

# **NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS**

# TABLE OF CONTENTS

<b>1.0. INTRODUCTION .....</b>	<b>1</b>
<b>2.0. CLINIC PLANNING .....</b>	<b>2</b>
<b>2.1. Leadership and coordination.....</b>	<b>2</b>
<b>2.2. Immunization campaign and clinic planning parameters .....</b>	<b>2</b>
<b>2.3. Immunization clinic site identification .....</b>	<b>5</b>
<b>2.4. Human resources .....</b>	<b>6</b>
2.4.1. Clinic staffing.....	6
2.4.2. Legislation and regulatory considerations.....	7
2.4.3. Roles and responsibilities.....	7
2.4.4. Orientation and training.....	17
<b>2.5. Infection and prevention and control .....</b>	<b>20</b>
<b>2.6. Communications.....</b>	<b>23</b>
2.6.1. Public communication (external) .....	23
2.6.2. Clinic staff and volunteer communication (internal) .....	25
<b>2.7. Data management.....</b>	<b>26</b>
<b>2.8. Supplies .....</b>	<b>27</b>
2.8.1. Non-vaccine clinical supplies.....	27
2.8.2. Vaccines – storage and handling and cold chain maintenance.....	27
2.8.3. Non-clinical supplies .....	28
2.8.4. Signage.....	29
2.8.5. Key documents .....	29
<b>3.0. CLINIC OPERATIONS .....</b>	<b>32</b>
<b>3.1. Mass immunization clinic set up and flow .....</b>	<b>32</b>
<b>3.2. PRE-IMMUNIZATION PROCESSES.....</b>	<b>33</b>
3.2.1. Pre-scheduling appointments / pre-registration before attending the clinic .....	33
3.2.2. Parking Lot.....	33
3.2.3. Line ups .....	34
3.2.4. Greeting and screening .....	34
3.2.5. Registration.....	34
<b>3.3. Immunization processes .....</b>	<b>35</b>
3.3.1. Vaccine preparation .....	35
3.3.2. Vaccine administration .....	36
<b>3.4. Post-Immunization Waiting Period .....</b>	<b>37</b>
<b>3.5. Management of Adverse Events .....</b>	<b>38</b>

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

---

<b>4.0. DE-ESCALATION ACTIVITIES.....</b>	<b>38</b>
<b>4.1. Site closure .....</b>	<b>38</b>
<b>5.0. ALTERNATE DELIVERY METHODS.....</b>	<b>39</b>
<b>6.0. EVALUATION.....</b>	<b>39</b>
<b>7.0. RESOURCES .....</b>	<b>40</b>
<b>APPENDIX 1 - SAMPLE MASS IMMUNIZATION CLINIC SUPPLY LIST .....</b>	<b>41</b>
<b>APPENDIX 2 - .....</b>	<b>47</b>
<b>APPENDIX 3 - .....</b>	<b>48</b>

## **1.0. INTRODUCTION**

The purpose of this document is to assist in planning immunization clinics for COVID-19 vaccines during the COVID-19 pandemic. Once COVID-19 vaccines are approved and available for use in Canada, they will need to immunize large numbers of people, as quickly as possible according to allocation plans. Although they are not the only means of offering COVID-19 vaccines, immunization clinics offer the ability to immunize large numbers of people over a short period of time. The primary target audience for this document is immunization planners of COVID-19 vaccine clinics. This guidance is based on the “Planning Guidance for Mass Immunization Clinics for COVID-19 Vaccines” developed by the Public Health Agency of Canada (PHAC) in consultation with the Canadian Immunization Committee and the National Advisory Committee on Immunization (NACI) and adapted for the province of New Brunswick. This planning guidance is meant to complement existing New Brunswick immunization campaign and clinic plans, and provides ideas and suggestions for consideration which may or may not be appropriate in particular settings and contexts.

Implementing immunization clinics is a large-scale operation which requires detailed planning, coordination, collaboration and efficiency. Typically, in immunization clinics a large number of clients are being immunized, so any inefficiency in the processes can significantly decrease the clinic’s capacity to safely immunize the optimal number of people. Any major incident (e.g., major injury requiring emergency medical services or technological problem) at a clinic can delay the receipt of immunizations and negatively impact the clients’ confidence in the process. Building public confidence in vaccines will be even more important during the COVID-19 immunization clinics with the rollout of new vaccines.

In the current context of the COVID-19 pandemic, planning is required to prevent COVID-19 infection of clinic staff, volunteers and clients. Larger clinics with more Immunizers are generally more efficient at vaccinating higher numbers of clients, however, in the context of COVID-19 community transmission, the need to maintain physical distancing and prevent crowding will be very important in determining the size and flow of people within immunization clinics.

This document incorporates New Brunswick recommendations for influenza immunizations clinics as outlined in the following documents:

- [Guidance for Influenza Vaccine Delivery in the Presence of COVID19](#)
- [Questions and Answers for providers: Influenza Vaccine Delivery in the Presence of COVID19](#)
- [Immunizing in Orange Phase](#)

These documents are based on National documents:

- [Public Health Agency of Canada’s \(PHAC\) Guidance for influenza vaccine delivery in the presence of COVID-19 as applicable to COVID-19 immunization](#)
- [The National Advisory Committee on Immunization’s \(NACI\) recommendations on the Duration of the Post-vaccination Observation Period for Influenza Vaccination during the COVID-19 Pandemic](#)

Although the focus of this guidance document is on planning for large immunization clinics, some information and resources are provided regarding alternate vaccine delivery methods. Issues related to vaccine availability and prioritization/eligibility are beyond the scope of this document, however it should be noted that COVID-19 vaccines are expected to be available progressively over time in a sequenced roll out and clinics may have specific eligibility criteria depending on

vaccine availability. It is anticipated that authorization of COVID-19 vaccine use for children and pregnant women will come later in the campaign.

## **2.0. CLINIC PLANNING**

### **2.1. Leadership and coordination**

Planning and implementation of COVID-19 clinics requires experienced leadership and the coordination of many community groups and individuals. Clinic leadership will need to be established to provide overall management, planning and coordination of clinic operations, as well as knowledge of public health practices and infection prevention and control to prevent the transmission of COVID-19. Regional Health Authorities (PH RHA) will be responsible to provide overall management, planning and coordination of clinic operations, as well as knowledge of public health practices and infection prevention and control to prevent the transmission of COVID-19.

A key aspect of leadership and coordination is to identify areas where collaboration may be required and, where possible, to negotiate agreements in advance (e.g., collaboration with owners of facilities to secure clinic sites and human resources. NBPH is responsible for planning the receipt and distribution of vaccines and the determination of the order of priority groups to receive the vaccine. RHAs are responsible for establishing the clinic sites and overseeing clinic operations. The Government of Canada has purchased sufficient quantities of some supplies to immunize all Canadians (including syringes, needles, alcohol swabs, bandages, gauze and sharps containers), arrangements will need to be put in place with suppliers for other required supplies.

Collaborations for clinic implementation may include arrangements related to the following:

- Parking (e.g., snow removal and waiver of parking restrictions)
- Transportation of individuals to the clinics (e.g., older adults, people who are home-bound, residents of remote and isolated communities, people with special needs)
- Acquiring, storing and transporting of supplies and biomedical waste
- Security and safety of clinic sites
- Being the sole user of the site, but if that is not possible, coordination with other users to prevent interactions, conflicts and confusion
- When COVID-19 vaccines are authorized for children, collaboration with school officials and, if feasible, with parents/guardians for implementation of school-based clinics, including for students who are learning remotely.
- In developing these collaborations, consider the needs and resources of the community as well as the current impacts on the health system in the pandemic response. Planning should take into consideration the use of immunizers that are not part of or would be part of future response.

When establishing these collaborations, consider the needs and resources of the communities. Planning should take into account the various needs of the community to serve, including age, gender, skills, culture, language, religious beliefs, and other social and demographic factors. It is recognized that each province and territory has its own health care infrastructure, and planners will need to align their clinical plans with the systems established in their jurisdiction.

### **2.2. Immunization campaign and clinic planning parameters**

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

---

Immunization campaign planning begins with determining the number of people to be immunized. The number of people to immunize are then used to plan the number of clinics required and the number of staff and volunteers at each clinic. The following parameters to support planning are outlined below:

- Number of vaccine doses an Immunizer can give per hour (immunization rate)
- Number of Immunizers per clinic
- Duration of each clinic
- Number of clinics per day and per week.

When vaccine quantities are limited, the number of doses available and the groups that are eligible to receive the vaccine will also need to be considered when planning immunization clinics.

See **Table 2** in Section 2.4 for a description of the staffing/volunteer roles that are referred to below. Note that the numbers below are rough estimates and suggestions and may need to be adjusted depending on local circumstances and community needs.

### **Number of Vaccine Doses an Immunizer Can Give Per Hour (Immunization Rate)**

- On average, if consent forms have already been completed, the vaccine is pre-loaded into the syringes for the Immunizer and the clients continuously flow through the clinic, an Immunizer can give approximately 14 immunizations per hour. However, in the presence of COVID and the need to clean between clients this number will likely be less. If each Immunizer must pre-load their own syringes, the immunization rate is slower at approximately 12 immunizations per hour if no mixing is required and approximately 11 immunizations per hour if mixing is required.
- Although it is ideal for Immunizers to load or pre-load their own syringes, designated Syringe Pre-Loaders may make the clinic run more efficiently and achieve a faster immunization rate. Pre-loading of syringes by designated Syringe Pre-Loaders is most easily performed when only one product, lot and dose are being used at the clinic.
- More experienced immunizers may have faster immunization rates and immunization rates will increase as new immunizers become more familiar with their role.
- In planning appointments, a slower immunization rate could be used for the first few clinics and the immunization rate can be increased for subsequent clinics as experiences is gained.
- Once vaccine supply is no longer limited, immunizing couples or family units from the same household together may increase the immunization rate (as the consent discussion only needs to happen once for the whole family), although large numbers of young children can slow the immunization rate (need to hold the children and/or respond to their concerns to support them to receive the vaccine). It should be noted that vaccines for children are not anticipated to be available early in the COVID-19 immunization campaign.
- Consider the special needs for populations such as elderly, physically or mentally challenged etc.

### **The number of Immunizers depends on the available supports and the size of the clinic space**

- An average size clinic has 10-15 immunizers. Larger clinics with more immunizers can also be run but require more Clinic Leaders and these clinics may be more challenging to maintain physical distancing and avoid crowding.

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

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- Although normally there could be two immunizers per table, during COVID-19 only one immunizer per table is recommended to assist with physical distancing. This may limit the number of immunizers that can fit in a clinic space.

### Duration of Each Clinic

- If possible, consider keeping clinics short, such as six hours (time when the clinic is open for providing immunizations). This helps to reduce fatigue among the staff and volunteers. If longer clinics are needed, consider having two sequential staff/volunteer shifts.
- Staff and volunteers will need to arrive approximately an hour in advance to allow for set-up/organization and orientation.

### Number of Clinics Per Day and Per Week

- The number of clinics per day will depend on the number of staff and sites available and the ability of the infrastructure to support each clinic (i.e., ability to pack for or resupplying each clinic, the available cold chain equipment, transportation of vaccine and supplies to the clinic location).
- The number of clinics per week also depends on the number of staff available. Offering clinics on weekends and in the evenings facilitates immunization of those who are working or attending school. If running clinics more than five days per week, it is optimal to provide each staff member with two consecutive days off per week, if possible.

### Other Planning Parameters for Staffing

- At a minimum and if possible, it is recommended to have at least two Clinic Leaders at any immunization clinic. Clinics of 10-15 Immunizers should consider having at least three Clinic Leaders and/or Clinic Floaters per clinic, and larger clinics should have additional Clinic Leaders and/or Clinic Floaters.
- If mixing of vials and preloading of syringes is performed by staff other than the Immunizer (i.e., by Syringe Pre-Loaders) consider the following planning parameters:
  - If the vaccine requires mixing with an adjuvant or diluent, consider having one Syringe Pre-Loader per three Immunizers.
  - If the vaccine does not require mixing, consider having one Syringe Pre-loader for four Immunizers.
- See **Table 3** in section 2.4 for example of a possible staffing plan, including suggestions about staffing ratios.

### Planning for second doses

- As most of the COVID-19 vaccines require a second dose, it is important to make receiving that second dose as easy as possible for the client.
  - Ensure that sufficient vaccine is available for the second dose. This can be done by receiving shipments of both doses together in the initial delivery and storing the second dose locally until it is needed or ensuring that a later shipment will deliver the second dose in time for the second clinic.
  - Having clinics for the second dose in the same location and at the same time as the first dose clinic. To avoid confusion and control volumes, the second dose clinic should offer vaccine only to those who received the vaccine at the earlier clinic (21 or 28 days earlier

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

depending on the product). It is recommended that first doses not be offered at a second dose clinic.

**2.3. Immunization clinic site identification**

Identifying appropriate sites for immunization clinics requires selecting sites that meet the needs of the community and support clinic objectives and activities safely and securely. Location, accessibility and amenities should be considered when selecting clinic sites, as outlined in Table 1 below. The same clinic sites can be used for the entire duration of the immunization campaign, or different clinic locations may be chosen at different times to facilitate access.

If using school sites for immunization clinics, it is likely best to run the clinics when the students are not present (i.e., late afternoon or evening, or weekends). As clients often arrive early for clinics, particularly if the clinics are not run by appointment, it will be important to ensure that client do not enter the school or interact with students or school staff members if they are present in the building.

