Community Influenza and Pneumococcal Immunization Program during the COVID-19 Pandemic

Background

The purpose of this document is to provide First Nation communities recommendations on the different models and associated strategies to deliver influenza and pneumococcal vaccinations in fall 2020-winter 2021 during the COVID-19 pandemic.

The goals:

- To reduce the risk of infections that can be prevented by vaccines
- To lessen the burden of respiratory illnesses and complications in the population
- To prevent the healthcare systems from the pressures of dealing with COVID-19, influenza, and pneumococcal disease within the same period

To achieve the outlined goals, health centres will need to continue to implement public health measures, to apply infection prevention and control principles, and to consider strategies to improve and increase vaccine uptake.

Recommendations Applicable to All Vaccination Locations

Target Populations

The populations that are prioritized for immunizations are:

- Older adults (65 years and older)
- Children (6-59 months)
- Pregnant women
- People with chronic health conditions
- People who are immunocompromised
- People who are residents of congregate living facilities (e.g. long-term care or nursing homes)
- Indigenous Peoples
- Healthcare providers (HCPs)
- People who provide essential community services

Screening, Appointments, Entry

☐ COVID-19 screening should be performed for illness and exposure to COVID-19.

- ☐ Pre-visit screening: Screening clients over the telephone when they make an immunization appointment.
- ☐ Passive screening: Having signage at the door on restrictions (e.g. not to enter if you are feeling unwell) and the need to adhere to public health measures for preventing COVID-19.
- ☐ Active screening: Screening clients on arrival before they enter the clinic in-person, by telephone, or by an online screening tool.

☐ Immunizations should be deferred and re-scheduled for individuals:

- That present with symptoms that are consistent with COVID-19.
- With suspected, probable, or confirmed COVID-19.

☐ Schedule and confirm appointments for vaccinations.

- ☐ Clients should notify the health centre in advance if they currently have or develop any symptoms of COVID-19.
- ☐ Clients who need to be re-scheduled should not attend any immunization appointments until the criteria has been met to discontinue isolation.
- ☐ Clients should be provided specific appointment times and reminded to arrive at that specific time and not earlier to avoid crowding.
- ☐ Appointment times should be staggered to allow for the immunization encounter and 15 minutes post-vaccination observation.

☐ Staff that feel unwell must not attend work.

☐ Clients that feel unwell should stay home.

☐ Clients should be encouraged to wear loose-fitting and accessible clothing.

- This will minimize the need to remove clothing and to enable easy access to the region of vaccination administration.

☐ Use a single-use pre-immunization checklist for each client.

☐ Take precautions to maintain client confidentiality.

- This will ensure that the client feels safe and comfortable.

Physical Distancing

☐ Two-metre physical distance should be maintained unless providing direct client care.

☐ Use signage, barriers, or floor markings for persons who are waiting.

☐ space out chairs two metres apart for persons who are waiting.

☐ Monitor entries, line-ups, waiting areas, and exits.

☐ Ask clients to arrive on time and not in advance for their appointments.

☐ Determine and limit the number of clients that can be accommodated at any given time.

☐ Minimize movement through the clinic and have one-way traffic flow.

Infection Prevention and Control Measures

☐ Clients and HCPs should perform hand hygiene.

☐ Provide hand sanitizer stations near high-touch surfaces.

☐ HCPs should perform point of care risk assessments to determine the appropriate personal protective equipment (PPE) and the need for additional precautions.

☐ Clients and HCPs should wear appropriate PPE.

- ☐ Clients: PPE should include a procedure mask, non-medical mask, or face covering.
    - The exceptions include young children under the age of two, individuals with respiratory conditions, and individuals who require assistance with mask removal.
- ☐ Staff: PPE should include procedure mask, eye protection, and gloves if they are unable to maintain a two-metre physical distance.
    - Gloves should be changed between clients.

    - Hand hygiene should be performed before putting on gloves and after gloves are removed.
    - Medical mask and eye protection should be changed and disposed of when they have been soiled, wet, damaged, when the HCP is going for break, or at the end of the shift.

☐ Aerosol-generating medical procedure precautions

- Are not necessary for the administration of nasal or oral vaccines.
- May be necessary for serious anaphylaxis reactions that necessitate cardiopulmonary resuscitation (CPR).

☐ Ensure frequent environmental cleaning and disinfection.

- ☐ High touch surfaces should be cleaned and disinfected at a minimum of twice daily.
    - This includes telephones, chair arms, door handles, etc.

