

CORONAVIRUS DISEASE 2019 (COVID-19)

Vaccination Clinics Clinical Competency



Audience: COVID-19 Vaccine Clinics

Revision Date: 1/18/2021

Version: 2

Incident Command Owner: Clinical and Operations

Date of Last Review: 4/7/2022

UNIVERSAL: This guide should be used for all COVID patients regardless of Ministry COVID Levels

Follow any local, state or federal applicable laws, rules, and regulations that apply to COVID-19 testing that are more stringent.

COVID-19 Vaccine Competency Skills Checklist

- **Removal of:** if patient's 2nd COVID-19 vaccine dose, ensures that it is from same manufacturer as the first dose.
- Reconstitute vaccine **if necessary**

COVID-19 IMMUNIZATION SKILLS
CHECKLIST

Name: _____

Employee ID No.: _____

*Any items that do not apply to the role being performed indicate with "NA" in date field.

ACTIVITY	DATE
CLINICAL SKILLS & PROCEDURE REVIEW	
<input type="checkbox"/> Demonstrates understanding of high-risk populations and signs of anaphylaxis.	
<input type="checkbox"/> Understands roles and responsibilities of team members and assignments for emergency support activation	
<input type="checkbox"/> Follows guidelines when storing, handling or administering vaccines	
PERFORMS APPROPRIATE PATIENT ASSESSMENT PRIOR TO IMMUNIZATION	
<input type="checkbox"/> Has familiarity with COVID-19 vaccination screening form	
<input type="checkbox"/> Has familiarity with COVID-19 vaccination registration form	
VACCINE(S) TO BE ADMINISTERED	
<input type="checkbox"/> Determines vaccine to be administered according to guidelines.	
EDUCATION	
<input type="checkbox"/> Describes the common and expected reactions following immunization	
<input type="checkbox"/> Reviews possible serious or severe adverse events and their frequency	
<input type="checkbox"/> Reviews contraindications and precautions related to vaccine(s) to be administered	
<input type="checkbox"/> Provides aftercare instructions	
<input type="checkbox"/> Ensures patient has opportunity to ask questions	

PREPARES VACCINE CORRECTLY	DATE
<input type="checkbox"/> Cleanses hands	
<input type="checkbox"/> Maintains sterile and aseptic technique	
<input type="checkbox"/> Selects correct vaccine, checks vaccine, expire date, and dosage prior to administration	
<input type="checkbox"/> Reconstitutes vaccine if necessary (may be completed by pharmacy)	
<input type="checkbox"/> Chooses the correct needle length and gauge	
DEMONSTRATES CORRECT VACCINE ADMINISTRATION	
<input type="checkbox"/> Instructs proper positioning	
<input type="checkbox"/> Demonstrates accurate administration technique and site location	
<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	
<input type="checkbox"/> Patient to remain for observation for 15 minutes or for 30 minutes if prior anaphylaxis reaction or carries epinephrine auto-injector, e.g. EpiPen.	
DOCUMENTATION	
<input type="checkbox"/> Records an immunization encounter on the appropriate documentation instruments accurately and completely	
<input type="checkbox"/> Demonstrates appropriate knowledge of the process for reporting an adverse event following immunization	
<input type="checkbox"/> Provides immunization record to patient	
PATIENT REMINDERS	
<input type="checkbox"/> Explains when next vaccine is due	
<input type="checkbox"/> Reminds patient to report possible serious or adverse events	

Immunization Evaluator(s): _____

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