

COVID-19 IMMUNIZATION SKILLS CHECKLIST

Immunizer A*

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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| CLINIC SETUP | |
| <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 | |
| PERFORMS APPROPRIATE CLIENT ASSESSMENT PRIOR TO IMMUNIZATION (Adult Population 19+) | |
| <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 | |
| VACCINE(S) TO BE ADMINISTERED (Adult Population 19+) | |
| <input type="checkbox"/> Determines which COVID-19 vaccine to be administered according to guidelines of the BCCDC Immunization Program | |
| OBTAINS INFORMED CONSENT (Adult Population 19+) | |
| <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 | |

*Fraser Health defines Immunizer A as Dentist, Retired RN/RPN/LPN/NP/Midwife not licenced with BCCNM, Retired Midwife not registered in BC but previously registered in Canada, ESN, ESPN (require regulatory supervision by an RN, RPN or NP)

| ACTIVITY | DATE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| PREPARES VACCINE CORRECTLY | |
| <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"> <input type="checkbox"/> Adult (18+ years) <input type="checkbox"/> Youth (12-17 years) – if applicable <input type="checkbox"/> Child (5-11 years) – if applicable <input type="checkbox"/> Infants and children (6 months to 4 years) – if applicable | |
| DEMONSTRATES CORRECT VACCINE ADMINISTRATION (Adult Population 19+) | |
| <input type="checkbox"/> Instructs proper positioning for vaccine administration <ul style="list-style-type: none"> <input type="checkbox"/> Adult (18+ years) <input type="checkbox"/> Youth (12-17 years) – if applicable <input type="checkbox"/> Child (5-11 years) – if applicable <input type="checkbox"/> Infants and children (6 months to 4 years) – if applicable | |
| <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"> <input type="checkbox"/> Adult (18+ years) <input type="checkbox"/> Youth (12-17 years) – if applicable <input type="checkbox"/> Child (5-11 years) – if applicable <input type="checkbox"/> Infants and children (6 months to 4 years) – if applicable | |
| <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 | |
| DOCUMENTATION | |
| <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) | |

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| | |
|----------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Provides immunization record to client | |
| CLIENT REMINDERS | |
| <input type="checkbox"/> Explains when 2 nd 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)

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