

INFLUENZA IMMUNIZATION SKILLS CHECKLIST

Name: _____

Registration No.: _____

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 influenza 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 influenza vaccine	
<input type="checkbox"/> Determines eligibility for influenza 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 influenza 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 (if applicable – e.g., Children under 9 years of age who have not previously received any seasonal influenza vaccine)	
<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 influenza and the benefits of influenza vaccination	
<input type="checkbox"/> Describes the nature and purpose of the influenza vaccine	
<input type="checkbox"/> Describes the common and expected reactions following influenza 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 per the Infants Act (if applicable)	
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"/> Chooses the correct needle length and gauge for the age and size of the client <ul style="list-style-type: none"> <input type="checkbox"/> Adult (18+ years) <input type="checkbox"/> Youth (12-17 years) – if applicable <input type="checkbox"/> Child (5-11 years) – if applicable <input type="checkbox"/> Infants and children (6 months to 4 years) – if applicable 	

ACTIVITY	DATE
DEMONSTRATES CORRECT VACCINE ADMINISTRATION	
<input type="checkbox"/> Instructs proper positioning for vaccine administration <ul style="list-style-type: none"> <input type="checkbox"/> Adult (18+ years) <input type="checkbox"/> Youth (12-17 years) – if applicable <input type="checkbox"/> Child (5-11 years) – if applicable <input type="checkbox"/> Infants and children (6 months to 4 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 technique and site location for intramuscular injection <ul style="list-style-type: none"> <input type="checkbox"/> Adult (18+ years) <input type="checkbox"/> Youth (12-17 years) – if applicable <input type="checkbox"/> Child (>12 months-11 years) – if applicable <input type="checkbox"/> Infants (6 -12 months) – if applicable 	
<input type="checkbox"/> Demonstrates accurate technique for the administration of live attenuated influenza vaccine via nasal spray <ul style="list-style-type: none"> <input type="checkbox"/> Adult (18-59 years) <input type="checkbox"/> Youth (12-17 years) <input type="checkbox"/> Child (2-11 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 influenza vaccine dose is due, (if applicable - e.g., Children under 9 years of age who have not previously received any seasonal influenza vaccine require 2 doses given 4 weeks apart)	
<input type="checkbox"/> Reminds client to report possible serious or adverse events	

Immunization Evaluator(s): _____ (NAME) _____ (SIGNATURE) _____ (DATE)

 _____ (NAME) _____ (SIGNATURE) _____ (DATE)