

## COVID-19 IMMUNIZATION SKILLS CHECKLIST

**Adapted from BCCDC by Fraser Health for  
Non Traditional Immunizers March 2021**

**Dental Hygienists**

Name: \_\_\_\_\_

Registration No.: \_\_\_\_\_

ACTIVITY	DATE
<b>CLINIC SETUP</b>	
<input type="checkbox"/> Ensures anaphylaxis kit is complete and accessible	
<input type="checkbox"/> Sets up supplies and equipment to promote proper body mechanics and OHS standards	
<input type="checkbox"/> Follows provincial guidelines when storing, handling or transporting COVID-19 vaccines	
<b>PERFORMS APPROPRIATE CLIENT ASSESSMENT PRIOR TO IMMUNIZATION</b>	
<input type="checkbox"/> Health status	
<input type="checkbox"/> Contraindications and adverse event history	
<input type="checkbox"/> Vaccine history from client/agency record specific to COVID-19 vaccine	
<input type="checkbox"/> Determines eligibility for COVID-19 vaccine	
<input type="checkbox"/> Recognizes and responds to the unique immunization needs of certain population groups	
<b>VACCINE(S) TO BE ADMINISTERED</b>	
<input type="checkbox"/> Determines which COVID-19 vaccine to be administered according to guidelines of the BCCDC Immunization Program	
<b>OBTAINS INFORMED CONSENT</b>	
<input type="checkbox"/> Discusses the implications of the individual's rights, confidentiality, privacy, informed consent and informed refusal	
<input type="checkbox"/> Explains that consent is obtained for a vaccine series and consent is valid until completion of the series	
<input type="checkbox"/> Refers to appropriate HealthLink File(s) and identifies credible sources of immunization information	
<input type="checkbox"/> Using scientific knowledge, delivers clear, concise messages about the risks of vaccine-preventable diseases and the benefits of vaccines	
<input type="checkbox"/> Describes the nature and purpose of the COVID-19 vaccine	
<input type="checkbox"/> Describes the common and expected reactions following COVID-19 immunization	
<input type="checkbox"/> Reviews possible serious or severe adverse events and their frequency	
<input type="checkbox"/> Reviews contraindications and precautions	
<input type="checkbox"/> Provides aftercare instructions	
<input type="checkbox"/> Ensures client has opportunity to ask questions	

ACTIVITY	DATE
<b>PREPARES VACCINE CORRECTLY</b>	
<input type="checkbox"/> Cleanses hands	
<input type="checkbox"/> Maintains sterile and aseptic technique	
<input type="checkbox"/> Selects correct vaccine, checks vaccine, expiry date, and dosage X 3 prior to administration	
<input type="checkbox"/> Reconstitutes vaccine if required	
<input type="checkbox"/> Chooses the correct needle length and gauge for the age and size of the client	
<b>DEMONSTRATES CORRECT VACCINE ADMINISTRATION</b>	
<input type="checkbox"/> Instructs proper positioning for vaccine administration	
<input type="checkbox"/> Demonstrates accurate injection technique and site location	
<input type="checkbox"/> Intramuscular - Deltoid	
<input type="checkbox"/> Safely handles and disposes of syringe	
<input type="checkbox"/> Demonstrates appropriate knowledge of protocol for the management of anaphylaxis, and describes emergency plan to manage anaphylactic event or a fainting episode	
<b>DOCUMENTATION</b>	
<input type="checkbox"/> Documents consent or refusal for immunization	
<input type="checkbox"/> Documents contraindications	
<input type="checkbox"/> Records an immunization encounter accurately and completely as per organizational guidelines	
<input type="checkbox"/> Records the reason for and planned follow-up action when a scheduled immunization is not given	
<input type="checkbox"/> Demonstrates appropriate knowledge of the process for reporting an adverse event following immunization (AEFI)	
<input type="checkbox"/> Provides immunization record to client	
<b>CLIENT REMINDERS</b>	
<input type="checkbox"/> Explains when 2 <sup>nd</sup> COVID-19 vaccine dose is due, if applicable	
<input type="checkbox"/> Reminds client to report possible serious or adverse events	

**Immunization Evaluator(s):** \_\_\_\_\_ (NAME)      \_\_\_\_\_ (SIGNATURE)      \_\_\_\_\_ (DATE)

\_\_\_\_\_ (NAME)      \_\_\_\_\_ (SIGNATURE)      \_\_\_\_\_ (DATE)