

Considerations when preparing for a Mass immunization clinic

Population and Public Health

Version: October 7, 2020

Purpose

The purpose of this guidance document is to assist in planning and implementing satellite, temporary or off-site immunization clinics during the Covid-19 pandemic. This document was adapted from British Columbia Centre for Disease control (BCCDC), National Collaboration Advisory Committee on Immunization (NACI) and the Centre for Disease Control (CDC).

Background

As per the statement National Collaboration Advisory Committee on Immunization (NACI): It is important to continue routine immunization programs during the COVID-19 pandemic, especially for the upcoming influenza season, which will prevent influenza-related morbidity and mortality and contribute to reducing the burden on the Canadian health care system. This is particularly important in anticipation of a potential resurgence in COVID-19 in the fall or winter months.

- During the COVID-19 pandemic, large crowds at influenza immunization clinics could contribute to increased COVID -19 transmission risks if not managed appropriately; therefore, adjustments to regular immunization practices and clinic design may be required.
- In addition to other public health and infection prevention and control measures, decreasing close interactions among vaccine recipients and between vaccine recipients and clinic staff may help to mitigate against potential Covid-19 transmission in clinic settings.

Planning for the Immunization Clinic

Identify the clinic sites

- Consider how much space will be needed based on the patient/client population (children, adults including seniors and patient/clients with disabilities)
- Physical distancing practice, including areas for patient/client observation 15 minutes after vaccination
- Enhanced infection control procedure (adequate supply of hand sanitizer or handwashing stations), [proper vaccine storage/management](#), handling preparation, and administration practices
- Consider if the site has enough parking for patient/clients to wait the recommended 15 minutes after vaccination for monitoring
- Proximity to transit
- Depending on how appointments are booked and for documentation purposes, does the clinic require internet access?

- Establish a clinic workflow
 - How will physical distancing be maintained? Allow for at least 2 meter spacing between patient/clients
 - How will patient/clients enter and exit the clinic? (Consider a space which will allow for a single entrance and exit) Refer to Appendix A for sample clinic lay out
 - If considering a drive through clinic, will patient/clients remain in their vehicles? Will patient/clients be able to remain in the same parking spot for 15 minutes after the vaccination? Refer to Appendix B for drive through layout sample
 - Consider the fall/winter weather conditions (covered parkade or available canopy/tent for coverage)

Appointment Booking Procedure

- Consider extended hours to avoid crowding
- Consider offering clinic services by appointment only (online or call centre). Use 10-minute appointment intervals and allow for meal/bio breaks when setting up the appointment schedule.
- Booked Appointments will allow for:
 - The determination of the number of staff required for the clinic
 - Control of how many people will be in a room/site at one time
 - Time to assess immunization needs prior to the clinic thereby limiting the amount of time required for the clinician and patient/client
 - Information about clinic requirements can be shared with the patient/client ahead of time e.g. non medical mask use, appropriate clothing (short sleeve shirt), informed consent, Covid-19 health assessment and clinic restrictions (e.g. patient/client age)
- Patient/clients, who do not have an appointment, should be encouraged to book one to minimize crowding. There may be circumstances when the patient/client requires immediate accommodation (clinic discretion).

Health Promotional Materials

- If possible, prior to the appointment have the client/patient review the information below
 - [Influenza](#) Health Link BC
 - [Pneumococcal Vaccine](#) Health Link BC
 - [BC Covid-19 Self Assessment Tool](#) – refer to Appendix D for sample screening tool

Flu vaccine ordering process

- Flu vaccine is available to order from your local public health unit
- For new vaccine providers, contact your [local health unit](#) and request to speak to the Health Unit Aide to get set up in our system
- For vaccine providers who have previously ordered from Fraser Health, complete the order form found in Appendix E

