



# Supplemental Materials

## Immunization Clinic Planning

PROTECTING AND EMPOWERING CANADIANS  
TO IMPROVE THEIR HEALTH



## **Part 2:**

# **Immunization Clinic Planning**

# Immunization clinic planning

What follows in this presentation are:

- Ideas and suggestions
- Intended to complement existing jurisdictional plans
- May or may not be appropriate in particular situations

Based on:

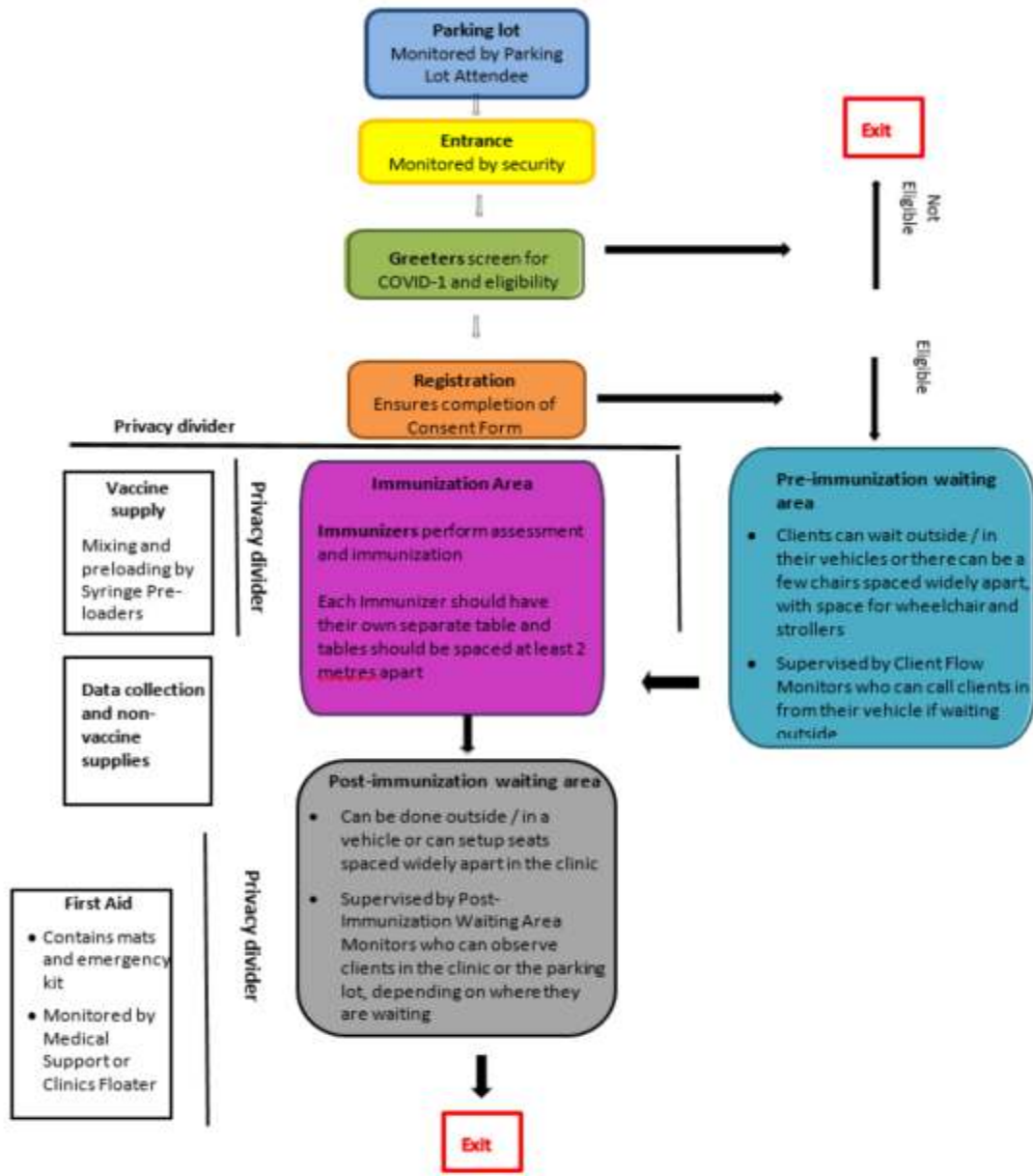
- Planning Guidance for Immunization Clinics for COVID-19 Vaccines

## Other delivery mechanisms

- Community health care providers' offices
  - physicians', nurse practitioners' or public health offices
- Pharmacies
- Workplace clinics (including in health care settings)
- Facility-based administration for institutional or congregate living settings
  - 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

