



COVID-19 IMMUNIZATION SKILLS CHECKLIST

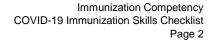
Full Scope Immunizers*

Name:	Registration No.:

Note: Some immunization activities in this checklist may not apply to all COVID-19 immunization providers. Refer to the latest <u>Fraser Health Mass Immunization Clinics Model of Care</u>, the PHO Orders for <u>Regulated and Unregulated Health Professionals SARS-CoV-2 Immunization Order</u> and <u>Emergency Medical Assistants SARS-CoV-2 Immunization Order</u> for information on the activities permissible for non-traditional immunizers per their authorized health profession.

	ACTIVITY	DATE
CLINIC	C 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	
PERF	ORMS 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 such as children, anxious or vaccine hesitant clients	
V	ACCINE(S) TO BE ADMINISTERED	
	Determines which COVID-19 vaccine to be administered according to guidelines of the BCCDC Immunization Program	
0	BTAINS 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	

^{*}Fraser Health defines full scope immunizers as Physician, NP, RN, RPN, LPN, Naturopath Physician, Midwife, Pharmacist, Pharmacy Student (vaccine certified), Medical student, Retired RN/RPN/LPN/NP/Midwife who are licensed with BCCNM, Retired Medical Practitioner, Midwifery student





☐ Ensures client has opportunity to ask questions	
□ Demonstrates appropriate knowledge of the mature minor consent as per the Infants Act	

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contraindications		
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es appropriate knowledge of the process for repor	ting an adverse event following immunization	
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hen next COVID-19 vaccine dose is due, if applic	able	
ient to report possible serious or adverse events		
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(SIGNATURE)

(DATE)

(NAME)

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