

Influenza and COVID-19 Immunization

Guidance for the 2021-22 season

Purpose

To provide guidance for the delivery of influenza and COVID-19 immunization services for the 2021-22 season and to assist health practitioners with measures to [reduce transmission of influenza and COVID-19](#).

The recommendations below are based on current [public health orders](#) and guidance documents such as [General mitigation for COVID-19 and other respiratory illnesses](#).

The recommendations also align with the national [Guidance on the use of influenza vaccine in the presence of COVID-19](#).

Influenza and COVID-19 immunization are a high priority as there is likelihood of influenza viruses co-circulating with COVID-19 viruses this season. Influenza and COVID-19 immunization are crucial to:

- Protect those at high risk of complications from infection;
- Protect against co-infection of COVID-19 and influenza;
- Reduce outbreaks in congregate living settings; and
- Reduce morbidity and mortality and decrease health care utilization such as Emergency Department (ED) visits and hospitalizations. This will help to maintain health system capacity for those who need it.

All seasonal inactivated influenza vaccines, may be given at the same time as, or at any time before or after administration of COVID-19 vaccines.

Influenza and COVID-19 immunization service delivery will need to align with the current measures to reduce the transmission of COVID-19 when seeking health services such as:

- Venue set up and clinic operations where influenza and COVID-19 immunizations will be offered.

- Environmental infection prevention and control processes at venues and clinics.
- Infection prevention and control for health practitioners.
- Post-immunization after-care guidance.
- Considerations when immunizing in supportive/congregate living facilities.

Venue set up and clinic operations

Staff and volunteers must follow their employer's policies for COVID-19 screening.

- Staff and volunteers must not be working at an immunization clinic if they have symptoms of COVID-19 and must complete a [health assessment screen tool](#) each day.
- Staff and volunteers must not be working at the site if they were instructed to isolate or quarantine or if otherwise unfit to work as per employer's policies or federal quarantine requirements.
- Active screening of patients/clients needs to be incorporated into immunization workflows.
- Patients/clients with symptoms: cough, fever, shortness of breath, runny nose, sore throat, chills, muscle or joint aches, stuffy nose, headache, fatigue, nausea, vomiting, diarrhea, unexplained loss of appetite, loss of taste or smell, and/or conjunctivitis; must not come to the health care setting and should complete the online [self-assessment tool](#) and be tested for COVID-19.

Signage should be displayed at the entrance of the venue to inform individuals attending the clinic to:

- Not enter if they have any COVID-19 compatible symptoms or were instructed to isolate or quarantine.
- Wash hands with soap and water for at least 20 seconds or use hand sanitizer when entering.

- Practice respiratory etiquette.
- Maintain physical distancing of two (2) metres.
- Follow the directional signage.
- Examples of signage can be found at: <https://www.albertahealthservices.ca/topics/Page17000.aspx>
- Patients/clients must follow current masking requirements while attending a clinic for influenza and COVID-19 immunization.
- Clinic operators should consider providing masks for those who come without.
- The following may be excluded from masking requirements/policies:
 - children under two years of age
 - a person who is unable to wear a face mask due to a health condition as determined by an authorizing health professional
 - a person unable to place, use or remove a face mask without assistance

Provide hand sanitizer or hand washing facilities upon entering and exiting the venue.

When determining the number of patients/clients that can be scheduled in a given time period, two metres physical distance requirements and restrictions on the size of gatherings (if any) must be considered in the context of the size of the site.

Appointment based clinics allow for better control of the amount of people at the clinic at any one time and prevent long wait times.

- Ask patients/clients not to arrive early for their appointments.
- Consider having patients/clients wait outside or in cars if possible and call patients/clients when it is time to come into the clinic.
- Consider other strategies for those who do not arrive by car or do not have a cell phone. This includes strategies that would avoid patients/clients having to wait outside, especially in inclement weather.
- Resources to manage queues to ensure physical distancing and maintain order of flow within line-ups is recommended.
 - This will be most important if patients/clients will drop-in to the clinic.

- Traffic flow and physical distancing markers can be placed on the floor to help patients/clients navigate the clinic safely.
- Have one-way traffic flow with separate entrance and exit if possible.
- Reduce person-to-person contact points by providing immunization information online (QR codes, fillable forms, email, website).
- If fillable forms are not available, have staff complete forms for clients. If possible, provide laptops for providers to allow direct data entry into an electronic medical record. If signature is required, use a separate pen and clean the pen after each use, or recommend patients/clients bring their own pen.