**TABLE 1- EXAMPLES OF CLINIC SITE CONSIDERATIONS**

LOCATION	ACCESSIBILITY	AMENITIES
<ul style="list-style-type: none"> <li>• Familiar/recognizable to the public/community</li> <li>• Centrally located in an area with high population density</li> <li>• Near communities with populations at increased risk for COVID-19 or who may have limited access to transportation (e.g., placing clinics in communities with lower average income or higher numbers of racial minorities, near food banks, nursing homes or shelters)</li> <li>• In culturally safe locations (e.g., Friendship Centres)</li> </ul>	<ul style="list-style-type: none"> <li>• Parking space (enough to maintain traffic flow)</li> <li>• Easily reached by public transportation with short travel times</li> <li>• Accessible for families, older adults and people with disabilities (i.e. wheelchair accessible)</li> <li>• Easy to transport supplies to and from site</li> </ul>	<ul style="list-style-type: none"> <li>• Very large, open areas for seating, immunization stations and waiting after immunization</li> <li>• Ability to manage one-way flow through the clinic (separate entrance and exit)</li> <li>• Good lighting and very good ventilation (particularly important during the COVID-19 pandemic)</li> <li>• Washroom facilities (for public and staff)</li> <li>• Separate rooms for secure storage (for supplies and staff belongings separately) and staff breaks</li> <li>• Access to electricity to support refrigerators, computers/laptops, printers</li> <li>• Access to internet</li> <li>• Indoor capacity suitable to hold those waiting in line (although waiting in line should be minimized)</li> </ul>

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

LOCATION	ACCESSIBILITY	AMENITIES
		during COVID-19) with some seating for those who cannot stand <ul style="list-style-type: none"> <li>• Separate access for receiving/loading supplies</li> <li>• Physical barriers to prevent spread of respiratory droplets, if available</li> <li>• Sufficient chairs, tables, privacy dividers, garbage cans</li> <li>• Separate/private Recovery area for managing medical situations</li> </ul>
Examples of potential clinic sites include: <ul style="list-style-type: none"> <li>• schools</li> <li>• colleges and universities (gyms, auditoriums, cafeterias)</li> <li>• shopping centres</li> <li>• trade or convention centres</li> <li>• city halls</li> <li>• places of worship</li> <li>• large vacant stores</li> <li>• community centres, legions</li> <li>• arenas</li> <li>• friendship centres</li> <li>• nursing stations</li> </ul>		

In addition, with appropriate equipment (e.g., tents, heaters), outdoor areas such as sports fields and parking lots can be used as potential mass immunization clinic sites.

When selecting sites, consider challenges that could be encountered and plan accordingly through the use of site visits and clinic implementation exercises, if possible. These challenges can include security issues if the public enters restricted areas, competition for parking spaces with other site users, conflict with other users (e.g. activities in arenas or school gymnasiums), limited storage space, damage to facilities and issues related to malfunctioning of essential systems such as water, electricity, internet connectivity and washrooms. If there is a possibility that clients will need to wait outside during the winter or inclement weather, consider options such as tents and heaters.

**2.4. Human resources**

**2.4.1. Clinic staffing**

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

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Immunization clinics require many human resources to facilitate effective operations. The number of personnel normally assigned to routine public health immunization programs will be insufficient to respond to COVID-19 immunization requirements, therefore securing additional staff will be necessary.

It is recommended that a contingency plan be in place to manage staffing for situations such as same day sick calls. Additional sources of health care provider staffing for immunization and/or pre-loading syringes may include:

- other health care providers such as paramedics, pharmacists
- physicians and nurses who work in the community, health care institutions or facilities
- medical and nursing schools.
- nursing agencies/temporary-help agencies

In New Brunswick, the scope of practice for some of the above providers include immunization education and training. Refer to [New Brunswick Immunization Program Guide](#) for competencies for immunizers for COVID19 immunization clinics.

The inclusion of non-health care provider public health staff, other allied health professionals and volunteers, will help fill the non-health care provider roles required for an effective and efficient clinic. Assignment of activities and requirements for supervision will depend on each jurisdiction's specific regulations and/or policies and the individual's level of competence and experience.

### 2.4.2. Legislation and regulatory considerations

Immunization clinics utilize a broad range of staff and volunteers, including regulated health professionals. The New Brunswick Immunization Program Guide provides direction to all health care practitioners who provide publicly funded vaccine. It outlines legislation, policies and standards necessary in the provision of safe, effective and competent immunization practice in accordance with the *Public Health Act*. The guide is intended to be used in conjunction with the Canadian Immunization Guide. Additional information can be found directly from the National Advisory Committee on Immunization.

The New Brunswick Immunization Program Guide is updated regularly to reflect changes in evidence and resources. Users of this guide should refer to the most current version of this document which can be found at: [http://www2.gnb.ca/content/gnb/en/departments/ocmoh/for\\_healthprofessionals/cdc/NBImmunizationGuide.htm](http://www2.gnb.ca/content/gnb/en/departments/ocmoh/for_healthprofessionals/cdc/NBImmunizationGuide.htm). A Medical Directive will be required for the administration of COVID19 vaccine.

### 2.4.3. Roles and responsibilities

**Table 2** provides examples of clinic roles and activities in large immunization clinic operations. Depending on the clinic setting and the size of the clinic and resources and needs of a community, some of these roles may be combined or excluded. Clarify which roles and activities will be carried out at the office and which are required on site at the clinic locations. Many of the planning functions will require a team approach, although only the lead position is listed below. Logs will need to be kept on staff who are on site for clinics including name, phone number and time in and out, should there be a case, for contact tracing purposes

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

**TABLE 2- EXAMPLES OF CLINIC ROLES AND ACTIVITIES IN IMMUNIZATION CLINIC OPERATIONS**

<b>ROLE</b>	<b>ACTIVITIES</b>
<b>CAMPAIGN AND CLINIC PLANNING WHICH CAN GENERALLY BE PERFORMED AT HEADQUARTERS / MAIN OFFICE AND NOT AT CLINIC LOCATIONS</b>	
<p><b>IMMUNIZATION CAMPAIGN LEADER</b> Role often performed by a director or manager with experience in immunization</p>	<ul style="list-style-type: none"> <li>• Ultimately responsible for the overall operations of the mass immunization campaign and clinics.</li> <li>• Oversees all aspects of clinic planning, implementation/operation and shut down.</li> <li>• Serves in a liaison role and responds to community leaders.</li> <li>• Ensures appropriate training materials are available for staff members in advance of clinics.</li> <li>• Working with the staff in charge of logistics and/or specialized support function, ensures appropriate supplies, including vaccines, for each clinic.</li> <li>• Ensures that policies are in place to maintain infection control.</li> <li>• Coordinates communication with staff.</li> <li>• Trouble-shoots problems/concerns that arise.</li> </ul>
<p><b>MEDICAL SUPPORT</b> Role often performed by medical health officer</p>	<ul style="list-style-type: none"> <li>• Writes the medical directives under which vaccines are administered for health care professionals who require delegation to immunize.</li> <li>• Writes the medical directive for the management of anaphylaxis.</li> <li>• Creates or approves vaccine information sheets, consent forms, and client tracking sheet.</li> <li>• Creates or approves on-site training / service materials, particularly for vaccinators, syringe fillers, and other healthcare professionals, including management of fainting and anaphylactic reactions.</li> <li>• Reviews reported adverse events following immunization and provides recommendations regarding the second vaccine dose (if that is needed)</li> <li>• If Medical Support is not available at the clinics, is available by telephone to assist with questions and provide instruction about contraindications and precautions.</li> <li>• Advises on COVID-19 related screening protocols and infection prevention and control precautions.</li> </ul>
<p><b>HUMAN RESOURCES / SCHEDULING</b></p>	<ul style="list-style-type: none"> <li>• Supports recruitment of necessary external staff and volunteers.</li> <li>• Ensures appropriate information needed for onboarding is obtained from external staff members who will be working at the clinics.</li> <li>• Obtains and verifies credentials of external regulated health professionals.</li> <li>• Verifies current cardio-pulmonary certification (CPR) for health care providers.</li> </ul>

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

<b>ROLE</b>	<b>ACTIVITIES</b>
	<ul style="list-style-type: none"> <li>• Obtains staff immunization information for new staff and existing staff if results not already on file (if possible and available) and promotes appropriate immunization for volunteers. This function can be performed by occupational health if that role is available.</li> <li>• Schedules all the required staff and volunteers for each clinic and ensures that staff and volunteers are aware of the date, time and location of clinics they are scheduled for and who to contact if changes to a scheduled shift are required.</li> <li>• Ensures staff and volunteers are aware of the need for and can wear personal protective equipment (i.e., mask and eye protection when applicable) throughout the clinic shift.</li> <li>• Manages any schedule changes among staff and volunteers. Develops contingency plans for last minute sick calls or when staff or volunteers do not show up for their shift, such as a roster of urgently available staff.</li> <li>• Ensures staff and volunteer liability issues are addressed.</li> </ul>
<b>FINANCE</b>	<ul style="list-style-type: none"> <li>• Supports the procurement of the necessary equipment, supplies and site locations for the clinics.</li> <li>• Creates forms and processes to track compensation (e.g., for external staff, overtime).</li> <li>• Ensures that financial matters are addressed according to procedures.</li> <li>• Collects and processes time sheets and invoices.</li> <li>• Tracks spending and seeks appropriate budget approval as needed.</li> </ul>
<p><b>LOGISTICS</b> Role can be performed by someone with logistical experience who understands procurement, immunization, the organization and the community</p>	<p>Oversees and manages logistical planning and operations of clinics including:</p> <ul style="list-style-type: none"> <li>• clinic site selection</li> <li>• pre-planning clinic site setup if possible, and setting up clinics in fixed sites in advance of the clinics starting</li> <li>• acquiring supplies and vaccines (in collaboration with Immunization Campaign Leader and Specialized Support Functions)</li> <li>• procurement of supplies for initial setup and replenishing of the clinics;</li> <li>• ensures packing of supplies for initial set-up and re-supplying of the clinics</li> <li>• transportation of supplies and vaccines to and from clinics, including how to accommodate the need for urgent supplies and/or vaccines</li> <li>• equipment and processes for cold chain management of vaccines</li> <li>• biomedical waste management (e.g., of sharps containers)</li> <li>• telephone translation services if on site translators are not available.</li> </ul>
<b>ADMINISTRATIVE SUPPORT</b>	<ul style="list-style-type: none"> <li>• Provides administrative support to the clinic planners, as required.</li> </ul>

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

<b>ROLE</b>	<b>ACTIVITIES</b>
	<ul style="list-style-type: none"> <li>Involved in ordering, packing and organizing clinic supplies and forms.</li> </ul>
<b>EPIDEMIOLOGY/DATA BASE SUPPORT</b>	<ul style="list-style-type: none"> <li>PHNB determines how information on clinic clients will be recorded and analyzed (see Section 2.7 on Data Management).</li> <li>PHNB determines how information on each clinic will be recorded (see Section 2.7 on Data Management).</li> <li>PHNB determines how local/provincial and federal data reporting requirements will be met.</li> </ul>
<b>IT SUPPORT</b>	<p>If clinics are using electronic recording and information systems, IT support will be required to ensure:</p> <ul style="list-style-type: none"> <li>internet connectivity</li> <li>appropriate equipment</li> <li>proper functioning of the equipment</li> <li>privacy and security of the information</li> <li>back-up systems</li> <li>access to rapid support when issues arise.</li> </ul>
<p><b>SPECIALIZED SUPPORT FUNCTIONS</b> Role can be performed by a health care provider familiar with infection prevention control or occupational health and safety and cold chain management</p>	<p>Supports planning for specialized functions which can include:</p> <ul style="list-style-type: none"> <li>infection prevention and control / occupational health and safety</li> <li>cold chain management (particularly for vaccines with specific cold chain requirements) and supports training of other staff with regard to cold chain management requirements including management of dry ice (if required).</li> <li>vaccine inventory management (in collaboration with Logistics and Immunization Campaign Leader)</li> </ul>
<p><b>COMMUNICATIONS OFFICER</b> <b>***All communications will be led by the province. The provincial communication team in consultation with PHNB, RHAs will provide the communication plan and tools.</b></p>	<ul style="list-style-type: none"> <li>Develops communications materials regarding the immunization campaign which may include media briefings, websites, social media and media buys.</li> <li>Advises media outlets, updates the websites and uses social media to advise the public regarding eligibility criteria for the clinics (if available vaccine doses are limited), clinic locations, dates, hours, need for appointments or not, what to bring with them, the accessibility of the site and other relevant information.</li> <li>Serves as first point of contact with media and arranges media interviews with the appropriate spokespersons.</li> <li>Develops a media/communications protocol to ensure clinic staff/volunteers are apprised of how to respond to media visits to the clinic and/or questions.</li> <li>Ensures that written materials are translated into appropriate languages, are culturally appropriate and written at an appropriate reading level.</li> <li>Informs local emergency personnel and nearby hospitals of the dates, times and locations of each clinic.</li> </ul>
<b>ON-SITE CLINIC ACTIVITY</b>	
<b>PARKING LOT ATTENDANTS</b>	<ul style="list-style-type: none"> <li>Maintains parking lot traffic flow.</li> </ul>

