



BEST PRACTICE FOR COVID-19 IMMUNIZATION CLINIC

This checklist is a step-by-step guide to support clinic teams for COVID-19 immunization clinics. These best practices are essential for patient safety, prevention of COVID-19 transmission and vaccine effectiveness.

Checklist

Location of clinic: _____

Time and date of vaccination clinic: _____

Time (AM/PM)

Date (MM/DD/YYYY)

Greeter: _____

Reception: _____

Clinic Lead Monitor: _____

Lead Nurse: _____

Immunizers: _____

AEFI Responder: _____

Support Personnel: _____



VACCINE TRANSPORT, STORAGE AND HANDLING OF COVID VACCINE	
	Ensure that only the number of doses of the vaccine needed for the clinic are removed from the storage unit to prevent unnecessary or accidental wastage.
	The vaccine should be transported to the clinic location according to manufacturer specifications and stored at +2oC to +8oC prior to dilution (if required).
	Be sure to log the date and time of delivery using a documentation tool compliant with your organization.
	Monitor and record temperature readings in the vaccine refrigerator or insulated container.
	Recommended intervals for recording Vaccine temperatures include: <ul style="list-style-type: none"> • Before leaving the main storage facility with the insulated container • Upon arrival to the clinic location prior to starting administration • Every time the cooler is opened • Every hour during the immunization clinic • Upon completion of the clinic
	For transport at +2o C to +8oC: It is recommended that the vaccine is packaged for delivery in a frozen state to be transported to the clinic/facility location using an insulated cooler (e.g., Playmate), that has been preconditioned to a refrigerated temperature of +2o C to +8o C.
	Vaccine should be in transport for no more than 8 hours. Opened or reconstituted vials of the vaccine should not be transported. Product should be sent for 'just in time use' as part of a planned vaccination clinic versus movement for secondary storage at another facility.
	Transport in the largest configuration wherever possible (e.g., box), avoiding individual vial distribution.
	If transport is conducted at vial level, the vial should be placed in insulation and bubble wrap or similar padding to protect the product (e.g., wrap the vial in bubble wrap and place it into a medication/pill bottle).
	The transport containers should be secured (strapped/braced) when being transported to prevent unnecessary movement.
	Label the cooler as "Fragile: Handle with Care, Do Not Drop" and indicate that the contents are temperature sensitive.
	The person transporting the vaccines can confirm all vaccines were transported in the passenger compartment of the vehicle (NOT in the vehicle trunk).



	Upon arrival, vaccines remain protected from light (per manufacturer's package insert) until ready for use.
	The time in transit at +2o C to +8o C should be considered part of the 5 days (120 hours) allowed for storage at refrigerated temperatures, even if the vaccine was placed into the cooler frozen.
	Upon receipt, the vaccine should be inspected, inventoried and immediately placed into vaccine fridge, noting on the storage unit temperature log the date and time of the vaccine delivery.
PREPARATION AND SUPPLIES	
	An emergency medical kit (including epinephrine and equipment for maintaining an airway) is at the site for the duration of the clinic.
	Post immunization observation providers at the immunization clinic site are certified in cardiopulmonary resuscitation (CPR), are familiar with the signs and symptoms of anaphylaxis, know their role in an emergency, and know the location of epinephrine and are trained in its indications and use.
	There is a designated area for management of urgent medical problems (e.g., fainting).
	Clinic team members are aware of their role and duties during the vaccination clinic.
	Immunization providers have reviewed vaccine product monographs as well as Medical Directives for administration before the vaccination clinic.
	A process for screening for contraindications to receiving the vaccination is in place for the specific vaccine(s) in use.
	Vaccine information fact sheets and aftercare sheets are posted and accessible upon request.
	Sufficient Immunization clinic, and administrative supplies have been procured to support the number of clients being immunized. For a list of suggested supplies refer to the Ministry of Health COVID-19 Vaccine Clinic Operations Planning Checklist
INFECTION CONTROL	
	A qualified individual has been designated to oversee infection control at the clinic.
	Adequate infection control supplies are provided, including biohazard containers and supplies for hand hygiene. Supplies for injectable vaccines include:



	<ul style="list-style-type: none"> • adhesive bandages • individually packaged sterile alcohol wipes • sterile needles and syringes • sharps containers
	Emergency PPE kits are available, including medical face masks, gloves, gown and eye protection.
	Sufficient supply of face coverings is available for clients who may not have one.
	Sufficient hand sanitizer is available for staff and clients.
	Additional controls, such as counters and plastic shields, are in place to minimize contact where clients and staff interact (e.g., registration or screening areas).
	Signs, barriers, and floor markers to instruct clients to remain 2 meters (6 feet) apart from other patients.
	All areas are disinfected in vaccine preparation and administration areas between clients. All horizontal surfaces (barriers, reception counters etc.) should be wiped down frequently. <i>A new wipe is required when the surface no longer appears wet (approximately 4 chairs).</i>
	Appropriate hard-surface disinfectants, approved by Health Canada, are used according to Product Monograph.
	If gloves are being worn by staff administering vaccines, they must be changed, and proper hygiene techniques followed between clients.

ADMINISTRATION OF VACCINE(S)

	Before vaccine administration the Immunization provider should confirm that they have the correct consent form for the client (e.g., by requesting the client's name and date of birth), conduct a pre-immunization assessment, which may include determining: the client's health status, the client's understanding of the information provided at registration and ability to provide informed consent, confirmation that there are no contraindications/precautions to immunization (including for the second dose, if there were any serious adverse effects after the first dose that would require assessment before receiving the second dose), and answering any remaining questions the client may have.
	Expiration date and time of vaccines have been reviewed.



	<p>Vaccines are being prepared at the time of administration using antiseptic technique OR Pre-loading of syringes may be considered in the hospital setting if vaccines are drawn up and labelled in the pharmacy, or in an immunization clinic to facilitate efficient administration of a single vaccine to a large number of people; in these circumstances, the following principles should be followed:</p> <ul style="list-style-type: none">• Prior to pre-loading, data should be reviewed on the specified time period for stability of pre-loaded product• If the vaccine is pre-loaded and administered by different people, a prior agreement on professional accountability should be made• Only the number of doses required to keep the clinic running efficiently should be drawn up• Labels should be placed on the pre-loaded product to indicate the time by which the vaccine should be used• All doses should be used as soon as possible• The cold chain should be maintained at all times
	<p>Vaccines are never being transferred from one syringe to another.</p>
	<p>Moderna COVID-19 Vaccine is a white to off-white suspension. It may contain white or translucent product-related particulates. Inspect Moderna COVID-19 Vaccine vials visually for foreign particulate matter and/or discoloration prior to administration. If either of these conditions exists, the vaccine should not be administered.</p>
	<p>Pfizer-BioNTech COVID-19 Vaccine is a white to off-white opaque amorphous particles suspension. Before dilution, the vial must be inverted gently 10 times to mix the vaccine. Do not shake. The contents of the vial must be diluted with 1.8 mL of sterile 0.9% Sodium Chloride Injection, USP.</p>
	<p>If vaccine administration errors are observed, corrective action is being taken immediately. Any persons with a needle stick injury, a vaccine administration error, or an urgent medical problem are to inform the immunization team lead immediately and refer for additional medical care, if needed. Follow up must occur as your facility requires e.g, incident report.</p>
	<p>Vaccine recipients should be counselled about the reporting and management of common adverse events following immunization.</p>
	<p>The Immunization Provider should complete the appropriate documentation in the client's electronic record (COVax) or on the Consent Form. The vaccine recipient should also be provided with a record of their immunization including the brand name</p>



	of the product received, the date of administration and the name and professional designation of the immunizer.
	Patients are being encouraged to stay at the clinic for 15-30 minutes after vaccination to be monitored for adverse events.
	Any vial that has been punctured but not completely used during the clinic should be marked with the date and time of first puncture and the date it should be used by, to ensure it is used within the timeframe recommended by the manufacturer. If the vaccine must be used right away, have a procedure in place to have an "on call" list of vaccine recipient eligible to receive vaccine. If vaccine must be wasted, inform the Clinic Team Lead, and ensure all appropriate reporting of wastage is documented, and vaccine is properly discarded.