Immunization Clinic

- Staff should wear appropriate personal protective equipment (PPE) see section page Infection prevention and control section for more information
- Consider asking the patient/client to wear a non-medical mask or face covering
- Ask patient/clients to come on time for clinics (not too early or late) to minimize crowding
- Consider having patient/clients stay in their vehicle until their appointment time. A text messaging process for clinic check-in may be considered with a message
“Please remain in your vehicle and we will contact you as soon as a clinic room becomes available and has been sanitized”
- Other considerations would be to use physical distancing signage (e.g. floor stickers), allowing 2 meter spacing between patient/clients while waiting for their appointment, and signage to indicate the clinic flow (e.g. signage for the entrance and exit)- refer to [Appendix C](#) for signage examples

Before the immunization

- Review symptoms of respiratory illness with all people coming to the clinic
- Anyone who has symptoms of respiratory illness, with or without fever, should be sent home and asked to rebook the appointment
- Anyone who has traveled abroad and recently returned < 2 weeks are asked to rebook the appointment
- Provide hand sanitizer for all people entering the clinic area
- Ensure physical distancing measures are in place in the waiting area by spacing chairs 2 metres apart
- If patient/client requires information about their vaccine(s), a printed copy of the Health Link BC information sheet will be available for them to take home or a QR code that links with the information. Ensure the information is accessible in multiple languages

Clinician administering vaccine

- The clinician will have a preparation table used for drawing up vaccine, which will be spaced at least 2 meters from the immunization area. This will limit close contact from the patient/client
- Adjust how [informed consent](#) is obtained to minimize contact. If necessary, have staff complete information forms on behalf of clients, and if a signature is needed for consent, have each patient/client use a separate pen and clean pens between use
- Administer the appropriate immunization as per [BCCDC guidelines](#)
- Provide patient/client an immunization record make them paperless if possible
- After immunization, ask patient/client to remain on site for 15 minutes in the designated area (adhere to physical distancing measures)

Infection prevention control (IPC)

- Hand sanitize between each patient/client
- Wipe down immunizing area between each patient/client
- Disinfect frequently touched surfaces frequently during the day (tables and pens)
- Gloves are not necessary except when administering intranasal influenza vaccine or oral non-influenza vaccines (e.g., rotavirus). Gloves should be changed between clients and hand hygiene performed after gloves are removed
- Staff who are behind a barrier do not need to use PPE, except for protection between staff behind the barrier
- PPE may be used for the full duration of a shift, i.e., extended use of the same mask and eye protection, but should be replaced after a break. Soiled, wet or damaged masks should be replaced
- PPE including medical mask, eye protection, gown and gloves should be immediately available to all personnel who need to provide first aid or respond to a health emergency

Other considerations

- Maintain a list of staff and clients attending each clinic to facilitate contact tracing if needed

References

[BCCDC-Continuity, Prioritization and Safe Delivery of Immunization Services during COVID-19 Response](#)

[Guidance for Influenza Vaccine Delivery in the Presence of COVID-19 \(August 21, 2020\)](#)

[CDC-Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations](#)

