

COVID-19 IMMUNIZATION SKILLS CHECKLIST

Immunizer D*

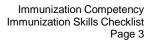
| iame: | Registration No.: |
|-------|--|
| | Note: Some immunization activities in this checklist may not apply to all COVID-19 immunization providers. Refer to the latest - Model of care - |
| | COVID-19 mass immunization clinics including Adult, Youth, and Child (5 to 11 years of age) and infants and children 6 months to 4 years of age, the |

PHO Orders for Regulated and Unregulated Health Professionals SARS-CoV-2 Immunization Order and Emergency Medical Assistants SARS-CoV-2 Immunization Order for information on the activities permissible for non-traditional immunizers per their authorized health profession.

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



| ACTIVITY | | | | | |
|----------------------------|---|--|--|--|--|
| PREPARES VACCINE CORRECTLY | | | | | |
| | Cleanses hands | | | | |
| | Maintains sterile and aseptic technique | | | | |
| | Selects correct vaccine, checks vaccine, expiry date, and dosage X 3 prior to administration | | | | |
| | Reconstitute | es vaccine if required | | | |
| | ☐ Chooses the correct needle length and gauge for the age and size of the client | | | | |
| | | Adult (18+ years) | | | |
| | - ' | Youth (12-17 years) – if applicable | | | |
| | - (| Child (5-11 years) – if applicable | | | |
| | ا ت | nfants and children (6 months to 4 years) – if applicable | | | |
| DEMON | ISTRATES C | ORRECT VACCINE ADMINISTRATION (Adult Population 19+) | | | |
| | Instructs pro | oper positioning for vaccine administration | | | |
| | | Adult (18+ years) | | | |
| | - ` | Youth (12-17 years) – if applicable | | | |
| | - (| Child (5-11 years) – if applicable | | | |
| | ا 🗖 | nfants and children (6 months to 4 years) – if applicable | | | |
| | □ Demonstrates appropriate use of reducing immunization injection pain strategies (e.g., no aspiration, age appropriate distractions | | | | |
| | _ | | | | |
| | | Adult (18+ years) | | | |
| | . | Youth (12-17 years) – if applicable | | | |
| | | Child (5-11 years) – if applicable | | | |
| | | Infants and children (6 months to 4 years) – if applicable | | | |
| | Safely hand | lles and disposes of syringe | | | |
| | Demonstrates appropriate knowledge of protocol for the management of anaphylaxis, and describes emergency plan to manage anaphylactic event or a fainting episode | | | | |
| DOCUM | MENTATION | | | | |
| | Documents | consent or refusal for immunization | | | |
| | Documents contraindications | | | | |
| | □ Records an immunization encounter accurately and completely as per organizational guidelines | | | | |
| ٥ | Records the | e reason for and planned follow-up action when a scheduled immunization is not given | | | |
| | □ Demonstrates appropriate knowledge of the process for reporting an adverse event following immunization (AEFI) | | | | |
| | □ Provides immunization record to client | | | | |





| CLIENT REMINDERS | | | | | | | | |
|----------------------------|---|--------|-------------|--------|--|--|--|--|
| | □ Explains when 2 nd COVID-19 vaccine dose is due, if applicable | | | | | | | |
| | □ Reminds client to report possible serious or adverse events | | | | | | | |
| Immunization Evaluator(s): | | | | | | | | |
| | (DATE) | | | | | | | |
| | | (NAME) | (SIGNATURE) | (DATE) | | | | |