Recommendations for Specific Vaccination Locations

Immunization Clinics in the Community Health Centres or Nursing Stations

Health centres should be encouraged to organize their own on-site immunization programs and provide immunizations to staff, volunteers, and clients.

☐ Ask clients to remain outside or to stay in their vehicles until they are called into the facility for their appointment.

☐ Hold multiple smaller public clinics.

☐ Designate specific times for immunization clinics to ensure only well persons are in the clinic during this time period.

☐ Extend clinic hours to avoid crowding.

☐ Limit the number of individuals in the waiting area.

☐ Designate specific areas in the facility for delivering routine healthcare services and for administering vaccinations.

☐ Have designated personnel assigned to specific tasks.

- Some examples include: screening, monitoring traffic flow and waiting areas, assistance with the registration and consent processes, and cleaning.

☐ Ensure that there is frequent environmental cleaning and disinfection.

- Some examples of the following areas include: administrative area, client care area, washrooms, and immunization stations between clients.

☐ One client and one accompanying person is recommended per immunization visit.

☐ Adjust the consent and recording processes.

- ☐ Consider having the staff complete the information forms on behalf of the clients.
- ☐ Consider making the process paperless by using visible, audible, and electronic communications as much as possible.
    - This will help to minimize the use of reusable materials, to limit contact with paper, and to reduce the time spent in the clinic, respectively.

☐ Ensure that cold chain is maintained.

- ☐ Minimize the time interval between vaccine removal from the refrigerator and vaccine administration.

☐ Maintain physical distancing for the 15-minute post-vaccination monitoring period.

- ☐ Consider using physical barriers, signs, ropes, and floor markings.
- ☐ Consider a separate room for clients to wait post-vaccination.

☐ Ensure that trained personnel and supplies necessary to manage anaphylaxis are readily available.

☐ Maintain a list of staff and clients that attend the immunization clinic to facilitate contact tracing, if needed.

☐ Immunization should be documented.

Immunizations During Home Care Visits or Door-to-Door Campaigns

Vaccinations in the client's home may be ideal for individuals who are unable to or who may be hesitant to attend clinical settings during the COVID-19 pandemic to be vaccinated. It ensures that these clients receive other preventive and essential healthcare services at the same time.

☐ Ensure there is a process for screening all clients and their household members.

- ☐ Call prior to every home visit, if possible.
- ☐ Ask whether the client or any other members in the home has respiratory symptoms.
- ☐ Clients or household members with symptoms should be advised to self-isolate, on what to do if symptoms worsen, and the need to get tested.
- ☐ Point of care risk assessment and screening should be performed again at the door prior to entry into the client's home.

☐ Home safety risk assessment should be performed to verify that the environment is suitable for providing the necessary level of care in the home.

- ☐ Assess whether the client and household members are capable of adhering to the recommended precautions.
    - This includes hand hygiene, respiratory hygiene, and environmental cleaning.
- ☐ Clients and household members are informed that they are to maintain a physical distance of 2 metres from staff during the visit, if possible.
- ☐ Any safety concerns should be addressed (e.g. client's pets).

☐ Adjust the consent and recording processes.

- ☐ Consider having the staff complete the information forms on behalf of the clients.
- ☐ Consider completing the forms over the phone during the screening or appointment scheduling call.
- ☐ Consider making the process paperless by using visible, audible, and electronic communications as much as possible.
    - This will help to minimize the use of reusable materials, to limit contact with paper, and to reduce the time spent in the clinic, respectively.

☐ Equipment and supplies must be available and carefully managed.

- A container or medium-sized bag (e.g. duffle bag, tote, or backpack) that contains essential equipment, supplies, sharps container/biohazardous bin, and waste receptacles is recommended. This must be cleaned and disinfected between clients.
- Sharps must be placed in the sharps container/biohazardous bin.
- Gloves, alcohol wipes, and waste should be placed in a garbage bag.
- Limit the number of equipment brought into the home to what is essential to minimize contamination.
- Single-use disposable equipment and supplies should be used whenever possible and discarded.

☐ Ensure that cold chain is maintained.

- Vaccines must be transported and stored away from light and within the temperature range recommended by the manufacturers (e.g. between 2°c to 8°c) until it is ready for use.
- Vaccine temperature data should be reviewed and documented at the beginning of the shift and in the middle of the shift, if possible.
- The amount of vaccine transported should be limited to the anticipated amount needed for the workday.

☐ The HCP should stay at least 15 minutes post-vaccination to monitor the client for any anaphylactic reactions.

☐ Ensure that supplies necessary to manage anaphylaxis area readily available.

☐ Immunization should be documented.

