

IMMUNIZATION SKILLS CHECKLIST

The Immunization Skills Checklist is based on the [Immunization Competencies for BC Health Professionals](#) and has incorporated aspects of the Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard outlined by certain BC health profession regulatory colleges. Immunizers can utilize the Immunization Skills Checklist to self-assess and create a plan for improvement as needed. The checklist includes columns that indicate **C** for Competent and **N** for Needs Improvement/Review. Complete the checklist with an immunization-competent assessor.

Note for Assessors: Selecting 'N' in the Assessor column indicates sign-off is incomplete and the immunizer should formulate a learning plan and arrange a follow-up assessment.

For immunizer to complete:

Immunizer Name & Designation (e.g., RN, RPN, LPN, Pharmacist, ND):
Date exam completed: _____ <input type="checkbox"/> Basic or <input type="checkbox"/> Renewal

For assessor to complete:

Assessment type: <input type="checkbox"/> In-person – Site: _____ <input type="checkbox"/> Virtual (refer to organizational policies)
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Clinic Setup and Vaccine Management	Self-assessment		Assessor	
	C	N	C	N
• Ensures anaphylaxis kit is complete and accessible. Ensures the epinephrine vials are not expired and are protected from light. Demonstrates awareness of process to replenish kit contents as needed.				
• Demonstrates appropriate knowledge of the management of anaphylaxis and describes emergency plan to manage anaphylactic event or fainting episode				
• Sets up clinic space, supplies and equipment to promote proper body mechanics for client and immunizer safety				
• Aware of protocol for managing and reporting a needle stick injury				
• Communicates considerations for delivering immunizations outside of traditional clinic settings (e.g. mass clinic or outreach clinic)				
• Demonstrates appropriate knowledge of provincial guidelines for cold chain management for receiving, storing, handling, or transporting vaccines and demonstrates appropriate packing of vaccine in a cooler				
• Demonstrates appropriate knowledge for Cold Chain Incident reporting process				
<i>Assessor Comments:</i>				

Performs Appropriate Client Assessment Prior to Immunization	Self-assessment		Assessor	
	C	N	C	N
• Introduces self, welcomes client and establishes rapport. Respectfully engages with the client to identify, understand, and address the client's health and wellness goal for the appointment.				
• Identifies any language or literacy barriers and makes appropriate accommodations. Welcomes support person (e.g. family member or interpreter), if available.				
• Assesses whether the client is comfortable in the environment or whether adjustments are needed (light, sound, etc.)				
• Obtains permission from client for pre-vaccination assessment				
• Assesses client health status and health history				
• Assesses client's previous experience with vaccines, if any (e.g., what has worked well in the past to improve the immunization experience). Makes appropriate accommodations.				

<ul style="list-style-type: none"> Assesses client's immunization record for vaccine history, alerts, deferrals, precautions, exemptions, contraindications and adverse event history 				
<ul style="list-style-type: none"> Assesses whether client received vaccines that may not have been recorded in the Provincial Immunization Registry (PIR) (e.g., Outside of BC or at a site that doesn't transfer into PIR) 				
<ul style="list-style-type: none"> Recognizes and responds to the unique immunization needs of certain population groups. Determines whether client is eligible for additional vaccines based on age, health status, or other factors. 				
<ul style="list-style-type: none"> Explains extra protection available with non-publicly funded vaccines that are recommended by NACI and how the client may access these vaccines 				
<ul style="list-style-type: none"> LPNs only - Identifies process to consult/collaborate with or refer clients to an appropriate care provider before administering immunizations for clients requiring non-routine or off-schedule vaccines and/or clients not in stable and predictable states of health 				
<i>Assessor Comments:</i>				

