

INFLUENZA 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 |
|---|------|
| CLINIC SETUP | |
| <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 influenza vaccines | |
| PERFORMS APPROPRIATE CLIENT ASSESSMENT PRIOR TO IMMUNIZATION | |
| <input type="checkbox"/> Respectfully engages with the client by: <ul style="list-style-type: none"> <input type="checkbox"/> Introducing self, welcoming client and establishing rapport. <input type="checkbox"/> Identifying the client's health and wellness goal for the appointment. <input type="checkbox"/> Identifying any language or literacy barriers and makes appropriate accommodations. Welcomes support person (e.g. family member or interpreter), if available. <input type="checkbox"/> Assessing clients' comfort in the environment and if adjustments are needed. <input type="checkbox"/> Obtaining permission from client for pre-vaccination assessment. <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. | |
| <input type="checkbox"/> Assesses client health status and health history | |
| <input type="checkbox"/> Assesses client's immunization record for influenza 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 | |
| OBTAINS INFORMED CONSENT | |
| <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 – e.g., children under 9 years of age who have not previously received any seasonal influenza vaccine) | |
| <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 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 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) | |
| VACCINE(S) TO BE ADMINISTERED | |
| <input type="checkbox"/> Demonstrates utilization of the BC Immunization Manual to determine which influenza vaccine to administer according to guidelines of the BCCDC Immunization Program and the limits and conditions of their respective scope of practice | |

| ACTIVITY | DATE |
|--|------|
| PREPARES VACCINE CORRECTLY | |
| <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"/> 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 Appendix B: Administration of Biological Products Section 14.1 | |
| DEMONSTRATES CORRECT VACCINE ADMINISTRATION | |
| <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"/> Discusses and/or demonstrates accurate and age-appropriate administration technique for the administration of live attenuated influenza vaccine via nasal spray | |
| <input type="checkbox"/> Demonstrates accurate and age-appropriate administration technique and site location for intramuscular injection as indicated in Appendix B: Administration of Biological Products Section 14.1 | |
| <input type="checkbox"/> Safely handles and disposes of syringe | |
| DOCUMENTATION | |
| <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 | |
| 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 4 weeks apart) | |
| <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)