



# Planning Influenza Clinics for Primary Care Providers

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## General Considerations When Planning Clinics

- Follow BCCDC Guidelines for Infection prevention and control (e.g. personal space, health screenings): [COVID-19 Infection Prevention and Control: Guidance for Primary Care Practitioners, Community-Based Physicians, Nurse Practitioners, Nurses and Midwives in Clinic Settings](#)
- Ensure adequate space for pre and post-vaccination waiting area, space for fainting or immunization lying down, as well as vaccination space. Separate entrance and exit can be useful.
- Infants, children, and elderly may require more time for immunizations and should be accounted for when planning

## Cold Chain and Vaccine Management

- All staff who monitor, handle or administer vaccine must be familiar with [maintaining the Cold Chain](#)
- Influenza vaccine must **always** be stored between +2°C to +8° either in a monitored fridge or cooler packed according to [BCCDC standards](#)
- Influenza vaccine stored in fridge: record min, max and current temperatures at the start & end of each day
- Influenza vaccine stored in a cooler for ≥4 hours must be monitored with a min/max thermometer or data logger
- If influenza vaccine is exposed to any temperature outside +2°C to +8°, immediately:
  - place vaccine in a bag and label 'QUARANTINE – DO NOT USE'
  - store bag between +2°C to +8° in a monitored fridge or cooler packed according to BCCDC standards
  - contact local health unit
- Pre-drawing influenza vaccine is not recommended

## Supplies

- Review General Supplies and Packing List in document

## During Clinics

- Ensure staff breaks and lunch are incorporated
- Plan a safety huddle at beginning of clinic
- Staff should be advised who to discuss any concerns with during the clinic, and to provide feedback

## Safety

- Review plan for management of Anaphylaxis, Fainting, and Anxiety at clinics with staff prior to start of clinic following [Management of Anaphylaxis in a Non-Hospital Setting](#) guidelines and ensure staff are aware of their role during an anaphylaxis event
- Review influenza vaccine products available at clinic and ensure staff are familiar with eligibility for each product ([BCCDC Immunization Manual - Part 4: Biological Products \(Vaccines & Immune Globulins\)](#) → Influenza Vaccines)
- Ensure immunization stations are set up to minimize the risk of musculoskeletal injuries for staff providing immunizations
- Ensure staff are familiar with protocols for prevention of blood borne illness and management of needle stick injuries

## Post Immunization Considerations

- Provide [HealthLinkBC File #12e Live Attenuated Influenza \(Flu\) Vaccine](#) or [HealthLinkBC File #12d Inactivated Influenza \(Flu\) Vaccine](#), as appropriate, for after care instructions
- Ensure clients are aware of signs and symptoms of anaphylaxis, as well as how to report an Adverse Event Following Immunization (AEFI)
- Offer proof of immunization to client, as well as document vaccines provided to adults and children\*

\*[Report of Publicly Funded Influenza Immunization: Children 6 months to 18 years](#)

Fax completed form to local health unit **weekly**

## Drop-in Clinics

Drop-in clinics can meet the scheduling needs of clients and staff, with organization and preparation to ensure adequate staffing and vaccine quantities.

## Preparing for Clinics

- Ensure adequate staffing and vaccine for the assigned drop-in times. Estimates can be made based on previous clinics, or client invitations sent.
- Determine how to handle end of day drop-ins when staff and clinic closing times may impact program delivery.

## Promotion & Communication

- Ensure adequate communication and advertisement of drop-in clinics
- Clients should be advised there may be situations where drop-in vaccination clinic is not suitable for the individual and alternative arrangements may be made on the day



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## Post Immunization Considerations

- Space for drop-in clients waiting 15 minutes post-vaccination may become an issue. Consider allowing clients to wait outside in family units or alone, with a plan for alerting office staff in case of emergency.

## Booked Appointment Clinics

Appropriate for smaller office based immunization clinics.

### Preparing for Clinics

- Use office based appointment booking program (e.g. electronic or paper list, arrange to coincide with pre-booked assessment appointments etc.)

## Mass Clinics

Consider coordinating with local Health Unit for mass clinic dates and times, to ensure a community approach to offering vaccines to clients.

### Preparing for Clinics

- Inform Public Health Unit of mass clinic vaccine numbers when ordering vaccines

## Organizing Mass Clinics

- Mass immunization clinics can follow a drop-in or booked appointment approach

## Environment to Promote Safe Physical Distancing

- Ensure adequate spacing between immunization stations, as well as clearly marked areas for movement and waiting

## Supplies & Supports

- Physical barriers may be helpful in large physical spaces
- Use volunteers or staff members as ambassadors/helper

## Vehicle-Based Immunization Clinics

Vehicle-Based Immunization clinics can have challenges with safety and organization, but may be a suitable option with adequate preparation and organization for your clinic.

