

## COVID-19 VACCINE ADMINISTRATION SKILLS CHECKLIST

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

ACTIVITY	DATE
<b>CLINIC SETUP</b>	
<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 vaccine	
<b>PERFORMS APPROPRIATE CLIENT ASSESSMENT PRIOR TO IMMUNIZATION</b>	
<input type="checkbox"/> Health status	
<input type="checkbox"/> Contraindications and adverse event history	
<input type="checkbox"/> Vaccine history specific to COVID-19 vaccine	
<input type="checkbox"/> Determines eligibility for COVID-19 vaccine	
<b>VACCINE TO BE ADMINISTERED</b>	
<input type="checkbox"/> Determines vaccine to be administered according to guidelines of the BCCDC Immunization Program	
<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"/> Explains that consent is obtained for a vaccine series and consent is valid until completion of the series	
<input type="checkbox"/> Refers to appropriate HealthLinkBC File(s) and identifies credible sources of immunization information	
<input type="checkbox"/> Describes the nature and purpose of the COVID-19 vaccine	
<input type="checkbox"/> Describes the common and expected reactions following immunization with COVID-19 vaccine	
<input type="checkbox"/> Reviews possible serious or severe adverse events and their frequency	
<input type="checkbox"/> Reviews contraindications and precautions related to COVID-19 vaccine	
<input type="checkbox"/> Provides aftercare instructions	
<input type="checkbox"/> Ensures client has opportunity to ask questions	

PREPARES COVID-19 VACCINE CORRECTLY	DATE
<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	
DEMONSTRATES CORRECT COVID-19 VACCINE ADMINISTRATION	
<input type="checkbox"/> Instructs proper positioning by instructing adult to sit and relax site of injection	
<input type="checkbox"/> Demonstrates accurate administration technique and site location	
<input type="checkbox"/> Intramuscular – Deltoid	
<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 on the appropriate documentation instruments accurately and completely	
<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 2 <sup>nd</sup> dose is due	
<input type="checkbox"/> Reminds client to report possible serious or adverse events	

**Immunization Evaluator:** \_\_\_\_\_ (name) \_\_\_\_\_ (signature) \_\_\_\_\_ (date)