

## COVID-19 IMMUNIZATION SKILLS CHECKLIST

**Immunizer Name & Designation:** \_\_\_\_\_ **Registration No.:** \_\_\_\_\_  
(e.g., RN, RPN, LPN, Pharmacist, ND)

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.

ACTIVITY	DATE
<b>CLINIC SETUP</b>	
<input type="checkbox"/> 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.	
<input type="checkbox"/> Demonstrates appropriate knowledge of the management of anaphylaxis and describes emergency plan to manage anaphylactic event or fainting episode	
<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	
<b>PERFORMS APPROPRIATE CLIENT ASSESSMENT PRIOR TO IMMUNIZATION</b>	
<input type="checkbox"/> Respectfully engages with the client by: <ul style="list-style-type: none"> <li><input type="checkbox"/> Introducing self, welcoming client and establishing rapport.</li> <li><input type="checkbox"/> Identifying the client's health and wellness goal for the appointment.</li> <li><input type="checkbox"/> Identifying any language or literacy barriers and makes appropriate accommodations. Welcomes support person (e.g. family member or interpreter), if available.</li> <li><input type="checkbox"/> Assessing clients' comfort in the environment and if adjustments are needed.</li> <li><input type="checkbox"/> Obtaining permission from client for pre-vaccination assessment.</li> <li><input type="checkbox"/> Assessing 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.</li> </ul>	
<input type="checkbox"/> Assesses client health status and health history	
<input type="checkbox"/> Assesses client's immunization record for COVID-19 vaccine history, alerts, deferrals, precautions, exemptions, contraindications and adverse event history	
<input type="checkbox"/> Recognizes and responds to the unique immunization needs of certain population groups such as children, anxious or vaccine hesitant clients	
<b>OBTAINS INFORMED CONSENT</b>	
<input type="checkbox"/> Discusses the implications of the individual's rights, confidentiality, privacy, informed consent and informed refusal	
<input type="checkbox"/> Determines authority and assesses capability to give informed consent	
<input type="checkbox"/> Explains that consent is obtained for a vaccine series and consent is valid until completion of the series (if applicable)	
<input type="checkbox"/> Refers to appropriate HealthLinkBC File(s) and identifies credible sources of immunization information	
<input type="checkbox"/> Using scientific knowledge, delivers clear, concise messages about the risks of COVID-19 and the benefits of COVID-19 vaccination	
<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 and explains how client can seek appropriate health care provider assistance for any adverse events	
<input type="checkbox"/> Welcomes questions and ensures the client has ample opportunity to ask any questions	
<input type="checkbox"/> Confirms consent, determines if client is comfortable with process and that immunization may proceed	
<input type="checkbox"/> Demonstrates appropriate knowledge of the mature minor consent per the Infants Act (if applicable)	
<b>VACCINE(S) TO BE ADMINISTERED</b>	
<input type="checkbox"/> Demonstrates utilization of the BC Immunization Manual to determine which COVID-19 vaccine to administer according to guidelines of the BCCDC Immunization Program and the limits and conditions of their respective scope of practice	

ACTIVITY	DATE
<b>PREPARES VACCINE CORRECTLY</b>	
<input type="checkbox"/> Cleanses hands	
<input type="checkbox"/> Maintains sterile and aseptic technique when preparing vaccine	
<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"/> Demonstrates appropriate use of multi-dose vials. Checks punctured multi-dose vials for expiry labels. Labels multi-dose vials with expiry date once punctured.	
<input type="checkbox"/> Chooses the correct needle size for client's age/muscle mass as indicated in <a href="#">Appendix B: Administration of Biological Products Section 14.1</a>	
<b>DEMONSTRATES CORRECT VACCINE ADMINISTRATION</b>	
<input type="checkbox"/> Instructs proper and age-appropriate positioning for vaccine administration (e.g., showing parent to position and hold child appropriately; instructing adult to sit and relax site of injection)	
<input type="checkbox"/> Discusses and/or demonstrates age-appropriate strategies for reducing immunization injection pain	
<input type="checkbox"/> Demonstrates accurate and age-appropriate administration technique and site location for intramuscular injection as indicated in <a href="#">Appendix B: Administration of Biological Products Section 14.1</a>	
<input type="checkbox"/> Safely handles and disposes of syringe	
<b>DOCUMENTATION</b>	
<input type="checkbox"/> Documents consent or refusal for immunization	
<input type="checkbox"/> Documents contraindications, if applicable	
<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 and explains how to access immunization records if needed	
<b>CLIENT REMINDERS</b>	
<input type="checkbox"/> Explains when next COVID-19 vaccine dose is due, if applicable	
<input type="checkbox"/> Reminds client to report possible serious adverse events. Provides information for how to report adverse events.	
<input type="checkbox"/> Provides opportunity for any questions before completing the appointment (regarding appointment booking, aftercare, immunization records etc.)	

**Immunization Evaluator(s):** \_\_\_\_\_ (NAME) \_\_\_\_\_ (SIGNATURE) \_\_\_\_\_ (DATE)
   
 \_\_\_\_\_ (NAME) \_\_\_\_\_ (SIGNATURE) \_\_\_\_\_ (DATE)