

Questions and Answers for providers: Influenza Vaccine Delivery in the Presence of COVID-19

- 1) **When considering setting up an immunization clinic site what do I need to consider this year?**
- assess the physical suitability of the site, including the adequacy of ventilation;
 - consider the size of the site, to accommodate physical distancing requirements, and mandatory restrictions on the size of indoor gatherings when determining the number of clients that can be scheduled in a given time period. Refer to [GNB Recovery Plan](#)
 - separate entrance and exits to allow for safe distancing
 - provide extra clinic staff and volunteers as needed to:
 - monitor traffic flow and waiting areas
 - screen
 - assist with registration and consent processes
 - clean

2) **What is required for patients coming to clinic?**

- Clients/patients should:
 - be instructed to wear non-medical mask and loose-fitting clothes to allow easy access to the deltoid area
 - hold their child on their lap for the child's immunization
 - have the entire upper arm (or upper outer thigh in infants) exposed to find the correct injection site

3) **Can I set up clinics outside? Can I administer vaccine while they sit in a car such as a drive thru vaccine clinic?**

- Yes; we are encouraging creative solutions.
- Consider administering vaccine outside (weather permitting and availability of staff) to monitor clients/patients.
- Clinics could be held in an outside tent or while clients/patients wait in their car.
- Clients/patients should be seated to allow window or door access for the vaccinator, who should not enter the car

Note: There is potential for shoulder injury in the recipient if the arm is not adequately visualized while they are in the car, resulting in incorrect landmarking of the injection site.

4) **What if I have a small space in my clinic/pharmacy to provide an influenza clinic for patients/clients to wait for 15 minutes following their flu shot?**

- The 15 minute post-vaccination observation period should be maintained for settings that can adhere to appropriate public health and infection prevention and control measures for individuals with no known history of severe allergic reactions (including anaphylaxis) to any component of the influenza vaccine being considered for

administration or any history of other immediate post-vaccination reactions (e.g., syncope with or without seizure).

- A shorter post-vaccination observation period, between 5 to 15 minutes after influenza immunization, may be considered, but only when appropriate physical distancing in post-vaccination waiting areas cannot be maintained due to the number of individuals being immunized, and only when the following specific conditions are met:
 - Past history of receipt of influenza vaccine and no known history of severe allergic reactions (including anaphylaxis) to any component of the influenza vaccine being considered for administration
 - No history of other immediate post-vaccination reactions (e.g., syncope with or without seizure) after receipt of any vaccines.
 - The vaccine recipient is accompanied by a parent/guardian (in the case of a child) or responsible adult who will act as a chaperone to monitor the vaccine recipient for a minimum of 15 minutes post-vaccination. In the case of two responsible adults, both can be vaccine recipients for the purposes of this criterion, if both agree to monitor the other post-vaccination.
 - The vaccine recipient will not be operating a motorized vehicle or self-propelled or motorized wheeled transportation (e.g., bicycle, skateboard, rollerblades, scooter), or machinery for a minimum of 15 minutes after vaccination.
 - The vaccine recipient and the parent/guardian or responsible adult chaperone are aware of when and how to seek post-vaccination advice and given instructions on what to do if assistance and medical services are required.
 - The vaccine recipient and the parent/guardian/responsible adult agree to remain in the post-vaccination waiting area for the post-vaccination observation period and to notify staff if the recipient feels or looks at all unwell before leaving. They should be informed that an individual exhibiting any symptom suggestive of an evolving AEFI at the end of the shortened post-observation period necessitates a longer period of observation in the clinic.
- It may be preferable to offer immunization when it can be combined with another medical visit.
- Consider use of an appointment system to reduce clinic crowding.
- Designate specific times for immunization if possible, to ensure that only well persons are in the area at the time, for example, at the start or end of the day.
- Clients/patients could wait outside the clinic space if monitored by a health care provider. Immunizers should set up their operational plan which must include anaphylaxis monitoring and management.

5) Can I use a larger setting such as a hotel room or community centre to provide influenza vaccine?

- Yes. This year it is encouraged to be creative in planning. Individual or a group of providers can operate influenza vaccine clinics in dedicated spaces outside routine settings.
- Larger sites may offer a better physical layout to allow an increased number of clients accommodated at any given time. Things to consider:
 - accessibility;
 - ask people to arrive at their assigned time;

- have people wait in cars and calling them in when ready (by phone or text);
- use signage, barriers or floor markings for persons who are waiting;
- space chairs in waiting areas two metres apart
- increased space should be allotted for people using wheelchairs, walkers or strollers and for families and accompanying persons;
- monitor entries and exits, waiting areas and lineups to maintain physical distancing;
- have greeters at the door providing instructions, ensuring the use of masks and disinfecting hands, inquiring if any symptoms present; and
- have adequate number of support staff to ensure flow of traffic, ensure social distancing, monitor post vaccination.

