

COVID-19 IMMUNIZATION SKILLS CHECKLIST

Full Scope Immunizers*

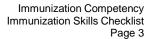
vame:	Registration No.:
	Note: Some immunization activities in this checklist may not apply to all COVID-19 immunization providers. Refer to the latest - Model of care -
	COVID-19 mass immunization clinics including Adult, Youth, and Child (5 to 11 years of age) and infants and children 6 months to 4 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						
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								
	Determines which COVID-19 vaccine to be administered according to guidelines of the BCCDC Immunization Program							
OBTAINS INFORMED CONSENT								
	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 co	orrect vaccine, checks vaccine, expiry date, and dosage X 3 prior to administration			
	Reconstit	utes 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			
		Infants and children (6 months to 4 years) – if applicable			
DEMON	NSTRATES	CORRECT VACCINE ADMINISTRATION			
	Instructs proper positioning for vaccine administration				
		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			
	Demonstrates appropriate use of reducing immunization injection pain strategies (e.g., no aspiration, age appropriate distractions				
	Demonstrates accurate technique and site location for intramuscular injection				
		Adult (18+ years)			
		Youth (12-17 years) – if applicable			
		Child (5-11 years) – if applicable			
	□ I	nfants and children (6 months to 4 years) – if applicable			
	Safely ha	ndles 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	MENTATIO	N			
	Documents consent or refusal for immunization				
	Documen	ts contraindications			
	Records an immunization encounter accurately and completely as per organizational guidelines				
	Records the 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): (NAME) (SIGNATURE) (DATE)										
		(NAME)	(SIGNATURE)	(D	ATE)					