

COVID-19 IMMUNIZATION SKILLS CHECKLIST

Immunizer B*

Name: _____

Registration No.: _____

Note: Some immunization activities in this checklist may not apply to all COVID-19 immunization providers. Refer to the latest [Fraser Health Mass Immunization Clinics Model of Care](#), 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	
<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 such as children, anxious or vaccine hesitant clients	
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	

*Fraser Health defines Immunizer B as Dental Hygienist , Dental Therapist , Podiatrist , Anesthesia Assistant , International Medical graduate , Nursing students enrolled in an RN, RPN or LPN Program (RN and RPN students require supervision by an NP, RN or RPN, and LPN student must be supervised by NP, RN, RPN or LPN)
January 2022

<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
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 Adult (18+ years) Youth (12-17 years) – if applicable Child (5-11 years) – if applicable	
DEMONSTRATES CORRECT VACCINE ADMINISTRATION (Adult population 19+)	
<input type="checkbox"/> Instructs proper positioning for vaccine administration Adult (18+ years) Youth (12-17 years) Child (5-11 years)	
<input type="checkbox"/> Demonstrates appropriate use of reducing immunization injection pain strategies (e.g., no aspiration, age appropriate distractions)	
<input type="checkbox"/> Demonstrates accurate injection technique and site location Intramuscular – Deltoid site Adult (18+ years) Youth (12-17 years) – if applicable Child (5-11 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)	
<input type="checkbox"/> Provides immunization record to client	
CLIENT REMINDERS	
<input type="checkbox"/> Explains when next 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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