Private Employer Influenza and COVID-19 Vaccination Program (Private Employer Program) **Guidance Package**

The Private Employer Program provides support to employers in Newfoundland and Labrador to undertake influenza and COVID-19 booster vaccination clinics for their employees.

This guidance package has been compiled to assist employers and immunizers with the facilitation and coordination of the Private Employer Program.

Below is a brief outline of the documents and forms needed for Private Employer Program. Documents can also be found on the website [Time For The Shot - Time For The Shot](https://www.timefortheshot.ca/).

1. **Policy Document**

Private Employer Program Policy Document

* The document provides additional information about program, eligibility, and procedures.
1. **Consent Form(s)**

Employer Seasonal Influenza Consent Form and COVID-19 Consent Forms

* + This form is required to be completed for all individuals receiving the influenza vaccine.
1. **Vaccine Storage and Handing Factsheet.**
* Provides detailed guidance for immunizers regarding vaccine transportation and storage.
1. **Influenza Fact Sheet**
* Provides guidance on the vaccine, such as possible side effects.
1. **Immunization supply Order Form**
* This order form is required for immunizers to order necessary supplies to administer vaccines and PPE.
1. **Documentation Cover Sheet**
* This form provides details that must be documented and returned to Newfoundland and Labrador Centre for Health Information (NLCHI) with consent forms.

If, after reviewing this guidance package, you have questions or require further clarification, please email OmPrakashYadav@gov.nl.ca for assistance.

**Administration of Seasonal Influenza and Covid-19 Vaccine in Private Employer Settings**

**Recommended Recipients of Influenza Vaccine**

Recommended recipients of influenza vaccine are identified in the Newfoundland and Labrador Immunization Manual Section 3:

<https://www.gov.nl.ca/hcs/files/publichealth-cdc-pdf-section-3-routine-immunization-products-> [dec-3.pdf](https://www.gov.nl.ca/hcs/files/publichealth-cdc-pdf-section-3-routine-immunization-products-dec-3.pdf)

For additional guidance see the Canadian Immunization Guide and the annual statement provided by the National Advisory Committee on Immunization:

[Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2022–2023 - Canada.ca](https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2022-2023.html)

**Recommendations for Fall 2023-24 COVID-19 Vaccines**

|  |  |  |
| --- | --- | --- |
| Individuals above the age of 6 months who have never been vaccinated. | Individuals above the age of 6 months who started “primary series” but have not finished. | Individuals above the age of 6 months who have completed “primary series”. |
| * Receive two doses of XBB.1.5 at 8 weeks apart.
* \*This will be considered “fall dose”; individual will not get another dose 6 months later.
 | * Receive one dose of XBB.1.5 at 8 weeks since their last dose of COVID-19 vaccine.
* \*This will be considered “fall dose”; individual will not get another dose 6 months later.
 | * Receive one dose of XBB.1.5 at 6 months since last dose of COVID-19 vaccine or since COVID-19 infection.
* \*Can be done anywhere between 3-6 months since last dose or infection, based on informed consent.
 |

**Contraindications and Precautions**

Contraindications and precautions related to specific vaccines are described in the Newfoundland and Labrador Immunization Manual, the Canadian Immunization Guide, the Compendium of Pharmaceuticals and Specialties (CPS) or package inserts and may also be communicated by specific notices from the Medical Officer of Health.

**Immunization Procedure**

As outlined in the Provincial Immunization Manual <https://www.gov.nl.ca/hcs/files/publichealth-cdc-im-section4.pdf>

**\***Note that low dead space syringes are recommended to be used for mRNA COVID-19 vaccines.

**Consent**

After positively identifying the client to be immunized, the immunizing professional will:

* + Inform the client, parent or substitute decision maker of the vaccine recommendations, benefits, and risks.
	+ Obtain informed consent from the client and ensure the appropriate consent form provided for influenza and/or COVID-19 vaccine is completed.

**Adverse Reactions**

The immunizing professional will:

* Ensure that the vaccine recipient is observed for signs of acute allergic reaction for the post immunization waiting period.
* If anaphylaxis develops, refer to the latest policy and poster outlining the management of anaphylaxis in a non-hospital setting found in the Newfoundland and Labrador Immunization Manual (Section 1.8 and Appendix G)<https://www.gov.nl.ca/hcs/files/publichealth-cdc-s1-routine-guidlns-schedules.pdf>

**Documentation/Communication**

The immunizing professional will:

* Document administration of the vaccine on the immunization record and follow guidelines on sending to NLCHI.
* Provide a record of immunization to the person immunized.
* Document any adverse reactions, complete the Adverse Event Following Immunization report form as soon as possible after the episode, and submit the form to Communicable Disease Control. [https://www.canada.ca/content/dam/phac- aspc/documents/services/immunization/aefi-form-july23-2020-eng.pdf](https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/aefi-form-july23-2020-eng.pdf)

**Definitions & Acronyms**

|  |  |
| --- | --- |
| **Adverse Health Event** | An occurrence that results in an unintended outcome which negatively affects a patient's health or quality of life.Occurrence means an undesired or unplanned event that does not appear to be consistent with the safe provision of health services.(Patient Safety Act, 2017). |
| **Agent** | A person, other than an employee, authorized by Eastern Health to act on its behalf. This term includes physicians, volunteers, pastoral care workers as well as staff of contractors and other persons working within Eastern Health facilities or affiliated with Eastern Health. |
| **I.M.** | Intramuscular, as in intramuscular injection |
| **P.O.** | Oral (e.g. Rotarix) |
| **subcutaneous** | Subcutaneous injection |
| **Immunization** | “Immunization” and “Vaccination” are used interchangeably to mean the process of injecting a vaccine or immunization agent so as to enable an individual to develop resistance or immunity to a disease-causing organism. |
| **Vaccination** | “Immunization” and “Vaccination” are used interchangeably to mean the process of injecting a vaccine or immunization agent to enable an individual to develop resistance or immunity to a disease-causing organism. |
| **Vaccine** | A vaccine is a pharmaceutical product used to create immunity to an infectious disease in individuals through injection or oral administration. Vaccines may be live or killed viruses or bacteria or sub-units of viruses or bacteria created using genetic material. |