

## COVID-19 Immunization OBSERVATION TOOL

**Purpose:** This observation tool is used to assist in the assessment of the individual performing the **COVID-19 Immunization Skills** as outlined by the BC Centre for Disease Control. This is an assessment tool and is not intended to teach the procedure. Please use this tool in combination with your organizations approved teaching resources, policies and procedures. When using the tool, in addition to noting satisfactory or unsatisfactory and not observed, please utilize the comments section to note areas for improvement, behaviors to celebrate and/or instances to discuss.

**Scope:** This tool can be used to support individual practice, peer to peer observation, or by a supervisor to authorize the individual as competent to perform this skill. It is the responsibility of the individual to know if this procedure is within their professional scope of practice as supported by provincial regulation, college and employer standards.

**Context:** Recall that in the clinical setting the performance of these procedures occur in client encounters and are linked to patient centered care approaches which while central to patient care, may or may not be demonstrated during this skills observation.

**Name:** \_\_\_\_\_ **Registration No:** \_\_\_\_\_

**S= Satisfactory**

**U= Unsatisfactory**

**NP= Not Performed**

COVID-19 Immunization Skills			
	S, U, or NP	Comments	Date
<b>CLINIC SETUP</b>			
1. Ensures anaphylaxis kit is complete and accessible.			
2. Sets up supplies and equipment to promote proper body mechanics and OHS standards.			
3. Follows provincial guidelines when storing, handling, or transporting COVID-19 vaccines.			
<b>PERFORMS APPROPRIATE CLIENT ASSESSMENT PRIOR TO IMMUNIZATION</b>			
1. Health status.			
2. Contraindications and adverse event history.			

COVID-19 Immunization Skills			
	S, U, or NP	Comments	Date
<b>PERFORMS APPROPRIATE CLIENT ASSESSMENT PRIOR TO IMMUNIZATION (continued)</b>			
3. Vaccine history from client/agency record specific to COVID-19 vaccine.			
4. Determines eligibility for COVID-19 vaccine.			
5. Recognizes and responds to the unique immunization needs of certain population groups.			
<b>VACCINE(S) TO BE ADMINISTERED</b>			
1. Determines which COVID-19 vaccine to be administered according to guidelines of the BCCDC Immunization Program			
<b>OBTAINS INFORMED CONSENT</b>			
1. Discusses the implication of the individual's rights, confidentiality, privacy, informed consent and informed refusal.			
2. Explains that consent is obtained for a vaccine series and consent is valid until completion of the series.			
3. Refers to appropriate HealthLink File(s) and identifies credible sources of immunization information.			
4. Using scientific knowledge, delivers clear, concise messages about the risks of vaccine-preventable diseases and the benefits of vaccines.			
5. Describes the nature and purpose of the COVID-19 vaccine.			
6. Describes the common and expected reactions following COVID-19 immunization.			
7. Reviews possible serious or severe adverse events and their frequency.			

COVID-19 Immunization Skills			
	S, U, or NP	Comments	Date
<b>OBTAINS INFORMED CONSENT (continued)</b>			
8. Reviews contraindications and precautions.			
9. Provides aftercare instructions.			
10. Ensures client has opportunity to ask questions.			
<b>PREPARES VACCINE CORRECTLY</b>			
1. Cleanses hands.			
2. Maintains sterile and aseptic technique.			
3. Selects correct vaccine, checks vaccine, expiry date, and dosage x 3 prior to administration.			
4. Reconstitutes vaccine if required.			
5. Chooses the correct needle length and gauge for the age and size of the client.			
<b>DEMONSTRATES CORRECT VACCINE ADMINISTRATION</b>			
1. Instructs proper positioning for vaccine administration.			
2. Demonstrates accurate injection technique and site location. <input type="checkbox"/> Intramuscular – Deltoid			
3. Safely handles and disposes of syringe.			
4. Demonstrates appropriate knowledge of protocol for the management of anaphylaxis, and describes emergency plan to manage anaphylactic event or a fainting episode.			
<b>DOCUMENTATION</b>			
1. Documents consent or refusal for immunization.			
2. Documents contraindications.			

COVID-19 Immunization Skills			
	S, U, or NP	Comments	Date
<b>DOCUMENTATION (continued)</b>			
3. Records an immunization encounter accurately and completely as per organizational guidelines.			
4. Records the reason for and planned follow-up action when a scheduled immunization is not given.			
5. Demonstrates appropriate knowledge of the process for reporting an adverse event following immunization (AEFI).			
6. Provides immunization record to client.			
<b>CLIENT REMINDERS</b>			
1. Explains when 2 <sup>nd</sup> COVID-19 vaccine dose is due, if applicable.			
2. Reminds clients to report possible serious or adverse events.			
<b>Based on the observations please make a recommendation and provide supporting comments</b>			
Recommendation	Comments		
<input type="checkbox"/> Further practice and/or supports required			
<input type="checkbox"/> No further practice or supports required			

Please sign and date below. If you are a supervisor certifying the individual as competent to perform this procedure in the clinical arena, please include designation.

	Name	Signature	Date
Skill Performer			
Immunization Evaluator			
Immunization Evaluator			