

Guideline Name & Number	COVID-19 Vaccination Guideline BCMHSUS Version 1.0		
Document Owner	Vice President, BCMHSUS		
Document Section	COVID-19	Date Approved	February 22, 2021
Approval Authority	Vice President, BCMHSUS	Effective Start Date	February 22, 2021
Program Applicability	<input checked="" type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input checked="" type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input checked="" type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input checked="" type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input checked="" type="checkbox"/> Heartwood Centre for Women (HCW)		
Exceptions	No exceptions.		

1. PURPOSE

The purpose of this guideline is to provide high level guidance through information, resources and direction to staff on the COVID-19 vaccination process, in effect during the COVID-19 pandemic. This is a living document that will be revised and updated as the situation evolves and new information is available.

2. SCOPE

Programs/sites apply this guideline at their program/site when Public Health has identified clients/patients/staff as approved to be offered a COVID-19 vaccine. As Public Health determines vaccine prioritization, not all clients/patients/staff will be provided with a vaccination at the same time.

3. GUIDELINE

3.1. Who is Involved in Providing Vaccinations

- 3.1.1. The vaccination is provided by qualified immunizers who have completed the required training, as a Nurse Initiated Activity (Physician's order is not required). Alternatively, with a Physician's order, no additional training/education is required beyond usual vaccination education requirements.
- 3.1.2. Other staff members may be present in the vaccination clinic to provide and complete supporting tasks/roles (e.g. Public Health Nurse(s), Physician – in reach if needed, Manager, etc.).

3.2. Who Will be Vaccinated

- 3.2.1. The vaccine is offered and provided to patients/clients/staff (including Physicians and/or contracted Staff) as prioritized and directed by Public Health.
- (i) Site/program Leaders have a predetermined prioritized list and internal operational plan for providing the vaccine, as per Public Health's direction and prioritization.

3.3. Key Considerations for Running Vaccination Clinics

- 3.3.1. Designated vaccination rooms are prepared and stocked with all required supplies (e.g. Vaccination supplies, Infection Prevention and Control Supplies, appropriate signage posted, etc).

Available resources/reference tools:

- Supply Checklist
- Immunization Cart Checklist
- Code Blue Supply Checklist (as per regular code blue practices)
- Printed census list to ensure current list of clients/patients (as per site/program specific processes)
- For complete task list for the 'day before clinic', consult site/program specific Standard Operating Procedures, as available: (e.g. COVID – 19 Vaccination Clinic – Day Before Prep Checklist FPH)

3.4. Key Considerations when Providing Client/Patient/Staff Vaccination

- 3.4.1. The following tasks are completed with the patient/client/staff by designated staff before providing the vaccine:

- (i) COVID-19 Vaccine Screening Checklist (e.g. completed for anyone being vaccinated, and for patient/client is placed/scanned into chart/Electronic health record, as per site/program practices).
 - For all patients/clients, identified allergies are communicated and documented appropriately, as per usual site/program practices.
- (ii) Consent Form (may be referred to as 'One-Write Form' in triplicate) (e.g. attach label/document information, provide patient/client/staff with information sheet/FAQ, complete form including documenting informed consent, provide copies to patient/client/staff/public health/identified administrative staff, etc).

Available resources/reference tools:

- For complete task list for the 'day of clinic', consult site/program specific Standard Operating Procedure, as available: (e.g. COVID – 19 Vaccination Clinic – Day of the Clinic Standard Operating Procedure FPH)
- [Communicable Disease Control Manual Chapter 2: Immunization Appendix A - Informed Consent for Immunization](#)
- [PHSA Consent to Health Care Policy](#)
 - [Consent to Health Care: Procedure for Adults who Demonstrate Capability](#)
 - [Consent to Health Care: Procedure for Adults who Demonstrate Incapability](#)
 - PHSA Form HLTH2389 Not Capable of Consent

3.5. Key Considerations after Patient/Client Vaccination is Complete

3.5.1. Staff complete follow-up tasks, including;

- (i) Client/patient/staff after-care (e.g. aftercare information provided, Patient/client/staff 'observed' for 15 minutes, etc).
- (ii) Clinic area is disinfected appropriately, as per IPAC standards.
- (iii) All documentation is completed as per site/program and practice requirements, including the mandatory provincial E-Form registry.

