

User Guide

Med Access: COVID-19 Consent and Immunization Documentation

COVID-19 Consent and Immunization Documentation

1. Identify the patient's name on the daysheet and click on the needle icon to open the COVID-19 consent form.

09:30		Peppa Pig 14-Feb-1951 (71) F		 	COVID Vaccine
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2. NL is required to be selected for the NL consent template to display. Document **sections 1-4** of the consent as required. Ensure **'SHOW'** is selected for all applicable sections to view content.

COVID-19 Immunization Response

*Please indicate if you are recording NL SK Other
this vaccination for one of the following provinces

Section 1: COVID-19 Pre-Questionnaire


1. Section 1 includes screening questions to determine eligibility for the vaccine. The screening questions are inclusive to all **COVID-19 products** and if **YES** is selected for either question then users are required to provide additional information. **Please note: the consent/immunization form is revised when required. You may notice questions added, removed or altered over time.**
2. If the client is eligible for the vaccine proceed to Section 2 of the consent. If client not eligible and/or immunization is not administered follow the guide for ["Documentation of Immunization not Administered"](#).


Further explanation to screening questions can be viewed by hovering over the tool tip icon located to the left of applicable screening questions [?].

Section 1: Covid - 19 Vaccine Show Hide
Pre-Questionnaire

Are you feeling ill today? Yes No

Are you allergic to polyethylene glycol [PEG]? Yes No Unsure

 Are you allergic to polysorbate 80? Yes No Unsure

 Are you allergic to Tromethamine [also known as Trometamol or Tris]? Yes No Unsure

Have you had a side effect or an allergic reaction to a previous dose of COVID-19 vaccine? Yes No

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 or chemotherapy]? Yes No Unsure

Do you have an autoimmune disease? Yes No Unsure

Do you have a bleeding disorder or are you taking any medications that could affect blood clotting? Yes No Unsure

Have you ever felt faint or fainted after a past vaccination or medical procedure? Yes No

Do you have a history of blood clots with low platelets after a COVID-19 vaccine? Yes No Unsure

Do you have a history of blood clots? Yes No Unsure

Have you previously experienced an... Yes No Unsure

Section 2: Consent

- If vaccine is administered, **YES** must be selected. "Consent obtained by" should only be completed if an alternate decision maker was required for consent (i.e parent of child less than 16 years of age).

Section 2: Consent Show Hide

Vaccine consent disclaimer I have read (or it has been read to me) and I understand the satisfaction. I have had the opportunity to speak with a health receiving the vaccine, including additional COVID-19 vaccine

*Obtained informed vaccination consent? Yes No

Consent obtained by _____

Section 3: Additional Questions/Eligibility

- If **YES** is selected for any of the screening questions, additional documentation may be required.

Section 3: Additional Questions / Eligibility Show Hide

Race / ethnicity [please check the applicable boxes]

- Black [e.g. Africa; Afro-Caribbean; African Canadian descent]
- East/Southeast Asian [e.g. Chinese; Korean; Japanese; Taiwanese descent or Filipino; Vietnamese; Cambodian; Thai]
- Indigenous [e.g. First Nations; Inuk/Inuit; Metis descent]
- Latino [e.g. Latin American; Hispanic descent]
- Middle Eastern [e.g. Arab; Persian; West Asian descent-i.e. Afghan; Egyptian; Iranian; Lebanese; Turkish; Kurdish]
- South Asian [e.g. South Asian descent-i.e. East Indian; Pakistani; Bangladeshi; Sri Lankan; Indo-Caribbean]
- White [e.g. European descent]
- Other
- Prefer not to answer
- Unknown

If indigenous indicate indigenous identity

- LABRADOR INUIT LAND CLAIMS AGREEMENT
- MIAWPUKEK FIRST NATION
- MIKMAQ FIRST NATION ASSEMBLY OF NL
- MUSHUAAU INNU FIRST NATION
- NUNATUKAVUT INUIT
- QALIPU FIRST NATION
- SHESHATSHIU INNU FIRST NATION
- INDIGENOUS COMMUNITY-BUT NONE OF THE ABOVE

Are you a healthcare worker? Yes No

Please indicate if

- RHA
- Private
- Indigenous Organization

- The vaccine distribution section under Section 3 is required to be completed. Once a depot is selected the program and site field will appear. This information will be dependent upon your clinic location on any given day. If unsure, consult with clinic lead or designate.