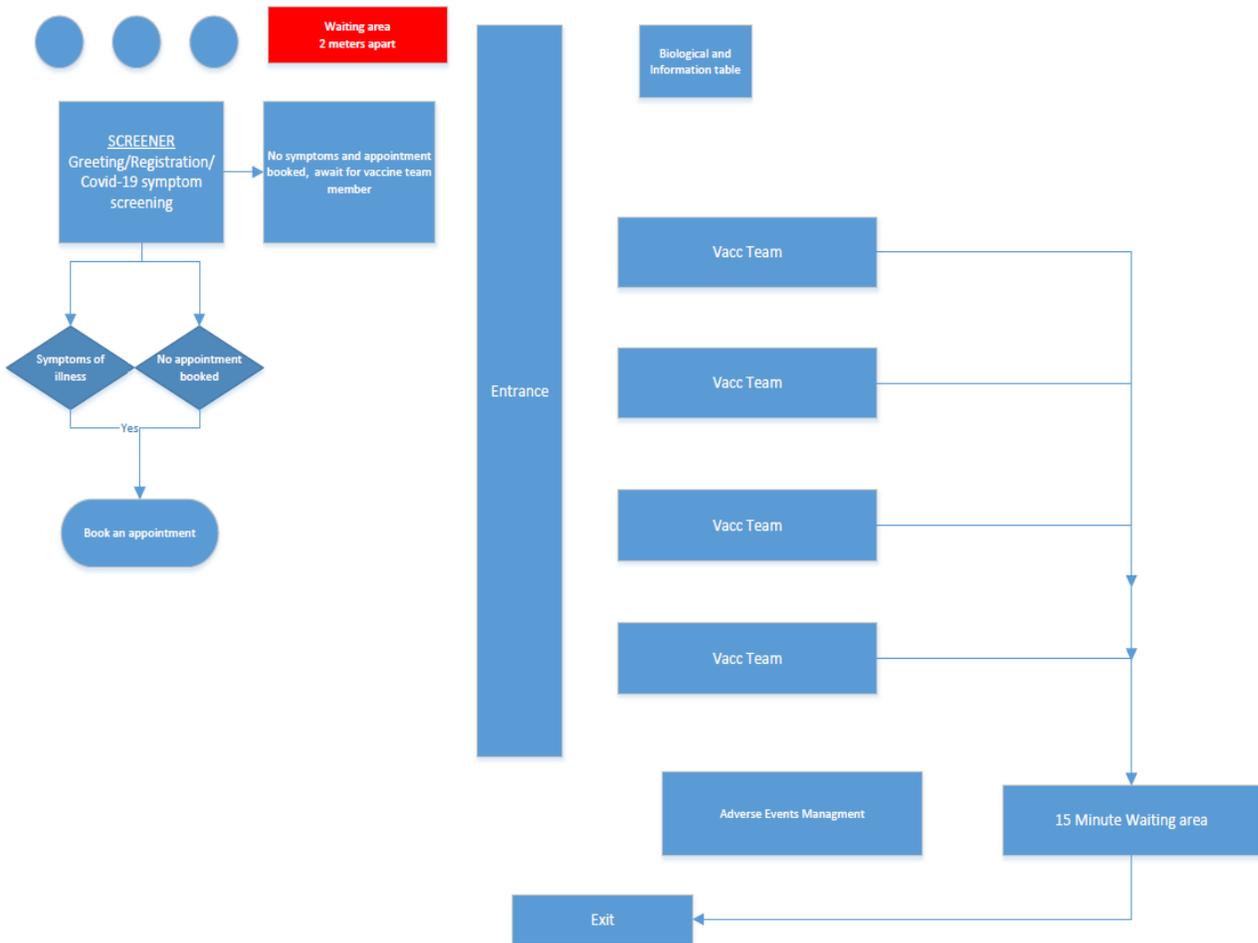
National Advisory Committee on Immunization (NACI)
[Recommendations on the Duration of the Post-vaccination Observation Period for Influenza Vaccination during the COVID-19 Pandemic \(Sept 2020\)](#)

[New South Wales Immunisation services during Covid-19](#)

[WHO- Guiding principles for Immunization activities during Covid-19 Pandemic](#)