Available resources/reference tools:

- [Adverse Event Following Immunization case report form](#)
- [BCCDC Adverse Events Following Immunization](#)
- For complete task list for the 'day of', consult site/program specific Standard Operating Procedures, as available (e.g. COVID – 19 Vaccination – Day Of The Clinic Standard Operating Procedure FPH)

4. RELATED DOCUMENTS

BCCDC: [Adverse Event Following Immunization case report form](#)

PHSA: Form HLTH2389 Not Capable of Consent

[COVID – 19 Vaccination – Day of the Clinic Sop \(CHS\)](#)

[COVID – 19 Vaccination Clinic – Day before Prep Checklist \(CHS\)](#)

[COVID – 19 Vaccination Clinic – Supply Checklist \(CHS\)](#)

[COVID-19 Vaccine Assessment And Orders - \(Adults\) \(FPS 4054\) FPH](#)

[Vaccination Planning PRE-CLINIC SUPPLY CHECKLIST BCMHSUS FPH](#)

[Staff Vaccination Planning DAY BEFORE PREP ACTIVITIES CHECKLIST BCMHSUS FPH](#)

[Staff Vaccination Planning DAY OF THE CLINIC SOP BCMHSUS FPH](#)

5. APPENDICES

Appendix A: Consent Form ('one-write' form in triplicate) (example)

Appendix B: Supply Checklist

Appendix C: Immunization Cart Checklist

Appendix D: COVID-19 Vaccine Screening Checklist (example)

6. RELATED POLICIES AND PROCEDURES

[COVID-19 Staff Personal Protective Equipment BCMHSUS](#)

[PHSA Consent to Health Care Policy](#)

[Consent to Health Care: Procedure for Adults who Demonstrate Capability](#)

[Consent to Health Care: Procedure for Adults who Demonstrate Incapability](#)

7. RESOURCES

BCCDC: COVID-19 Vaccine: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine>

BCCDC: Communicable Disease Control Manual Chapter 2: Immunization Appendix A - Informed Consent for Immunization

BCCDC: [BCCDC Adverse Events Following Immunization](#)

Immunize BC Operations Centre: COVID-19 Moderna Vaccine: Standard Operating Procedures

<https://immunizebc.ca/covid-19>

BCCDC COVID-19 Vaccine Eligibility page

[COVID-19 Immunization Program Question and Answer Document for Health Care Professionals](#)

Updated January 22, 2021

BCCDC: [COVID-19 ethical decision-making framework](#)

PHSA: Coronavirus Resources: COVID-19-Vaccination: <https://pod.phsa.ca/quality-safety/infection-prevention-control/coronavirus-resources/Pages/COVID-19-Vaccination.aspx>

BCCDC [COVID-19 vaccine after-care sheet](#).

Paper versions may not reference the most up to date version of this document, please refer to the POD/SHOP for current version of this document.

Appendix A: Consent Form

Note: 'Screen Shot' example only of 'Consent Form' (e.g. 'one write form' in triplicate); do not use this version in practice.

<i>Keep in a safe place</i>	RECORD OF COVID-19 IMMUNIZATION					<i>Keep in a safe place</i>
						<input type="checkbox"/> BCEHS <input type="checkbox"/> PHSA <input type="checkbox"/> VCH <input type="checkbox"/> PHC <input type="checkbox"/> FHA
Date	Name: Last, First	Birth date(dd/mm/yyyy)	Care Card #	PHSA ID #	Employer/Health Authority	

COMMON COVID-19 SIDE EFFECTS CAN INCLUDE:

Very common: pain at injection site, tiredness, headaches, muscle pain, chills, joint pain, fever.

Uncommon: enlarged lymph nodes.

With any vaccine or drug, there is a very rare chance of a severe allergic reaction. Get medical help right away if you experience trouble breathing, hives, or generalized swelling.

For any serious or unexpected reactions please inform your healthcare provider.

