



Guidance for the Planning of Influenza Immunization during COVID-19

PURPOSE:

To provide guidance for Public Health Nurses (PHNs) on the delivery of the seasonal influenza immunization clinics for fall 2020, during the COVID-19 pandemic.

BACKGROUND:

Reducing the burden of influenza is particularly important this fall and winter to prevent an increase in health care utilization at the same time as there is a potential resurgence of COVID-19 activity. In its [seasonal influenza vaccine statement](#) for 2020-2021, NACI advises that priority should be given to providing influenza vaccine to persons at high risk of influenza complications and those capable of transmitting infection to them.

The overall goal should be to reduce crowding at clinic sites while maintaining or increasing vaccine uptake. Refer to the National Advisory Committee on Immunization (NACI) statement on "[Guidance for Influenza vaccine delivery in the presence of COVID-19](#)".¹

PRE-CLINIC PLANNING:

1. Guiding Principles:

- PHNs have organized influenza vaccination outreach clinics to prioritize populations who may face barriers in accessing vaccination otherwise.
- Each community area has worked with their community to identify and plan clinic site(s) based upon logistics and population need.
- Planning must incorporate physical (social) distancing principles:
Refer to the following document:

[Physical Distancing and Restoring Services at Health Facilities](#)

Signage options:

- Elevator usage – English 11" x 17" <https://sharedhealthmb.ca/files/elevator-poster-eng.pdf>
- Family room – English 8.5"x 11" <https://sharedhealthmb.ca/files/family-room-poster-eng.pdf>
 - French <https://sharedhealthmb.ca/files/family-room-poster-fr.pdf>
- No sitting – English 8.5"x 11" <https://sharedhealthmb.ca/files/no-sitting-poster-eng.pdf>
 - French <https://sharedhealthmb.ca/files/no-sitting-poster-fr.pdf>



- 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>
- Stairwell distancing – English 11”x 17”
<https://sharedhealthmb.ca/files/stairwell-poster-eng.pdf>
 - French <https://sharedhealthmb.ca/files/stairwell-poster-fr.pdf>
- Room capacity – English 8.5”x 11” <https://sharedhealthmb.ca/files/room-capacity-eng.docx>

IPC:

- **PPE must be provided for the volunteers and casual nurses, to be provided by the responsible office.**
- Staff must adhere to guidelines for infection control and prevention, including use of Personal Protective Equipment (PPE). **Immunization clinics are considered a green zone.**
- **Green Zone-COVID-19 Non-Suspect patients, residents or clients are those who do not meet the criteria for testing and/or those deemed “recovered” by Public Health (if not admitted) or by Infection Prevention and Control (if admitted).**

Immunizers:

- **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:

- **Masks and eye protection.** Community clinics are dynamic environments and physical distancing may not always be possible.

PPE Links:

- [Provincial PPE requirements for Administrative and Reception](#)
- For definitions of Green, Orange and Red Zones, and PPE requirements for Immunization Clinics, please see: [Provincial PPE requirements for outpatient settings](#)
- [COVID-19 PPE table – Outpatient/Community Clinics](#)
- [Guidance on the Removal, Storage and Extended Wear of Face Masks](#)
- [SOP – Disinfecting eye protection](#)



- **Note:** If the client and/or accompanying person is symptomatic they are to be instructed not to attend the clinic site. Redirect to Covid testing centre.

PRE-CLINIC PLANNING CONTINUED:

- As per existing processes, all staff must self-screen prior to coming to work.
- Screening of clients will need to take place which includes screening questions at the time of the clinic, at the entrance point:
https://www.gov.mb.ca/asset_library/en/coronavirus/covid19_screening_checklist.pdf
- Screening tool is intended to supplement clinical judgement, not supersede it. If the student and/or accompanying person(s) screen positive, the appointment is to be deferred and appropriately rescheduled.

DURING-CLINIC PLANNING:

1. Guiding Principles:

Refer to the applicable sections of the following Protocol:

[COVID-19 Specific Disease Protocol \(Winnipeg\) – Acute & Community Settings](#)

- Immunizing providers and involved clinic staff, including volunteers will don the appropriate PPE prior to clinic commencement. [PPE instructional resources](#)
- Maintain a single point of entry and ensure entry into the facility is regulated to allow for smooth clinic flow.
- Greeter at the Entrance will conduct screening <https://sharedhealthmb.ca/files/covid-19-primary-care-providers-in-community.pdf>

As per the Pre-planning section, this screening tool is intended to supplement clinical judgement, not supersede it. In the event that the client and/or accompanying person screen positive, immunization is to be deferred and options identified (redirect to other community influenza immunization provider/clinic).

- Provision of hand sanitizer to the client and accompanying person.
- Clients must wear non-medical masks: <https://sharedhealthmb.ca/files/covid-19-non-medical-masks-in-community-settings.pdf>
- Client will be called- by turn for immunization.



- Client to proceed into the designated immunization station when called.
 - Immunizing provider to prepare applicable vaccine(s) for the client (draw up).
 - Immunizing provider will screen for contraindications and immunize.
 - All high-touch surfaces as well as any additional surfaces the patient or health care worker has come in contact with in the clinic areas/immunization stations **MUST** be 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 1.1.3 – 1.1.4)
- [As per the WRHA PPH Anaphylaxis Guideline](#), observation period of 15 minutes post vaccination is required. Chairs in waiting areas must be spaced for physical distancing and be disinfected as per above.
- The process for the management of an adverse event following immunization (AEFI) is to be reviewed with the parent/guardian as per the regular PH process when immunizing. [Competency #9: Adverse Events Following Immunization](#)

POST-CLINIC PLANNING:

1. Guiding Principles:

- Doffing of PPE. [PPE instructional resources](#)
- Refer to I P & C measures for environmental cleaning in the following Protocol (pages 1.13-1.14):
[COVID-19 Specific Disease Protocol \(Winnipeg\) – Acute & Community Settings](#)

Sources:

¹*Guidance for Influenza Vaccine Delivery in the Presence of COVID-19*, Public Health Agency of Canada (PHAC) in consultation with the Canadian Immunization Committee and the National Advisory Committee on Immunization (NACI), August 5, 2020

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

WRHA PPH Immunization Program Guidelines.