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 immunizes
  – 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 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.