<input type="checkbox"/> Resident <input type="checkbox"/> Staff Physician <input type="checkbox"/> Volunteer		
<input type="checkbox"/> Midwife/Dentist <input type="checkbox"/> Other:		
Non-Employees/Contract Staff	Home Address	Phone #


Trade Name	Dose #	Lot #	Site	Provider Signature
Pfizer <input type="checkbox"/> Other <input type="checkbox"/>			R <input type="checkbox"/> L <input type="checkbox"/>	
Moderna <input type="checkbox"/>				

Informed consent

Signature _____ *For minor children and adults unable to self-consent Print name and relationship to client*

COVID-19 vaccine #2 in _____ weeks. Date _____

Need more information?
Call 604.875.7244 or email occupationalhealthnursing@phsa.ca



Provincial Health Services Authority
Province-wide solutions.
Better health.
JAN 2021

Appendix B: Supply Checklist

Note: Note: Sites/programs may have additional required supplies or site/program specific processes in place.

SPACE & SUPPLIES
Location confirmed
Printed and laminated Signage for Traffic control and to remind everyone of social distancing
Vaccination carts OR carry bags (as applicable) to take supplies to the living unit/seg area/vaccination clinic area
Vaccination supplies <ul style="list-style-type: none"> <input type="radio"/> Syringes: Note: If site to supply syringes then ensure, these are available day before the clinic and stocked in the room. <input type="radio"/> band aids <input type="radio"/> paper tape <input type="radio"/> Cotton swabs <input type="radio"/> alcohol swabs
Sharps container(s) – for room and cart + Garbage Bins
Paper, pens (Counted)
Disinfectant supplies (Antimicrobial wipes) – room and cart
Hand sanitizers – room and cart
PPEs (goggles, gowns, gloves)
Client CENSUS by location/living unit– Print out day before and day of (as per site/program process)
Consent Forms – OneWrite triplicate forms available on site
Labels for pre-filled syringes – label sheet
Signature log – all immunizers to sign the signature log
Peer to Peer Competency checklists – printed copies available – (sufficient copies)
BCCDC Pre-screening checklist – paper forms for immunizers to complete (ordered, if required)- (320 copies)
Patient information sheets/ FAQs – printed copies available – (sufficient copies)
BCCDC Patient – after care information sheet – printed copies (if giving these to clients) – (sufficient copies)
Code blue bag (Supplies)- as per usual Code Blue practices
Anaphylaxis kit with Epinephrine – Ampoules

Appendix C: Immunization Cart Checklist

Immunization Cart Checklist

Vaccine Administration Supplies

- Vaccine syringes
Note: Ensure count matches number of clients/patients receiving vaccinations
- Sharps container
- Band-Aids
- Alcohol swabs
- Cotton swabs
- Hand sanitizer
- Gloves
- Disinfectant wipes
- Extra PPE (Gown/Mask/Goggles)
- Garbage Bags & Tape – to tape garbage bag to the side of the cart

Documents

- Client Census (with consent and pre-screening status) (at relevant sites/programs, as per site/program specific process)
- Priority sequence of who to immunize (if not using client census, as per site/program specific processes)
- Consent Form ('OneWrite' in triplicate)
- Peer to peer competency checklist (to be submitted to Professional Practice)

Emergency Supplies

- Code Blue bag (as per regular code blue processes)
- Anaphylaxis kit

Appendix D: COVID-19 Vaccine Screening Checklist

Note: Screen shot, of Vaccine Screening Checklist is an example only, do not use this version in practice.

For the most up to date version of the screening checklist, retrieve from BCCDC website: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part4/COVID-19_Vaccine_Screening_Checklist.pdf



COVID-19 Vaccine Screening Checklist

Note: the **only** contraindication to receipt of a COVID-19 vaccine is a history of anaphylaxis to a previous dose or to a component of the vaccine. All other questions listed below are related to precautions for immunization for which additional information can be found in the BC Immunization Manual, [Part 4 – Biological Products, COVID-19 vaccines](#).

