



- Perform Hand hygiene for 15-20 sec. Gloves are not required for IM injections per CDC/ACIP/OSHA
- Position patient and self ergonomically. Have patient relax arm on their lap. Position yourself parallel to the patients arm to align your back
- Have patient roll up sleeve all the way to the shoulder to expose injection site
- Palpate the acromion process (bony tip of shoulder). Mark it with your pinky or ring finger depending on whether you are using a 2 or 3 fingerbreadth measurement
- Measure 2-3 fingerbreadths directly below the acromion process
- Form a V shape with your thumb and index finger as shown above
- Mark injection site by measuring from your web of thumb and middle of your index finger
- Avoid the top 2/3 of the deltoid which is where the bursa and joint space is to prevent shoulder injury

Infographic on Correct IM Vaccination Procedure 1/8/21



- Hold and stabilize the syringe with your thumb, middle, ring finger and pinky fingers
- Have your index finger positioned to be able to plunge after insertion of needle into muscle



- Stabilize patient's arm with the non-dominant hand
- Hold skin taut (do not bunch to prevent inadvertent injection to fat tissue instead of muscle)



- Insert the needle quickly and all the way in to the muscle
- Insert needle at a 90 degree angle
- DO NOT aspirate

Infographic on Correct IM Vaccination Procedure 1/8/21



- Inject vaccine using steady pressure, making sure full dose is administered into the muscle
- If using vanish point syringes, activate safety by continuing to push on the the plunger after full dose is administered until you hear a click that signals retraction of the needle
- If unable to activate safety while in the muscle, withdraw the needle quickly at the same angle and immediately discard syringe as a unit in the sharps container. Do not disassemble.
- Do not recap needle or have used needle laying on the table to avoid needle sticks
- Immediately activate safety device and dispose syringe in a sharps container