

# COVID-19 Pandemic Immunizer Education Checklist: Midwives (Active, Retired and Students)



## Midwives (Active, Retired and Students)

<b>Applies to:</b>	All Midwives (Active, Retired and Students) who are supporting the COVID-19 immunization clinics.
<b>Purpose:</b>	To ensure all Pandemic Immunizers are able to safely administer COVID-19 vaccines and are comfortable discussing concerns/misconceptions/questions that clients may have.

### How to Use this Checklist

1. Print a copy of this document and check the boxes as you complete/review each item.
2. Print a copy of the [COVID-19 Immunization Skills Checklist](#).
3. Bring your checklists to the immunization evaluator (i.e., experienced immunizer) on your first clinic shift. They will review and complete them with you, and ensure you are paid for your education time.

**Note: Retired Midwives and Midwifery Students** “must be supervised by a registrant who is authorized under a health profession regulation, and competent, to perform the Immunization Activity”. Please ensure you let the clinic lead know if you require supervision.

COVID-19 Vaccine Education (Required)		Learning Format/Length
<input type="checkbox"/>	<a href="#">BCCDC COVID-19 Immunization Competency Course for Non-Nursing Health Professionals</a> (Course Code 25286)	Online via <a href="#">LearningHub</a> ; 3 hours
<input type="checkbox"/>	<a href="#">BCCDC COVID-19 Immunization for Older Children and Adolescents</a> (Course Code 26082)	Online via <a href="#">LearningHub</a> ; 45 mins
<input type="checkbox"/>	<a href="#">BCCDC COVID-19 Immunization for Children 5-11 years of age</a> (Course Code 27185)	Online via <a href="#">LearningHub</a> ; 1 hour
<input type="checkbox"/>	<p>Excerpts from <a href="#">BCCDC’s Immunization Manual</a>:</p> <ul style="list-style-type: none"> <li>• <a href="#">Part 3: Management of Anaphylaxis in a Non-Hospital Setting</a></li> <li>• The following sections from <i>Part 4: Biological Products (Vaccines &amp; Immune Globulins) &gt; COVID-19 Vaccines</i>:                             <ul style="list-style-type: none"> <li>○ <a href="#">Pfizer-BioNTech COVID-19 Vaccine</a></li> <li>○ <a href="#">Moderna COVID-19 Vaccine</a></li> <li>○ <a href="#">AstraZeneca/Verity Pharmaceuticals COVID-19 Vaccine</a></li> <li>○ <a href="#">COVID-19 Vaccine Screening Checklist</a></li> </ul> </li> </ul>	Webpages and PDFs; 1 hr
<input type="checkbox"/>	<p>Public Handouts:</p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Vaccines HealthLinkBC File #124</a></li> <li>• <a href="#">COVID-19 Vaccine After Care Sheet</a></li> </ul>	PDFs; 15 mins

Documentation Education (Required) *You may be asked to document vaccine administration one of two ways.		Learning Format/Length
<input type="checkbox"/>	<p>Complete both documentation eLearning courses;</p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Immunization Clinics: ImmsBC Documentation Training (Island Health)</a> (Course Code 25624) 30 mins</li> <li>• <a href="#">PHSA eForm Application COVID-19 Immunization Public Health: Island Health</a> (Course Code 24763) 30 mins</li> </ul>	Online via <a href="#">LearningHub</a> ; 1 hour

**Note:** Once the COVID-19 public health emergency is declared over, this competency process no longer applies.

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## Midwives (Active, Retired and Students)

Checklist

Onsite Education (Required)		Learning Format/Length
<input type="checkbox"/>	<b>All Midwives (Licensed, Retired and Students):</b> On your first clinic shift, complete: <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Immunization Skills Checklist</a> with the immunization evaluator (i.e., experienced immunizer).</li> </ul>	In person
<input type="checkbox"/>	<b>Retired Midwives only:</b> Sign-up for an in-person education and clinical lab training session to perform intramuscular injections - <a href="#">COVID-19 Immunization Clinics: Intramuscular (IM) Injection Clinical Lab</a>	Sign-up online via <a href="#">LearningHub</a> ; In person 1 hour

Completion
I understand all of the above items and I will follow applicable practice standards.  <b>Signature:</b> _____ <b>Date:</b> _____  <b>Employee Number (if applicable):</b> _____ <b>Email:</b> _____  <b>Immunization Evaluator (i.e., experienced immunizer)</b> The employee has fulfilled the COVID-19 Immunization competency requirements and completed the required eLearning courses.  <b>Signature:</b> _____ <b>Date:</b> _____

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