1. Are you feeling ill today?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what symptoms?
2. Are you or could you be pregnant?	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. Are you breastfeeding?	No <input type="checkbox"/> Yes <input type="checkbox"/>
4. Do you have any allergies? 4a. If yes: Do you have a severe allergy to polyethylene glycol (PEG)? It can be found in some products such as cosmetics, skin care products, laxatives, cough syrups, and bowel preparation products for colonoscopy. PEG can be an additive in some processed foods and drinks but no cases of anaphylaxis to PEG in foods and drinks have been reported. 4b. If yes to #4, have you had anaphylaxis (severe allergy) from an unknown cause? Were you seen by an allergy specialist?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details If anaphylaxis without known or obvious cause, consider referral to an allergist prior to immunization.
5. Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy)?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details
6. Do you have an autoimmune disease?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details
7. If this is your second dose, did you have any side effects after the first dose?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, provide details
8. Have you received another vaccine (not a COVID-19 vaccine) in the past 14 days?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide the date of the other vaccine
9. Have you had previous lab-confirmed COVID-19 disease?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, when?
10. Have you been hospitalized because of COVID-19 infection? If yes, were you treated with convalescent plasma or monoclonal antibody?	No <input type="checkbox"/> Yes <input type="checkbox"/>
11. Have you ever felt faint or fainted after a past vaccination or medical procedure?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details

Revision and Version History			
Version	Approved Date Effective Date	Key Changes	Approved By
1.0	February 22, 2021	New guideline	BCMHSUS Vice President. Vaccination Planning Committee, BCMHSUS.

This material has been prepared solely for use at Provincial Health Services Authority (PHSA). PHSA accepts no responsibility for use of this material by any person or organization not associated with PHSA. A printed copy of this document may not reflect the current electronic version.

Guideline Name & Number	COVID-19 Vaccination Guideline BCMHSUS Version 2.0		
Document Owner	Vice President, BCMHSUS		
Document Section	COVID-19	Date Approved	May 27, 2021 (replaces February 22, 2021 version)
Approval Authority	Vice President, BCMHSUS	Effective Start Date	May 27, 2021
Program Applicability	<input checked="" type="checkbox"/> BCMHSUS (applies to all BCMHSUS programs) <input checked="" type="checkbox"/> Correctional Health Services (CHS) Forensic Psychiatric Services <input checked="" type="checkbox"/> Forensic Psychiatric Hospital (FPH) <input checked="" type="checkbox"/> Forensic Regional Clinics (RC) Adult Mental Health and Substance Use (AMHSU) <input checked="" type="checkbox"/> Burnaby Centre for Mental Health and Addiction (BCMHA) <input checked="" type="checkbox"/> Heartwood Centre for Women (HCW)		
Exceptions	No exceptions.		

Note: There are additional materials for site Leadership's reference on the COVID-19 EOC Teamsite.

1. PURPOSE

The purpose of this guideline is to provide high level guidance through information, resources and direction to staff on the COVID-19 vaccination process, in effect during the COVID-19 pandemic. This is a living document that will be revised and updated as the situation evolves and new information is available.

2. SCOPE

Programs/sites to apply this guideline at their program/site when Public Health has identified clients/patients/staff as approved to be offered a COVID-19 vaccine. As Public Health determines vaccine prioritization, not all clients/patients/staff will be provided with a vaccination at the same time.

3. GUIDELINE

3.1. Who is Involved in Providing Vaccinations

- 3.1.1. The vaccination is provided by qualified immunizers who have completed the required training, as a Nurse Initiated Activity (Physician's order is not required). Alternatively, it is provided with a Physician's order, and no additional training/education is required beyond usual vaccination education requirements.
- 3.1.2. Other staff members may be present in the vaccination clinic to provide and complete supporting tasks/roles (e.g. Public Health Nurse(s), Physician – in reach if needed, Manager, etc).

3.2. Who Will be Vaccinated

- 3.2.1. The vaccine is offered and provided to patients/clients/staff, including Physicians and contracted Staff, as prioritized and as directed by Public Health.
- (i) The Site/program Leaders have a predetermined prioritized list and internal operational plan for providing the vaccine, as per Public Health's direction and prioritization.

3.3. Key Considerations for Running Vaccination Clinics

- 3.3.1. The designated vaccination rooms are prepared and stocked with all required supplies (e.g. Vaccination supplies, PPE, ABHR, hospital grade disinfectant, appropriate signage posted).