# Site selection

- Large, well-ventilated space
  - Due to COVID-19, one Immunizer per table
  - So need extra space at the clinic site
- One way flow from entrance to exit
- Accessible for those with disabilities
- Large parking lot
- Accessible by public transit
- Good infrastructure
  - lighting, washrooms, bathrooms, internet connectivity
- Large separate space for staff breaks (if staff breaks do not occur outside)
- In communities / areas with higher needs and/or higher risk
- Possible locations for clinics:
  - Schools (as a public site); colleges and universities; shopping centres; trade or convention centers; city halls; places of worship; vacant stores; community centres; arenas; Friendship centres; nursing stations



## Alberta Health Service Clinic – Reception on the right



Courtesy of Alberta Health Service, Edmonton Zone



## 20 immunization tables on the left



Courtesy of Alberta Health Service, Edmonton Zone



## Waiting areas in groups of two or three



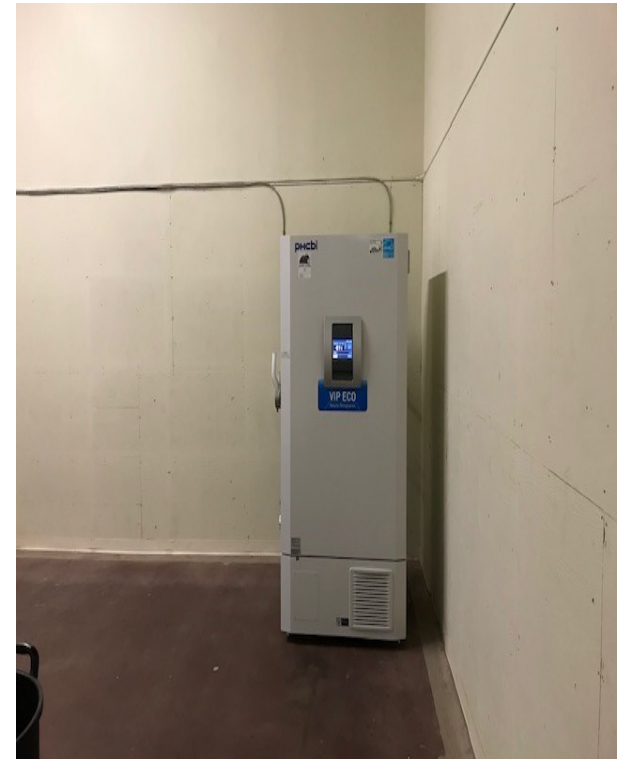
Courtesy of Alberta Health Service, Edmonton Zone



Refrigerator



Freezer for ice pack



Ultra-low temperature freezer

Courtesy of Alberta Health Service, Edmonton Zone

## **Clinic processes in the context of COVID-19**

- **Streamline processes and avoid crowding**
  - As little time in the clinic as possible for clients
- **Appointment-based systems recommended**
  - As much information provided in advance of the clinic
  - On-line or emailed Vaccine Information Sheets and Consent Forms
- **Wait in vehicle or outside for appointment**
  - Call or text to come into clinic, or staff member comes to your vehicle if no cell phone
- **Wait in vehicle or outside for post-immunization period**
  - Honk or call on cell phone if need assistance
  - Have staff monitoring parking lot
- **Contingency for extra dose**
  - If cannot use thawed doses at the next day clinic and can't transport them, consider a list of urgent eligible clients to come for vaccine
  - Do not waste doses

# Planning parameters for immunization clinics

## People to vaccinate at an immunization clinic dependent on:

- **Number of doses of available vaccine**
  - each person needs two doses (for most vaccines), so ensure supply for second dose (either available locally already or guaranteed to arrive)
- **Who is eligible**
  - If vaccinating those in congregate living settings, best to vaccinate in the setting and not in an immunization clinics

## • **How to organize clinics:**

- **Number of vaccine doses an immunizer can give per hour** (immunization rate)
- **Number of immunizers per clinic** – limited by size of clinic and available staff
- **Duration of each clinic** – consider keeping clinics short (~6 hours open to public, can have two shifts)
- **Number of clinics per day and week** – consider some clinics at nights and on weekends

## Staffing – Numbers of Immunizers

- If consent forms completed, and clients flow continuously and:
  - Syringes are pre-loaded – approximately **14 immunizations per hour**
  - Syringes not pre-loaded – approximately **12 immunizations per hour**
  - Syringes not pre-loaded and mixing required – approximately **11 immunizations per hour**
  - **Slower** at first clinics, if clients have special needs, or if young children
  - **Faster** with experienced staff, if vaccinating couples / families without young children
- **In a clinic open to the public for 6 hours (with 30 minute break) and syringes pre-loaded, can immunize**
  - 1,000 people with 13 immunizers
  - 450 people with 6 immunizers