Vaccine Distribution

Source Depot:

Central Health Vaccine Depot - Program:

Central Health Vaccine Depot - Public Health - Site:

Depot – The regional depot for your area that ships vaccine

Program – The healthcare setting/program for which the vaccine was used

Site – Where the vaccine is shipped/stored

(Example: Main depot in Central region is Central Health Vaccine Depot – the program for which vaccine was used is Public Health and the site where vaccine was stored is the Community Health Building)

Section 4: Vaccine Administration

If vaccine was administered to a client, this section is mandatory and is important for the public vaccine certificate and for reporting purposes. **Error in documentation within this section has impact on the client's online vaccine record.**

Section 4: Vaccine Administration Show Hide

- Vaccine Administered by External Provider should only be selected by those users who are documenting out-of-province immunizations. Otherwise, this section should be left blank. Please note: information inputted here **will not** appear on the client's vaccine record. Out-of-province COVID-19 immunizations can be registered via the out-of-province

External Provider Information

Vaccine administered by external provider

Given by (Name) _____

Given by (Designation) _____

*Country received Canada United States Other

*Province AB BC MB NB NL NS ON PE QC SK NT NU YT

vaccination portal(<https://www.gov.nl.ca/covid-19/vaccine/submit-out-of-province-vaccination-records/>).

- If vaccine is administered, all Vaccine Information should be completed. As vaccines become approved by Health Canada they will be added to the consent form. 'Dose' volume will default in most cases and is dependent on age of the client and whether or not it's a booster immunization. If the dose is blank, users will be required to manually document volume administered. **This field should contain numbers only and 'mL' should not be included.**

Vaccine Information

*Booster Dose Yes No

*Vaccine AstraZeneca COVID-19 Vaccine COVISHIELD Vaccine Janssen COVID-19 Vaccine
 Medicago Covifenz COVID-19 Vaccine
 Pfizer Infant Paeds COVID-19 Vaccine
 Pfizer Paeds COVID-19 Vaccine
 Pfizer 12+ COVID-19 Vaccine
 Pfizer Paeds Bivalent [BA.4/BA.5] COVID-19 Vaccine
 Pfizer Bivalent [BA.4/BA.5] COVID-19 Vaccine
 Pfizer 12+ COVID-19 Vaccine [no dilution]
 Moderna Infant Paeds COVID-19 Vaccine
 Moderna 12+ COVID-19 Vaccine
 Moderna Bivalent [Orig. Omicron/BA.1] COVID-19 Vaccine
 Moderna Bivalent [BA.4/BA.5] COVID-19 Vaccine
 Novavax Nuvaxovid NVX-CoV2373 Vaccine
 Other Health Canada Approved Vaccine

*Health Canada Approved Vaccine CanSino Convidecia COVID-19 Vaccine
 Covaxin COVID-19 Vaccine
 Serum Institute of India Covovax COVID-19 Vaccine
 Sinopharm COVID-19 Vaccine
 Sinovac-CoronaVac COVID-19 Vaccine

What volume of the vaccine was administered?

*Dose mL

*Lot #

*Site Left arm Right arm
 Left thigh Right thigh

*Route

*Date given day

*Date given month

*Date given year

Time given

Observations

- To save the consent click on **Save** located within the **Task** field. If there are mandatory fields left blank users will be prompted with a message and consent will not save.

Task

Category* Type

Description Reason

Note / Instructions
 Enter new note/instructions here

Progress Indicators

Workflow Step: After Care Sheet

After Care Sheet

Assignee* Start Due*

Last Update: IMM TEST Account

Update or Forward Complete this task

Urgency
 Recurrence

Section 5: Vaccination Record

Not applicable for users.

Section 6: Report AEFI

Completed when an AEFI is required. Please refer to the document '[Completing the AEFI](#)'.