

COVID-19 IMMUNIZATION SKILLS CHECKLIST

Pharmacy Technician

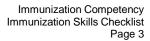
vaille.	Registration No.:
	Note: Some immunization activities in this checklist may not apply to all COVID-19 immunization providers. Refer to the latest - Model of care -
	COVID-19 mass immunization clinics including Adult, Youth, and Child (5 to 11 years of age) and infants and children 6 months to 4 years of age, the
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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	RMS 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					
VA	CCINE(S) TO BE ADMINISTERED					
	Determines which COVID-19 vaccine to be administered according to guidelines of the BCCDC Immunization Program					
ОВ	TAINS 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 correct vaccine, checks vaccine, expiry date, and dosage X 3 prior to administration					
	Reconstitutes 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				
	Demonstrates appropriate use of reducing immunization injection pain strategies (e.g., no aspiration, age appropriate distractions					
	Demonstr	ates accurate technique and site location for intramuscular injection				
		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 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 t	he 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	mmunization record to client				
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)	(DATE)					