Clinic Guidance for Influenza Vaccinations During COVID-19

The purpose of this document is to provide guidance for the delivery of seasonal influenza vaccine in fall 2020, when ongoing COVID-19 activity may affect clinic operations and attendance. This guidance has been adapted from the Public Health Agency of Canada (PHAC) guidance.

Reducing the burden of influenza and preventing the resulting increase in health care utilization is particularly important this fall and winter as we prepare for a potential resurgence of COVID-19 activity. In its seasonal influenza vaccine statement for 2020-2021, the National Advisory Committee on Immunizations (NACI) advises that priority should be given to providing influenza vaccine to persons at high risk of influenza complications and those capable of transmitting infection to them.

Recommendations for 2020-2021 influenza immunization clinics

Adaptations to usual immunization practices are recommended in the presence of COVID-19 activity. These include:

- screening staff, volunteers and clients for symptoms of COVID-19;
- physical distancing between bubbles: this may affect the physical layout and number of clients that can be accommodated at any given time;
- infection prevention and control (IPC) requirements, including the need for personal protective equipment (PPE) (please see below);
- increased environmental cleaning (please see below);
- use of appointment systems to reduce clinic crowding;
- use of technology and other methods to reduce contact between people such as:
    - on-line registration;
    - paperless registration;
    - consent and recording processes.

If use of paper is unavoidable, hand hygiene is the single most important way to prevent the spread of infections. The COVID-19 virus does not live long on porous materials like paper; it is important that you wash your hands or use alcohol-based hand sanitizer after collecting the forms and placing them in a folder or envelope.

Screening and entry: all clinics

All persons attending the clinic should be screened for symptoms of COVID-19 before entry, even if pre-screened by telephone when the appointment was made. Staff and volunteers should be screened before each shift. Options for active screening include:

- providing or linking to an online screening tool to be used the day of immunization;
- screening clients by telephone on arrival before they enter the building
    - for example, while still in their car;
- screening arrivals in person, preferably before entering the building.

Signage at the door should advise visitors:

- not to enter if they are ill;
- to put on their non-medical mask or homemade mask;
- to use the hand sanitizer provided on entry;
- to practice respiratory etiquette;
- to maintain physical distancing.

Physical distancing

A two-metre physical distance should be maintained between bubbles as much as possible, using strategies such as:

- scheduling/appointments to avoid crowds;
- requesting that people arrive at their assigned time;
- having people wait in cars and calling them in when ready (by phone or text);
- using signage, barriers or floor markings in waiting areas;
- spacing 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;
- monitoring entries and exits, waiting areas and lineups to ensure physical distancing is maintained.

Infection prevention and control (IPC)

IPC measures are required to prevent transmission of COVID-19 in the immunization setting. These include:

- requiring ill staff and volunteers to stay at home;
- screening clients for symptoms of COVID-19 before entry and not proceeding if they have symptoms;
- implementing engineering controls if feasible
    - for example, installing clear plastic barriers at reception areas and between immunization stations in clinics;
- implementing administrative controls to maintain physical distancing (as described in the physical distancing sections);
- providing hand sanitizer stations throughout the clinic, including entry, immunization stations and exit;
- ensuring that administration, clinical and client areas, and washrooms are cleaned and disinfected frequently;
- cleaning and disinfecting immunization stations between clients;
- carrying out hand hygiene before and after providing immunization;
- ensuring that all staff are trained in the use of PPE.

Clinic Guidance for Influenza Vaccinations During COVID-19

Hand hygiene

Hand hygiene must be performed before and after all client interactions. Hand hygiene may be performed using soap and water or an alcohol based hand rub (ABHR). ABHR must be at least **70%** alcohol.

Personal protective equipment (PPE)

Masks:

An American Society for Testing and Materials (ASTM) rating or equivalent is used to determine if the mask design, fit and filtration matches the protection needed. ASTM ratings range from levels 1 through 3. Both Level 1 and 2 provide protection for routine care and are often referred to as medical masks. Level 1 and 2 are suitable for routine care of COVID-19 patients. A point of care risk assessment should be performed to determine the type of protection that is required.

Procedural masks are generally used for "respiratory etiquette" to prevent clinicians, clients and visitors from spreading germs when talking, coughing or sneezing.

Clients are required to wear a non-medical mask or homemade mask*.

- Clients are permitted to wear their own non-medical mask.
- Procedural masks must be available for clients who present without a mask or wearing a vented facemask.
- Clients should be instructed that the mask must remain fully in place for the duration of the visit.

*When clients cannot tolerate wearing a mask this must be addressed on a case by case basis. Face shields by themselves are generally less effective than properly worn masks for preventing the spread or inhalation of droplets. Therefore, a face shield should not be worn instead of a mask, unless there are reasons that a mask cannot be worn. For more information on the use of non-medical face-masks, including specific exemptions, please visit: www.gov.nl.ca/covid-19/non-medical-masks-use-in-public/

The health care worker/immunizer should:

- wear a medical mask (ASTM rating level 1 or 2) or approved equivalent standard;
- wear a face shield;
- change the mask if it becomes wet, damaged or soiled.
    - The mask can be worn for repeated interactions with multiple clients provided it does not become soiled, wet or damaged.

Gloves and gowns

In keeping with National Advisory Committee on Immunizations (NACI) guidance, gloves and gowns are not routinely recommended unless indicated by a Point of Care Risk Assessment.

- **Gloves are not a substitute for hand hygiene.**
- One clinic kit containing gloves and gowns may be ordered. If the kit is used as indicated by the point of care risk assessment, additional kits may be ordered.

As a guide for ordering PPE, one eight-hour shift with one immunizer would need five masks and one shield. This will allow a change of mask during breaks and lunch and additional masks if one becomes wet or soiled.

Environmental cleaning

Maintaining a clean and safe health care environment is an essential component of IPC and is integral to the safety of clients and staff. Environmental cleaning and disinfection should be performed on a routine and consistent basis to provide for a safe and sanitary environment. Responsibility for cleaning needs to be clearly defined and understood.

- Frequently touched surfaces (high touch) are most likely to be contaminated.
- Use only disinfectants that have a Drug Identification Number (DIN). A DIN is an 8-digit number assigned by Health Canada that confirms it is approved for use in Canada.
- Check the expiry date of products and always follow manufacturer's instructions.

https://www.gov.nl.ca/covid-19/files/factsheet-covid-19-environmental-cleaning-NL.pdf

End of day cleaning

- Clinic sites must be fully cleaned at the end of every day.
- Garbage must be collected, floors cleaned and carpets vacuumed.
- Supplies are replaced as required (e.g., soap, ABHR, paper towel, toilet paper, PPE) and sharps containers are to be sealed, removed and replaced when full.
- Items that are frequently touched (e.g., doorknobs, telephones) must be cleaned and disinfected, and items that are not high-touch are required to be cleaned only. See Table 1 for items that require cleaning at the end of the day:

Table 1: Items that should be fully cleaned at the end of every day:

Bathrooms	Carpets (vacuumed)
Chairs	Couches
Doorknobs	Floors
Light switches	Mirrors
Scales (standing)	Tables
Telephones	Wall-mounted items (e.g. soap and ABHR dispensers, paper towel holders, glove box holders)

- Any shared equipment must be cleaned between clients

Resources

- Hand Hygiene
- How to Use Hand Sanitizer
- Point of Care Risk Assessment
- Putting On Personal Protective Equipment
- Taking Off Personal Protective Equipment

Note: RHA supported clinics are to follow applicable RHA policies and procedures. Please consult with your RHA supervisor for more information.