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

<b>ROLE</b>	<b>ACTIVITIES</b>
Role can be performed by a volunteer, security guard or non-health care provider staff member	<ul style="list-style-type: none"> <li>• Directs clients appropriately.</li> <li>• Can help with obtaining assistance from clinic nurses/medical support if clients are waiting in their vehicles post-immunization and need assistance, along with the Post-Immunization Waiting Area Monitors who would be monitoring the parking lot in this model.</li> </ul>
<b>SECURITY</b> Role can be performed by a hired security guard or provided by the site.	<ul style="list-style-type: none"> <li>• Facilitates safety of staff, volunteers and clients, as well as the clinic property and equipment.</li> <li>• Assists in crowd control and clinic flow.</li> <li>• Intervenes as required if security issues arise.</li> <li>• Ensures that all staff/clients have left the site after clinic hours.</li> <li>• Ensures security of the clinic location, onsite vaccine and other supplies and equipment after the clinic has ended.</li> <li>• At least two security guards are recommended per clinic.</li> </ul>
<b>CLINIC CLEANERS</b>	<ul style="list-style-type: none"> <li>• Ensures that immunizing table and chairs are disinfected between clients</li> </ul>
<b>CLINIC LEADERS</b> Role often performed by managers or senior nurses or other nurses with immunization experience	<ul style="list-style-type: none"> <li>• Responsible for the overall operations of the clinic.</li> <li>• Ensures assigned staff attend clinic and record attendance for payment purposes (may include signing time sheets).</li> <li>• Ensures staff are aware of their assigned roles and oversees and monitors all clinic staff activity.</li> <li>• Provides onsite clinic orientation/staff education prior to the start of the clinic and facilitates staff debrief at the end of the clinic, if these activities are being done at the clinic site.</li> <li>• Confirms that staff and clinic protocols are followed.</li> <li>• Can support infection prevention and control, occupational health and safety, cold chain and vaccine inventory monitoring functions (if separate staff not assigned to the Clinic Specialized Support role).</li> <li>• Serves as the onsite media spokesperson.</li> <li>• Responds to questions from clients during the screening or registration process, including clients with questions about the vaccine or immunization process, or clients who fail the COVID-19 screening, are not eligible for immunization based on the criteria of the clinic or have contraindications.</li> <li>• Trouble-shoots problems/concerns that arise.</li> <li>• Supports and promotes cultural safety, diversity and inclusion in the service of clients and among staff.</li> </ul>
<b>CLINIC FLOATERS</b> Role often performed by senior nurses or nurses with immunization experience	<ul style="list-style-type: none"> <li>• Assists the Clinic Leaders in their role and can serve as Clinic Leader if needed.</li> <li>• Ensures that protocols are followed during clinic activities.</li> <li>• Provides support to newer Immunizers.</li> <li>• Trouble-shoots and responds to medical questions or concerns from clients, staff and volunteers.</li> <li>• Lead contact for post-immunization adverse events (e.g., fainting and anaphylaxis management) and other medical emergencies (if a separate Medical Support staff is not</li> </ul>

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

<b>ROLE</b>	<b>ACTIVITIES</b>
	<p>assigned or available). Reports adverse events such as anaphylaxis that occur during the clinic to the appropriate public health officials if indicated.</p> <ul style="list-style-type: none"> <li>• Responds to questions from clients during the screening or registration process, including clients with questions about the vaccine or immunization process, or clients who fail the COVID-19 screening, are not eligible for immunization based on the criteria of the clinic or have contraindications.</li> <li>• Can support infection prevention and control, occupational health and safety, cold chain and vaccine inventory monitoring functions (if separate staff not assigned to the Clinic Specialized Support role).</li> <li>• If needed, can provide back-up as Immunizer or Syringe Pre-Loader.</li> </ul>
<p><b>GREETERS</b> Role can be performed by a volunteer or non-health care provider staff member</p>	<ul style="list-style-type: none"> <li>• Welcomes clients and monitors line-ups to maintain physical distancing.</li> <li>• Encourages handwashing/santizing</li> <li>• Asks if client has an appointment (if clinic is appointment-based) and if client meets the eligibility criteria for the clinic (if there are eligibility criteria for the clinic based on who is being prioritized for immunization).</li> <li>• Screens for any COVID-19 related symptoms as per the clinic and jurisdiction's screening protocols.</li> <li>• Refers clients who fail the screening protocol or have questions to the appropriate staff member (e.g., Clinic Leader, Clinic Floater, Medical Support).</li> <li>• Ensures clients are wearing a mask (unless less than 2 years of age, or cannot wear a mask) and that they clean their hand with alcohol-based hand sanitizer. Provide a mask to clients who do not have one.</li> <li>• Determines whether the client has any accessibility needs (e.g., mobility issues, sight or hearing impaired) that require additional supports and refers to the appropriate staff member (e.g., Clinic Leader, Clinic Floater, Medical Support).</li> <li>• Directs clients to registration.</li> <li>• Facilitates crowd control and clinic flow, ensuring physical distancing of at least 2 metres is maintained between clients while waiting in line to enter the clinic or in the pre-registration area (although clients from the same household can remain together) with the aid of markings on the ground.</li> <li>• Ensures that signage is in place and visible, including COVID-19 screening protocols, eligibility criteria, clinic instructions and clinic flow, as appropriate.</li> </ul>
<p><b>REGISTRATION</b> Role often performed by administrative assistants, particularly if</p>	<ul style="list-style-type: none"> <li>• Verifies the client's appointment (if the clinic is appointment-based).</li> <li>• Depending on the registration process used by the clinic, verifies registration documents (e.g., Consent Form) have</li> </ul>

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

<b>ROLE</b>	<b>ACTIVITIES</b>
<p>being done electronically</p>	<p>been completed online, or assists with their electronic completion or provides paper documents for completion. If required for registration, checks the health card or other identification.</p> <ul style="list-style-type: none"> <li>Refers clients to appropriate clinic staff members for discussion of any potential contraindications to immunization or questions (e.g., Clinic Leader, Clinic Floater, Medical Support).</li> </ul>
<p><b>SYRINGE PRE-LOADERS</b> Only needed in clinics where pre-loading occurs by non-Immunizers</p> <p>Role could be performed by a nurse, registered practical nurse, pharmacist</p>	<ul style="list-style-type: none"> <li>Mixes vaccine with appropriate diluent or adjuvant (depending on the vaccine) using appropriate aseptic technique as per the <a href="#">Canadian immunization Guide</a> .</li> <li>Pre-loads the syringe with the appropriate dose and attaches the needle for administration using appropriate aseptic technique as per the <a href="#">Canadian Immunization Guide</a></li> <li>Ensures that sufficient vaccine is pre-loaded to keep the clinic running efficiently, but not too much is preloaded in order to prevent wastage.</li> <li>Ensures vaccines are kept according to appropriate cold chain requirements during the mixing and pre-loading processes and after pre-loading, with appropriate temperature monitoring and recording.</li> </ul>
<p><b>RUNNERS</b> Role could be performed by administrative assistants, non-health care provider staff members or volunteers</p>	<ul style="list-style-type: none"> <li>In clinics where syringe pre-loading occurs by non-Immunizers, monitors the supplies of pre-loaded syringes that each Immunizer has and needs, and delivers preloaded syringes with the attached needle from the Syringe Pre-Loader to the Immunizers in a container (e.g., small box with no lid).</li> <li>Monitors and delivers other required equipment to Immunizer or Syringe Pre-Loaders and responds to staff requests.</li> <li>If using a paper-based system, collects completed consent forms from Immunizers.</li> <li>At the end of the clinic, completes inventory count for ancillary supplies, forms and other equipment and provides replenishment numbers needed for the next day's clinic (if using the same site) to Administrative Support (below)</li> </ul>
<p><b>CLIENT FLOW MONITORS</b> Role could be performed by volunteers or non-health care provider staff members</p>	<ul style="list-style-type: none"> <li>Directs clients who have registered to the next available Immunizer.</li> <li>Ensures clients waiting in line for the next Immunizer are physically distanced with the aid of markings on the floor indicating where to stand and/or where chairs are placed to sit.</li> <li>If clinic is operating by calling pre-registered clients in from their vehicle or outside, performs this function.</li> </ul>
<p><b>IMMUNIZERS</b> Role can be performed by nurses, doctors, pharmacists, registered practical nurses, nursing</p>	<ul style="list-style-type: none"> <li>As per manufacturers direction, if syringes are pre-loaded by Syringe Pre-Loaders, verifies volume in the syringe. If Immunizer is loading the syringes, verifies that they have sufficient supply for the next client.</li> </ul>

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

<b>ROLE</b>	<b>ACTIVITIES</b>
<p>and medical students, midwives (depending on jurisdictional requirements and legislation)</p>	<ul style="list-style-type: none"> <li>• Signals that they are ready for the next client using a flag, waving their hand or other mechanism.</li> <li>• Verifies client matches the consent form information and that informed consent has been obtained; screens for illness and any contraindications and answers client's questions or concerns.</li> <li>• Assesses client to determine if they have a history of fainting during medical procedures, or look anxious, pale or sweaty. These clients may require immunization lying down on a mat in the First Aid Area or in a reclining chair (if available) to prevent fainting and injury.</li> <li>• Using appropriate techniques (including hand hygiene, land-marking), immunizes the client.</li> <li>• Following immunization, activates safety engineered device and then immediately disposes of the needle and syringe in the sharps container.</li> <li>• Completes documentation for the clinic record and for the client.</li> <li>• Provides client with their Immunization Record and After-Care Sheet.</li> <li>• Counsels clients about post-immunization waiting period, monitoring for adverse events, what to do if adverse events develop, need for and timing of a second dose (if needed), and the need to continue to follow COVID-19 precautions (e.g., physical distancing, mask use) on an ongoing basis as per public health recommendations.</li> <li>• Ensure clients can safely proceed to the Post-Immunization Waiting Area.</li> <li>• Responds to adverse events if required; documents and reports adverse events and informs appropriate clinic staff (e.g., Clinic Leader, Clinic Floater, Medical Support).</li> </ul>
<p><b>MEDICAL SUPPORT</b> Role can be performed by a physician, nurse practitioner or nurse specifically assigned to this role</p>	<ul style="list-style-type: none"> <li>• Responds to questions from clients during the screening or registration process, including clients with questions about the vaccine or immunization process, or clients who fail the screening, are not eligible for immunization based on the criteria of the clinic or have contraindications.</li> <li>• Monitors/responds to post-immunization adverse events and other medical emergencies.</li> <li>• Supervises clients who need extra medical attention after immunization.</li> <li>• Manage needle stick injuries by assisting to arrange testing of the source person and discussing the needs for post-exposure management in the exposed person.</li> </ul>
<p><b>POST-IMMUNIZATION WAITING AREA MONITORS</b> Role can be performed by health care providers or by non-health care</p>	<ul style="list-style-type: none"> <li>• Monitors Post-Immunization Waiting Area, including for clients who may be unwell and need assistance after immunization.</li> <li>• Ensures that clients maintain 2 metre distance and continue to wear their masks.</li> </ul>

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

<b>ROLE</b>	<b>ACTIVITIES</b>
<p>provider staff members or volunteers who inform health care providers if assistance is needed</p>	<ul style="list-style-type: none"> <li>• If clients are waiting in their vehicles or outside after immunization, monitors this outside area.</li> <li>• If role is performed by non-health care providers, informs a clinic health care provider (e.g., Clinic Leader, Clinic Floater, Medical Support) if a client needs medical attention.</li> <li>• Advise clients to use hand sanitizers on exiting the clinic.</li> </ul>
<p><b>ADMINISTRATIVE SUPPORT</b></p>	<ul style="list-style-type: none"> <li>• Performs or oversees registration process.</li> <li>• Collects all documentation including consent forms and adverse event forms (if paper-based systems are being used).</li> <li>• Enters any forms that are used into electronic system, depending on processes used at the clinic.</li> <li>• Ensures that medical information and Consent Forms remain confidential.</li> <li>• Provides training and oversight to volunteers who are performing the roles of Parking Lot Attendants, Greeters, Client Flow Monitors and Post-Immunization Waiting Area Monitors.</li> <li>• Assists with data collection for the clinic information including numbers vaccinated and supplies and vaccines used and needed.</li> <li>• Assists Clinic Leaders with tracking staff attendance and collecting time sheets and tracking volunteer attendance.</li> <li>• With Runners, at the end of the clinic, prepares re-order forms for ancillary supplies, client forms and other equipment that require replenishing for the next day's clinic if using the same site.</li> </ul>
<p><b>CLINIC SPECIALIZED SUPPORT</b> Role can be performed by a staff member familiar with infection prevention control or occupational health and safety</p>	<p>Supports:</p> <ul style="list-style-type: none"> <li>• infection prevention and control / occupational health and safety at the clinic</li> <li>• cold chain management (particularly for vaccines with specific cold chain requirements including the appropriate handling of dry ice, if required)</li> <li>• vaccine inventory management at the clinic</li> <li>• collaborates with custodial staff regarding cleaning and disinfection protocols</li> <li>• other functions such as answering client's questions, assisting with managing fainting or anaphylaxis and monitoring the Post-Immunization Waiting area</li> </ul>
<p align="center"><b>CLINIC SUPPORT (ROLES THAT ASSIST CLINIC STAFF AS NEEDED TO EFFICIENTLY DELIVER AND MAINTAIN CLINIC ACTIVITIES)</b></p>	
<p><b>TRANSLATORS/ INTERPRETERS</b> Trained translators optimal, but can use health care providers or volunteers who speak the required language</p>	<ul style="list-style-type: none"> <li>• Assists clients in understanding the immunization information and processes in the specific language.</li> <li>• Particularly important in clinics serving diverse population who many not speak English or French (depending on jurisdiction).</li> <li>• If onsite translators / interpreters are not available, telephone translation services can be used.</li> </ul>