Available resources/reference tools:

- Supply Checklist
- Immunization Cart Checklist
- Code Blue Supply Checklist (as per regular code blue practices)
- Printed census list to ensure a current list of clients/patients (as per site/program specific processes)
For complete task list for the 'day before clinic', consult site/program specific Standard Operating Procedures, as available: (e.g. COVID – 19 Vaccination Clinic – Day Before Prep Checklist FPH)

3.4. Acquiring Ongoing 1st or 2nd Doses of the COVID-19 Vaccine from the Health Authorities

- 3.4.1. For new admissions/intakes, clients/patients that are now medically cleared to receive the vaccine, or for clients/patients who previously declined the vaccine and have decided to consent

to the vaccine, staff are to confirm whether the client/patient has been vaccinated previously and make the appropriate arrangements, as per the process below.

- (i) The Site Manager (or site designated role) is to communicate on a weekly or bi-weekly basis (depending on the volume of new admissions), and will communicate with their respective health authority to identify the number of vaccines required, as per the following process:
 - a) For all new Admissions/Intake, the designated site/program staff member is to determine via care connect;
 - If client has already received 1st or 2nd dose, look up dates
 - If 1st dose is complete, identify which vaccine the client/patient received and the date the 2nd dose is due based on provincial guidelines
 - b) The Site Manager (or site designated role) compiles and sends the list (with the client/patient name, the client/patient PHN, the type of vaccine required and the total number of vaccines needed for their site) to the respective health authority.
 - c) The Health Authority completes a verification to ensure the client can receive 1st or 2nd dose, and confirms the appropriate vaccine type.
 - d) The Health Authority is to provide a date and time to the site manager, dictating the location for staff to pick up the pre-filled syringes from a community vaccination site (or alternatively, vaccines are couriered via taxi to the site depending on the site/program location).
 - e) BCMHSUS staff administer the vaccine to the designated patients/clients, as per the site vaccination process.
 - A copy of the 'consent/onewrite' form is to be faxed to the regional Health Authority for provincial data entry, and the original is placed/scanned on patient/client health record. The Health Authority will confirm the successful data entry into the provincial database for tracking purposes.

Available Resources/Reference Tools:

- COVID Vaccine FAQ dose 2 - BCMHSUS clients: <https://pod.phsa.ca/workplace-resources/policies-procedures/bcmhsus/COVID%20Vaccine%20FAQ%20dose%202%20-%20BCMHSUS%20clients.pdf?csf=1&e=sqJn1n>
- COVID-19 Vaccine FAQ dose 2 - CHS clients: <https://pod.phsa.ca/workplace-resources/policies-procedures/bcmhsus/COVID%20Vaccine%20FAQ%20dose%202%20-%20CHS%20clients.pdf?csf=1&e=AKLXly>

3.5. Key Considerations when Providing Client/Patient/Staff Vaccination

3.5.1. The following tasks are completed with the patient/client/staff by designated staff before providing the vaccine:

- (i) COVID-19 Vaccine Screening Checklist (i.e. complete for anyone being vaccinated, for patient/clients it is placed/scanned into chart/Electronic health record, as per site/program practices).
 - For all patients/clients, identified allergies are communicated and documented appropriately, as per usual site/program practices.
- (ii) Consent Form (may be referred to as 'One-Write Form' in triplicate) (i.e. attach the label/document information, provide patient/client/staff with the information sheet/FAQ, complete the form including documenting informed consent, and provide copies to patient/client/staff/public health/identified administrative staff).

Available resources/reference tools:

- For complete task list for the 'day of clinic', consult site/program specific Standard Operating Procedure, as available: (e.g. COVID – 19 Vaccination Clinic – Day of the Clinic Standard Operating Procedure FPH)
- [Communicable Disease Control Manual Chapter 2: Immunization Appendix A - Informed Consent for Immunization](#)
- [PHSA Consent to Health Care Policy](#)
 - [Consent to Health Care: Procedure for Adults who Demonstrate Capability](#)
 - [Consent to Health Care: Procedure for Adults who Demonstrate Incapability](#)
 - PHSA Form HLTH2389 Not Capable of Consent

3.6. Key Considerations after Patient/Client Vaccination is Complete

3.6.1. Staff to complete follow-up tasks, including;

- (i) Client/patient/staff after-care (e.g. aftercare information provided, Patient/client/staff 'observed' for 15 minutes, etc).
- (ii) Clinic area is disinfected using hospital grade disinfectant (as per [BCMHSUS EVS policy](#); [PICNET document on cleaning](#)).
- (iii) All documentation is completed as per site/program and practice requirements, including the mandatory provincial E-Form registry.