Parking Lot or Drive-through Clinics

Parking lot or drive-through clinics allows individuals who may be hesitant to attend clinical settings during the COVID-19 pandemic to be vaccinated. It uses the client's vehicle as an isolation compartment, ensures physical distancing to other clients, and frees up space in the health centre for clients who require acute healthcare services.

☐ Clients who are not suitable for drive-in immunization services should be offered in-clinic appointments. This may includes clients with:

- Previous history of anaphylaxis
- Allergies to the specific vaccine
- Unknown history of anaphylaxis or are receiving the specific vaccine for the first time

☐ Assess the physical suitability of the site.

- The parking area should be near the health centre in case of emergencies.
- There should be multiple parking bays where people could be continually monitored or readily assisted, if needed.

☐ Consider potential settings:

- Community buildings with a marquee
- Car washes
- Warehouses
- Arena parking lots
- Drive-through tents

☐ Have designated personnel assigned to specific tasks.
- Some examples include: screening, monitoring traffic flow and waiting areas, assistance with the registration and consent processes, and cleaning.

☐ Signage should be deployed to designate specific vehicle lanes, stopping points, and instructions.
- Instructions should inform drivers:
  - That all individuals within the car should stay inside the vehicle at all times.
  - To turn off their vehicle engines.
  - That they are not permitted to back up.
  - To roll down vehicle windows when staff approaches.

☐ Equipment and supplies must be available and carefully managed.
- ☐ A movable trolley or cart that contains essential equipment, supplies, sharps container/biohazardous bin, and waste receptacles is recommended. This must be cleaned and disinfected between clients.
- ☐ Sharps must be placed in the sharps container/biohazardous bin.
- ☐ Gloves, alcohol wipes, and waste should be placed in a garbage bag.

☐ Ensure that cold chain is maintained.
- ☐ Vaccines must be transported and stored away from light and within the temperature range recommended by the manufacturers (e.g. between 2°c to 8°c) until it is ready for use.
- ☐ Vaccine temperature data should be reviewed and documented at the beginning of the shift and in the middle of the shift, if possible.
- ☐ The amount of vaccine transported should be limited to the anticipated amount needed for the workday.

☐ Vaccine should be prepared at the time of administration.

☐ Vaccines should be administered using aseptic technique.
- ☐ HCPs should never enter the client's vehicle.
- ☐ The client should be asked to come out of their vehicle into a tent, temporary shelter, or protective canopy for the HCP to administer the vaccine.

☐ Have a designated post-vaccination area that is monitored by a trained individual.

☐ Ask the client or accompanying person to use their car horn if the client starts to feel unwell during the 15-minute post-vaccination observation period.

☐ Ensure that supplies necessary to manage anaphylaxis area readily available.

☐ Maintain a list of staff and clients who attended the immunization clinic, the date, and time to facilitate contact tracing, if needed.

☐ Immunization should be documented.

Outreach or Mobile Clinics

Outreach or mobile clinics provides individuals who may not have access to healthcare services or when home care is not available or feasible. This is a targeted method to reach underserved populations, vulnerable persons, homebound persons, or seniors who are sheltering in place.

☐ Mobile clinics may be used to visit targeted clients by using vans or buses.

☐ Assess the physical suitability of the site.
- It is recommended to choose places that are most frequented by the target population.

☐ Have designated personnel assigned to specific tasks.
- Some examples include: screening, monitoring traffic flow and waiting areas, assistance with the registration and consent processes, and cleaning.

☐ Equipment and supplies must be available and carefully managed.
- ☐ For a fixed site, a movable trolley or cart that contains essential equipment, supplies, sharps container/biohazardous bin, and waste receptacles is recommended. This must be cleaned and disinfected between clients.
- ☐ For mobile clinics, a container or medium-sized bag (e.g. duffle bag, tote, or backpack) that contains essential equipment, supplies, sharps container/biohazardous bin, and waste receptacles is recommended. This must be cleaned and disinfected between clients.
- ☐ Sharps must be placed in the sharps container/biohazardous bin.
- ☐ Gloves, alcohol wipes, and waste should be placed in a garbage bag.
- ☐ Single-use disposable equipment and supplies should be used whenever possible and discarded.

☐ Ensure that cold chain is maintained.
- ☐ Vaccines must be transported and stored away from light and within the temperature range recommended by the manufacturers (e.g. between 2°c to 8°c) until it is ready for use.
- ☐ Vaccine temperature data should be reviewed and documented at the beginning of the shift and in the middle of the shift, if possible.
- ☐ The amount of vaccine transported should be limited to the anticipated amount needed for the workday.