	Self-assessment		Assessor	
	C	N	C	N
Obtains Informed Consent				
<ul style="list-style-type: none"> Discusses the implications of the individual's rights, confidentiality, privacy, informed consent and informed refusal 				
<ul style="list-style-type: none"> Describes the vaccination process and what the client may experience during the appointment 				
<ul style="list-style-type: none"> Follows the seven steps for obtaining informed consent: <ul style="list-style-type: none"> Step 1: Determine Authority to Provide Informed Consent Step 2: Assess Capability to Give Informed Consent Step 3: Provide Standard Information in a way that the client can understand: <ol style="list-style-type: none"> Consent is obtained for a vaccine or a vaccine series Consent is valid unless otherwise specified by the client, until revoked or as per health authority guidelines Vaccine information contained in HealthLinkBC Files or other provincial resources if applicable: <ul style="list-style-type: none"> Benefits of vaccination (personal, community) Risk of not getting vaccinated (possibility of getting the disease) Eligibility for the vaccine(s) Common and expected adverse events Possible serious or severe adverse events and their frequency Contraindications and precautions Disease(s) being prevented Step 4: Confirm Understanding of Standard Information Step 5: Welcomes questions and ensures the client has ample opportunity to ask any questions Step 6: Confirms consent, determines if client is comfortable with process and that immunization may proceed Step 7: Document Consent or Refusal 				
<ul style="list-style-type: none"> Advise client/family to remain under supervision for at least 15 minutes after immunization (or 30 minutes if concern regarding allergic reactions) 				
<ul style="list-style-type: none"> Provides aftercare instructions and explains how client can seek appropriate health care provider assistance for any adverse events 				
<i>Assessor Comments:</i>				

	Self-assessment		Assessor	
	C	N	C	N
Vaccine(s) to be administered				
<ul style="list-style-type: none"> Demonstrates utilization of the BC Immunization Manual to determine vaccine(s) to be administered according to guidelines of the BCCDC Immunization Program and the limits and conditions of their respective scope of practice 				
<i>Assessor Comments:</i>				

	Self-assessment		Assessor	
	C	N	C	N
Prepares Vaccine Correctly				
<ul style="list-style-type: none"> Cleanses hands Maintains sterile and aseptic technique when preparing vaccine Selects correct vaccine, checks vaccine, expiry date, and dosage X 3 prior to administration Demonstrates appropriate use of multi-dose vials. Checks punctured multi-dose vials for expiry labels. Labels multi-dose vials with expiry date once punctured. Reconstitutes vaccine appropriately, if required Chooses correct needle length and gauge for the age and size of the client Demonstrates when more than one product will be administered to an individual, each product is labelled or placed on a tray that clearly identifies each vaccine 				
<i>Assessor Comments:</i>				

	Self-assessment		Assessor	
	C	N	C	N
Demonstrates Correct Vaccine Administration				
<ul style="list-style-type: none"> Discusses and/or demonstrates age-appropriate strategies for reducing immunization injection pain and anxiety Instructs proper positioning either by showing parent to position and hold child appropriately or by instructing adult to sit and relax site of injection Demonstrates and/or explains accurate and age appropriate administration technique and site location <ul style="list-style-type: none"> ○ Intradermal ○ Intranasal ○ Oral ○ Subcutaneous ○ Intramuscular Safely handles and disposes of syringe Assists parent to comfort child as needed (if applicable) 				
<i>Assessor Comments:</i>				

Documentation	Self-assessment		Assessor	
	C	N	C	N
• Documents consent or refusal for immunization				
• Documents contraindications, if applicable				
• Records the immunization encounter and relevant supplementary information within the appropriate documentation system accurately and completely				
• 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 and explains process to access immunization records when necessary				
<i>Assessor Comments:</i>				

Client Reminders	Self-assessment		Assessor	
	C	N	C	N
• Communicates to patient when next immunizations are due and how to schedule an appointment				
• Reminds client to report possible serious adverse events. Provides appropriate contact information for reporting adverse events.				
• Provides opportunity for any questions before completing the appointment (regarding appointment booking, aftercare, immunization records etc.)				
<i>Assessor Comments:</i>				

Immunizer: _____ (Name) _____ (Signature) _____ (Date)

Skills Checklist Assessor(s): _____ (Name) _____ (Signature) _____ (Date)

_____ (Name) _____ (Signature) _____ (Date)

This version of the Immunization Skills Checklist has been revised in collaboration with the First Nations Health Authority to incorporate the Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard ([BC College of Nurses and Midwives](#), [College of Naturopathic Physicians of BC](#), [College of Pharmacists of BC](#)).