Date printed on the VIS
  - ii) Date the VIS was given to the patient or parent/guardian
  - iii) CAIR2 Registry (see Links below)

**Policy:**

- CDC recommends that all health care personnel who administer vaccines receive comprehensive, competency-based training on vaccine administration policies and procedures before administering vaccines. Basic safe practices for medication/vaccine administration: (see Links below)
- Follow the seven Rights of Medication Administration and Ensure accurate documentation.

**Procedure:**

- A. Medications must be prepared in a clean, well-lit area such as an area free of body fluids or dirty equipment such as food trays, urinals, dirty linen, and the like. You may refer to the Policy and Procedure “Infection Control” for recommended cleaning agents.
- B. Do not administer any medication that contains any filthy, putrid, or decomposed substance, or if it has been prepared, packed, or held under unsanitary conditions. A drug is considered contaminated if it has been held under unsanitary conditions that may have been contaminated with filth or rendered injurious to health. Drugs that are unused are considered by the EPA to be toxic wastes and must be disposed of.
- C. Have medications verified (per Scope of Practice) prior to administration
  - a. See Scope of Practice for medication administration for the following: MA’s and RN’s (see Links below)
- D. ACIP discourages the routine practice of providers’ prefilling syringes.
  - a. Vaccines have a similar appearance after being drawn into a syringe, prefilling may result in administration errors.
  - b. Unused, provider prefilled syringes must be discarded if not used within the same day that they are filled.
  - c. Unused syringes that are prefilled by the manufacturer and activated (i.e., syringe cap removed, or needle attached) should be discarded at the end of the clinic day.
- E. Single Vaccine Type
  - a. In certain circumstances in which a single vaccine type is being used (e.g., in preparation for a community influenza vaccination campaign), filling a small number (10 or fewer) of syringes may be considered (5). The doses should be administered as soon as possible after filling, by the same person who filled the syringes.

**Links:**

<https://www.cdc.gov/vaccines/hcp/admin/document-vaccines.html>

<http://cairweb.org/cairlogin/>

<https://www.rn.ca.gov/pdfs/regulations/npr-b-03.pdf>

[https://www.mbc.ca.gov/Licensees/Physicians\\_and\\_Surgeons/Medical\\_Assistants/Medical\\_Assistants\\_FAQ.aspx](https://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/Medical_Assistants/Medical_Assistants_FAQ.aspx)

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