### Preparing for Clinics

- Booked appointments are strongly recommended as drop-in clinics can be difficult to manage
- Ensure suitable venue for vehicle-based immunization services (i.e. parking lot adjacent to clinic)
- Reserve multiple parking bays where people can be monitored easily

## Organizing Appointments

- Consider sending targeted communications to medically vulnerable clients informing them of the vehicle-based vaccination alternative
- Consider staggered appointments to allow for the immunization encounter and 15 minutes post vaccination observation
- To prevent traffic congestion, clients should be advised not to arrive early for their appointment
- Clients should be encouraged to wear loose fitting clothes to enable easy access to the deltoid area
- Clients should be advised there may be situations where the vehicle-based vaccination clinic is not suitable for the individual and alternative arrangements may be made on the day

## Clinic Set Up

- Use signage to direct clients through clinic, considering need for pre-immunization waiting area, immunization area and post-immunization waiting area
- Signage adjacent to the immunization parking bays should display information on staying in car unless directed or in case of emergency

## Supplies

- Use a trolley or cart for clinic equipment
- Ensure sharps containers are securely fastened to avoid tipping
- Consider issues with weather exposure (e.g. heat or cold) and the impact on vaccine cold chain maintenance, and client comfort and safety

## During Clinics

- Clients who are not suitable for vehicle-based immunization services should be offered an in-clinic appointment. These clients include:
  - Clients with previous history of anaphylaxis or allergy to influenza vaccination
- Providers should deliver all vaccinations from outside the vehicle. It is acceptable to request the client open the car door to allow adequate visualisation of the deltoid area to minimize the risk of inappropriate administration and maintain body ergonomics
- Clients **MUST** remain in the vehicle during immunization and 15 minutes post-immunization; drivers can be permitted to move their vehicle to a parking bay not being used for vaccinations, if required

## Post Immunization Considerations

- Space for vehicle-based clinic clients waiting 15 minutes post-vaccination may become an issue. Ensure that space for dealing with car troubles, (e.g. drive through spaces) are considered.
- Develop a plan for alerting staff in case of emergency (e.g. honking horn) and consider having a staff member walking around the parking lot

## Education

Review [BCCDC Immunization Courses](#)

### Required Before Influenza Immunization

- [Foundations of Influenza: Disease and Vaccines](#). (Required if never taken before)
- [Seasonal Influenza Update](#). (required yearly)

### Recommended Courses

- [Vaccine Storage and Handling Course](#)
- [Full Immunization Competency Course](#)

## Resources and Documents

Island Health Influenza site for Community Vaccine Providers

### Vaccine Ordering Form

[Vaccine Order Form](#)

### Reporting Forms

[Report of Publicly Funded Influenza Immunization: Children 6 months to 18 years](#)

Fax completed form to local health unit **weekly**

[Report of Publicly Funded Influenza Immunization - Physicians and Other Vaccine Providers](#)

Fax completed form to local health unit **by January 7, 2022**

### Recording Sheet

[Influenza Recording Sheet: Adults \(19 years and older\)](#)

Recording Sheet for CVP use only. Do not send to local health unit

### BCCDC Consent & Forms

- [Informed Consent for Immunization](#)
- [Consent for influenza vaccine for adults assessed as being incapable of giving informed consent](#)

## Health Files

[HealthLinkBC File #12a Why Seniors Should Get the Inactivated Influenza \(Flu\) Vaccine](#)

[HealthLinkBC File #12b Facts about Influenza \(the Flu\)](#)

[HealthLinkBC File #12c Influenza \(Flu\) Immunization: Myths and Facts](#)

[HealthLinkBC File #12e Live Attenuated Influenza \(Flu\) Vaccine](#)

[HealthLinkBC File #12d Inactivated Influenza \(Flu\) Vaccine](#)



# Planning Influenza Clinics for Primary Care Providers

## BCCDC Resources

Reporting an [Adverse Event Following Immunization](#)

[Management of Anaphylaxis in a Non-Hospital setting.](#) (Includes information on Fainting and Anxiety)

[Adverse Events Following Immunization \(AEFI\)](#)

[Reducing Immunization Injection Pain](#)

[BCCDC Vaccine Storage and Handling](#)



# Planning Influenza Clinics for Primary Care Providers

## General Supplies and Packing List

- Alcohol swabs
- Anaphylaxis kits
- Band-Aids
- Cleaning supplies
- Coolers (1 per station, larger ones to store extra vaccine and ice/gel packs)
- Cotton balls
- Fainting kits
- Date stamps
- Hand sanitizer
- Ice & cool packs
- Kleenex
- Laminated numbers or number system
- Laptops (including power cords)
- Masking tape
- Measuring tape
- Min-Max thermometers- See BCCDC
- Needles (1" & 1.5")
- Paper bags/garbage bags/recycle bags
- Paper to cover tables
- Phone
- PPE (Masks, gloves, gowns, eye protection)
- Sharps containers (1 per station)
- Signage/Floor markers
- Stationary (pens, highlighters, stapler)
- Syringes
- Vaccine