

VACCINATOR ROLE: JANSSEN

The Janssen COVID-19 Vaccine is a suspension for intramuscular injection administered as a single onetime dose (0.5 mL).

CONTRAINDICATION

- Review Consent with patient. Do not administer the Janssen COVID-19 Vaccine to individuals with a known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Janssen COVID-19 Vaccine.

ADMINISTRATION

Visually inspect each dose of the Janssen COVID-19 Vaccine in the dosing syringe prior to administration. It should be colorless to slightly yellow, clear to very opalescent suspension. Do not use if liquid contains particulate matter or is discolored.

During the visual inspection:

- verify the final dosing volume of 0.5 mL.
- confirm there are no other particulates and that no discoloration is observed. **DO NOT ADMINISTER** if vaccine is discolored or contains other particulate matter.
- Administer the Janssen COVID-19 Vaccine intramuscularly. Right or left deltoid.

SIRVA Shoulder Injury Related to Vaccine Administration

Side

Bursa, Acromion, Axillary nerve, Radial nerve

What to watch for when landmarking:

Too High* *Most reported cause of injury

- Risk of injecting into shoulder joint or bursa
- Can cause inflammation leading to bursitis, frozen shoulder syndrome, and other complications
- Watch for prolonged shoulder pain, weakness, and decreased range of motion
- Symptoms begin within hours to days
- Without treatment, symptoms last months and may never resolve

Too Far to Side **Too Low**

- Can inject into axillary nerve
- Can inject into radial nerve
- Can cause paralysis and/or neuropathy
- Watch for burning, shooting pain during injection
- Symptoms start immediately

What happens when:

Needle Too Short
Can inject into subcutaneous tissue

- More painful for patient
- Risk of skin reaction
- Vaccine may be less effective

Needle Too Long
Can hit bone or nerve

- If you hit bone, pull needle **back slightly** and inject
- If you hit nerve, pull needle out and try again

Tips to Avoid SIRVA

Landmark, don't "eyeball" Expose the shoulder completely

Always sit to inject a seated patient When a shirt can't be removed, roll the sleeve up, don't pull the shirt's neck over the shoulder

Remember!
2-3 fingers down from the acromion

For deltoid injections, in addition to using the appropriate size needle, the following steps should be taken to avoid inadvertent injection into the subdeltoid bursa or joint space, which may cause "shoulder injury related to vaccine administration"

- Both the patient and the vaccinator should be seated.
- The arm should be completely exposed and lifted slightly out to the side (eg, with the hand placed on the ipsilateral hip), which causes the subdeltoid bursa to slide under the acromion for protection.
- The needle should be inserted into the center of the deltoid muscle, midway between the acromion and the deltoid tuberosity (the insertion of the deltoid at the middle of the

humerus), a point that falls in the middle one-third of an inverted triangle between the acromion and the deltoid tuberosity

COMMON SIDE EFFECTS

- **Pain at the injection site, fatigue, headache, myalgia, arthralgia, chills, nausea/vomiting, axillary swelling/tenderness, fever, swelling at the injection site, and erythema at the injection site.**

DOCUMENTATION

- Complete CDC card: Name, Date, Location
- Complete Consent and Administration form.

I have reviewed the just in time training procedure listed above

NAME (print): _____ Credentials: _____

Signature: _____

DATE: _____