PREVENTING COVID-19 TRANSMISSION

	All staff and clients have answered the COVID screening questions before entering the clinic.
	All patients are wearing a face covering. Face masks should not be placed on children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
	All staff is wearing recommended personal protective equipment (PPE), including face masks and eye protection.
	Social distancing guidance is being followed, including signs, banners, and floor markers.

Clinic Roles

Clinic Team Lead	<ul style="list-style-type: none"> • Facilitates safety of clinic, staff and clients. • Oversees all aspects of clinic planning, operation and shut down. • Ensures that policies are in place to maintain infection control. • Trouble-shoots problems/concerns that arise. • Coordinates communication with staff. • Oversees and manages logistical operations of clinic plans and activities (clinic site, setup, supply management, clinic flow, vaccine, cold chain management, waste management, etc.). • Directs clients appropriately. • Assists in crowd control and clinic flow.
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	<ul style="list-style-type: none"> • Intervenes as required if security issues arise. • Walks clients/staff to their vehicle or to public transportation as required. Ensures that all staff/clients have left the site after clinic hours. • Ensures care and control of vaccine supply. • Ensures that protocols are followed during clinic activities. • Lead contact for post-vaccination adverse events and other medical emergencies. • Provides more in-depth assessment of clients with possible contraindications or those presenting with illness. • Monitors/responds to post-vaccination adverse events. • Responds to and/or assists with medical emergencies. • Supervises clients who need extra medical attention after vaccination.
Clinic Monitor	<ul style="list-style-type: none"> • Directs clients appropriately. • Assists in crowd control and clinic flow. • Assists Nurse Lead by helping to oversee and manages logistical operations of clinic plans and activities (clinic site, setup, clinic flow, etc.). • Assists with implementing IPAC guidelines • Cleaning surfaces as required
Greeter	<ul style="list-style-type: none"> • Welcomes clients and determines whether they have any accessibility needs (mobility issues, sight or hearing impaired, etc.), screens for visible signs of illness (e.g. coughing), directs to the appropriate resources and/or provides direction to registration. • Ensures that signage is in place and visible. • Directs medical questions to appropriate personnel. • Facilitates crowd control and clinic flow.
Registration	<ul style="list-style-type: none"> • Provides registration documents (screening and or consent forms) and instructions for completion. • Refers clients to appropriate personnel for any contraindications to immunization. • Assists clients through registration process. • Delivers and restocks supplies as requested.



	<ul style="list-style-type: none">• Attends to staff requests.• Collection of completed consent forms from immunising provider if required.
Immunization Provider	<ul style="list-style-type: none">• Verifies informed consent, screens for illness and any contraindications.• Answer's client questions or concerns.• Immunizes and completes client documentation.• Responds to adverse events if required, documents adverse events.
Post Immunization Observation Provider	<ul style="list-style-type: none">• Registered Nurse or EMS.• Monitors post-vaccination clients/area.• Observing for adverse effects following vaccine administration.• Daily audit of AEFI kit contents and expiration dates.• Assist with cleaning surfaces in post-vaccination area after clients leave.

Resources

Public Health Agency of Canada 2020. Retrieved from <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-influenza-vaccine-delivery-covid-19.html>

Public Health Agency of Canada 2020. Retrieved from <https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenza-preparedness-planning-guidance-health-sector/vaccine-annex.html#apbb>

Center for Disease and Control. Retrieved from <https://www.izsubmitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf>

Public Health Agency of Canada 2020. Retrieved from <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-8-vaccine-administration-practices.html#t1>