## Staff - Sources of immunizers

- Public health nurses
- Community nurses and physicians
- Hospital nurses and physicians
- Contract nursing agencies
- Pharmacists
- Paramedics
- Students:
  - Nursing
  - Medical
  - Pharmacy
- In smaller, remote Indigenous or rural communities:
  - Consider cancellation of non-urgent activities within health centre / nursing station to increase staff complement
  - Consider sharing staff between communities



## Other staff at the clinic

- **Clinic Leaders / Clinic Floaters:**
  - at least 2 per clinic; three or more in larger clinic (10 to 15 immunizers)
- **Syringe Pre-Loaders:** needed if not loaded / pre-loaded by Immunizers
  - If mixing is required – 1 Syringe Pre-Loader per three Immunizers
  - If mixing is not required – 1 Syringe Pre-Loader per four Immunizers
- **Runners:** bring vaccines and supplies to Immunizers
- **Registration / Administrative Support:** registers or verifies clients registration and completion of the consent form
- **Medical Support:** Assists with client's questions and medical issues if on site; or can be available remotely by phone
- **Clinic Specialized Support:** Supports cold chain management, infection prevention and control / occupational health and safety, assists with client's questions
- **Security:** Consider two per clinic
- **Custodial staff**
- **Translator:** Depending on main language(s) of clients

## Staff or volunteer roles

- **Parking Lot Attendants** – monitors and directs traffic and clients in parking lot
- **Greeters** – welcomes clients, ensures they are eligible, COVID-19 screening
- **Client Flow Monitors** – directs clients to Immunizers after registration
- **Post-Immunization Waiting Area Monitors** – monitors clients during the 15-30 minutes after they are immunized, either in the clinic, on the clinic grounds or in the parking lot

## **Staff to support planning and logistics – Not in the clinic**

- **Immunization Campaign Leader** – in charge of overall planning and implementation
- **Medical Support** – plans medical aspects; assists with training
- **Human Resources and Scheduling** – finding, onboarding and scheduling staff and volunteers
- **Finance**
- **Logistics** – finding sites, site set-up, procuring supplies, transportation
- **Administrative Assistants** – organizing and packing supplies and documents, data entry
- **Epidemiology / Data Base Support** – manages data from clinic, compiles data for reporting
- **IT Supports**
- **Specialized Support Functions** – infection prevention and control, cold chain management
- **Communications Officer** – public and media communications

# Training for staff and volunteers – A variety of formats

- On-line webinars, modules, Q and A sessions and discussions group
- Written training material
- “Just in time” before the clinic starts
  - Could be done virtually before clinic
  - Could be done one-on-one
  - Be careful with group huddles (physical distancing, personal protective equipment, not yelling)
- Close observation by Clinic Leaders
- Buddy system for new immunizers
- Immunization certification for immunizers (if available)
- Post-clinic debrief to capture lessons learned
  - Can be on-line
  - Be careful with group huddles

# Training for staff and volunteers - a variety of topics

- **Administrative matters for all**
  - Scheduling and how to change schedule, time sheets, what to wear, personal protective equipment expectations, food and breaks
- **Standard information for all**
  - Organization and flow of the clinics
  - Overall roles and responsibilities
  - Infection prevention and control measures
  - Privacy and confidentiality
- **Role specific training**
  - Health care providers (Clinic Leaders / Clinic Floaters / Immunizers / Syringe Pre-loaders / Medical Support / Clinic Specialized Support)
  - Administrative Assistants (Registration and Runners)
  - Volunteers and non-health care provider staff members (Parking Lot Attendants, Greeters, Client Flow Monitors and Post-Immunization Waiting Area Monitors)

## Supplies – Long list provided in Appendix

- Some may be at site:
  - Chairs, tables, garbage cans, mats, physical barriers, privacy dividers
- Many will need to be brought:
  - Vaccines, diluents, adjuvants as appropriate
  - Cold chain equipment – e.g., coolers, ice packs, thermometers
  - Clinical supplies – e.g., needles, syringes, alcohol swabs, sharps containers
  - Administrative supplies – e.g., papers, pens, clip boards, staplers, tape
  - Emergency supplies – e.g., emergency kit, including supplies to manage anaphylaxis, instructions and dosages for epinephrine, food and drink
  - Cleaning supplies – e.g., disinfectant wipes, alcohol-based hand rub
  - Personal protective equipment – e.g., masks, eye protection, gloves for messes but not for immunizing (unless skin is not intact)
  - Documents and forms
  - Signs
  - Electronic equipment