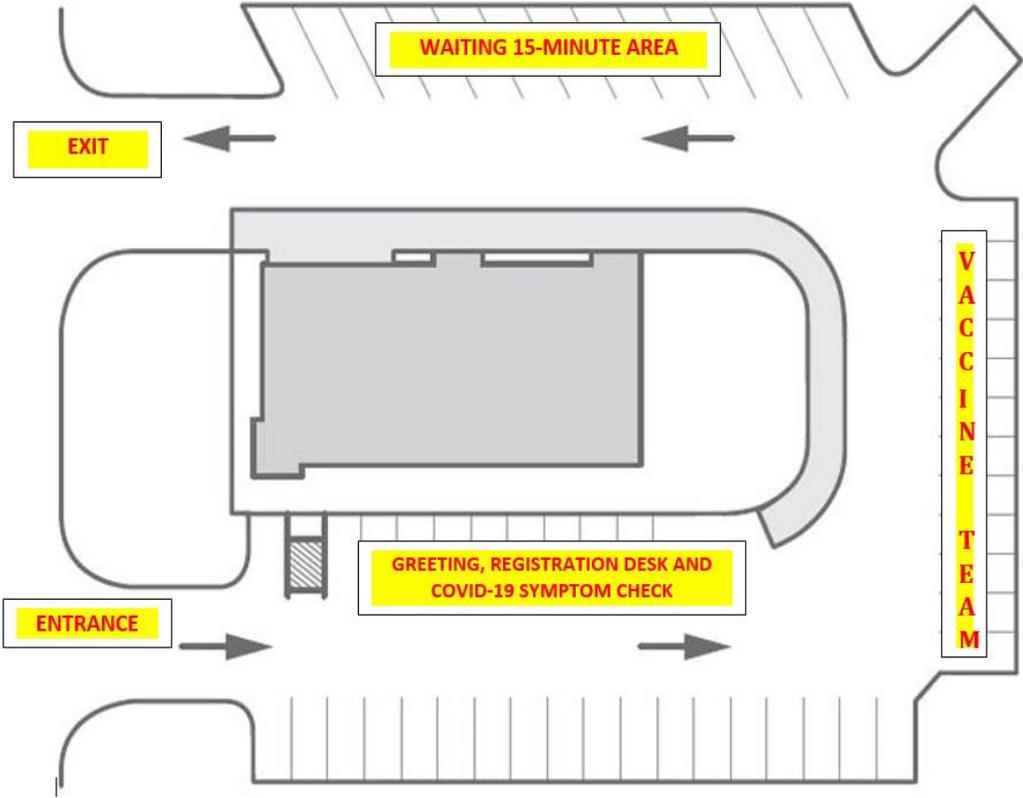
Appendix A

Sample Mass Immunization Clinic lay out (illustrative purposes)



Appendix B

Sample Mass Immunization drive through lay out (illustrative purposes)



Appendix C

Signage

- **Enter**
- **Face Mask**
- **Stop clean your hands**
- **Screening station**
- **Exit**

ENTER



HERE

Please

**WEAR
FACE
MASK**



Thank You

STOP
Clean your
hands





Wait Here



Appendix D

Sample Covid-19 Screening Process



Fraser Health COVID-19 Screening Process for Community Health Professionals

Note: THIS FORM MUST REMAIN ON THE PATIENT'S CHART

Client name: _____ ID# _____ Date: _____

The Intake Nurse or the Community Health Professional will ask each client the following questions prior to each visit (by phone).

1. The Community Health Professional will ask the client (check all that apply):

COVID-19 Risk Assessment (check all that apply)					
1. Does the patient have new onset of COVID-19 like symptoms?					
<input type="checkbox"/>	Fever	<input type="checkbox"/>	Sore throat or painful swallowing	<input type="checkbox"/>	Muscle aches
<input type="checkbox"/>	Cough	<input type="checkbox"/>	Loss of sense of smell	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	Loss of sense of taste	<input type="checkbox"/>	Nausea and/or vomiting ¹
<input type="checkbox"/>	Headache	<input type="checkbox"/>	Loss of appetite	<input type="checkbox"/>	Diarrhea ¹
<input type="checkbox"/>	Chills	<input type="checkbox"/>	Runny nose	<input type="checkbox"/>	No
2. Does the patient have a risk factor for COVID-19 exposure? In the last 14 days, has the patient:					
<input type="checkbox"/>	Returned from travel outside of Canada?				
<input type="checkbox"/>	Been in close contact with anyone diagnosed with laboratory-confirmed COVID-19?				
<input type="checkbox"/>	Lived or worked in a setting that is part of a COVID-19 outbreak?				
<input type="checkbox"/>	Been advised to self-isolate or quarantine at home by public health?				
<input type="checkbox"/>	No				
3. In the past 28 days, has the patient had a <u>positive</u> COVID-19 test? ²					
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes		
Date Tested: _____					

¹Nausea, vomiting or diarrhea should be present along with respiratory symptoms

²Refer to the [FH COVID-19 Criteria to Discontinue Additional Precautions in Confirmed COVID-19 Patients](#) for more details

If NO to all questions, follow routine procedures.