Environmental infection prevention and control measures for venues

Ensure frequent cleaning and disinfecting of clinical spaces and the administrative area after each patient/client encounter.

Use the [Health Canada list](#) for guidance on hard surface disinfectants.

If seating is made available, the seating must be spaced to maintain two metres between each seat and high-touch surfaces should be cleaned between uses (like chair arms).

- Seats should be made of a smooth, non-porous, wipe able material that is free from breaks, cracks, open seams, chips, pits and similar imperfections.
- Consideration can be made for standing line ups with areas marked on the floors, and chairs available for elderly patients/clients and/or those with mobility issues.

Infection prevention and control (IPC) measures for health practitioners

Hand hygiene

- Hand hygiene is required between each patient/client. It is the most effective way to reduce transmission.

Masks

- Health practitioners who are immunizing patients/clients and staff/volunteers should wear a surgical/procedural mask continuously as physical distance cannot be maintained.
- Soiled, wet or damaged masks should be replaced.
- Hand hygiene must be performed before and after removing the mask and before donning a new mask.

Additional Personal Protective Equipment (PPE)

- Additional PPE is not typically required.
- Most often, immunizers do not require gloves except when administering intranasal vaccine because of the increased likelihood of coming into contact with a patient/client's mucous membranes and bodily fluids. Gloves must be changed between patients/clients and hand hygiene performed right after gloves are removed and right before putting on new gloves.
- If a patient/client cannot wear a non-medical mask (due to age or capacity) during the immunization, the health practitioner should wear eye protection. Eye protection should be cleaned and disinfected according to manufacturer instructions for use.
- Additional PPE is required if health care services are being offered to an individual who is positive for COVID-19, has symptoms requiring isolation, or is a known close contact of a positive case of COVID-19. These individuals should not be presenting for COVID-19 or influenza immunization in a clinic setting and should be screened out before entering the clinic.
- Additional PPE is required if a facility has an outbreak.
- Completion of a [point of care risk assessment](#) should be done prior to the immunization event in order to assess the risk of exposure. The completed assessment, which is based on specific patients/clients and specific environments, will provide the health practitioners with appropriate PPE recommendations.

- Appropriate PPE should be immediately available to all personnel who need to provide first aid or respond to an emergency.

Congregate living facilities

Providing influenza and COVID-19 immunization to high-risk populations is a priority.

Residents in seniors' congregate living facilities and other congregate living facilities are some of the most vulnerable populations for severe illness from influenza and COVID-19 viruses.

Health practitioners will have to work closely with facilities to plan influenza and/or COVID-19 immunization clinics as each facility will have unique situations and needs.

[Updated Operational and Outbreak Standards for Licensed Supportive Living, Long-Term Care and Hospice Settings under Record of Decision](#) – CMOH Order 37-2021 should be reviewed by those provide immunization services in seniors' congregate living facilities. Note: The standards are subject to change. Some important requirements are:

- All staff, students, service providers, and volunteers must wear a surgical/procedure mask continuously, at all times and in any areas of the site where care/treatment is being provided, along with any non-care areas of the site except when working alone in an office or when a barrier is in place.
- All staff, students, service providers, volunteers must be actively screened prior to the start of each worksite shift.
- Appropriate use of PPE and IPC measures are necessary to protect the residents, immunizing health practitioner and facility staff.

Considerations if facilities are experiencing outbreaks

- Providing influenza and COVID-19 immunization is a priority for those living in congregate living settings. If the facility is experiencing a COVID-

19 and/or influenza outbreak, immunization services can be offered.

- With any immunization, a safe to immunize assessment should be completed to ensure the individual can receive an immunization.
- If a resident is acutely ill, immunization should be deferred.
- Influenza and COVID-19 immunization can be provided to a client who is on isolation as long as they are well enough to be immunized.

Arrangements to discuss between the health practitioner and the facility operator prior to the clinic should include:

- Location within the facility of where the immunizations will occur. Such as a common area or in resident rooms.
- If residents are brought to a central/common location, physical distancing requirements must be maintained.

Go to [Alberta immunization policy](#) for more information regarding influenza and COVID-19 immunization.

Go to <https://www.alberta.ca/protecting-residents-at-congregate-care-facilities.aspx> for the most up-to-date guidelines and standards to help prevent the spread of respiratory viruses.

Archived