



Guidance for the Planning of Public Health School based Cohort & Catch-up Immunizations for Children in Grade 6-12 affected by school closures during COVID-19 as well as School COVID-19 vaccination clinics

PURPOSE:

To provide guidance to Public Health Nurses (PHNs) on the delivery of both Public Health (PH) cohort and catch-up of school based immunizations which were deferred due to school closures during the COVID-19 pandemic, and School COVID-19 vaccination clinics.

BACKGROUND:

Immunization is an essential service. The continuity and prioritization of immunization programs must be carefully considered in order to avoid unintentional consequences such as unimmunized cohorts and increases in vaccine preventable diseases.

Provincially, catch-up and cohort efforts for Grade 6-12 have commenced in Supersite(s) and will then transition to the school setting in the winter 2021. School based COVID-19 vaccine clinics will be delivered in the fall 2021.

RECOMMENDATIONS:

1. Schools with structurally disadvantaged populations / those schools with the lowest immunization uptake should be prioritized.

PRE-CLINIC PLANNING:

1. General Guiding Principles:

- Principal/Parent notification: Manitoba Health has mailed out Dear Parent/Caregiver Letters to those students in Grade 6-12 who are eligible or overdue for their routine Grade 6 and Grade 8 immunizations. [School Immunizations - #ProtectMB](#) Dear Parent/Caregiver Letters have also been distributed for those students in Grade 6-12 as well as most recently, 5 to 11 Year Olds re: school COVID-19 vaccine clinics. [COVID-19 Vaccine - #ProtectMB](#) Consent form direction and additional information is contained within. An e-consent form is in development by the Province.



PRE-CLINIC PLANNING CONTINUED:

PHNs are to contact their schools to schedule their clinics once the region has given the direction to do so. Request that schools with electronic billboards assist in promoting immunization messages.

- Planning should incorporate physical (social) distancing principles:
Refer to the following document:
[Physical Distancing and Restoring Services at Health Facilities](#)

Signage options:

- Respect physical distancing – English 8.5" x 11"
<https://sharedhealthmb.ca/files/respect-distancing-poster-eng.pdf>
 - French <https://sharedhealthmb.ca/files/respect-distancing-poster-fr.pdf>
- Staff must adhere to guidelines for infection control and prevention, including use of Personal Protective Equipment (PPE). Immunization clinics are considered a green zone and therefore PPE is used for the entire shift.

PHNs:

PPE includes mask and eye protection.

Masks: extended use of the same mask for repeated interactions with multiple clients for maximum of one complete shift; change mask if it becomes damp, wet, soiled, or damaged.

Eye protection: retain for the entire shift; when removed, clean, disinfect, and store as per protocol (see standard operating procedure disinfecting eye link below).

Gloves and gowns: not required for every client interaction (routine practices and additional precautions apply).

Public Health Clerks (PHCs), Admin staff, and Volunteers:

Direct client encounter(s): If barriers are *not* in place and/or physical distancing is *not* possible, mask and eye protection are required.

PPE Links:

[Provincial PPE requirements for Administrative and Reception](#)

[Provincial PPE requirements for outpatient settings](#)

[Guidance on the Removal, Storage and Extended Wear of Face Masks](#)

[SOP – Disinfecting eye protection](#)



- Casual nurses will be available (and possibly volunteers) to support the school based clinics as per normal process via the master scheduling template.

DURING-CLINIC PLANNING:

1. Guiding Principles:

- Immunizing providers and involved clinic staff, including volunteers will don the appropriate PPE (green zone) prior to clinic commencement. [PPE instructional resources](#)
- Ensure entry into the school's designated immunization clinic space/room is regulated to allow for smooth clinic flow.
- Provision of hand sanitizer to the student.
- Student will be called-/brought into the school's designated immunization clinic space/room.
- Immunizing provider will screen for precautions, contraindications, need for deferrals as per usual process, and immunize once the student is deemed fit for vaccine(s) provision.
- COVID-19-specific screening of students will need to take place when conducting immunization clinics outside of the school setting. [Screening Tool for Public Health and Health links staff](#)
This screening tool is intended to supplement clinical judgement, not supersede it. If the student screens positive, the immunization encounter is to be deferred and appropriately rescheduled.
- School designated immunization clinic spaces/rooms should have all high-touch surfaces as well as any additional surfaces the patient or health care worker has come in contact with disinfected after each patient has left (e.g., patient chairs, exam table, door knobs, counter tops, desk tops).
Ensure manufacturer's wet contact time is maintained on surfaces.
[COVID-19 Specific Disease Protocol \(Winnipeg\) – Acute & Community Settings](#)
(pages 14-16)



DURING-CLINIC PLANNING CONTINUED:

- As per the Canadian Immunization Guide, “In low-risk situations, observation can include having vaccine recipients remain within a short distance of the vaccine provider ... and in the company of another person, able to return immediately for assessment if they feel unwell”. Therefore, recovery may commence within the school’s designated immunization clinic space/room and transition to the classroom if room size is an issue. This is provided there is no history of adverse reactions post-immunization.
- The process for the management of an adverse event following immunization (AEFI) is to be reviewed with the parent/guardian as per the regular Public Health process when immunizing. [Competency #9: Adverse Events Following Immunization](#)

POST-CLINIC PLANNING:

1. Guiding Principles:

- Doffing of PPE for green zone school immunization clinics. [PPE instructional resources](#)
- Refer to I P & C measures for environmental cleaning in the following Protocol (pages 14-16):
[COVID-19 Specific Disease Protocol \(Winnipeg\) – Acute & Community Settings](#)
- PHNs are to consider their student population when planning for a subsequent catch-up clinic OR redirecting unimmunized students (i.e. refusals/deferrals/missed/no-shows) to their healthcare provider.

Sources: Coronavirus COVID-19: *Continuity, Prioritization and Safe Delivery of Immunization Services during COVID-19 Response*, April 9, 2020. BC Centre for Disease Control.

Shared Health Manitoba website- Refer to specific links within this Guidance Document.