Available resources/reference tools:

- [Adverse Event Following Immunization case report form](#)
- [BCCDC Adverse Events Following Immunization](#)

- For complete task list for the 'day of', consult site/program specific Standard Operating Procedures, as available (e.g. COVID – 19 Vaccination – Day Of The Clinic Standard Operating Procedure FPH)

3.6.2. In case of Anaphylaxis event, ensure appropriate care provided and required reporting completed (see [BCCDC Adverse Event Following Immunization case report form](#), and other related documents linked below).

- Fax any COVID-19 vaccine related adverse event case report forms to **604-528-5469**
- If your nursing or medical staff have any questions regarding a COVID-19 vaccine related adverse event, they can email ImmsCDNCs@fraserhealth.ca

3.7. First and Second Dose Registration Requirements for Discharge/Release

3.7.1. If a patient/client is to be discharged/released before having received their 1st or 2nd dose of a COVID-19 Vaccine, Medical Office Assistant/Unit Clerk (or site equivalent/designate) to register (or support the patient/client to register, as appropriate to site) the patient/client in the "Get vaccinated" BC website at <https://www2.gov.bc.ca/gov/content/covid-19/vaccine/register>.

- (i) Document that registration was completed on the patient/client health record (i.e. PAC, Cerner EHR, paper chart).
- (ii) If no known number or email is provided, advise the patient/client to obtain the vaccine at a community clinic.

4. RELATED DOCUMENTS

BCCDC: Worksheet for Events Managed as Anaphylaxis Following Immunization

http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Immunization/Vaccine%20Info/Anaphylaxis_AE FI form.pdf

User Guide for Completion and Submission of Adverse Events Following Immunization (AEFI) Reports

Last updated May 18, 2021

<http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Immunization/Vaccine%20Safety/AEFIUserGuide.pdf>

Adverse Event Following Immunization case report form

<http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Immunization/Vaccine%20Info/AEFICaseReportForm.docx>

COVID Vaccine FAQ dose 2 - BCMHSUS clients: <https://pod.phsa.ca/workplace-resources/policies-procedures/bcmhsus/COVID%20Vaccine%20FAQ%20dose%202%20-%20BCMHSUS%20clients.pdf?csf=1&e=sqJn1n>

COVID-19 Vaccine FAQ dose 2 - CHS clients: <https://pod.phsa.ca/workplace-resources/policies-procedures/bcmhsus/COVID%20Vaccine%20FAQ%20dose%202%20-%20CHS%20clients.pdf?csf=1&e=AKLXly>

PHSA: Form HLTH2389 Not Capable of Consent

[COVID – 19 Vaccination – Day of the Clinic Sop \(CHS\)](#)

[COVID – 19 Vaccination Clinic – Day before Prep Checklist \(CHS\)](#)

[COVID – 19 Vaccination Clinic – Supply Checklist \(CHS\)](#)

[COVID-19 Vaccine Assessment And Orders - \(Adults\) \(FPS 4054\) FPH](#)

[Vaccination Planning PRE-CLINIC SUPPLY CHECKLIST BCMHSUS FPH](#)

[Staff Vaccination Planning DAY BEFORE PREP ACTIVITIES CHECKLIST BCMHSUS FPH](#)

[Staff Vaccination Planning DAY OF THE CLINIC SOP BCMHSUS FPH](#)

5. APPENDICES

Appendix A: Consent Form ('one-write' form in triplicate) (example)

Appendix B: Supply Checklist

Appendix C: Immunization Cart Checklist

Appendix D: COVID-19 Vaccine Screening Checklist (example)

Appendix E: Sample Email Template for Notifying Health Authority of Vaccines Required for New Admissions/Intakes

6. RELATED POLICIES AND PROCEDURES

[COVID-19 Staff Personal Protective Equipment BCMHSUS](#)

[PHSA Consent to Health Care Policy](#)

[Consent to Health Care: Procedure for Adults who Demonstrate Capability](#)

[Consent to Health Care: Procedure for Adults who Demonstrate Incapability](#)

7. RESOURCES

BCCDC: COVID-19 Vaccine: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine>

BCCDC: Communicable Disease Control Manual Chapter 2: Immunization Appendix A - Informed Consent for Immunization