# Supply management

- How much do you need to order and from where
- Storage room
- Packing lists
- Packing boxes with labels for what is in each box
- Transportation to site
- Organization at site
- Inventory tracking and replenishing supplies at site (if staying at clinic site for length of time)
- Return and storage of completed forms
- Return and storage of filled sharps containers

# Vaccine management

- Get vaccine to the clinic
- Store vaccine at clinic
  - frozen or ultra-frozen or in refrigerator or cooler
- Monitor temperature
  - at beginning and end of clinic and as per jurisdictional requirements during the clinic
- Thaw vaccine and bring it to room temperature if required
  - Ensuring enough but not too much
- What to do with doses that need to be used quickly?
- Security and ability to store vaccine on site, or need to transport it back to the office

## **Documents and forms**

- **Vaccine Information Sheets** – information to assist with informed consent
- **Consent Form** – paper or electronic; documents consent and administration of vaccine
- **After Care Sheet** – instructions for after vaccination; can contain client record
- **Client Immunization Record** – Client's record of immunization
- **Daily Clinic Summary** – Keeps track of the activities of the clinic
- **Medical Directive for Immunization** – For delegating the obtaining of consent and administering vaccine
- **Medical Directive for Anaphylaxis** – For managing anaphylaxis, including administration of epinephrine
- **Serious Event Form** – For internal documentation of serious adverse events, like anaphylaxis; also complete jurisdictional AEFI form
- **Incident Report** – For documenting more minor events
- **Client Evaluation Form** – For obtaining client's feedback
- **Time Sheets** – For staff (and volunteer) documentation of hours
- **Supply / Re-supply List** – To assist with packing and re-supplying clinic

# Data management – important to report on

- **Numbers vaccinated at each clinic**
  - Demographic information
  - Risk factors for vaccination
- **Adverse events**
- **Vaccine wastage**
- **Information required for provincial / territorial / federal reporting**
- **Overall summary of clinics**
  - Number of clinics
  - Numbers vaccinated
  - Locations
  - Staff numbers

# Medical emergencies

## Fainting

- Fainting common (and can be accompanied by brief seizure-like activity)
  - Try to recognize and prevent based on past history and signs of anxiety, pallor
  - Vaccinate those prone to fainting lying down
- Training on management of fainting
- Have prepackaged food and drink available on site for those who faint or feel faint

## Anaphylaxis

- Have at least two emergency kits per clinic - keep in consistent locations
- See [Canadian Immunization Guide](#) for content
- Monitor supplies and ensure medications are not expired
- Have medical directive on management of anaphylaxis
- Training on management of anaphylaxis
- Client should go to hospital
- Document incidents on internal form and official AEFI form
- Follow-up with the client afterwards

## Communications - Internal

- Many moving parts in organizing immunization clinics
- Keep staff and volunteers up-to-date
- Training sessions, webinars, emails, text messages, “just in time” meetings, newsletters, phone calls, web posting on confidential part of a website
- Ensure staff and volunteers know who to call for schedule changes and questions



# Communications – public

- Need for clear, consistent, straightforward information for the public about the vaccines and the vaccination process
- Practical considerations:
  - Who is eligible
  - Where to go to be vaccinated
  - What to wear (short sleeves shirt or sleeves can be rolled up)
  - What to bring (mask, health card, other identification as needed)
  - Be sure eat regularly that day
  - Do not attend if unwell
- Need to continue to follow COVID-19 precautions despite vaccination as advised by local public health officials
- Need for second dose
- Many available communication mechanisms: main stream media (television, radio), websites, social media
- Ensure communications are culturally sensitive and in appropriate languages
- Consider mechanisms that specifically target groups eligible to be immunized

# Communications – other groups

- Media
  - Designated spokesperson at the clinic
  - Staff and volunteers aware of what to do if approached by the media
- Health care providers
  - Even if not administering vaccine, need to know and understand the available products to support their patients
- Local emergency services personnel and hospitals
  - Notify them of the date, time and location of the clinics so they can respond rapidly in case of an emergency

## Evaluation

- Client feedback forms from the clinics or by email or other electronic means after each clinic
- Unprompted client feedback
- Client surveys
- Staff feedback after each clinic
- Staff surveys
- Staff debrief / evaluation sessions
- Media coverage
- Incident reports and adverse event review

# Conclusions

- Immunization clinics are large scale operations that require careful planning, execution, monitoring and re-adjusting
- Require:
  - Speedy and precise interactions between each step in the clinic process
  - Very strong team work, collaboration and communication among staff and volunteers
  - Excellent, helpful, kind and compassionate client service
  - Extra attention to infection prevention and control in the context of COVID-19
- Bound to be a bit stressful but extremely rewarding
- Keep your eye on the other side.... successful implementation can have a tremendous impact on the pandemic.