

## **COVID-19 IMMUNIZATION SKILLS CHECKLIST**

Immunizer A\*

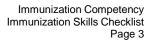
ıame:	Registration No.:
	Note: Some immunization activities in this checklist may not apply to all COVID-19 immunization providers. Refer to the latest - Model of care -
	COVID-19 mass immunization clinics including Adult, Youth, and Child (5 to 11 years of age) and infants and children 6 months to 4 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	PERFORMS APPROPRIATE CLIENT ASSESSMENT PRIOR TO IMMUNIZATION (Adult Population 19+)							
	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							
VA	CCINE(S) TO BE ADMINISTERED (Adult Population 19+)							
	Determines which COVID-19 vaccine to be administered according to guidelines of the BCCDC Immunization Program							
OBTAINS 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 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 (Adult Population 19+)				
	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				
		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 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				
	Documen	ts 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 <sup>nd</sup> 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)					