☐ Vaccine should be prepared at the time of administration.

☐ Ensure that clients can be monitored for the recommended 15-minute post-vaccination observation period.

☐ Ensure that supplies necessary to manage anaphylaxis area readily available.

☐ Maintain a list of staff and clients who attended the immunization clinic, the date, and time to facilitate contact tracing, if needed.

☐ Immunization should be documented.

School-based Clinics

School-based immunization programs have been impacted by extended school closures. However, as schools re-open this fall school-based immunization programs will re-start and students can initiate, resume, and complete their immunizations at that time.

☐ Assess the physical suitability of the site.
- Consider the size of the site
- Consider the jurisdictional restrictions on the size of indoor gatherings.
- Consider the adequacy of ventilation.

☐ Consider potential settings:
- Gymnasiums

- Cafeterias

☐ Hold immunization clinics over several days so that student attendance may be staggered.
☐ Stagger immunization tables and seating in waiting areas.
☐ Call in students according to classroom cohorts.
☐ Have designated personnel assigned to specific tasks.

- Some examples include: screening, monitoring traffic flow and waiting areas, assistance with the registration and consent processes, and cleaning.

☐ Ensure that there is frequent environmental cleaning and disinfection.

- Some examples of the following areas include: administrative area, client care area, washrooms, and immunization stations between clients.

☐ Adjust the consent and recording processes.

- Work with teachers, staff, and parents to obtain consent prior to the immunization clinic.
- Consider making the process paperless by using visible, audible, and electronic communications as much as possible.
    - This will help to minimize the use of reusable materials, to limit contact with paper, and to reduce the time spent in the clinic, respectively.

☐ Ensure that cold chain is maintained.

- Vaccines must be transported and stored away from light and within the temperature range recommended by the manufacturers (e.g. between 2°c to 8°c) until it is ready for use.
- Vaccine temperature data should be reviewed and documented at the beginning of the shift and in the middle of the shift, if possible.
- The amount of vaccine transported should be limited to the anticipated amount needed for the workday.

☐ Maintain physical distancing for the 15-minute post-vaccination monitoring period.

- Consider using physical barriers, signs, ropes, and floor markings.
- Consider a separate room for clients to wait post-vaccination.

☐ Ensure that trained personnel and supplies necessary to manage anaphylaxis are readily available.
☐ Maintain a list of staff and clients who attended the immunization clinic, the date, and time to facilitate contact tracing, if needed.
☐ Immunization should be documented.

Definitions

Aerosol-generating medical procedure: refers to any procedure carried out on a patient that can induce the production of aerosols. This includes endotracheal intubation, cardiopulmonary resuscitation (CPR) with bag-valve mask ventilation, open airway suctioning, bronchoscopy for diagnostic or therapeutic reasons, tracheostomy care, sputum induction for diagnostic or therapeutic reasons, non-invasive positive pressure ventilation for acute respiratory failure (e.g. CPAP or BiPAP), high flow oxygen therapy, nebulized therapy, and high frequency oscillatory ventilation.

COVID-19: is a new strain of coronavirus (SARS-CoV-2) identified in 2019, that is spread by respiratory droplets and contact routes, and causes mild to severe respiratory symptoms.

Healthcare provider: is any person who provides goods or services to a patient, or is engaged in actions with the primary intent of enhancing health and wellbeing.

Client: is an adult or child who receives or has requested healthcare services within the healthcare facility. A client is the same as a patient. These terms can be used interchangeably.

Personal protective equipment: refers to any specialized clothing or safety item worn by individuals prior to contact with potential or identified hazards.

Point-of-care risk assessment: is a comprehensive risk assessment completed by a healthcare provider before every patient interaction. It considers the task, patient, and environment to determine whether there is a risk of being exposed to an infection, the need for additional precautions, and the choice of personal protective equipment.

Procedure mask: is a face covering that may be flat or pleated, with ear loop attachments to affix to the ears, head, or both, and is used to protect healthcare providers from particulates and large droplets from entering the nose and mouth. A procedure mask is the same as a surgical, procedural, exam, or medical mask. These terms are used interchangeably.

Staff: Please refer to the definition for healthcare provider.

Symptoms: related to COVID-19 are new onset/exacerbation of fever (over 38 degrees Celsius), cough, shortness of breath, difficulty breathing, sore throat or runny nose. The expanded criteria includes chills, painful swallowing, stuffy nose, headache, muscle/joint ache, feeling unwell, fatigue, severe exhaustion, nausea, vomiting, diarrhea or unexplained loss of appetite, loss of sense of smell or taste, and conjunctivitis.

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