

Infection Prevention Recommendations for Public Health Immunization Clinics in Community Settings September 2021

Background

These infection prevention guidelines have been developed to support the delivery of immunizations in mass clinic settings in the community (eg, schools, flu, Covid-19 vaccination clinics in schools, community centres). The guidelines are based on the latest Provincial recommendation and those shared by Vancouver Coastal Health Infection Prevention and Control (IPAC).

Screening for infection

All persons presenting to an immunization clinic should be passively screened using [signage](#). Signage should advise individuals to not enter the space if ill or have been asked to quarantine, use alcohol based hand rub provided upon entry and exit, practice respiratory etiquette, and be respectful of other's **personal space**. All individuals entering the clinic space should be wearing a mask (non medical mask is acceptable).

Recommended Practices for Immunizers

Hand Hygiene

Hand hygiene is the single most important procedure for preventing the transmission of infections.

An alcohol-based hand rub of at least 70% alcohol is recommended for hand hygiene unless hands are visibly soiled in which case hand washing is the preferred hygiene method. Provide hand sanitizer stations throughout the venue including at entrances, immunization stations and exits.

Immunizers are required to perform hand hygiene before and after contact with each client. Clients are required to perform hand hygiene upon entry, prior to sitting at the immunization station, and after receipt of their immunization.

Use of PPE

Masks

Staff: All staff (including volunteers and community partners) are required to wear a medical mask.

Clients: A setting based approach is used to guide masking of clients. In general, VCH guidance recommends medical masks for clients being immunized in health units and community settings.

In schools, clients will be following grade based guidance: non-medical masks required for clients grade 4 and up, while masks are recommended but not required for younger clients. Thus, for immunization clinics running in schools, clients will be allowed to wear non medical masks or no masks based on the usual practice in school.

Please note: administration of intranasal influenza vaccine is not an aerosol-generating procedure and therefore N95 respirators are not indicated.

Eye Protection

Eye protection is not a routine requirement in immunization clinics. However, a risk assessment may be performed to determine if eye protection is deemed necessary in the context of potential exposure to droplets or spray (eg, immunization of unmasked elementary age students, or students who cannot tolerate masks, etc).

Gloves

Gloves are **NOT** needed for routine client care when the contact is limited to a client's intact skin unless the immunizer has cuts/are wearing a band-aid. Gloves **ARE REQUIRED** when administering intranasal or oral vaccines because of an increased likelihood of contact with a client's mucous membranes and bodily fluids.

If used, gloves should be changed between clients and hand hygiene should be performed prior to donning gloves as well. Glove use is not a substitute for hand hygiene.

Gowns and Protective Apparel

The routine use of gowns and aprons during an immunization clinic is not recommended.

Recommended Cleaning Practices

- Cleaning products that are approved products from Health Canada's list of hard-surface disinfectants should be used
- Frequently touched surfaces to be cleaned and disinfected every four hours and as needed.
- Use a two step process: clean the surface with friction action, moving from clean to dirty, followed by a similar second disinfect step
- No table coverings should be used on the immunization preparation surface or immunizing station (ex. blue pads, garbage bags, tablecloths) to ensure hard surfaces can be disinfected
- Clean and disinfect all tables, chairs, non medical equipment, common touch surfaces, transport cooler at the beginning and end of clinic and as needed throughout the day

Immunization Stations

Immunization stations are to be cleaned and disinfected **at the beginning of the shift, if client places personal items or touches immunization station, before and after returning from breaks, and at the end of the day.**

Paper resource documents used throughout the day to have a protective cover or be laminated.

Electronic equipment

Screens and keyboards are to be cleaned and disinfected using alcohol swabs and disinfectant wipes for all other surfaces **at the beginning and end of shift, before and after breaks, and as needed.**

General considerations

Additional considerations should be made to decrease potential for disease transmission. These include, but are not limited to:

- Require staff, volunteers, community partners, clients to not come to work or clinic when feeling unwell
- Increase fresh air exchange in room whenever possible (i.e. open windows, and doors slightly).
- To control flow of traffic in the clinic, including respecting personal space where possible
 - One way flow using both physical (ie. cones, stanchions) and visual cues (ie signs)
 - Separate entry and exits with alcohol based hand sanitizer
 - Separate area for clients who require extra support (ie. behavioural or health conditions)
 - Each area separated to allow personal space and confidentiality

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