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

<b>ROLE</b>	<b>ACTIVITIES</b>
<b>CUSTODIAL STAFF</b> Can be provided by the facility operating the site	<ul style="list-style-type: none"> <li>Ensures that site is clean and in proper working order (e.g. washrooms are cleaned and stocked, garbage is collected).</li> <li>Frequently cleans and disinfects commonly touched surfaces.</li> </ul>

**TABLE 3- EXAMPLES OF A POSSIBLE CLINIC STAFFING PLAN**

<b>EXAMPLE OF THE STAFFING TO VACCINATE APPROXIMATELY 1,000 PEOPLE AT A CLINIC</b>
<p>The example provided below is an estimate of the number of staff for the key functions that could be used to vaccinate approximately 1,000 people during an immunization clinic. It assumes that:</p> <ul style="list-style-type: none"> <li>the clinic is open to the public for six hours and each Immunizer has a half hour break</li> <li>the vaccines are pre-loaded for the Immunizers and consent forms have already been completed</li> <li>there is a continuous flow of clients</li> <li>the immunization rate is 14 immunizations per Immunizer per hour, and</li> <li>there are 13 Immunizers.</li> </ul> <p>These are rough estimates and may need to be adjusted to accommodate how the clinic is operating (e.g., online or onsite registration, pre-loaded syringes or syringes loaded by Immunizers), staff experience, the needs of the community, the size of the clinic site, and the available human resources.</p> <p><b>Estimated numbers of staff:</b></p> <ul style="list-style-type: none"> <li>3 leadership roles (e.g., 2 Clinic Leaders and 1 Clinic Floater)</li> <li>13 Immunizers (e.g., nurses, physicians, paramedics, pharmacists) for assessing clients before immunization, answering questions, immunizing, recording information, and managing adverse events</li> <li>4 Syringe Pre-Loaders if vaccine requires mixing; 3 syringe pre-loaders if vaccine does not require mixing</li> <li>9 volunteers or other non-health care provider staff members: 2 Parking Lot Attendees, 3 Greeters, 2 Client Flow Monitors, 2 Post-Immunization Waiting Area Monitors</li> <li>5-6 Administrative Assistants: 3-4 Registration (depending on how much of the registration process is done online before the client arrives at the clinic), 2 Runners</li> <li>1 Clinic Specialized Support person to manage infection prevention and control, occupational health and safety, vaccine inventory and cold chain monitoring</li> <li>1 Medical Support (optional)</li> <li>2 Security personnel</li> <li>1 Custodial staff</li> <li>Translators or interpreters as needed</li> </ul>
<b>EXAMPLE OF THE STAFFING TO VACCINATE APPROXIMATELY 450 PEOPLE AT A CLINIC</b>
<p>The example provided below is an estimate of the number of staff for the key functions that could be used to vaccinate approximately 450 people during an immunization clinic. It assumes that:</p>

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

- the clinic is open to the public for six hours and each Immunizer has a half hour break
- the vaccines are pre-loaded for the Immunizers and consent forms have already been completed
- there is a continuous flow of clients
- the immunization rate is 14 immunizations per Immunizer per hour, and
- there are 6 Immunizers.

These are rough estimates and may need to be adjusted to accommodate how the clinic is operating (e.g., online or onsite registration, pre-loaded syringes or syringes loaded by Immunizers), staff experience, the needs of the community, the size of the clinic site, and the available human resources.

### **Estimated numbers of staff:**

- 2 leadership roles (e.g., 2 Clinic Leaders)
- 1 Clinic Floater (optional)
- 6 Immunizers (e.g., nurses, physicians, paramedics, pharmacists) for assessing clients before immunization, answering questions, immunizing, recording information, and managing adverse events
- 2 Syringe Pre-Loaders (same number if mixing required or not)
- 5 volunteers or other non-health care provider staff members: 1 Parking Lot Attendees, 2 Greeters, 1 Client Flow Monitors, 1 Post-Immunization Waiting Area Monitors, 1 spare for back-up and to cover breaks
- 4 Administrative Assistants (2 Registration, 1 Runners, 1 spare for back-up and to cover breaks)
- 1 Clinic Specialized Support person to manage infection prevention and control, occupational health and safety, vaccine inventory and cold chain monitoring (role could be combined with Clinic Leaders, Clinic Floater or Medical Support)
- 1 Medical Support (optional)
- 2 Security personnel
- 1 Custodial staff
- Translators or interpreters as needed.

### **PRACTICAL TIPS FOR REMOTE AND ISOLATED COMMUNITIES**

- Because of the limited number of health care workers in these communities, surge capacity from outside the community may be required in addition to volunteers from within. These individuals should have appropriate cultural awareness training and be sensitive to the needs of the community.
- Some of the roles above may be combined in smaller clinics.

#### **2.4.4. Orientation and training**

Providing staff orientation and training prior to the first clinic is vital to the effective functioning of large immunization clinics. Staff and volunteers should be oriented to relevant administrative requirements such as:

- human resource forms
- scheduling
- time sheets
- who to call regarding shift changes or other questions
- if food and beverages will be provided for breaks

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

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- appropriate clothing for clinics. Examples could be having each ‘functional’ group wear a specific colored T shirt or have that “functional” title displayed on their T shirt.

Staff and volunteers should also receive training on general issues related to clinic functioning and their specific roles and responsibilities. See **Table 4** for some general issues to cover for all clinic staff.

It is recommended to develop clinic orientation and training manuals and materials that outline all aspects of clinic operations. Orientation materials may include the administrative information described above, as well as the following:

- clinic objectives
- clinic roles and responsibilities
- staff and volunteer identification (e.g., name tags, which can indicate if the staff member is bilingual, use of colour-coded badges, vests, or arm bands)
- clinic flow, including diagrams
- client consent
- COVID-19 screening
- determining client eligibility for the particular clinic
- documentation requirements
- medical directives and links to product monographs
- adverse event management (e.g., fainting and anaphylaxis management)
- storage, packaging and transporting of supplies and vaccines, including cold chain management
- biomedical waste disposal
- occupational health and safety and infection prevention and control, including the use of personal protective equipment, recommended immunizations, and the handling of sharps
- management of needle stick injuries
- privacy and confidentiality
- cultural sensitivity and responding to the diverse needs of clients (e.g., older adults, children, people with disabilities, people who speak other languages, cultures with the need for privacy when exposing their skin).

It is suggested that role specific training materials be provided for key roles performed by various staff members. For example, materials for:

- **health care providers** can describe the roles of Clinics Leader, Clinic Floater, Immunizer, Syringe Pre-Loader, Medical Support and Clinic Specialized Support
- **administrative assistants** can describe the Registration and Runner roles
- **volunteers and other non-health care provider staff members** can describe roles of the Parking Lot Attendants, Greeters, Client Flow Monitors and Post-Immunization Waiting Area Monitors.

See **Table 4** for some training topics for all staff and some of the health care provider roles.

In advance of the clinic, provide orientation and training through multiple channels and offer numerous learning opportunities for participants (e.g., online sessions that are self-directed or part of scheduled online meetings; written materials; opportunities to ask questions; group chat functions). Consider using checklists based on the roles the individual will fulfill to ensure that all aspects of orientation and training are covered. If time permits and as needed, consider a dry-run exercise to reinforce training for all roles involved in the clinics, including the management of fainting and anaphylaxis.

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

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If applicable, based on jurisdictional requirements, ensure that processes are in place to provide specialized training as required for staff (e.g., immunization certification, infection prevention and control, handling sharps, storage and handling of vaccines, data entry programs, anaphylaxis management) in advance of clinic opening. Although specific health care providers at the clinic are designated to manage fainting and anaphylaxis (e.g., Clinic Leader, Clinic Floater, Medical Support), all health care providers should be trained in fainting and anaphylaxis management and have up-to-date cardio-pulmonary resuscitation (CPR) certification (based on provincial / territorial / local requirements).

‘Just in time’ orientation and staff training before the start of each clinic can focus on:

- important features of their role
- areas that are known to cause problems or confusion based on experience at previous clinics
- issues that have been noted from previous clinics, and
- changes in processes from previous clinics.

To avoid aggregating of staff members, consider providing this information in advance of the clinic via email or at the clinic individually to each staff member. If staff do need to aggregate for ‘just in time’ orientation at the clinic, to minimize the risk of COVID-19 infection, ensure physical distancing and that medical masks are worn at all times, avoid shouting and keep the sessions as short as possible.

Consider specific support for staff who are new to the immunization clinic such as special attention from the Clinic Leader or Clinic Floater, or a buddy system with a more experienced staff member.

### **TABLE 4 - POSSIBLE TOPICS TO BE COVERED DURING TRAINING FOR ALL STAFF AND HEALTH CARE PROVIDERS**

#### **For all staff**

- The roles and responsibilities of all clinic staff and clinic flow.
- Administrative details such as human resource forms, scheduling, time sheets, who to call regarding shift changes or other questions, if food and beverages will be provided for breaks, appropriate clothing to wear and appropriate footwear.
- Cultural and diversity sensitivity (need for privacy during immunization for some cultures, supporting people who only speak languages other than English or French (depending on the jurisdiction), assisting people with physical or developmental disabilities or mental health concerns, using appropriate and sensitive language).
- Infection prevention and control recommendation and other occupational health and safety issues (e.g., hand hygiene, recommended immunizations for staff and volunteers, the required personal protective equipment, how to prevent and report needle stick injuries and falls).
- Managing people who do not meet the eligibility criteria, who fail screening for COVID-19 or who do not comply with wearing a mask or physical distancing.
- Managing people who have concerns or complaints or who are upset or angry.
- How to recognize and manage possible abuse (of children, partners, or staff).
- Where to direct requests from the media.

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

### **Additional training specific for health care providers** (e.g., Immunizers, Syringe Pre-Loaders, Medical Support, Clinic Specialized Support, Clinic Floater, Clinic Leader)

- Information about COVID-19 and the available vaccines to be able to respond to client questions, including questions from those who are hesitant about receiving the vaccine.
- Strategies to manage pain and fear in vaccine recipients, including children.
- How to determine capacity to consent based on age or cognitive functioning.
- How to assist parents in appropriately holding young children for immunization.
- How to seek informed consent and counsel clients, prepare and administer the vaccine (including appropriate land-marking) dispose of the used needle and syringe, and conduct post-immunization counseling.
- How to perform appropriate documentation for the clinic and the client.
- How to identify and manage a client who may faint, and how to manage fainting and anaphylaxis.
- How to prevent and manage needle stick injuries.
- Proper storage and handling of the COVID-19 vaccines for staff members in specific roles (e.g., Clinic Specialized Support, Clinics Floater, Clinic Leaders)
- Refresher on CPR if needed

### **Additional training specific for clinic leaders**

- How to respond to scenarios such as power outages or other reasons for loss of IT functions.
- How to manage challenging public relations issues (e.g., client not adhering to infection prevention and control requirements, long waits, large crowds, angry clients, client complaints, client injuries).
- Management of media requests and onsite media visits
- Reporting of adverse events that occurred during the clinic to public health officials.

For additional information on training content and tools for immunizers, see the suggested links below:

- Immunization Competencies for Health Professionals. Available at: [www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf](http://www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf)
- Education program for Immunization Competencies. Available at: [www.cps.ca/en/epic-pfci](http://www.cps.ca/en/epic-pfci)

## **2.5. Infection and prevention and control**

Immunization clinics for COVID-19 vaccines are likely to be taking place while ongoing transmission of COVID-19 is occurring in the community. Preventing transmission of infection at clinic sites is essential. Refer to the following New Brunswick documents:

- [Guidance for Influenza Vaccine Delivery in the Presence of COVID19](#)
- [Questions and Answers for providers: Influenza Vaccine Delivery in the Presence of COVID19](#)
- [Immunizing in Orange Phase](#)

**Some key infection prevention and control strategies are as follows:**

**Staff and volunteer immunizations**

The following immunizations are recommended for staff and volunteers of mass immunization clinics (unless contraindicated):

- COVID-19 immunization with the appropriate available vaccine (the first dose can be obtained at the first clinic they work / volunteer at, if it cannot be obtained earlier).
  - Consider running an initial clinic just for staff and volunteers who will be working at clinics, which will allow them to receive their immunizations and test out the clinic processes.
- Hepatitis B and up-to-date tetanus immunization for any health care provider or people who may handle sharps containers.
- Influenza immunization if the clinics are occurring during influenza season.

**Screening of staff, volunteers and clients**

For illness/exposure to COVID-19 by the use of signs and active screening according to NB guidelines before entry into the clinic, either through in-person or telephone questions on arrival. Any online screening done prior to the clinic should be reviewed on entry into the clinic to ensure that there has been no change in health status.

Staff who feel unwell should not attend their shift and should communicate with the Human Resource / Scheduling personnel through pre-arranged methods. Plans should be in place to rapidly find replacements for staff who cannot work due to illness.

**Strategies to support physical distancing, such as:**

- Scheduling appointments for immunizations. This is an efficient mechanism to prevent crowding while supporting a consistent flow of clients. Appointments may be booked online and via a telephone hotline. Vaccine Information Sheets and Consent Forms may also be provided and completed online.
- Having people wait in their vehicles or outside and being called into the clinic via a phone call or text message at their appointment time.
- Ensuring clinic processes and flow minimize interactions and time in any given area of the clinic. Strategies can include on-line completion of Consent Forms before arrival at the clinic. The clinic should be set up to ensure unidirectional flow of clients.
- Ensuring any seating is at least 2 metres apart. Use tape on the floor to mark the spots where seats should be spaced. Refer to “Post-immunization Waiting Period” regarding post-immunization waiting strategies.
- At the immunization tables, place seats so that the client sits with their shoulder facing the Immunizer and not their face.
- Closely monitoring and re-enforcing physical distancing between clients, staff and volunteers. If clients need to wait in line, use tape or pylons to mark where they should stand so that they remain 2 metres apart.