BCCDC: [BCCDC Adverse Events Following Immunization](#)

Immunize BC Operations Centre: COVID-19 Moderna Vaccine: Standard Operating Procedures
<https://immunizebc.ca/covid-19>

BCCDC COVID-19 Vaccine Eligibility page

[COVID-19 Immunization Program Question and Answer Document for Health Care Professionals](#)

Updated January 22, 2021

BCCDC: [COVID-19 ethical decision-making framework](#)

PHSA: Coronavirus Resources: COVID-19-Vaccination: <https://pod.phsa.ca/quality-safety/infection-prevention-control/coronavirus-resources/Pages/COVID-19-Vaccination.aspx>

BCCDC [COVID-19 vaccine after-care sheet](#).

Paper versions may not reference the most up to date version of this document, please refer to the POD/SHOP for current version of this document.

Appendix A: Consent Form

Note: 'Screen Shot' example only of 'Consent Form' (e.g. 'one write form' in triplicate); do not use this version in practice.

<i>Keep in a safe place</i>		RECORD OF COVID-19 IMMUNIZATION					<i>Keep in a safe place</i>		
Date	Name: Last, First	Birth date(dd/mm/yyyy)	Care Card #	PHSA ID #	Employer/Health Authority				
<p>COMMON COVID-19 SIDE EFFECTS CAN INCLUDE:</p> <p><input type="checkbox"/> Very common: pain at injection site, tiredness, headaches, muscle pain, chills, joint pain, fever.</p> <p><input type="checkbox"/> Uncommon: enlarged lymph nodes.</p> <p><input type="checkbox"/> With any vaccine or drug, there is a very rare chance of a severe allergic reaction. Get medical help right away if you experience trouble breathing, hives, or generalized swelling.</p> <p>For any serious or unexpected reactions please inform your healthcare provider.</p>		<input type="checkbox"/> Resident <input type="checkbox"/> Staff Physician <input type="checkbox"/> Volunteer <input type="checkbox"/> Midwife/Dentist <input type="checkbox"/> Other:						<input type="checkbox"/> BCEHS <input type="checkbox"/> PHSA <input type="checkbox"/> VCH <input type="checkbox"/> PHC <input type="checkbox"/> FHA	
		Non-Employees/Contract Staff		Home Address		Phone #			
		Trade Name	Dose #	Lot #	Site	Provider Signature			
		Pfizer <input type="checkbox"/> Other <input type="checkbox"/> Moderna <input type="checkbox"/>			R <input type="checkbox"/> L <input type="checkbox"/>				
<input type="checkbox"/> Informed consent									
Signature					<i>For minor children and adults unable to self-consent Print name and relationship to client</i>				

COVID-19 vaccine #2 in _____ weeks. Date _____

Need more information?
Call 604.875.7244 or email occupationalhealthnursing@phsa.ca

Appendix B: Supply Checklist

Note: Note: Sites/programs may have additional required supplies or site/program specific processes in place.

SPACE & SUPPLIES
Location confirmed
Printed and laminated Signage for Traffic control and to remind everyone of social distancing
Vaccination carts OR carry bags (as applicable) to take supplies to the living unit/seg area/vaccination clinic area
Vaccination supplies <ul style="list-style-type: none"> ○ Syringes: Note: If site to supply syringes then ensure, these are available day before the clinic and stocked in the room. ○ band aids ○ paper tape ○ Cotton swabs ○ alcohol swabs
Sharps container(s) – for room and cart + Garbage Bins
Paper, pens (Counted)
Disinfectant supplies (Antimicrobial wipes) – room and cart
Hand sanitizers – room and cart
PPEs (goggles, gowns, gloves)
Client CENSUS by location/living unit– Print out day before and day of (as per site/program process)
Consent Forms – OneWrite triplicate forms available on site
Labels for pre-filled syringes – label sheet
Signature log – all immunizers to sign the signature log
Peer to Peer Competency checklists – printed copies available – (sufficient copies)
BCCDC Pre-screening checklist – paper forms for immunizers to complete (ordered, if required)- (320 copies)
Patient information sheets/ FAQs – printed copies available – (sufficient copies)
BCCDC Patient – after care information sheet – printed copies (if giving these to clients) – (sufficient copies)
Code blue bag (Supplies) - as per usual Code Blue practices
Anaphylaxis kit with Epinephrine – Ampoules

