

**VACCINATING HEALTH WORKER - STAGE 1**

# Vaccination prompt card

DETAILS		
<p><b>Please tell me your:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Full name</li> <li><input type="checkbox"/> Date of birth</li> <li><input type="checkbox"/> Address</li> </ul>	<p>Check details match consent form/AIR For adolescents: check 11 or 12 years of age, depending on vaccine</p> <p><b>Confirm consumer has seen registered healthcare professional for full screening and informed consent.</b></p> <p><b>If not, call supervisor before continuing with questions.</b></p>	
SPACING		
<p>Are you well today? Which vaccine have you come for today? Have you had this vaccine before? How did you feel after your last vaccination?</p>	<b>HPV/Tdap</b>	<p>Consider lying down if history of fainting.</p>
<p><b>Influenza</b> 1 dose per flu season</p>	<b>INFLUENZA</b>	<p>Ensure your RHP has told you which brand of flu vaccine to use. Check funded or unfunded.</p>
<p><b>COVID-19</b> <b>Comirnaty 30mcg (12+ years):</b> Used for single primary dose and additional doses (when indicated) 6 months apart.</p>	<b>COVID-19</b>	<p>Have you had a COVID-19 infection or COVID-19 vaccination in the past 6 months? Recommended to wait 6 months post-vaccination and consider delaying 6 months post-infection.</p>
WAIT TIME		
<p><b>Have you had a severe allergic reaction to a medication or vaccine before?</b></p> <p><b>If yes, check with supervisor. Those with history of reactions wait 30 minutes. Supervisor to identify this.</b></p>	<b>HPV/Tdap</b>	<p><b>15-minute wait</b> Can be reduced to 5 minutes if meets specific criteria (see left)</p>
<p><b>Did the RHP talk to you about possible responses?</b></p> <p><b>Check with your supervisor for reduced wait times. 5-minute wait time criteria:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> no history of severe allergic reactions</li> <li><input type="checkbox"/> know when/how to seek post-vaccination advice</li> <li><input type="checkbox"/> accompanied by adolescent or adult for first 15 minutes</li> <li><input type="checkbox"/> no driving, riding, or operating machinery for 15 minutes</li> <li><input type="checkbox"/> able to contact emergency services if needed</li> <li><input type="checkbox"/> assessed at 5 minutes for post-vaccination reactions</li> </ul>	<b>INFLUENZA</b>	<p><b>15-minute wait</b> Can be reduced to 5 minutes if meets specific criteria (see left)</p>
	<b>COVID-19</b>	<p><b>15-minute wait</b> Can be reduced to 5 minutes if meets specific criteria (see left)</p>
DETAILS	CONSENT	
<p><b>Have you had a chance to ask any questions?</b> <b>Do you have any further questions?</b></p>	<p><b>Did you tell the RHP you consent to having the vaccine? Do you still consent to having the vaccine?</b> <b>Which arm do you prefer to have the vaccine in?</b> <b>Are you ready to proceed?</b></p>	

\*RHP=registered health professional