**Infection prevention and control (IPC), including:**

- Installing clear plastic barriers at reception areas and between immunization stations, if possible.

## **NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS**

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- Providing hand sanitizer stations throughout the clinic site, including on entry, at each immunization station and at the exit. Hand sanitizer should be used by Immunizers before and after each immunization and by Syringe Pre-Loaders before touching vaccine vials, needles or syringes, and after other contact with a client. Hands should be washed with soap and water if visibly dirty.
- Set up Immunizer stations so that clients do not touch table surfaces. If table surfaces are touched, advise client to use hand sanitizer and wipe the surface down afterwards.
- Personal protective equipment for staff and volunteers:
  - ✓ The use of surgical masks, also known as procedural or medical masks, is required by all staff and volunteers. Masks can be worn for extended periods during the clinic but should be changed if damp or damaged and after removal (such as after removal for eating).
  - ✓ Screeners are to be protected with transparent barriers that allow for communication between screener and patients or other persons who present at screening.
  - ✓ Additional personal protective equipment such as, gowns and gloves should be immediately available to personnel who need to provide first aid or respond to an emergency.
  - ✓ All staff and volunteers should receive appropriate training regarding the proper use of personal protective equipment, including appropriate donning and doffing of equipment and hand hygiene.
  - ✓ The only exception to wearing a mask is while actively eating and drinking. See below for additional information regarding food and beverages at clinics.
  - ✓ Gloves are not recommended for Immunizers or Syringe Pre-Loaders unless they are administering an oral or intranasal vaccine. Immunizers or syringe pre-loaders with non-intact skin on their hands should discuss their condition with the Clinic Leader; wearing gloves or not working that shift may be options to consider. If gloves are worn due to non-intact skin, they must be changed between each client and hands must be cleaned after gloves are removed.

### **Mask use by clients:**

Clients should wear a mask (cloth mask is sufficient unless there are specific jurisdictional requirements) at all times during the clinic except for:

- children less than 2 years of age
- people with a medical condition (including a mental health disorder) that prevents them from wearing a mask
- anyone who must communicate to a person who is deaf or hard of hearing who relies on lip reading, clear sound or facial expressions to communicate. In such cases, the mask is removed only briefly by the assisting person for the purpose of the communication
- those who require removal of the mask for medical attention.

If a client attends the clinic without a mask, they should be provided with a disposable mask. If the client cannot wear a mask, consider moving them through the clinic quickly and asking them to wait in their vehicle (if possible) during the post-immunization waiting period.

### **Environmental objects and surfaces:**

- Avoid sharing of common objects such as pens and clip boards if possible. If these must be used, ensure appropriate hand cleaning afterwards, and wipe down objects with a disinfectant wipe if possible.

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

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- Clean and disinfect frequently touched surfaces, such as counter tops, railings, and door handles, periodically during the clinic. Ensure washrooms are cleaned and disinfected frequently.
- Avoid table cloths or clinic paper near where client is sitting at the Immunizer tables, so that tables can be wiped down if touched by clients.
- No clinic supplies on the immunization tables. Use of plastic containers containing the supplies needed for a single dose (i.e. alcohol swab vaccine, cotton ball, bandaid, etc)
- After vaccine is given, nurse indicates that her table needs cleaning and puts soiled plastic containers in a dirty bin which is then disinfected by the cleaning staff
- Disinfected container is used to prep another single dose
- Cleaning staff disinfects table and chair

### Food and beverages at the clinic

Consuming food and beverages at the clinic may increase the risk of COVID-19 transmission as it requires the removal of masks. Any food or beverage provided by the clinic for staff and volunteers should be individually packaged and provided in a manner to avoid staff and volunteers from congregating. If possible, staff and volunteers should eat offsite (e.g., outside or in their vehicles). If needed, they should eat in large, well-ventilated dedicated staff spaces. Masks may be removed while seated, 2 metres distanced from others, while actively eating and/or drinking. Minimize the number of people in the staff room at any one time (i.e., breaks should be spaced out). Vigilance is required in break rooms as risk of transmission of COVID is high in these common areas. Before returning to the clinic area, hands should be cleaned, and a new medical mask put on.

### 2.6. Communications

Timely, clear and frequent communication with the public and staff is crucial for the successful implementation and delivery of COVID19 immunization clinic operations. Important considerations in planning clinic communications include identifying the following:

- Lead spokesperson
- How frequently messages will be communicated
- How messages will be coordinated and conveyed
- Target audiences (languages required for translation of written materials, cultural appropriateness, readability including size of font, reading level of language)

Messages and information can change frequently as new information becomes available. Therefore, communication plans should be flexible and dynamic. Social media channels are an effective way to provide information updates if circumstances change. Where feasible, it is recommended that targeted communication material be prepared in advance and circulated as early as possible before the planned clinic dates.

#### 2.6.1. Public communication (external)

##### **NB Communications will collaborate with communication partners (e.g. RHA, EMP, NBPA, etc) to ensure the following:**

Messages about the pandemic vaccine are clear, transparent and timely. They should clearly indicate what is known about the vaccines, what is unknown or uncertain, and what is being done to address uncertainties and to monitor safety. Examples of key points to communicate:

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

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- Why vaccine is being offered and expected availability.
- Reassurance that clinics are working hard to get the vaccine to the public in a timely manner and that the vaccine will eventually be offered to all who want it.
- The benefits of receiving vaccine, both to the individual and the community, including known efficacy and effectiveness data as it becomes available.
- What is known about vaccine safety and how vaccine safety is being monitored, including what to expect and watch for after immunization and how to respond.
- Who is eligible to receive the vaccine and why (e.g., priority groups, age groups, general population).
- Differences between vaccine formulations (if more than one formulation is available), including mechanism of action, efficacy, intended recipients, contraindications, side effects, the need for one or two doses and the interval between doses if two doses are required).
- Clinic locations, hours of operations, parking and directions, including for public transportation.
- Overview of clinic activities to be expected, including:
  - ✓ the vaccine(s) being offered and if a second dose will be required and when.
  - ✓ if appointments will be needed and if so, how to make them, and if online consent forms are available. Options should be provided for those who cannot access the information online. Information on cancelling or changing an appointment should be provided.
  - ✓ COVID-19 screening protocols, including instructions to postpone any clinic visit if symptoms develop or if recent exposure to a person with COVID-19. Local public health officials should be consulted about the appropriate timing for immunization in individuals with symptoms, COVID-19 exposures or who tested positive for COVID-19.
  - ✓ the need to wear a mask at all times while at the clinic (see “mask use by clients” section for exceptions).
  - ✓ expected wait times (updated frequently or in real-time while clinics are operating if possible).
  - ✓ directions to bring appropriate identification and a health card (if necessary).
  - ✓ directions to wear appropriate clothing (short sleeve shirt or shirt that can be rolled up to access the shoulder).
  - ✓ direction to ensure that they have eaten appropriately during the day to minimize fainting.
- Reinforcement of the need to continue to follow COVID-19 prevention recommendations despite immunization, including physical distancing and wearing a mask as per the recommendations of public health officials.

In addition to messages for the general public, specific mechanisms should be selected to reach those populations specifically targeted for vaccination at a given point in times (e.g., seniors, long term care facilities, health care providers). Also consider specific communications for health care providers, since even if health care providers are not currently involved in providing immunizations, they are a key source of reliable information for clients making decisions regarding COVID-19 vaccination.

Local emergency services personnel and nearby hospitals should be informed of the dates, times and locations of each clinic, so that medical support can be rapidly available if needed.

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

**Table 5- EXAMPLES OF MATERIALS, MEDIUM AND FORMAT FOR COMMUNICATION WITH THE PUBLIC**

MATERIALS	MEDIUM	FORMAT
<ul style="list-style-type: none"> <li>• announcements</li> <li>• posters/fact sheets</li> <li>• pamphlets</li> <li>• media releases</li> <li>• recorded telephone messages and other recorded messages online</li> </ul>	<ul style="list-style-type: none"> <li>• radio, television, newspaper, telephone</li> <li>• signs, billboards</li> <li>• telehealth and public health information lines</li> <li>• websites:               <ul style="list-style-type: none"> <li>• government</li> <li>• dedicated website</li> <li>• social media</li> <li>• community leaders</li> <li>• community organizations</li> <li>• community health centres</li> <li>• physicians' offices and hospitals</li> <li>• pharmacies</li> <li>• hospitals</li> <li>• food banks, homeless shelters, group home</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• large and clear font</li> <li>• bullet points</li> <li>• highlighting important messages and listing important messages first</li> <li>• frequently asked questions</li> <li>• images/diagrams/infographics</li> <li>• plain language</li> <li>• culturally relevant and sensitive</li> <li>• translated into multiple languages</li> <li>• formats for the visually impaired and hearing impaired</li> </ul>

Technologies such as social media and instant text messaging make it easier and faster for public frustrations and concerns with mass immunization clinics to be publicized. These situations should be anticipated and methods to monitor and respond to them should be identified.

For additional tips and facts about communicating, see:

- Canadian Immunization Guide Part 1: Key Immunization Information. Communicating effectively about immunization. August 2016. Available at: <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>
- [Community-based measures to mitigate the spread of coronavirus disease \(COVID-19\) in Canada, Appendix A: Communications and public education](#) . October 15, 2020. Available at: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html# Appendix A: Communications>

**2.6.2. Clinic staff and volunteer communication (internal)**

Methods will be needed to efficiently convey new information to clinic staff and volunteers. Communication with staff and volunteers should be clear and timely to support effective clinic operations. Effective communication practices provide staff and volunteers with people to contact and sources to check to receive information, and lines of communication to relay information, feedback and concerns.

**TABLE 6 - METHODS OF COMMUNICATION WITH STAFF AND VOLUNTEERS**

<b>EXAMPLES OF METHODS STRATEGIES TO COMMUNICATE WITH STAFF AND VOLUNTEERS</b>
<ul style="list-style-type: none"> <li>• Regular emails and/or text messages</li> <li>• Websites used as a repository for shared information</li> <li>• One-on-one relaying of information before the clinic starts</li> <li>• Meetings before the clinic opens to the public and debriefs after each shift. If using these approaches, care must be taken to maintaining physical distancing and wearing masks at all times. Shouting should be avoided and meetings should be kept as short as possible.</li> <li>• Regular teleconferences or webinars</li> <li>• Meetings before the clinic opens to the public and debriefs after each shift. If using these approaches, care must be taken to maintaining physical distancing and wearing masks at all times. Shouting should be avoided and meetings should be kept as short as possible.</li> <li>• Regular touch base meetings with Clinic Leaders / Clinic Floaters to ensure consistency of clinic operations, share ideas and problem solve.</li> </ul>

**2.7. Data management**

It will be important to identify the methods to collect, manage, store and transport data (e.g. paper and/ or electronic) and to establish appropriate systems to support secure data management, based on jurisdictional legislative and policy requirements. Types of data can include:

- Administrative data such as information on staff and volunteers including contact and banking information (as appropriate); credential verification; staff scheduling; and compensation.
- Clinic-specific data: See Section 2.8.5, regarding the information collected on the Daily Clinic Summary.
- Client-specific data: See Section 2.8.5, regarding the information collected on the Consent Form.
- How client information from the Consent Forms will be captured electronically will need to be determined, including if it will be entered online directly by the client, entered electronically at the clinic by the client or person doing the registration, or entered on paper and then transcribed to a data management system.
- How client information from the Consent Forms will be captured electronically will need to be determined, including if it will be entered online directly by the client, entered electronically at the clinic by the client or person doing the registration, or entered on paper and then transcribed to a data management system.
- Data management systems should easily support the generation of information required for provincial/territorial and/or federal reporting requirements. For the overall campaign, considerations should also be given on how to analyze and report on coverage including numbers vaccinated overall, in those with underlying medical conditions, and in various sociodemographic groups (age, gender, race ) and geographic regions.

- Staff training should emphasize the maintenance of privacy and confidentiality and the procedures and policies to respond to any possible breaches. Contingency plans should be in place in case electronic data systems are not working.

## **2.8. Supplies**

### **2.8.1. Non-vaccine clinical supplies**

Some clinic supplies will be procured and supplied by the Government of Canada (e.g., syringes, needles, alcohol swabs, bandages, gauze, sharps containers), while other equipment will need to be procured by the province, territory or local jurisdiction or supplied by the immunization site. **Appendix 1** offers a suggested list of supplies that can be adapted to jurisdictional needs.

Planning parameters and numbers of people who need to be immunized form the basis for the quantity of supplies needed. Processes and systems will be required to order and receive supplies, monitor inventory and store supplies. Consider a large room where supplies can be stored and organized, with the list of supplies guiding the packing for each clinic. Supplies can be loaded into bins or tubs that are labelled with types of supplies in each one. If operating more than one clinic at a time, consider colour-coding the bins so that the same colored bins go to the same clinic. Additionally, processes will be needed to pack and transport supplies to each clinic location, to re-supply clinics that remain at the same location over a period of time, and to receive supplies back from clinic sites that are no longer operating. Supplies that remain at the clinic location must be stored securely but be easily accessible to clinic staff. Protocols to replace missing or stolen items on an urgent basis should be developed.