If YES to any of these questions, proceed to #2.

- Proceed to determine severity of the respiratory symptoms and follow-up as required. If the patient appears to meet the [criteria for COVID-19 testing](#), they need to contact their health care provider or HealthLinkBC at 8-1-1 for advice about testing.
- A decision must be made to determine if the procedure is necessary, or if the appointment can be deferred or conducted virtually. There may be limited circumstances under which it is preferable to postpone the care or the procedure:
 - The decision must be made by the appropriate clinician
 - The client must be kept fully informed

Appendix E

Flu Vaccine Order Form (2020-2021)

Available [here](#)

Appendix F

**Sample Influenza Recording Sheet and Sample 2 sided influenza record
for 2020**

Influenza Clinic

INFLUENZA
Year: _____

CLINIC DATE:

CLINIC SITE:

PROVIDER NAME/DESIGNATION:	SIGNATURE:	INITIAL:
DATE:	INFLUENZA LOT NO:	PNEUMOCOCCAL LOT NO:

Vaccine Recording Sheet for _____®

INFORMED CONSENT <input type="checkbox"/>	INFORMED CONSENT <input type="checkbox"/>
<input type="checkbox"/> INFLUENZA <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input type="checkbox"/> LL	<input type="checkbox"/> PNEUMO <input type="checkbox"/> RA <input type="checkbox"/> IM <input type="checkbox"/> LA <input type="checkbox"/> SC
PROVIDER INITIALS:	PROVIDER INITIALS:
INFORMED CONSENT <input type="checkbox"/>	INFORMED CONSENT <input type="checkbox"/>
<input type="checkbox"/> INFLUENZA <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input type="checkbox"/> LL	<input type="checkbox"/> PNEUMO <input type="checkbox"/> RA <input type="checkbox"/> IM <input type="checkbox"/> LA <input type="checkbox"/> SC
PROVIDER INITIALS:	PROVIDER INITIALS:
INFORMED CONSENT <input type="checkbox"/>	INFORMED CONSENT <input type="checkbox"/>
<input type="checkbox"/> INFLUENZA <input type="checkbox"/> RA <input type="checkbox"/> RL <input type="checkbox"/> LA <input type="checkbox"/> LL	<input type="checkbox"/> PNEUMO <input type="checkbox"/> RA <input type="checkbox"/> IM <input type="checkbox"/> LA <input type="checkbox"/> SC
PROVIDER INITIALS:	PROVIDER INITIALS:

(Note: If someone presents with a "Consent for Influenza Vaccine for Adults Assessed as Incapable of Giving Consent", attach it to this page for record keeping)

Please tally number of doses given by Age

Infants and Children 6 months to 4 years of age _____ Children and adults 5-64 years of age _____ 65 years and older: _____

Influenza Immunization Record

Name: _____

Date: _____

Flulaval Tetra Agriflu Fluzone QIV

Flumist Fluad Other

Influenza Immunization Record

Name: _____

Date: _____

Flulaval Tetra Agriflu Fluzone QIV

Flumist Fluad Other

Influenza Immunization Record

Name: _____

Date: _____

Flulaval Tetra Agriflu Fluzone QIV

Flumist Fluad Other

Influenza Immunization Record

Name: _____

Date: _____

Flulaval Tetra Agriflu Fluzone QIV

Flumist Fluad Other

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Flumist Fluad Other

Influenza Immunization Record

Name: _____

Date: _____

Flulaval Tetra Agriflu Fluzone QIV

Flumist Fluad Other

