

INFLUENZA IMMUNIZATION SKILLS CHECKLIST

Name: _____

Registration No.: _____

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.

Note: Some immunization activities in this checklist may not apply to all Influenza immunization providers. Refer to the PHO Orders for [Regulated and Unregulated Health Professionals Influenza Immunization Order](#) and [Emergency Medical Assistants Influenza Immunization Order](#) for information on the activities permissible for nontraditional immunizers per their authorized health profession.

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 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 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)	

ACTIVITY	DATE
VACCINE(S) TO BE ADMINISTERED	
<input type="checkbox"/> Demonstrates utilization of the BC Immunization Manual to determine which influenza vaccine to be administered according to guidelines of the BCCDC Immunization Program	
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.	
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"/> Discusses and/or demonstrates age-appropriate strategies for reducing immunization injection pain	
<input type="checkbox"/> Demonstrates accurate technique and site location for intramuscular injection, including appropriate 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 (>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	
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)