6) How can I accommodate the cleaning/disinfecting required between patients/clients?

- provide [hand sanitizer](#) stations throughout the venue, including entry, immunization stations and exit;
- ensure that administration, clinical and patient areas, and washrooms are cleaned and disinfected frequently
- guidance for cleaning and disinfection is available for [ambulatory care settings](#) and for [public spaces](#));
- clean and disinfect immunization stations between clients (for example., with wipes);
- consider the need to schedule longer hours and increase staff at your site;
- have designated staff assigned to cleaning.

7) What PPE is required during immunization?

- Vaccinators and other staff involved in immunization (for example, recovery room monitors and first aid providers) should wear a **medical mask**:
 - masks may be used for the full duration of a shift,
 - extended use of the same mask is acceptable however, it should be replaced after a break.
 - soiled, wet or damaged masks should be replaced.
- PPE including medical mask, eye protection, gown and gloves should be immediately available to all personnel who need to provide first aid or respond to a health emergency.
- **Vaccinators need not wear gloves**, but if used, gloves should be changed between clients and hand hygiene performed after gloves are removed.
- **New Brunswick recommendations may differ and change over time based on the changing epidemiology of COVID-19.** Recommendations are based on PHAC [IPC guidance for ambulatory care settings](#) and apply in geographical areas where there is known or possible community transmission of COVID-19.
- More detailed information is available on practice in community settings during COVID: [Guidance for Primary Care Providers in a Community Setting](#) [Guidance for Community Pharmacies](#)

8) How can Health Care Providers access PPE?

- PPE is accessed in different ways by different providers working in different workplace settings.

Health Care Provider or Setting	Source
RHA Health Care Providers, various settings	RHA (Horizon Health or Vitalité Health Network)
Fee-for-service Physicians	NB Medical Association (website for secure online ordering): www.nbms.nb.ca/ppe-order-form/
Community Pharmacists	As communicated by NB Pharmacists Association
Nursing Homes and Adult Residential Facilities	Department of Social Development
Extra-Mural Program	EM/ANB
First Nations Health Centres	Department of Health

9) What if someone is ill?

- Staff and volunteers are required to stay at home if ill or exposed.
- Patients should be screened over the phone **before** scheduling appointments and informed if they become ill they should not come to the clinic.
- Screen clients/patients for symptoms of COVID-19 and any exposure by posting signs advising not to enter the clinic if ill or have been exposed.
- Also, actively screen clients/patients in reception area and advise not to enter if they are ill or have been exposed.
- If client/patients are ill, and they have entered the site, the client needs to be separated from other patients and staff so that they are at least two meters apart (use a separate room where available) and given a surgical/procedure/cloth mask if available.
- Clients should be referred to the COVID-19 Community Assessment Centers by calling Tele-Care 811 where appropriate and then self-isolate at home.

10) What client/patient and staff screening needs to be done prior to each influenza clinic?

- Please refer to GNB for posters: <https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/resources.html>
- **Sample Screening**
Is the patient presenting with:
 - new onset/exacerbation of chronic cough
 - fever or signs of fever
 - sore throat
 - runny nose
 - headache
 - new onset of fatigue
 - new onset of muscle pain
 - diarrhea
 - loss of taste or smell

- purple fingers or toes in children
- Traveled outside Atlantic bubble in the last 14 days
- OR**
- Close contact with a confirmed or probable case of COVID-19
- OR**
- Close contact with a person who has travelled outside Atlantic bubble in the last 14 days

11) Should clients/patients wear a non-medical mask?

- Post Signage at the door to advise visitors not to enter if they are ill, to put on their [non-medical mask or face covering](#), use the hand sanitizer provided on entry, practice respiratory etiquette, and maintain physical distancing.
- Masks should be available for those who come without, at no cost to the client. Community agencies have been providing these to some.

12) Will there be enough influenza vaccine supply for New Brunswick?

- This year seasonal influenza vaccine is available free of charge to all New Brunswick residents.
- New Brunswick is expecting to receive their vaccine allocation by October and begin distributing.
- New Brunswick has ordered our highest allotment ever. Our goal is to ensure that everyone who wishes to receive the vaccine will be able to.
- Once vaccine is received in the province it will be distributed to immunizers as per approved distribution plan.

More details can be found within the Reference document [Guidance for Influenza Vaccine Delivery in the Presence of COVID-19](#)

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