Appendix C: Immunization Cart Checklist

Immunization Cart Checklist

Vaccine Administration Supplies

- Vaccine syringes
Note: Ensure count matches number of clients/patients receiving vaccinations
- Sharps container
- Band-Aids
- Alcohol swabs
- Cotton swabs
- Hand sanitizer
- Gloves
- Disinfectant wipes
- Extra PPE (Gown/Mask/Goggles)
- Garbage Bags & Tape – to tape garbage bag to the side of the cart

Documents

- Client Census (with consent and pre-screening status) (at relevant sites/programs, as per site/program specific process)
- Priority sequence of who to immunize (if not using client census, as per site/program specific processes)
- Consent Form ('OneWrite' in triplicate)
- Peer to peer competency checklist (to be submitted to Professional Practice)

Emergency Supplies

- Code Blue bag (as per regular code blue processes)
- Anaphylaxis kit

Appendix D: COVID-19 Vaccine Screening Checklist

Note: Screen shot, of Vaccine Screening Checklist is an example only, do not use this version in practice.

For the most up to date version of the screening checklist, retrieve from BCCDC website: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%20-%20-%20Imms/Part4/COVID-19_Vaccine_Screening_Checklist.pdf



COVID-19 Vaccine Screening Checklist

Note: the only contraindication to receipt of a COVID-19 vaccine is a history of anaphylaxis to a previous dose or to a component of the vaccine. All other questions listed below are related to precautions for immunization for which additional information can be found in the BC Immunization Manual, [Part 4 – Biological Products, COVID-19 vaccines](#).

1. Are you feeling ill today?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, what symptoms?
2. Are you or could you be pregnant?	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. Are you breastfeeding?	No <input type="checkbox"/> Yes <input type="checkbox"/>
4. Do you have any allergies? 4a. If yes: Do you have a severe allergy to polyethylene glycol (PEG)? It can be found in some products such as cosmetics, skin care products, laxatives, cough syrups, and bowel preparation products for colonoscopy. PEG can be an additive in some processed foods and drinks but no cases of anaphylaxis to PEG in foods and drinks have been reported. 4b. If yes to #4, have you had anaphylaxis (severe allergy) from an unknown cause? Were you seen by an allergy specialist?	No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details If anaphylaxis without known or obvious cause, consider referral to an allergist prior to immunization.
5. Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy)?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details
6. Do you have an autoimmune disease?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details
7. If this is your second dose, did you have any side effects after the first dose?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, provide details
8. Have you received another vaccine (not a COVID-19 vaccine) in the past 14 days?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide the date of the other vaccine
9. Have you had previous lab-confirmed COVID-19 disease?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, when?
10. Have you been hospitalized because of COVID-19 infection? If yes, were you treated with convalescent plasma or monoclonal antibody?	No <input type="checkbox"/> Yes <input type="checkbox"/>
11. Have you ever felt faint or fainted after a past vaccination or medical procedure?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details

Appendix E: Sample Email Template for Notifying Health Authority of Required Numbers of Vaccine Doses for New Admissions/Intakes

Note: Sample only, utilize the standard template as per site specific practice.

Client/Patient name	PHN #	Care Connect Check	If due for 2 nd dose- what was 1 st dose date	Other comments (e.g. Vaccine Type received)

This material has been prepared solely for use at Provincial Health Services Authority (PHSA). PHSA accepts no responsibility for use of this material by any person or organization not associated with PHSA. A printed copy of this document may not reflect the current electronic version.

Revision and Version History			
Version	Approved Date Effective Date	Key Changes	Approved By
2.0	May 27, 2021	Updated BCDC Vaccine Screening Tool and Covid-19 After care information	BCMHSUS Vice President. Vaccination Planning Committee, BCMHSUS
1.0	February 22, 2021	New guideline	BCMHSUS Vice President. Vaccination Planning Committee, BCMHSUS.

This material has been prepared solely for use at Provincial Health Services Authority (PHSA). PHSA accepts no responsibility for use of this material by any person or organization not associated with PHSA. A printed copy of this document may not reflect the current electronic version.