### **2.8.2. Vaccines – storage and handling and cold chain maintenance**

Special attention will be required for the storage and handling of COVID-19 vaccines, as some COVID-19 vaccines may require storage at ultra-low temperatures (- 80°C) or freezer temperatures (- 20°C), while others will require usual + 2 to 8°C storage, as per manufacturers' specifications. The vaccines requiring storage at ultra-low or freezer temperatures will have specified periods of time where they can be stored at + 2 to 8°C prior to use. The time and date when these vaccines are put in the refrigerator and when they need to be used by should be marked on the carton, box or vial.

If vaccine is being stored at the clinic site overnight, special attention will be required to ensure that this can be done securely. In some clinic settings, equipment may not be available at clinic sites to store vaccine overnight or the location may not be sufficiently secure and therefore arrangements will need to be made to transport vaccines to and from vaccine storage sites, respecting cold chain and transporting requirements for the products and never transporting the vaccine in the trunk of a car. Equipment such as frozen packs, vaccine coolers, insulated bags, dry ice and the personal protective equipment required to manage the dry ice (depending on the product), and thermometers / data loggers will be needed to maintain appropriate cold chain at the clinic site, as well as during transport to and from the clinic.

Protocols will be required for monitoring and recording the vaccine storage temperature at designated frequencies during the clinic, particularly if the vaccine is being stored in vaccine coolers or insulated bags, instead of in a refrigerator. Assign a specific staff member (e.g., Clinic Specialized Support, Clinic Floater) to monitor and record vaccine temperatures at

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

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specified frequencies, including on arrival and at the end of the clinic and periodically during the clinic, as per jurisdictional requirements.

Vaccines may have specified time frames when they can be kept at room temperature, used once mixed with diluent or adjuvant, used once the vial is punctured and/or when pre-loaded into a syringe. The start time and end time for these time frames should be written down and the paper stuck to or kept right near the product so that the times frames can be closely monitored. Mixed vaccine vials and pre-loaded syringes that are not being used immediately may need to be stored in an insulated bag or cooler or may be able to be stored at room temperature, based on the manufacturer's recommendations. If stored in an insulated bag or cooler, these should have frozen packs and an appropriate insulating barrier (e.g., bubble wrap, crumpled paper, Styrofoam peanuts) which is positioned so that the vaccine vial or pre-loaded syringes do not touch the frozen packs to prevent freezing the vaccine. If the vaccine remains in the insulated bag for more than an hour, temperature should be monitored and recorded.

Refer to New Brunswick Immunization Program Guide [NBIPG vaccine storage and handling guideline standards](#) or the current National Vaccine Storage and Handling Guidelines for Immunization Providers for information on cold chain management, vaccine storage, temperature monitoring and transportation requirements <https://www.canada.ca/en/public-health/services/publications/healthy-living/national-vaccine-storage-handling-guidelines-immunization-providers-2015.html> .

Vaccines stored at ultra-low temperatures (-80°C) or in a freezer at -20°C will need to be thawed before use and cannot be refrozen. Manufacturer's instructions should be followed regarding the thawing process in the refrigerator and/or at room temperature. Each vaccine has a limited number of days when they can be maintained at +2 to 8°C before administration. Therefore, sufficient supply to accommodate the anticipated needs of the clinic should be thawed and available at the clinic. The date the product was thawed and the date which it should be used by should be clearly marked on the thawed vial and/or outer package. Some vaccines may be required to come to room temperature before administering.

A plan should be made to ensure the use of any extra thawed vaccine, which may include using it at a clinic over the next few days or using it in a congregate living setting or health care provider's office based on current eligibility criteria (assuming it is appropriate to transport the thawed vaccine and it is transported under appropriate cold chain conditions). If thawed vaccine cannot be transported and is approaching the maximum time at refrigerator temperature or the clinic will not be returning to the same site in the near future, consider contingency planning such as a waiting list of people eligible for vaccination who can be called into the clinic on an urgent basis to receive any remaining doses. If that is not possible, consider other approaches to offering the vaccine in the following order: those who are currently eligible; those who are likely to soon become eligible; others as appropriate. It is important not to waste dosages. Decisions that are made to give doses to those who are currently not eligible in order to avoid wastage should be documented.

### **2.8.3. Non-clinical supplies**

Once sites have been selected, it is advisable to identify non-clinical supplies, such as tables, chairs, mats, garbage cans, pylons / stanchions, wheelchairs and electronic equipment that are available on-site for use during clinic activities. This will vary by site. For

example, a school may have tables, chairs and mats available for use, while an arena or shopping centre may not, requiring that they be purchased, rented or borrowed. If non-clinical supplies are to be purchased, consider where they will be stored after site closure. Appendix 1 offers a suggested list of electronic, administrative; cleaning and furniture supplies that can be adapted to jurisdictional needs.

Availability and reliability of internet connectivity should also be assessed if that is required for clinic operations, as should locations of power supplies for electronic equipment.

#### **2.8.4. Signage**

Clinics should display clear signs with directions to guide clients through clinic stations, so that efficient movement through the immunization process is facilitated. Signs should be easily visible, clear, in large font and appropriate language, and where applicable, should use a combination of text and images (e.g. directional arrows). Consider plans and procedures to assist and navigate visually impaired clients. Examples of clinic signs are the following:

- If the clinic is located in a large building, maps and arrows showing directions to clinic area
- Marking entrance and exit points
- Eligibility criteria for the clinic if only specific populations are being vaccinated
- COVID-19 screening questions
- Instructions for clients (e.g., contraindications for the vaccine, need to wait 15 minutes after immunization, need to wear a mask and perform hand hygiene)
- Directional arrows to guide people through clinic stations
- Identification of stations (e.g. Registration, Immunization, Post-Immunization Waiting Area, First Aid, washrooms)

#### **2.8.5. Key documents**

The following outlines the key documents that are required in either paper or electronic format. The need for these documents may vary depending on clinic processes. All information sheets and forms for the public should be clearly written, easy to understand and available in multiple languages based on jurisdictional needs.

- **Vaccine Information Sheet:** Required to assist with obtaining informed consent. Contains information about: the disease; the vaccine (including who it is indicated for and composition); the benefits and risks of receiving or not receiving the vaccine; contraindications; alternative methods to reduce the risk of acquiring COVID-19 and potential adverse events (e.g., redness at site of injection, sore arm) and how to respond; advice on monitoring for, responding to and reporting any serious adverse events (e.g., hives, difficulty breathing, facial swelling). Also after care information including need for and timing of a second dose (if indicated); need to continue to follow COVID-19 precautions on an ongoing basis (e.g., physical distancing, mask use) as recommended by public health officials.
- **Consent Form:** Used to document consent by the client and receipt of the vaccine by the Immunizer. Contains information such as: name; health card; date of birth; gender; race; various groups targeted for immunization such as those with underlying medical conditions and working in various occupations; phone number; address; email address;

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

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screening questions for contraindications; brand name of vaccine product received including lot code and expiry date; dose, site and route of vaccine administered; date and time vaccine administered; and name and professional designation of immunizer.

- **After Care Sheet:** It is used to provide information and advice after vaccination. It contains information such as expected side effects (eg, injection site redness, arm pain) and how to treat them; advice on monitoring and responding to any serious side effects (eg, hives, difficulty breathing, swelling of the face); reporting of adverse reactions according to provincial or territorial protocols; when and when a second dose is needed (if indicated); the need to continue to follow COVID-19 precautions on an ongoing basis (eg, physical distancing, use of a mask) as recommended by public health officials.
- **Client Immunization Record:** Used to record the immunization the client received to provide to the client. Can be paper-based or electronic. Contains information such as: name; date of birth; health card number; vaccine product received; date of administration; and name of immunizer. The Client Immunization Record can be combined with the After-Care Sheet if appropriate. The client should keep this document in an easily accessible location and bring it with them for their second dose of vaccine; this will help to ensure that the client receives the same vaccine product for both their first and second dose.
- **Daily Clinic Summary:** Used to record key information for each clinic such as: the date and location of the clinic; names and roles of staff and volunteers at each clinic; vaccine product(s) and lot number(s) administered at the clinic; number of clients immunized; number of missed appointments (if using an appointment system); number of clients who registered but were not vaccinated; incidents that occurred (e.g., needle stick injury, fainting or anaphylaxis); vaccine wastage; supply issues; client/staff feedback; and media interest.
- **Medical Directive for Obtaining Consent and Administering Vaccine and to Manage Anaphylaxis:** A medical directive is a written order that pertains to any patient who meets the criteria outlined in the medical directive. It allows a health care provider authorized to perform a controlled act (e.g., immunization) to delegate the performance of that act to another health care provider or group of health care providers. The Medical Directive contains information such as:
  - who is delegating the act
  - what types of individuals are authorized to perform the controlled act under the medical directive
  - what act is being delegated (e.g., obtaining consent for and administering specific COVID-19 vaccines)
  - what needs to be in place for the delegation to occur (e.g., training, appropriate equipment, ability to manage anaphylaxis)
  - to which clients the medical directive applies and what are the contraindications to immunization
  - how the delegated act should be performed
  - the documentation and communication required
  - how will the medical directive be reviewed
  - how will quality be assured under the medical directive
  - the signature of the health care provider who is delegating the act and any organizational approvals.
- **Medical guideline for the management of anaphylaxis:** This is similar to the one

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

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above, but specifically relates to the management of anaphylaxis, which includes the use of appropriate medications. May be accompanied by a dosage sheet in the event of an anaphylactic reaction, which summarizes the dosage according to age and weight for the various drugs. See the vaccine reactions section, including the chapter on anaphylaxis, in the Canadian Immunization Guide for dosages.

- **Adverse Events Following Immunization Form** – for clinic use: Used for internal documentation of serious adverse events such as anaphylaxis. Contains information such as: the name, address and phone number of the person affected by the event; a description of the event including the date, time and any observers to the event; information on the **vaccine** product received including the brand name, lot number, date, time, and site of vaccine administration; the management taken (e.g., medications given, details on transfer to a health care facility); follow-up communications within the organization and with the client; the name and phone numbers of staff and volunteers involved, and any other relevant details. The official provincial / territorial adverse events following immunization (AEFI) form should also be completed for all episodes of anaphylaxis or other adverse events as per jurisdictional reporting requirements.
- **Incident Report:** Specific to organization at clinics (e.g. RHA incident report). Used to document an accidents or injuries such as needle stick injuries, fainting with no injury, falls or other occurrences. Contains information such as: the name, address and phone number of the person affected by the event; a description of the event including the date, time and any observers to the event; for needle stick injuries, includes name and contact information for the source patient; the management taken (e.g., medications given, details on transfer to a health care facility, recommended tests); follow-up communications within the organization and with the client; the name and phone numbers of staff and volunteers involved, and any other relevant details.
- **Post-Clinic Evaluation Form for Staff and Volunteers:** Can be used by staff and volunteers to **provide** feedback on their experience at the clinic. See Appendix 2 for a possible template. This form can be completed at the end of the clinic or a link to an online version can be sent to the staff and volunteers via email or text.
- **Client Evaluation Form:** Can be used by the clients to provide feedback on their experience at the clinic. See Appendix 3 for a possible template. This form can be completed in the Post-Immunization Waiting Area or a link to an online version can be sent to the client via email or text.
- **Time Sheets:** Used to record information regarding the hours staff members worked for the purposes of receiving payment. Contains information such as: the name, phone number and address of the staff member; the date and location of the clinic; the start and stop times the staff member worked; the name and signature of the authorizing Clinic Leader. Volunteers who require recording of their hours may bring their own forms with them, or the time sheet can be used for this purpose if needed.
- **Supply / Re-supply List:** Used to determine what supplies need to be delivered to a clinic site that is operating over a number of days. Contains a list of all the supplies that are required for the clinic (see **Appendix 1**) and a column to indicate the quantities needed to re-supply the clinic.

# NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

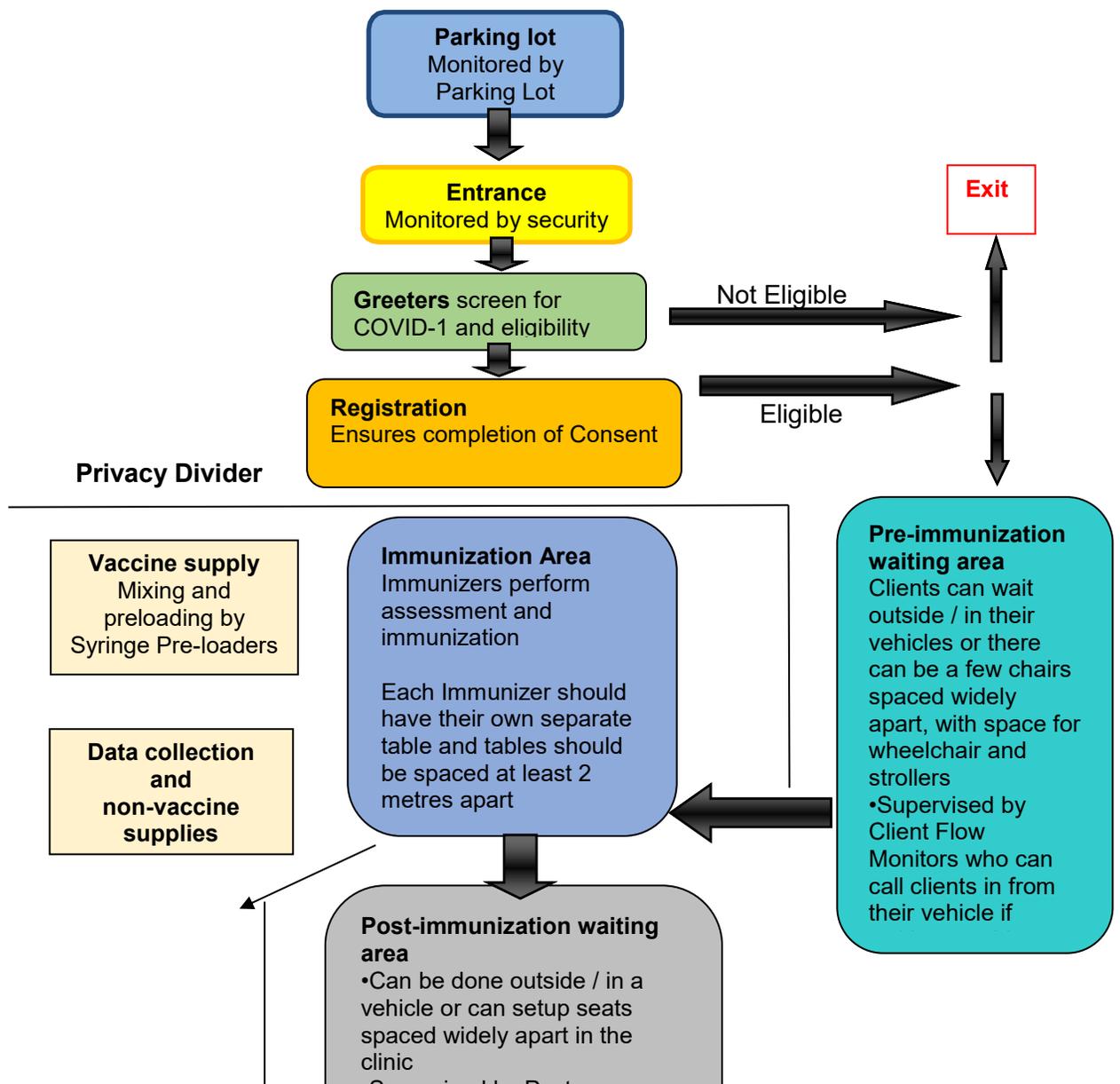
All forms that contain personal or personal health information should conform with jurisdictional information collection and privacy requirements.

## 3.0. CLINIC OPERATIONS

### 3.1. Mass immunization clinic set up and flow

Clinic setup will vary by site capacity and room layout but nonetheless should have a logical unidirectional flow. As much as possible, it is recommended that a standard clinic layout be used to avoid confusion among rotating staff. See below for an example of how a mass immunization clinic can be set-up.

#### Example of COVID19 IMMUNIZATION CLINIC SET-UP



**First Aid**  
•Contains  
mats and  
emergency kit  
•Monitored by  
Medical  
Support or  
Clinics  
Floater

Privacy Divider



### 3.2. PRE-IMMUNIZATION PROCESSES

#### 3.2.1. Pre-scheduling appointments / pre-registration before attending the clinic

To prevent transmission of COVID-19 at mass immunization clinics, it will be essential to minimize crowding and ensure physical distancing. Strategies to assist with appropriately spacing clients and minimizing crowding on arrival at the clinic include:

- Online and phone appointments and registration: Clients use a designated website or phone number to schedule a date, time and clinic location appointment. Vaccine Information Sheets and Consent Forms can also be provided and completed online. Texts, email or phone can be used to inform clients of any changes in appointments or delays at the clinic.
- Invitations: Clients are invited to the clinic by postal code, school attended or alphabetically by family name.
- Wristbands or ticket number: At the clinic entrance or after on-site registration, clients who are eligible for immunization are assigned a number on a wristband or ticket with the predicted time the client should return to the clinic, or their cell phone number is taken and they are texted or called when they can return to the clinic.
- Block appointments: Set aside blocks of time for specific groups arriving together (groups of older adults, students, those from remote and isolated communities).

#### 3.2.2. Parking Lot

Parking Lot Attendants guide flow and manage the parking lot. To further prevent lines and crowding on arrival at the clinic, consider having clients call or text when they arrive at the clinic and wait in their vehicle or outside until they receive a call or text to enter the clinic. Clients without a cell phone can advise the clinic that they have arrived in person and provide their license number and location of their vehicle, so that staff can notify them when they can proceed to enter the clinic. After receiving their vaccine, there may also be an option for clients to wait in their vehicles for the post-immunization waiting period.

### **3.2.3. Line ups**

If lining up is required before entering the clinic, clients should wear a mask (unless unable to do so) and maintain physical distancing. Tape on the ground can help indicate places to stand that are at least 2 metres apart. The Greeters or other clinic staff (such as the Clinic Floater) should monitor the lines and provide clients with updates regarding waiting times and answer questions. Appropriate seating and arrangements (such as moving them through the clinic more quickly) should be provided for those clients who cannot tolerate standing in line for long periods (e.g., older clients, people with disabilities, families with young children). If there is a possibility that clients will need to wait outside during the winter or inclement weather, consider options such as tents and heaters.

Clients may show-up at clinics in advance of the start of the clinic. Strategies should be considered to manage this line-up including beginning the clinic earlier / as soon as everything is in place and organized to begin, and having the maximum number of Immunizers available at the start of the clinic.

### **3.2.4. Greeting and screening**

Clients are welcomed to the clinic by the Greeters and handwashing is encouraged. For appointment-based clinics, the Greeters determine if the client has an appointment and if the client fits the eligibility criteria for the clinic. Active screening for COVID-19 is performed as per the clinic and jurisdiction's screening protocol. Signage with the eligibility criteria and COVID-19 screening questions can assist with these processes. Clients who fail the screening should return for immunization at a later date, as per recommended local public health protocols, and should be advised to seek medical attention as appropriate. If they need to speak with a health care provider at the clinic, this should be done away from others and with the client wearing a mask. Clients who pass the screening and are eligible for immunization are directed to the Registration area or can be directed to appropriate clinic staff if they have medical questions.

### **3.2.5. Registration**

In the Registration area, staff confirm that the client is able to attend the clinic (e.g., has an appointment if the clinic is appointment-based, and meets the eligibility criteria if the vaccine is only being offered to some populations). If required to attend the clinic, a health card or other form of identification is requested from the client.

Prior to providing informed consent and completing the Consent Form, clients must receive specific information and have the opportunity to ask questions. The specific information is usually provided by having the client read a Vaccine Information Sheet. If clients have difficulty reading or understanding the Vaccine Information Sheet or Consent Form, they should be referred to a health care provider (e.g., Clinic Floater, Medical Support, translator).

To expedite the clinic registration process, it is optimal for the Vaccine Information Sheet to be provided online prior to arriving at the clinic and for the Consent Form to be completed online. Those without online access could be directed to a telephone line where the information required for informed consent can be provided and the questions required for the Consent Form can be obtained; the online form would be completed by the staff on the

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

phone. Alternatively, the Vaccine Information Sheet can be provided in paper form at the clinic and the information for the Consent Form entered electronically by the client or staff at the clinic, or a paper-based Consent Form can be completed with subsequent entry into an electronic system. If electronic documentation methods are used, it is advisable to have hard copies of forms on hand in case of equipment/software failure or power outages.

Health care providers at the clinic should be consulted if there are concerns about the capacity of the individual to provide informed consent (unaccompanied child or an adult who may not be capable of understanding the information and making an informed choice). Health care providers at the clinic should also be consulted if the client has contraindications to immunization or medical questions.

Attention should be paid to ensure that all personal and personal health information cannot be overheard, and that written and electronic information is appropriately safeguarded.

### PRACTICAL ADVICE FOR REMOTE AND ISOLATED COMMUNITIES

- Consider having strategies in place to respond to people from outside the community (eg, people from neighboring communities or off-reserve First Nations) who come to clinics.
- Consider arranging home visits for people who cannot attend immunization clinics (eg, those confined to their homes).

### 3.3. Immunization processes

#### 3.3.1. Vaccine preparation

Optimally only one vaccine product (and one dose volume) is provided at each mass immunization clinic. If more than one vaccine is being provided at a clinic, care must be taken to ensure the client receives the appropriate product, depending on eligibility criteria or if receiving their second dose. Consider dividing the clinic into separate areas for each vaccine if more than one product is being utilized.

Ideally, vaccine should be drawn up for each client at the time of immunization. However, in immunization clinic settings, pre-loading of syringes supports timely and efficient vaccine administration. Pre-loading is particularly applicable when a single vaccine with a single dose is being provided to all clients at the clinic, or less optimally, if distinct areas of the clinic can be allocated to each vaccine, with separate Syringe Pre-Loaders and Immunizers for each area.

To support pre-loading of syringes, the following should be considered:

- Prior agreement on professional accountability, as different individuals will pre-load and administer the vaccine
- Data on the stability of pre-loaded product for a specified time period and recommendations from the manufacturer
- Maintenance of cold chain requirements for the product.

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

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The area of the clinic where the vaccine mixing and pre-loading is occurring should be located so that clients cannot easily come near that area and cannot see the mixing and pre-loading process.

**Mixing with a diluent or adjuvant:** If a vaccine requires mixing, this is optimally done by one Syringe Pre-Loader dedicated to this task. Mixing should be performed as per the manufacturer's recommendation and the Canadian Immunization Guide's vaccine administration practices chapter. The staff member should ensure that once the mixing has occurred, the used diluent or adjuvant bottle is promptly discarded into the sharps container to avoid confusing the various bottles. The bottle with the mixed vaccine should be marked with the date and time of mixing. The mixed product should be used within the manufacturer's recommended timeframe. Care should be taken not to mix more than the number of vials needed to complete the clinic.

**Loading of syringes:** Drawing the vaccine into the syringe should be done as per the manufacturer's recommendation and the Canadian Immunization Guide, Vaccine administration practices chapter. Syringe Pre-Loaders or Immunizers should prepare only the necessary amount of pre-loaded vaccine to support a continuous flow of immunizations, using pre-loaded syringes as soon as possible after pre-loading. If using Syringe Pre-Loaders, Runners deliver pre-loaded syringes from the Syringe Pre-Loaders to the Immunizers and should closely monitor how many pre-loaded syringes are at the Immunizers' stations, especially as the clinic is nearing the end. Runners should communicate with the Syringe Pre-Loaders and Clinic Leads to decide when pre-loading should stop so that no pre-loaded syringes are wasted. Any vial that has been punctured but not completely used during the clinic should be marked with the date and time of first puncture and the date it should be used by, to ensure it is used within the timeframe recommended by the manufacturer. If the vaccine must be used right away, see strategies.

### 3.3.2. Vaccine administration

Once registration is complete, clients can proceed to be immunized. They can be directed to the next Immunizer by the person directing client flow. The Immunizer can signal that they are able to see the next client by waving or signaling with a flag. In area where services are offered in English and French, the Clinic Flow Monitor should direct the client to an Immunizer who speaks their preferred language.

**Before vaccine administration:** Before vaccine administration the Immunizer should confirm that they have the correct consent form for the client (e.g., by requesting the client's name and date of birth), conduct a pre-immunization assessment, pursuant to relevant jurisdictional professional regulations and policies, which may include determining: the client's health status, the client's understanding of the information provided at registration and ability to provide informed consent, confirmation that there are no contraindications/precautions to immunization and answering any remaining questions the client may have.

Immunizers should be watchful for clients who appear very anxious, pale or sweaty. Clients with these features or a history of fainting during medical procedures should be vaccinated lying down on a mat in the First Aid area or in a reclining chair to prevent fainting and injury.

**Immunization:** Immunization should be performed as per the manufacturer's recommendation and the Canadian Immunization Guide, Vaccine administration practices

chapter, including hand hygiene and appropriate land-marking. Techniques to decrease immunization injection pain are outlined by age in this chapter.

**After immunization:** After immunization, the safety engineered mechanism on the needle should be activated, and the needle and syringe discarded promptly into the sharps container. Used needles should never be re-capped and used needles and syringes should never be placed on the immunization table to avoid accidental re-use.

Clients who appear faint, pale, sweaty or weak should be encouraged to remain seated with their head down to prevent fainting and injury. If needed, they can be assisted to lie down on a mat in the First Aid Area. They should only proceed to the Post-Immunization Waiting Area when they have fully recovered.

**Documentation:** The Immunizer should complete the appropriate documentation in the client's electronic record or on the Consent Form. In addition to the name/signature of the Immunizer, date of immunization and product and lot information, consider also recording the time of immunization in case this information is needed if an error or problem is subsequently detected. The client should also be provided with a record of their immunization including the product received, the date of administration and the name of the immunizer.

The client should be advised of the post-immunization waiting period and protocol and counselled and provided with an Aftercare Sheet.

### **3.4. Post-Immunization Waiting Period**

After immunization, it is recommended that clients be kept under observation in the clinic for at least 15 minutes to monitor for immediate vaccine reactions (i.e., fainting and anaphylaxis).

The Post-Immunization Waiting Area could be a potential location where clients may be too close together. Clients should be encouraged to remain at least 2 metres apart at all times in this area with their masks on (except if cannot wear a mask). Chairs should be spaced at least 2 metres apart and the floor should be marked with tape to indicate the position of the chairs. The area should be monitored either by a health care provider, or volunteers who informs health care providers if assistance is needed. The waiting period also provides an opportunity during which clients can complete an evaluation of their clinic experience (see Appendix 3 for a possible Client Evaluation Form).

