

COVID-19 IMMUNIZATION SKILLS CHECKLIST
Pharmacy Technician

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	
<input type="checkbox"/> Determines which COVID-19 vaccine to be administered according to guidelines of the BCCDC Immunization Program	
OBTAINS INFORMED CONSENT	
<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	
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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) – if applicable Child (5-11 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 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)