



LONG-TERM CARE COVID-19 IMMUNIZER SELF-ASSESSMENT

Name: _____

Prior to immunizing residents of long-term care (LTC) facilities, the following educational requirements must be complete:

- [BCCDC COVID-19 Immunization competency course for Nurses \(RNs, RPNs, LPNs\)](#)
- Imms BC training including: island health email address, Imms BC access, completion of Learning Hub education and Zoom education session (hosted by Public Health Informatics)
- COVID-19 immunization skills self-assessment (this document) initially and annually

Immunizers are required to be competent in all skills and competencies listed below before administering COVID-19 vaccine to LTC residents. Please place a check mark next to each skill/competency to indicate you currently possess the required knowledge and competency described.

CLINIC SETUP

- Knowledge of Worksheet and Safety Huddle and ensure anaphylaxis kit is complete and accessible
 - [LTC Worksheet and Safety Huddle](#)
 - [Long-term Care Anaphylaxis Kit](#)
 - [Anaphylaxis: Initial Emergency Treatment by Nurses \(Adult & Pediatric\) Clinical Decision Support Tool](#)
- Set up supplies and equipment to promote proper body mechanics and OHS standards
- Follow [provincial guidelines](#) when storing, handling or transporting COVID-19 vaccines

PERFORM APPROPRIATE RESIDENT ASSESSMENT PRIOR TO IMMUNIZATION

- Assess current health status
- Review ALERTS (contraindications and adverse event history) in ImmsBC
- Review vaccine history from Resident Immunization Record specific to COVID-19 vaccine
- Determine [eligibility](#) for COVID-19 vaccine
- Recognize and respond to the unique immunization needs of certain population groups, such as anxious residents

VACCINE TO BE ADMINISTERED

- Determine which COVID-19 mRNA vaccine to be administered according to the [BCCDC Immunization Manual](#) guidelines

CONFIRM INFORMED CONSENT HAS BEEN OBTAINED

- Confirm Positive Patient ID, completed current consent form and provider's order
- Refer to appropriate [HealthLink File\(s\)](#) and identifies credible sources of immunization information

PREPARE VACCINE CORRECTLY following [BCCDC Immunization Manual, Appendix B – Administration of Biological Products](#) and appropriate [Biological Products \(Vaccines & Immune Globulins\) page](#)

- Cleanse hands
- Maintain sterile and aseptic technique
- Select correct vaccine, check vaccine, expiry date, and dosage X 3 prior to administration
- Reconstitute vaccine if required

- Choose the correct needle length and gauge for the age and size of the client

DEMONSTRATE CORRECT VACCINE ADMINISTRATION following [BCCDC Immunization Manual, Appendix B – Administration of Biological Products](#)

- Ability to instruct proper positioning for vaccine administration
- Appropriate use of reducing immunization injection pain strategies (e.g., no aspiration, distraction techniques)
- Accurate injection technique and site location: Intramuscular – Deltoid site
- Safely handle and dispose of syringe
- Appropriate knowledge of protocol for the management of anaphylaxis, and describes emergency plan to manage anaphylactic event or a fainting episode.
 - [Island Health Long-term Care Protocol](#)
 - [Anaphylaxis: Initial Emergency Treatment by Nurses \(Adult & Pediatric\) Clinical Decision Support Tool](#)

DOCUMENTATION

- Document consent or refusal for immunization
- Document contraindications
- Record an immunization encounter accurately and completely as per organizational guidelines
 - ImmsBC
 - Resident chart: immunization record and MAR
- Record the reason for and planned follow-up action when a scheduled immunization is not given
- Knowledge of the process for [reporting an adverse event following immunization \(AEFI\)](#)
- Knowledge of how to complete daily clinic tally – one staff member completes tally each clinic day (VIHA owned and operated facilities complete [online tally](#). Affiliates complete paper tally)

REMINDERS

- Explain when next COVID-19 vaccine dose is due, if applicable
- Report possible serious or adverse events to Public Health
- Ensure facility staff are aware client(s) received COVID-19 vaccine and are informed of common side effects and [common side effects and aftercare instructions](#)
- Stay up to date with [BCCDC Immunization Manual](#) updates. Immunizers can sign up to automatically receive [updates by email](#) (enter email address in 'Get Email Updates' section on lower, right side of page)



I confirm I have the knowledge and competency to complete the assessments, skills and tasks required to provide COVID-19 vaccine to residents of LTC facilities, as identified in this COVID-19 Immunizer Self-Assessment. I recognize my competency is limited to providing COVID-19 vaccine to residents with a physician's order.

This self-assessment is specific to COVID-19 mRNA vaccines and additional education and/or assessments may be required if other COVID-19 vaccines are available in the future. This self- assessment and anaphylaxis education must be completed annually. COVID-19 immunizers may be required to complete additional education in the future to maintain competency.

Name: _____ **Designation:** _____

Email Address: _____ **Site:** _____

Signature: _____ **Date:** _____

Once complete provide manager/supervisor with copy.