The National Advisory Committee on Immunization (NACI) has developed Recommendations on the Duration of the Post-vaccination Observation Period for Influenza Vaccination during the COVID-19 Pandemic. Some of these criteria can be applied to COVID-19 vaccines. While the first NACI criteria related to influenza vaccine was that the individual had been previously vaccinated with that vaccine, for the first dose of COVID-19, no one will have been previously vaccinated. However, it may still be possible to have people wait outside of the clinic or in their vehicles providing that they:

1. Feel well after the immunization and have no history of fainting after medical procedures.
2. Are with a responsible adult who can monitor them for 15 minutes after immunization.
3. Remain on the clinic grounds or in the parking lot and have direct access or telephone access to the clinic if they need assistance.
4. Do not operate a motorized vehicle or other form of transportation (e.g., bicycle, skateboard, rollerblades, scooter) or machinery for a minimum of 15 minutes after immunization.

If clients are waiting outside or in their vehicles after immunization, Post-Immunization Waiting Area staff should circulate in this area so they can respond to issues and concerns that may arise. Clients can be advised to honk their horn if they need assistance.

### **3.5. Management of Adverse Events**

Though very rare, anaphylaxis can occur following immunization and must be managed quickly and appropriately. Fainting, which may or may not be accompanied by brief seizure activity, occurs more commonly and also requires prompt management. A separate First Aid area of the clinic with mats, and optimally with a privacy divider, should be designated for first aid and the management of fainting and anaphylaxis.

Although specific health care providers at the clinic are designated to manage fainting and anaphylaxis (i.e., Clinic Leaders, Clinic Floaters, Medical Supports), all health care providers should be trained in fainting and anaphylaxis management and have up to date cardio-pulmonary resuscitation (CPR) certifications.

Emergency kits to manage anaphylactic reactions must be readily available and easily accessible by staff at the clinic and protocols must be in place for maintenance of kits. There should be at least two kits at each clinic location which are in consistent locations in the clinics (at least one of which is in the First Aid area). A recommended list of items in an anaphylaxis kit is available in the Canadian Immunization Guide: Part 2 - Vaccine Safety ([www.phac-aspc.gc.ca/publicat/cig-gci/p02-03-eng.php](http://www.phac-aspc.gc.ca/publicat/cig-gci/p02-03-eng.php)). A plan should be in place to rapidly replenish a kit should it be used.

Clinic procedures to manage anaphylaxis or injury after fainting should follow jurisdictional protocols and should include:

- emergency telephone numbers
- Medical Directive to Managing Anaphylaxis, which can be accompanied by an Anaphylaxis Medication Quick Reference Dosage Card
- a clear plan for patient transport to a health care facility
- communication protocols
- appropriate documentation on an Adverse Event Form, which includes space to record all actions and observations during the management of the event, and
- follow-up with the client.

Clinic procedures for managing fainting and anaphylaxis along with the medical directive and quick reference card should be readily available in the emergency kits. Juice and snacks should be available for clients who feel weak or faint.

Adverse events following immunizations (AEFI), such as anaphylaxis, are reported as per jurisdictional protocols for AEFI reporting. The AEFI form can be retrieved from respective jurisdictions or the Public Health Agency of Canada (PHAC) website.

Debriefing after serious events at the clinic will offer support to staff and volunteers who were involved and provide opportunities to learn from the event and improve processes.

## **4.0. DE-ESCALATION ACTIVITIES**

### **4.1. Site closure**

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

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Some mass immunization clinic sites are transient and may be taken down and/or moved frequently, while other sites offer clinics for prolonged periods from the same location. Planning and procedures for site take down and closure should be in place. Staff and volunteers should be made familiar with shutdown procedures and their specific roles. Bins labelled according to the material that should be packed into them helps packing to occur in an organized manner.

Examples of shutdown activities to consider for fixed sites that have remained in the same location are as follows:

- Communication with the public, staff and collaborating partners about the clinic end date
- Identification of how remaining supplies will be stored and managed (i.e. inventory tracking)
- Proper disposal of sharps containers
- Discussion of cleaning protocols with site owners and procedure to identify, report and manage any damage to the facility
- Follow-up procedures for clients if subsequent doses of vaccine are required when the site is no longer operating
- Financial tracking and payments

### 5.0. ALTERNATE DELIVERY METHODS

Although the focus of this document is mass immunization clinics, there are other possible locations and methods to deliver COVID-19 vaccines which include:

Community health care providers' offices (physicians' or nurse practitioners' offices)

- Pharmacies
- Workplace clinics (including in health care settings)
- Facility-based administration for institutional or congregate living settings (e.g., hospitals, long term care homes, retirement homes, shelters, group homes, correctional facilities)
- Mobile vans
- Home visits, including door-to-door clinics
- Walk-up, drive through or parking lot clinics

Some of the processes outlined in this document may also apply to immunization in these other locations. Specific considerations for outdoor clinics (i.e., walk-up, drive through or parking lot clinics) include:

- Choosing a location that is safe and will not expose the workers to vehicle traffic or fumes.
- Ensuring the location protects workers and equipment from inclement weather.
- Providing appropriate infection control and personal protective equipment for Immunizers and having clients wear a mask.
- For immunizations of clients in vehicles, ensuring the immunizer provides the vaccine from outside the vehicle with the window rolled down. The immunizer must have appropriate access to the client to support proper land-marking to avoid shoulder injuries.
- Sufficient space for clients to wait 15 minutes after immunization before leaving the clinic location. If waiting in their vehicles, there should be sufficient space in the parking lot.
- Ensuring that the cold chain can be appropriately maintained for the vaccine.

### 6.0. EVALUATION

Evaluations of mass immunization campaigns and clinics are important as they provide processes to document the response and identify areas for improvement. Ideally, an evaluation plan and evaluation tools should be developed ahead of time, and should include opportunities for staff,

## NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19 VACCINE IMMUNIZATION CLINICS

volunteers and clients to provide input on their experiences. Evaluation tools should be administered and analyzed throughout the response, in order to make adjustments in real time, not just at the end of the campaign. A variety of evaluative processes can be used, including:

- review of clinic data collection tools such as the Daily Clinic Summary
- review of information reported on daily debriefing by staff after each clinic (which can be done via text, email, online, or if needed, in-person with the appropriate precautions). Appendix 2 provides a template for a Post-Clinic Evaluation Form for Staff and Volunteers.
- review of client evaluations conducted during the waiting period at clinics or online after the clinic (see Appendix 3 for possible template for a Client Evaluation Form)
- client, staff and volunteer surveys
- formal staff and volunteer debrief sessions at the end of the campaign.

Gathering and analyzing all evaluations should be completed in a timely fashion to ensure that nothing is lost. A written summary report including the processes used in running the clinics, quantitative summary data (e.g., numbers of clinics, numbers vaccinated, numbers of adverse events), evaluation outcomes and lessons learned will support future clinic planning.

### 7.0. RESOURCES

**Some resources to help with planning large immunization clinics, including drive-in immunization clinics, are as follows:**

- NB [Guidance for Influenza Vaccine Delivery in the Presence of COVID19](#)
- NB [Questions and Answers for providers: Influenza Vaccine Delivery in the Presence of COVID19](#)
- NB [Immunizing in Orange Phase](#)
- Public Health Agency of Canada. Guidance for influenza vaccine delivery in the presence of COVID-19. Available from: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-influenza-vaccine-delivery-covid-19.html#a4>
- Centers for Disease Control and Prevention. Guidelines for Large-scale influenza vaccination clinic planning. 2015 Dec 16. Available from: [https://www.cdc.gov/flu/professionals/vaccination/vax\\_clinic.htm](https://www.cdc.gov/flu/professionals/vaccination/vax_clinic.htm)
- Centers for Disease Control and Prevention. Checklist of best practices for vaccination clinics held at satellite, temporary or off-site locations. Available from: <https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf>
- Australia NSW Health. Guidance for drive-in immunization clinics. Advice for Providers During COVID-19. 4 May 2020. Available from: <https://www.cesphn.org.au/preview/population-health/immunisation-1/3157-drive-in-flu-vaccination-clinics/file>

**Some key resources to assist with immunization practices are as follows:**

- Public Health Agency of Canada. Canadian immunization guide. Available from: <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>
- Public Health Agency of Canada. Immunization competencies for health professionals. Available from: [www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf](http://www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf)
- Public Health Agency of Canada National Vaccine Storage and Handling Guidelines for Immunization Providers. Available at: <https://www.canada.ca/en/public-health/services/publications/healthy-living/national-vaccine-storage-handling-guidelines-immunization-providers-2015.html#a3d>

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

**APPENDIX 1 - SAMPLE MASS IMMUNIZATION CLINIC SUPPLY LIST**

When determining the clinic supply requirements, consider the estimated number of clients that could be immunized per day (see Section 2.2, Immunization Clinic Planning Parameters).

ITEM	QTY	COST	SUPPLIER	COMMENTS
<b>CLINIC SUPPLIES</b>				
Needles and syringes for: <ul style="list-style-type: none"> <li>• mixing with adjuvant / diluent</li> <li>• administering vaccines</li> </ul>				
Alcohol swabs				
Adhesive bandages				
Cotton balls or gauze				
Disposable non-latex gloves (assorted sizes) (note: not recommended for immunizing unless skin is not intact)				
Paper cups				
Table covers				
Hand sanitizer (sufficient for each immunizer table, registration desks, entrance, exit, waiting areas)				
Surgical/medical masks (for staff and if needed, for clients who do not have a mask)				
Face shields				
Tissue boxes				
Disposable gowns				
Paper towels				

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

<b>ITEM</b>	<b>QTY</b>	<b>COST</b>	<b>SUPPLIER</b>	<b>COMMENTS</b>
Paper bags (lunch size)				
Hypoallergenic tape				
Disinfectant wipes				
Disinfectant solution				
Sharps containers (of appropriate sizes)				
Biohazard waste boxes				
Biohazard yellow bags				
Insulated coolers and bags				
Frozen packs				
Maximum-minimum thermometers				
Blood pressure cuff (child and adult)				
Stethoscope				
Adrenalin (epinephrine) 1:1000 or Epi-pens				
Flashlight				
Pediatric pocket mask with one way valve				
Adult pocket mask with one way-valves				
Wheelchair if possible (particularly if the clinic will remain at the same location for a period of time)				
Carry bags/totes				
Numbers for clients in waiting lines				

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

<b>ITEM</b>	<b>QTY</b>	<b>COST</b>	<b>SUPPLIER</b>	<b>COMMENTS</b>
Table numbers for immunizing stations				
Flags for immunizers to indicate that they are ready for the next client				
Small boxes with no lids for the Runners to carry pre-loaded syringes from the Syringe Pre-loader to the Immunizer				
Water bottles				
Face cloths for clients who feel faint				
Juice boxes for clients who feel faint				
Snacks for clients who feel faint				
<b>ADMINISTRATIVE SUPPLIES</b>				
Pens (quantity will depend on whether a paper based system is being used)				
Clipboard (quantity will depend on whether a paper based system is being used)				
Paper, including paper for signs				
Scissors				
Highlighter				
Transparent tape and masking tape				
Rubber bands				
Stapler and staples				
Batteries				

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

<b>ITEM</b>	<b>QTY</b>	<b>COST</b>	<b>SUPPLIER</b>	<b>COMMENTS</b>
Replacement ink cartridges				
Large envelopes				
Date stamps				
Identification badges				
Measuring tape to measure distant for furniture				
Tape to stick on floors to space out furniture				
<b>FORMS</b>				
Vaccine Information Sheet				
Consent Forms				
After Care Sheet				
Client Immunization Record				
Daily Clinic Summary				
Medical Directive for Obtaining Consent and Administering Vaccine and anaphylaxis				
AEFI – for clinic use				
Incident Reports				
Post-Clinic Evaluation Form for Staff and Volunteers				
Client Evaluation Form				
Time Sheets				
Supply / Re-Supply Lists				
<b>Signage</b>				
Maps and directional arrows				
Entrance and exit signs				

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

<b>ITEM</b>	<b>QTY</b>	<b>COST</b>	<b>SUPPLIER</b>	<b>COMMENTS</b>
Eligibility criteria for the clinic (if indicated)				
COVID-19 screening questions				
Instructions for clients (e.g., contraindications for the vaccine, need to wait 15 minute after immunization, need for masks and hand hygiene)				
Names of stations (e.g., Registration, Immunization, Pre-Immunization Waiting Area, Post-Immunization Waiting Area, First Aid, Washrooms)				
List of other clinics in the area and/or on that day (if needed)				
<b>OTHER RESOURCES</b>				
Orientation and training manuals, electronic or laminated with job descriptions				
Incident reports				
Product monographs laminated or online				
Canadian Immunization Guide online or printed copies of relevant sections				
<b>ELECTRONIC SUPPLIES</b>				

**NEW BRUNSWICK PLANNING GUIDANCE FOR COVID-19  
VACCINE IMMUNIZATION CLINICS**

<b>ITEM</b>	<b>QTY</b>	<b>COST</b>	<b>SUPPLIER</b>	<b>COMMENTS</b>
Laptops with privacy screens				
Printer (as needed)				
Server (as needed)				
Fax machine (as needed)				
Cellular phones				
Internet access				
Photocopier (as needed)				
<b>FURNITURE (AS REQUIRED)</b>				
Chairs				
Tables				
Cots/mats for First Aid Area				
Physical barriers for infection prevention and control				
Privacy dividers including for First Aid Area				
Garbage cans				

Modified from the Peterborough County-City Health Unit, Pandemic Influenza Plan – Appendix A Mass Vaccination Plan - [https://www.peterboroughpublichealth.ca/wp-content/uploads/2011/10/Mass\\_Vaccination\\_Annex\\_A\\_July2015.pdf](https://www.peterboroughpublichealth.ca/wp-content/uploads/2011/10/Mass_Vaccination_Annex_A_July2015.pdf)



