

## COVID-19 IMMUNIZATION SKILLS CHECKLIST

### Immunizer D\*

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

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	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 (Adult Population 19+)</b>	
<input type="checkbox"/> Determines which COVID-19 vaccine to be administered according to guidelines of the BCCDC Immunization Program	
<b>OBTAINS INFORMED CONSENT (Adult Population 19+)</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	
<input type="checkbox"/> Demonstrates appropriate knowledge of the mature minor consent as per the Infants Act	

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 <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult (18+ years)</li> <li><input type="checkbox"/> Youth (12-17 years) – if applicable</li> <li><input type="checkbox"/> Child (5-11 years) – if applicable</li> <li><input type="checkbox"/> Infants and children (6 months to 4 years) – if applicable</li> </ul>	
<b>DEMONSTRATES CORRECT VACCINE ADMINISTRATION (Adult Population 19+)</b>	
<input type="checkbox"/> Instructs proper positioning for vaccine administration <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult (18+ years)</li> <li><input type="checkbox"/> Youth (12-17 years) – if applicable</li> <li><input type="checkbox"/> Child (5-11 years) – if applicable</li> <li><input type="checkbox"/> Infants and children (6 months to 4 years) – if applicable</li> </ul>	
<input type="checkbox"/> Demonstrates appropriate use of reducing immunization injection pain strategies (e.g., no aspiration, age appropriate distractions)	
<input type="checkbox"/> Demonstrates accurate technique and site location for intramuscular injection <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult (18+ years)</li> <li><input type="checkbox"/> Youth (12-17 years) – if applicable</li> <li><input type="checkbox"/> Child (5-11 years) – if applicable</li> <li><input type="checkbox"/> Infants and children (6 months to 4 years) – if applicable</li> </ul>	
<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	

CLIENT REMINDERS	
<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)