

## RN Delegation of Entering Immunization Information in the WA Immunization Information System School and Child Care Immunization Module

---

The Washington State Department of Health, Office of Immunization and Child Profile, has determined that it is permissible for a Registered Nurse (RN) to delegate to an Unlicensed Assistive Personnel (UAP) the act of immunization data entry into the Washington State Immunization Information System (WAIIS) when using the guidelines set forth in the Nursing Commission Advisory Opinion: [Registered Nurse Delegation in School Setting](#), if the RN determines it is safe and acceptable to do so.

Immunization dates entered into the WAIIS become part of the student's lifetime medical record. It is therefore imperative that dates entered are from a medically verified record and that they are entered accurately into the WAIIS. When feasible, the best practice is to train one UAP (ex. school secretary, registrar) who is familiar with databases and using reference materials to do the immunization data entry. After training the UAP, and with periodic review, school nurses will be able to rely on this data entry expert to accurately accomplish this function.

When delegating immunization data entry into the WAIIS to a UAP it is the responsibility of the RN to:

- Assess the UAP's willingness and ability to perform the task
- Provide training and competency assessment for the UAP using the sample WA Immunization Information System Data Entry Delegation Training and Review Form or a similar form
- Provide clear and specific instructions to the UAP including when and how to contact the RN
- Supervise and evaluate the UAP's performance on a periodic basis
- Document the delegation, training, and periodic evaluation using the WA Immunization Information System Data Entry Delegation Training and Review Form (a new form is required each school year and is retained by the RN)
- Rescind delegation if the RN determines that the UAP lacks sufficient training, knowledge, skills, or ability to perform a task safely and competently

It is the responsibility of the UAP accepting delegation of data entry to:

- Sign the WAIIS Confidentiality Agreement
- Complete online School and Child Care Immunization Module training available on the website below
- Pass the School and Child Care Immunization Module Training posttest
- Obtain a WAIIS School and Child Care Immunization Module account
- Enter only the immunization dates that the RN has determined are medically verified
- Enter immunization dates accurately
- Contact the delegating RN if unsure of how or where to enter an immunization date

For training and detailed information on using the WAIIS School and Child Care Immunization Module see:

<http://www.doh.wa.gov/schoolmodule>



## RN Delegation of Entering Immunization Information in the WA Immunization Information System School and Child Care Immunization Module

### WA Immunization Information System Data Entry Delegation Training and Review

Page 1

Immunization Information Entry into the WA Immunization Information Sysyem Skills Checklist	Training Date	Review Date	Review Date
Importance of accurate data entry into a student’s lifetime medical record			
Maintain confidentiality of student records in the WAIS			
<b>Only</b> immunization records determined by the Registered Nurse to be medically verified may be entered into the IIS School and Child Care Immunization Module.			
Examples of medically verified immunization records (must be verified by the Registered Nurse before entry): <ul style="list-style-type: none"> <li>• Immunization records from a clinic or hospital Electronic Health Record with a unique Health Care Provider, Clinic, Hospital Stamp, or another form of written Health Care Provider documentation, such as a provider signature or initials.</li> <li>• Immunization record or official Certificate of Immunization Status form from another state’s immunization registry.</li> <li>• Official lifetime immunization record from WA or another state with a unique Health Care Provider or Clinic Stamp, or another form of written Health Care Provider documentation, such as a provider signature or initials.</li> <li>• For foreign students: Translated official immunization record such as an immigration form or lifetime immunization record from another country with a clinic or Health Care Provider stamp.</li> <li>• Certificate of Immunization Status: Enter handwritten immunizations <b>ONLY</b> IF verified with a unique Health Care Provider or Clinic Stamp, or another form of written Health Care Provider documentation, such as a provider signature.</li> </ul>			
Log into the WAIS			
Select a school			
Select a student			
Navigate to the the View/Add page			
Identify the appropriate vaccine name field to enter. If the specific vaccine name is not specified use the following default: DTaP: DTaP - unspecified DT: DT (pediatric) Hep A: Hep A 2dose – Ped/Adol (Havrix, Vaqta) Hep B: Hep B Ped/Adol-Preserv Free (Engerix, Recombivax) Hib: Hib – unspecified formulation MMR: MMR (MMRII)			



## RN Delegation of Entering Immunization Information in the WA Immunization Information System School and Child Care Immunization Module

PCV: Pneumococcal, unspecified formulation			
PCV 13: Pneumococcal, PCV-13 (Prevnar13)			
Td: Td Adult, Preserv Free (Tenvirac, Td-Merck, Td-MassBio)			
Tdap: Tdap (Boostrix, Adecel)			
Varicella: Varicella (Varivax)			
Enter the date as a string of numbers in the vaccine field ex. 5/8/15=050815			
Click the Add Historicals button			
Delete an immunization entered in error			

### WA Immunization Information System Data Entry Delegation Training and Review

Page 2

I have voluntarily received training and had an opportunity to ask questions about the above information. I understand that immunization dates I enter into the WA Immunization Information System become part of the student's lifetime medical record and therefore must be from a medially verified record and be entered accurately. I understand my responsibility and voluntarily agree to enter immunization information as outlined above during the \_\_\_\_\_ school year.

\_\_\_\_\_  
**Staff signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff name - print**

This staff member has received the above training and demonstrated sufficient understanding and skill in entering immunization information during the \_\_\_\_\_ school year.

\_\_\_\_\_  
**Registered Nurse signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Registered Nurse name - print**



## **RN Delegation of Entering Immunization Information in the WA Immunization Information System School and Child Care Immunization Module**

---

For detailed information on using the WAIS School and Child Care Immunization Module see:

<http://www.doh.wa.gov/schoolmodule>

