

Influenza Vaccination Clinic Guidance

The purpose of this document is to provide guidance for the delivery of seasonal influenza and other vaccines currently offered through the publically funded system. 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 continues to be important this fall and winter as we prepare for this upcoming flu season while still dealing with the COVID-19 pandemic. In its [seasonal influenza vaccine statement](#) for 2021-2022, 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.

Clinic Entry Guidelines

Individuals attending clinic should be encouraged to follow public health measures, including:

- staying at home if ill;
- wearing non-medical mask or homemade masks;
- using hand sanitizer; and
- practicing respiratory etiquette.

Physical distancing

Physical distancing should be maintained to the greatest extent possible between individuals or household groups.

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;
- implementing engineering controls if physical distancing cannot be maintained
 - for example, installing clear plastic barriers at reception areas and between immunization stations in clinics;
- 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.

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.

It is recommended that clients wear a mask, a non-medical mask or homemade mask is acceptable*.

The health care worker/immunizer should:

- wear a medical mask (ASTM rating level 1 or 2) or approved equivalent standard;
- 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.**

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.

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- 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 should be fully cleaned at the end of every day.
- Garbage should 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) should be cleaned and disinfected, and items that are not high-touch are required to be cleaned only.
- 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.